

740 ATS TEST

PRIMARY TAXPAYER: TEST B BOONE

PRIMARY SSN: 400-00-4202

FILING STATUS: SINGLE, BLIND, & NATL. GUARD TAX CREDITS WITH 1 DEPENDENT

SCH. M SUBTRACTION

STANDARD DEDUCTION

BUSINESS INCENTIVE CREDITS

-FOOD DONATION CREDIT, DISTILLED SPIRITS CREDIT, ANGEL INVESTOR CREDIT

FAMILY SIZE TAX CREDIT

CHILD AND DEPENDENT CARE CREDIT

USE TAX

KY WITHHOLDING ON W-2

OVERPAYMENT

-APPLIED TO CHARITABLE CONTRIBUTIONS

-CREDIT FORWARD \$200.00 TO ESTIMATED TAX

-REFUND \$102.00 BY PREPAID DEBIT CARD

FORM 8879-K

-NO TRANSACTIONS



For calendar year or other taxable year beginning _____, 2015, and ending _____, 20_____.

Form section for Social Security Numbers (A and B), Name, Mailing Address, and City/State/ZIP Code.

DRAFT 6/17/15

FILING STATUS (see instructions) section with checkboxes for Single, Married (separately), Married (joint), and Married (separate).

POLITICAL PARTY FUND section with checkboxes for Democratic, Republican, and No Designation for Spouse and Yourself.

Main table for INCOME/TAX with columns for Spouse (A) and Yourself (B), rows 5-28 detailing various tax items and credits.

Attach Form W-2(s), Other Supporting Statement(s) and Payment Here - Staple to Top Page Only

DRAFT 7/15/15

REFUND/TAX PAYMENT SUMMARY

Table with 4 main columns: Description, Amount, and two sub-columns for totals. Rows include Total Tax Liability (00), Kentucky income tax withheld (00), Fund Contributions (00), and Amount to be Refunded to You (00).

REFUND OPTIONS

Check here if you would like your refund issued on a Bank of America Prepaid Debit Card []
Check here if you would like to receive your Debit Card material in Spanish []

Table for Additional Tax Due. Rows include Estimated tax penalty and/or interest (00), Interest (00), Late payment penalty (00), and Late filing penalty (00).

- Visit www.revenue.ky.gov for electronic payment options; or
Make check payable to Kentucky State Treasurer, include your Social Security number and "KY Income Tax—2015"

OFFICIAL USE ONLY table with PWR field.

SECTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS

Table with 4 columns: Description, A. Spouse, B. Yourself, and Amount. Rows 1-18 list various tax credits like limited liability entity credit, small business investment credit, etc.

Continue to page 3 to complete Section A

SECTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS (continued)		A. Spouse	B. Yourself
19	Enter railroad maintenance and improvement credit (attach Schedule RR-I).....	00	00
20	Enter Endow Kentucky credit (attach Schedule ENDOW).....	00	00
21	Enter New Markets Development Program credit.....	00	00
22	Enter food donation credit (attach Schedule FD).....	00	00
23	Enter distilled spirits credit (attach Schedule DS).....	00	00
24	Enter angel investor credit.....	00	00
25	Add lines 1 through 24, Columns A and B. Enter here and on page 1, line 15 ..	00	00

SECTION B—PERSONAL TAX CREDITS

	Check Regular	Check all four if 65 or over	Check all four if blind	Check both for Kentucky National Guard	
1 (a) Credits for yourself:	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 Enter number of boxes checked on line 1..... <input type="text"/>
(b) Credits for spouse:	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	

2 Dependents:

First name	Last name	Dependent's Social Security number	Dependent's relationship to you	Check if qualifying child for family size tax credit
				<input type="checkbox"/>

2 Enter number of dependents who:

- lived with you.....
- did not live with you (see instructions).....
- other dependents.....

3 Add total number of credits claimed on lines 1 and 2. If married filing separately on a combined return (Filing Status 2), each taxpayer must claim his or her own credits from line 1, divide the credits on line 2, and enter the totals in Boxes 3A and 3B. All other filers enter the amount from line 3 in Box 3B

3 Enter total credits.....

4 Multiply credits on line 3A by \$10 and enter on line 4A. Multiply credits on line 3B by \$10 and enter on line 4B. Enter here and on page 1, line 17, Columns A and B

Spouse	Yourself
•3A	•3B
x \$10	x \$10
4A	4B

SECTION C—FAMILY SIZE TAX CREDIT (List the name and Social Security number of qualifying children that are not claimed as dependents in Section B.)

First name	Last name	Social Security number	First name	Last name	Social Security number

Attach a complete copy of federal Form 1040 if you received farm, business, or rental income or loss. If not required, check here.

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

Your Signature (If joint or combined return, both must sign.) _____ Spouse's Signature _____ Date Signed _____ Telephone Number (daytime) _____

Typed or Printed Name of Preparer Other than Taxpayer _____ I.D. Number of Preparer _____ Date _____

Firm Name _____ EIN _____ Date _____

Mail to: **REFUNDS** Kentucky Department of Revenue, Frankfort, KY 40618-0006.
PAYMENTS Kentucky Department of Revenue, Frankfort, KY 40619-0008.



DRAFT
6/17/15

SCHEDULE M

1500010018

2015

Form 740
42A740-M

KENTUCKY
FEDERAL ADJUSTED GROSS INCOME
MODIFICATIONS

Department of Revenue Attach to Form 740.

Enter name(s) as shown on tax return. Your Social Security Number

PART I ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME

DRAFT 7/8/15

A. Spouse (Use if Filing Status 2 is checked.)

B. Yourself (or Joint)

Table with 3 columns: Line number, Spouse amount, and Yourself amount. Rows 1-8 include interest income, health insurance deduction, resident adjustment, depreciation, Net Operating Loss, production activities deduction, other additions, and total additions.

