

740 ATS TEST

PRIMARY TAXPAYER: TEST C CREDIT-FORWARD

PRIMARY SSN: 400-00-4203

FILING STATUS: SINGLE, OVER 65, WITH 2 DEPENDENTS

INCOME FROM W-2(4) AND 1099-R (3) WITH KY WITHHOLDING

SCH. M ADDITIONS AND SUBTRACTIONS

SCHEDULE P

SCH. A WITH LIMITATION

SECTION A, BUSINESS INCENTIVE TAX CREDITS

-WORKSHEET C

-5695-K

-FOOD DONATION CREDIT

CHILD AND DEPENDENT CARE CREDIT

USE TAX

CREDIT FOR ESTIMATED TAX PAYMENTS

OVERPAYMENT

-CONTRIBUTION CHECKOFFS

-CREDITED TO 2015 ESTIMATED TAX

COMPLETED BY PAID PREPARER

FORM 8879-K

ESTIMATE TAX PAYMENT

-ESTIMATE ADDL. TAX NEEDED FOR 2015 IS \$650

(MUST BE EQUAL PAYMENTS; MUST BE WHOLE DOLLAR AMOUNT)

-REQUESTING 3 PAYMENT (DEBIT) DATES OF \$217 PER PAYMENT

BANKING INFORMATION

-ROUTING NUMBER: 283978441

-ACCOUNT NUMBER: 3080399999

-TYPE OF ACCT: CHECKING



KENTUCKY INDIVIDUAL INCOME TAX RETURN Full-Year Residents Only



For calendar year or other taxable year beginning _____, 2014, and ending _____, 20_____.

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

DRAFT 6/6/14

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 both Spouse and Yourself.

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

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



DRAFT 5/29/14

REFUND/TAX PAYMENT SUMMARY

Table with 4 main columns: Description, Amount, and two sub-columns for amounts. Rows include Total Tax Liability (29), Fund Contributions (33-37), and Amount Owed (44).

- 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 - 2014."

OFFICIAL USE ONLY table with PWR field

SECTION A - BUSINESS INCENTIVE AND OTHER TAX CREDITS

Table with 6 columns: Description, A. Spouse, B. Yourself, and two sub-columns for amounts. Rows 1-18 list various tax credits.



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

SECTION B—PERSONAL TAX CREDITS

1 (a) Credits for yourself: **Check Regular** **Check all four if 65 or over** **Check all four if blind** **Check both for Kentucky National Guard**

(b) Credits for spouse: **Check Regular** **Check all four if 65 or over** **Check all four if blind** **Check both for Kentucky National Guard**

1 Enter number of boxes checked on line 1

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"/>
		: : :		<input type="checkbox"/>
		: : :		<input type="checkbox"/>
		: : :		<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 _____

DRAFT
6 / 6 / 14

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



PAYMENTS Kentucky Department of Revenue, Frankfort, KY 40619-0008.

SCHEDULE A

Form 740

42A740-A

Department of Revenue



KENTUCKY ITEMIZED DEDUCTIONS

- See instructions.
- Attach to Form 740.

2014

Enter name(s) as shown on Form 740, page 1.

