

740-EZ

Single Persons With No Dependents

42A740-EZ
Department of Revenue

1500010003

KENTUCKY
INDIVIDUAL INCOME TAX RETURN

Kentucky
UNBROKEN SPIRIT
2015

Form fields for Social Security Number, Name, Mailing Address, City/Town/Post Office, State, and ZIP Code.

DRAFT
7/22/15

POLITICAL PARTY FUND section with boxes 1, 2, and 3 for Designating \$2.

Main table with 16 rows for tax calculations, including income, deductions, tax liability, and refund options.

Attach Form W-2, Wage and Tax Statement(s) and Payment Here

I, the undersigned, declare under penalties of perjury that I have examined this return, including any accompanying statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature and Date Signed fields.

Typed or Printed Name of Preparer and I.D. Number of Preparer fields.

Mail to: REFUNDS and PAYMENTS sections with addresses for the Kentucky Department of Revenue.

OFFICIAL USE ONLY section with PWR field.

		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