PART II SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

Table with 3 columns: Line number, Spouse amount, and Yourself amount. Rows 9-20 include state income tax refund, interest income from U.S. government bonds, retirement income, Social Security benefits, long-term care premiums, health insurance premiums, resident adjustment, Kentucky depreciation, Net Operating Loss, production activities deduction, other subtractions, and total subtractions.

		a Employee's social security number	OMB No. 1545-0008			
b Employer identification number (EIN)		1 Wages, tips, other compensation		2 Federal income tax withheld		
c Employer's name, address, and ZIP code		3 Social security wages		4 Social security tax withheld		
		5 Medicare wages and tips		6 Medicare tax withheld		
		7 Social security tips		8 Allocated tips		
d Control number		9		10 Dependent care benefits		
e Employee's first name and initial Last name Suff.		11 Nonqualified plans		12a		
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b		
		14 Other		12c		
				12d		
f Employee's address and ZIP code						
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement

2015

Department of the Treasury—Internal Revenue Service

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return



KENTUCKY INDIVIDUAL INCOME TAX
DECLARATION FOR ELECTRONIC FILING

Submission Identification Number (SID) ▶

Taxpayer's Name

Taxpayer's Social Security number

Spouse's Name

Spouse's Social Security number

DRAFT 8/5/15

PART I—Tax Return Information (Whole Dollars Only)

Table with 5 rows and 4 columns: Line number, Description, 740 line, 740-NP line, 740-X line. Includes rows for Kentucky taxable income, Total tax liability, Total payments, Refunded to you, and Amount you owe.

KENTUCKY

PART II— Direct Deposit of Refund Direct Debit of Tax Amount Due Direct Debit of Estimate Tax

6. Routing transit number (RTN)

RTN input box

The first two numbers of the RTN must be 01 through 12 or 21 through 32.

7. Depositor account number (DAN)

DAN input box

8. Type of account: Savings Checking

9. Tax due debit amount

Estimate tax debit amount

Debit date MM/DD/YYYY

Debit date April 18, 2016 June 15, 2016 September 15, 2016 January 17, 2017

10. In order to comply with electronic banking regulations, please answer the following questions.

- a. Direct Deposit—Will these funds be going to an account outside of the United States? Yes No
b. Direct Debit—Will these funds come from an account located outside of the United States? Yes No

PART III—Declaration of Taxpayer (Sign only after Part I is completed.)

- 11. I consent that my refund be directly deposited as designated in Part II, and declare that the information shown on lines 6 through 10 is correct.
12. I do not want direct deposit of my refund or am not receiving a refund.
13. I authorize the Kentucky Department of Revenue and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated above for payment of my state taxes owed on this return and/or payment(s) of estimate tax...

If I have filed a balance due return, I understand that if the Kentucky Department of Revenue does not receive my full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare that the information I have given my electronic return originator (ERO) or transmitter and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2015 Kentucky income tax return.

Your Signature (If joint or combined return, both must sign) Spouse's Signature Telephone Number (daytime) Date Signed

PART IV—Declaration and Signature of Electronic Return Originator and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that the entries on Form 8879-K are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on this return.

Check if also paid preparer. Check if self-employed.

ERO's Use Only

Firm's name (or yours if self-employed) and address Signature Date I.D. Number of ERO FEIN ZIP code

Paid Preparer's Use Only

Check if self-employed.

Firm's name (or yours if self-employed) and address Preparer's Signature Date I.D. Number of Preparer FEIN ZIP code

Attach Copy of Forms W-2, W-2G and 1099-R Here

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning , 2015, ending , 20 See separate instructions.

Your first name and initial Last name Your social security number

If a joint return, spouse's first name and initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Presidential Election Campaign

Foreign country name Foreign province/state/county Foreign postal code Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing Status 1 Single 2 Married filing jointly (even if only one had income) 3 Married filing separately. Enter spouse's SSN above and full name here. 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 Qualifying widow(er) with dependent child

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a. 6b Spouse. Boxes checked on 6a and 6b. No. of children on 6c who: lived with you; did not live with you due to divorce or separation (see instructions). Dependents on 6c not entered above. Add numbers on lines above.

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 8a Taxable interest. Attach Schedule B if required. 8a b Tax-exempt interest. Do not include on line 8a. 8b 9a Ordinary dividends. Attach Schedule B if required. 9a b Qualified dividends. 9b 10 Taxable refunds, credits, or offsets of state and local income taxes. 10 11 Alimony received. 11 12 Business income or (loss). Attach Schedule C or C-EZ. 12 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here. 13 14 Other gains or (losses). Attach Form 4797. 14 15a IRA distributions. 15a b Taxable amount. 15b 16a Pensions and annuities. 16a b Taxable amount. 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 17 18 Farm income or (loss). Attach Schedule F. 18 19 Unemployment compensation. 19 20a Social security benefits. 20a b Taxable amount. 20b 21 Other income. List type and amount. 21 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. 22

Adjusted Gross Income 23 Reserved. 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ. 24 25 Health savings account deduction. Attach Form 8889. 25 26 Moving expenses. Attach Form 3903. 26 27 Deductible part of self-employment tax. Attach Schedule SE. 27 28 Self-employed SEP, SIMPLE, and qualified plans. 28 29 Self-employed health insurance deduction. 29 30 Penalty on early withdrawal of savings. 30 31a Alimony paid b Recipient's SSN. 31a 32 IRA deduction. 32 33 Student loan interest deduction. 33 34 Reserved. 34 35 Domestic production activities deduction. Attach Form 8903. 35 36 Add lines 23 through 35. 36 37 Subtract line 36 from line 22. This is your adjusted gross income. 37