Your Social Security Number

Medical and Dental Expenses	Do not include expenses reimbursed or paid by others.			
	1. Medical and dental expenses.....	1		
	2. Enter combined totals from Form 740, line 9.....	2		
	3. Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1950, multiply line 2 by 7.5% (.075) instead.....	3		
	4. Total medical and dental. Subtract line 3 from line 1. If zero or less, enter -0-.....	➤ 4		00
Taxes <i>Note: Sales and use taxes and new motor vehicle taxes are not deductible.</i>	5. Local income taxes (do not include state income tax).....	5		
	6. Real estate taxes.....	6		
	7. Personal property taxes.....	7		
	8. Other taxes (list) _____	8		
	9. Total taxes. Add lines 5 through 8. Enter here.....	➤ 9		00
Interest Expense <i>Note: Personal interest is not deductible.</i>	10. Home mortgage interest and points reported to you on federal Form 1098.....	10		
	11. Home mortgage interest not reported to you on federal Form 1098 (if paid to an individual, show that person's name, identifying number and address) _____	11		
	See instructions for lines 12 and 13.			
	12. Points not reported to you on federal Form 1098.....	12		
	13. Qualified mortgage insurance premiums	13		
	14. Investment interest (attach federal Form 4952 if required)	14		
	15. Total interest. Add lines 10 through 14. Enter here	➤ 15		00
Contributions <i>Note: For any contribution of \$250 or more, see instructions.</i>	16. Contributions by cash or check.....	16		
	17. Other than cash or check (attach federal Form 8283 if over \$500).....	17		
	18. Artistic charitable contributions deduction (attach copy of appraisal)	18		
	19. Carryover from prior year.....	19		
	20. Total contributions. Add lines 16 through 19. Enter here	➤ 20		00
Casualty and Theft Losses	21. Enter amount from attached federal Form 4684, Section A, line 16.....	➤ 21		00
Job Expenses and Most Other Miscellaneous Deductions	22. Unreimbursed employee expenses—job travel, union dues, job education, etc. (attach Form 2106 or 2106-EZ if applicable) list _____	22		
	23. Tax preparation fees.....	23		
	24. Other (investment, safe deposit box, etc.) list _____	24		
	25. Add the amounts on lines 22, 23 and 24. Enter here	25		
	26. Enter 2% (.02) of the combined totals from Form 740, line 9	26		
	27. Total. Subtract line 26 from line 25. If zero or less, enter -0-	➤ 27		00
	Other Miscellaneous Deductions	28. Other (see instructions) _____	➤ 28	
Total Itemized Deductions	29. Add lines 4, 9, 15, 20, 21, 27 and 28. Enter here	➤ 29		00

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9/5/14

★ If single or married filing jointly and your income for Form 740, line 9, column B does not exceed \$181,150, enter total itemized deductions on Form 740, line 10, column B.
★ All others go to page 2.



If the combined totals on Form 740, line 9, exceeds \$181,150 (\$90,575 if married filing separately on a combined return or separate returns), skip Part I and complete Part II.

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7/25/14

PART I—DIVIDING DEDUCTIONS BETWEEN SPOUSES

Use this schedule if married filing separately on a combined return.

1. Total itemized deductions from page 1, line 29..... _____
2. Percent of income (Form 740, line 9, Column A) to total income (Form 740, total of line 9, Columns A and B)..... _____ %
3. Percent of income (Form 740, line 9, Column B) to total income (Form 740, total of line 9, Columns A and B)..... _____ %
4. Percent on line 2 times total deductions entered on line 1 (enter here and on Form 740, line 10, Column A) _____
5. Percent on line 3 times total deductions entered on line 1 (enter here and on Form 740, line 10, Column B) _____

PART II—ITEMIZED DEDUCTIONS LIMITATION SCHEDULE

Use this schedule if the adjusted gross income on Form 740, line 9, exceeds **\$181,150 (\$90,575 if married filing separately on a combined return or separate returns)**.

	A. Spouse	B. Yourself (or Joint)
<ul style="list-style-type: none"> • If married filing separately on a combined return, enter in Column A the percent of income (Form 740, line 9, Column A) to total income (Form 740, total of line 9, Columns A and B); enter in Column B the percent of income (Form 740, line 9, Column B) to total income (Form 740, total of line 9, Columns A and B). • If single, married filing a joint return or married filing separate returns, enter 100% in Column B. 	_____ %	_____ %
1. Multiply the amount on Schedule A, line 29, by the percent of income shown in Columns A and/or B	1. _____	1. _____
2. Add the amounts on Schedule A, lines 4, 14 and 21, plus any gambling losses included on line 28 and multiply by the percent of income shown in Columns A and/or B.....	2. _____	2. _____
<i>Note: Be sure your total gambling losses are clearly identified on line 28.</i>		
3. Subtract the amount on line 2 from the amount on line 1. If the result is zero or less, enter -0-	3. _____	3. _____
4. Multiply the amount on line 3 above by 80% (.80).....	4. _____	4. _____
5. Enter the amount from Form 740, line 9	5. _____	5. _____
6. Enter \$181,150 (\$90,575 if married filing separately on a combined return or separate returns)	6. _____	6. _____
7. Subtract the amount on line 6 from the amount on line 5. If the result is zero or less, enter -0-	7. _____	7. _____
8. Multiply the amount on line 7 above by 3% (.03).....	8. _____	8. _____
9. Compare the amounts on lines 4 and 8 above. Enter the smaller of the two amounts here	9. _____	9. _____
10. Total itemized deductions. Subtract the amount on line 9 from the amount on line 1. Enter the result here and on Form 740, line 10	10. _____	10. _____

SCHEDULE M



2014

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 : : :
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PART I ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME

DRAFT
6/6/14

- 1 Enter interest income from bonds issued by other states and their political subdivisions.....
- 2 Enter self-employed health insurance deduction from federal Form 1040, line 29.....
- 3 Enter resident adjustment from partnerships, fiduciaries and S corporations, Schedule K-1.....
- 4 Enter federal depreciation from Form 4562.....
- 5 Enter federal Net Operating Loss
- 6 Enter federal domestic production activities deduction from federal Form 8903, line 25.....
- 7 Other additions (list and enter total):
(a) _____
(b) _____
(c) _____
- 8 Total Additions. Enter here and on Form 740, page 1, line 6

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

B. Yourself
(or Joint)

1		00	1		00
2		00	2		00
3		00	3		00
4		00	4		00
5		00	5		00
6		00	6		00
7		00	7		00
8		00	8		00
9		00	9		00
10		00	10		00
11		00	11		00
12		00	12		00
13		00	13		00
14		00	14		00
15		00	15		00
16		00	16		00
17		00	17		00
18		00	18		00
19		00	19		00
20		00	20		00

PART II SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

- 9 Enter state income tax refund or credit reported as income on federal Form 1040.....
- 10 Enter interest income from U.S. government bonds and securities.....
- 11 Enter excludable amount of retirement income (attach Schedule P if more than \$41,110)
- 12 Enter taxable amount of Social Security and Railroad Retirement Board benefits from federal Form 1040, line 20(b) (1040A, line 14(b))
- 13 Enter long-term care insurance premiums.....
- 14 Enter health insurance premiums not previously deducted from income. Do not include premiums paid with pretax dollars (cafeteria plan).....
- 15 Enter resident adjustment from partnerships, fiduciaries and S corporations, Schedule K-1
- 16 Enter Kentucky depreciation from revised Form 4562
- 17 Enter Kentucky Net Operating Loss
- 18 Enter Kentucky domestic production activities deduction (see instructions).....
- 19 Other subtractions (list and enter total):
(a) _____
(b) _____
(c) _____
- 20 Total Subtractions. Enter here and on Form 740, page 1, line 8

SCHEDULE P



2014

42A740-P

Department of Revenue

Use this form to calculate
excludable retirement income.

KENTUCKY
PENSION INCOME EXCLUSION

Attach to Form 740, 740-NP or 741.

DRAFT
5/30/14

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

Complete this schedule and file with Form 740, 740-NP, or 741 if:

- 1. your taxable pension and retirement income from all sources is greater than \$41,110; and
(a) you are retired from the federal government, the Commonwealth of Kentucky or a Kentucky local government; or
(b) you receive supplemental (Tier 2) U.S. Railroad Retirement Board benefits.
2. you file Form 4972-K, Tax on Lump-Sum Distributions.

All others, STOP, you do not need to complete Schedule P. See instructions for Schedule M, line 11.

PART I—EXEMPT RETIREMENT INCOME (Do Not Include Income From Deferred Compensation Plans)

- 1. Enter on line (a) or (b) the amount of federal, Kentucky state and Kentucky local government pension income attributable to service credit earned before January 1, 1998, and supplemental (Tier 2) U.S. Railroad Retirement Board benefits included on federal Form 1040, line 16(b) (Form 1040A, line 12(b)). Also include federal or Kentucky disability retirement income attributable to service credit earned before January 1, 1998.

(a) If date of retirement is before January 1, 1998, enter here.

Table with columns: Names of Payers, Date of Retirement, A. Spouse, B. Yourself. Includes a Total row.

(b) If date of retirement is after December 31, 1997, see the instructions.

Table with columns: Names of Payers, Date of Retirement, Taxable Pension, Exempt Percentage, A. Spouse, B. Yourself. Includes a Total row.

(c) Add lines 1(a) and 1(b)..... (c)

PART II—OTHER RETIREMENT INCOME (Amounts Not Included in Line 1(c))

2. Enter the total of taxable retirement income not included in line 1(c) above as reported on federal Form 1040, line 15(b) and 16(b) (Form 1040A, line 11(b) and 12(b)). Also report other disability retirement income or deferred compensation included on federal Form 1040, line 7 (Form 1040A, line 7)..... 2

PART III—TOTAL TO BE EXCLUDED THIS YEAR

3. Enter the lesser of line 2 or \$41,110..... 3
4. Add lines 1(c) and 3. Enter here and on Schedule M, line 11 (Form 740-NP, page 4, line 10(b) or Form 741, line 11)..... 4

Joint filers—Combine lines 4(a) and 4(b) and enter on appropriate form.



Stop here unless you have a lump-sum distribution reported on Form 4972-K.

INSTRUCTIONS—SCHEDULE P

Types of Income Subject to Exclusion—All pension and retirement income paid under a written retirement plan is eligible for exclusion. This includes pensions, annuities, IRA accounts, 401(k) and similar deferred compensation plans, death benefits, and other similar accounts or plans. As a general rule, if the income is reported on the federal income tax return, Form 1040, line 15(b) or 16(b); Form 1040A, line 11(b) or 12(b); Form 4972; or is a disability retirement benefit or deferred compensation distribution reported on Form 1040, line 7 or 1040A, line 7, then it qualifies for the exclusion.

Form 740-NP filers report only pension income received while a resident of Kentucky.

LINE-BY-LINE INSTRUCTIONS

Column A, Column B—This exclusion is for each taxpayer. A husband and wife must compute and claim their own exclusion, regardless of filing status.

PART I—Exempt Retirement Income—Enter the federally taxable portion of pension income paid by the federal government, by the Commonwealth of Kentucky, or by any Kentucky local government. Also include supplemental (Tier 2) U.S. Railroad Retirement Board benefits reported on Form 1040, line 16(b) (Form 1040A, line 12(b)) and federal or Kentucky disability retirement income included on federal Form 1040, line 7 (Form 1040A, line 7). Do not include income from deferred compensation plans in Part I.

Use Line 1(a) if retired before January 1, 1998, to report fully exempt pension benefits.

Use Line 1(b) if retired after December 31, 1997, to compute the amount of pension income attributable to service credits earned before January 1, 1998. Multiply the taxable pension

by the exempt percentage, enter the result (exempt amount) in Column A or Column B. **Use the worksheet below to compute the exempt percentage in the year of retirement.**

Note: Subtract the exempt amount from the taxable pension amount and include the difference with other retirement income in Part II.

PART II—Other Retirement Income, Line 2—Enter the amount reported on federal Form 1040 or 1040A of non-lump-sum pension and retirement income not reported on line 1(c). Also include amounts from Schedule M, line 7 (Form 740-NP, page 4, line 16) that reflect pension and IRA bases differences.

PART III—Total to Be Excluded This Year, Line 3—Enter the lesser of the amount on line 2 or \$41,110.

Line 4—Enter the total of lines 1(c) and 3. This is your pension income exclusion. Enter on line 4 and as follows: Schedule M, line 11; Form 740-NP, page 4, line 10(b); or Form 741, page 1, line 11.

DEFINITIONS—For use with Schedule P and the worksheet below.

Service Credit—Number of months (years) used by your retirement system to determine retirement benefits.

Purchased Service Credit—Voluntary purchases of service credit as allowed by your retirement system (i.e., military service or prior service with the same or similar system). **Note:** Purchased time is credited based on the dates of service.

Purchased Service Credit (Air-time)—Certain retirement plans allow for the purchase of up to five years of service credit unrelated to prior work history. These purchases are commonly known as air-time. Air-time is not included in total service earned after December 31, 1997, regardless of when purchased.

DRAFT
5/30/14

Worksheet for Federal, Kentucky State and Kentucky Local Government Retirees Who Retired After 12/31/97



Complete this worksheet only if you retired in 2014 or have not computed your exempt percentage in prior years. Keep this worksheet in your records. The percentage will be used this year and in future years to determine the amount of exempt retirement income.

Complete this worksheet to determine what percentage of your pension income is exempt. This percentage must be calculated for each pension.

If your retirement system has computed the exempt amount (earned before January 1, 1998), enter the amount on page 1, line 1(b), column A or B. If your retirement system has computed the exempt percentage, **enter the exempt percentage on page 1, line 1(b) in the exempt percentage column.** Use a separate worksheet for each governmental pension. Retain this worksheet with your tax records. **Use the percentage on line 4 to compute the exempt portion of your pension in future years.**

1. Enter total months of service credit including purchased service.....
2. Enter months of service credit earned after 12/31/97. Include sick leave credited at date of retirement, and service credit from purchase of military and other service earned after 12/31/97. Do not include purchased credit unrelated to prior work history (air-time)
3. Subtract line 2 from line 1. Total months of service before January 1, 1998.....
4. Divide line 3 by line 1. Enter here and on page 1, line 1(b), in the exempt percentage column.....
Use this percentage to determine the amount of pension attributable to service earned before 1/1/98.

5695-K

41A720-S7 (10-14)
Commonwealth of Kentucky
DEPARTMENT OF REVENUE



DRAFT
4/16/14

2014

➤ See instructions.

KENTUCKY ENERGY EFFICIENCY PRODUCTS TAX CREDIT

➤ Attach to Form 720, 720S, 725, 740, 740-NP, 741, 765 or 765-GP

KRS 141.435 and KRS 141.436

Name of Entity/Individual	Identification Number (SSN or FEIN)	Kentucky Corporation/LLET Account Number (if applicable)
---------------------------	-------------------------------------	--

Part I-Qualifications

	Yes	No
■ Was the installation of the energy efficiency products completed before January 1, 2014?		
■ Was the installation of the energy efficiency products completed after December 31, 2014?		
■ Have you taken a tax credit as provided by KRS 141.437 for an ENERGY STAR home or an ENERGY STAR manufactured home?		

If you answered "yes" to any of the questions above, STOP; you do not qualify for these credits, except for any carryforward balance on line 66.

If you answered "no" to all of the questions above, go to Part II.

Part II-Installation of Energy Efficiency Products

Residence or Single-family or Multifamily Residential Rental Unit:				
1. Qualified upgraded insulation costs	1	00		
2. Multiply line 1 by 30% (.30)	2	00		
3. Credit from pass-through entities	3	00		
4. Add lines 2 and 3	4	00		
5. Maximum Credit amount	5	\$100 00		
6. Enter the smaller of line 4 or line 5	6		00	
7. Qualified energy-efficient windows and storm doors				
7. Qualified energy-efficient windows and storm doors	7	00		
8. Multiply line 7 by 30% (.30)	8	00		
9. Credit from pass-through entities	9	00		
10. Add lines 8 and 9	10	00		
11. Maximum Credit amount	11	\$250 00		
12. Enter the smaller of line 10 or line 11	12		00	
13. Qualified energy property				
13. Qualified energy property	13	00		
14. Multiply line 13 by 30% (.30)	14	00		
15. Credit from pass-through entities	15	00		
16. Add lines 14 and 15	16	00		
17. Maximum Credit amount	17	\$250 00		
18. Enter the smaller of line 16 or line 17	18		00	
19. Add lines 6, 12 and 18	19		00	
20. Maximum Credit amount	20	\$500 00		
21. Enter the smaller of line 19 or line 20	21		00	
Residence or Single-family Residential Rental Unit:				
22. Qualified active solar space-heating system	22	00		
23. Qualified passive solar space-heating system	23	00		
24. Qualified combined active solar space-heating and water-heating system	24	00		
25. Qualified solar water-heating system	25	00		
26. Qualified wind turbine or wind machine	26	00		
27. Add lines 22 through 26	27	00		
28. Multiply line 27 by 30% (.30)	28	00		
29. Credit from pass-through entities	29	00		
30. Add lines 28 and 29	30	00		
31. Qualified solar photovoltaic system-Watts of direct current (DC) _____ X \$3	31	00		
32. Credit from pass-through entities	32	00		
33. Add lines 31 and 32	33	00		
34. Enter the larger of line 30 or line 33	34		00	
35. Maximum Credit amount	35	\$500 00		
36. Enter the smaller of line 34 or line 35	36		00	

5695-K

41A720-S7 (10-14)
Commonwealth of Kentucky
DEPARTMENT OF REVENUE



DRAFT
5/8/14

Part II-Installation of Energy Efficiency Products (continued)

Multifamily Residential Rental Unit or Commercial Property:				
37. Qualified active solar space-heating system	37	00		
38. Qualified passive solar space-heating system	38	00		
39. Qualified combined active solar space-heating and water-heating system	39	00		
40. Qualified solar water-heating system	40	00		
41. Qualified wind turbine or wind machine	41	00		
42. Add lines 37 through 41	42	00		
43. Multiply line 42 by 30% (.30)	43	00		
44. Credit from pass-through entities	44	00		
45. Add lines 43 and 44	45	00		
46. Qualified solar photovoltaic system-Watts of direct current (DC) _____ X \$3	46	00		
47. Credit from pass-through entities	47	00		
48. Add lines 46 and 47	48	00		
49. Enter the larger of line 45 or line 48	49	00		
50. Maximum Credit amount	50	\$1,000	00	
51. Enter the smaller of line 49 or line 50	51			00
Commercial Property:				
52. Qualified energy-efficient interior lighting system	52	00		
53. Multiply line 52 by 30% (.30)	53	00		
54. Credit from pass-through entities	54	00		
55. Add lines 53 and 54	55	00		
56. Maximum Credit amount	56	\$500	00	
57. Enter the smaller of line 55 or line 56	57			00
58. Qualified energy-efficient heating, cooling, ventilation or hot water system	58	00		
59. Multiply line 58 by 30% (.30)	59	00		
60. Credit from pass-through entities	60	00		
61. Add lines 59 and 60	61	00		
62. Maximum Credit amount	62	\$500	00	
63. Enter the smaller of line 61 or line 62	63			00
64. Add lines 57 and 63	64			00
65. Add lines 21, 36, 51 and 64	65			00
66. Enter any unused Energy Efficiency Products Tax Credit earned in 2013, if applicable	66			00
67. Add lines 65 and 66	67			00

Enter the amounts from Form 5695-K on the applicable tax return as follows:

Individual, estate or trust filing:

- Form 740-Enter the amount from Line 67 on Form 740, Section A, Line 18.
- Form 740-NP-Enter the amount from Line 67 on Form 740-NP, Section A, Line 18.
- Form 741-Enter the amount from Line 67 on Form 741, Line 18.

Corporation or pass-through entity filing:

- Form 720-Enter the amount from Line 67 on Schedule TCS, Line 16.
- Form 720S-Enter the amounts from Lines 6, 12, 18, 36, 36, 51, 51, 57 and 63 on Form 720S, Schedule K, Lines 27, 28, 29, 30, 31, 32, 33, 34 and 35, respectively; and the amount from Line 67 on Schedule TCS, Line 16.
- Form 725-Enter the amount from Line 67 on Schedule TCS, Line 16.
- Form 765-Enter the amounts from Lines 6, 12, 18, 36, 36, 51, 51, 57 and 63 on Form 765, Schedule K, Lines 28, 29, 30, 31, 32, 33, 34, 35 and 36, respectively; and the amount from Line 67 on Schedule TCS, Line 16.
- Form 765-GP-Enter the amounts from Lines 6, 12, 18, 36, 36, 51, 51, 57 and 63 on Form 765-GP, Schedule K, Lines 28, 29, 30, 31, 32, 33, 34, 35 and 36, respectively.
- **Note: Lines 36 and 51 are reported twice because they are included on two separate lines of the Schedule K and Schedule K-1.**

Kentucky Limited Liability Entity Tax Credit Worksheet

Complete a separate worksheet for each LLE. Retain for your records. See instructions for Form 740, Section A, Line 1.

Entity Name

Entity Address

Entity FEIN

Entity KY Corporate Account #

Percentage of Ownership

Form 720-S

Form 765

Form 765-GP

Form 725

1. Enter Kentucky taxable income from Form 740, Line 11
2. Enter LLE income as shown on Kentucky Schedule K-1 or Form 725
3. Subtract Line 2 from Line 1 and enter total here
4. Enter Kentucky tax on income amount on Line 1
5. Enter Kentucky tax on income amount on Line 3
6. Subtract Line 5 from Line 4. If Line 5 is larger than Line 4, enter zero. This is your tax savings if income is ignored ...
7. Enter nonrefundable limited liability entity tax credit (from Kentucky Schedule K-1 or Form 725)
8. Enter the lesser of Line 6 or Line 7. This is your credit. Enter here and on Form 740, Section A, Line 1

		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

2014

Department of the Treasury—Internal Revenue Service

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

		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

2014

Department of the Treasury—Internal Revenue Service

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

		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

2014

Department of the Treasury—Internal Revenue Service

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

		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		
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		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

2014

Department of the Treasury—Internal Revenue Service

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

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code		1 Gross distribution		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		\$		2014		
		2a Taxable amount		\$		
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>		Copy 2 File this copy with your state, city, or local income tax return, when required.
PAYER'S federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)		4 Federal income tax withheld		
		\$		\$		
RECIPIENT'S name		5 Employee contributions /Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		
		\$		\$		
		Street address (including apt. no.)		7 Distribution code(s)		
City or town, state or province, country, and ZIP or foreign postal code		IRA/SEP/SIMPLE <input type="checkbox"/>		\$ %		
		9a Your percentage of total distribution %		9b Total employee contributions		
		\$		\$		
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 State tax withheld		13 State/Payer's state no.		14 State distribution
\$		\$				\$
Account number (see instructions)		15 Local tax withheld		16 Name of locality		17 Local distribution
		\$				\$
		\$				\$

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code		1 Gross distribution		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.			
		\$		2014					
		2a Taxable amount							
PAYER'S federal identification number		RECIPIENT'S identification number		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>			
		3 Capital gain (included in box 2a)		4 Federal income tax withheld					
RECIPIENT'S name		5 Employee contributions /Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		Copy 2 File this copy with your state, city, or local income tax return, when required.			
Street address (including apt. no.)		7 Distribution code(s)		8 Other					
City or town, state or province, country, and ZIP or foreign postal code		IRA/SEP/SIMPLE <input type="checkbox"/>		\$ %					
		9a Your percentage of total distribution %		9b Total employee contributions \$					
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.		12 State tax withheld		13 State/Payer's state no.		14 State distribution	
\$				\$				\$	
Account number (see instructions)				15 Local tax withheld		16 Name of locality		17 Local distribution	
				\$				\$	
				\$				\$	

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code		1 Gross distribution		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.			
		\$		2014					
		2a Taxable amount							
PAYER'S federal identification number		RECIPIENT'S identification number		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>			
		3 Capital gain (included in box 2a)		4 Federal income tax withheld					
RECIPIENT'S name		5 Employee contributions /Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		Copy 2 File this copy with your state, city, or local income tax return, when required.			
Street address (including apt. no.)		7 Distribution code(s)		8 Other					
City or town, state or province, country, and ZIP or foreign postal code		IRA/SEP/SIMPLE <input type="checkbox"/>		\$ %					
		9a Your percentage of total distribution %		9b Total employee contributions \$					
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.		12 State tax withheld		13 State/Payer's state no.		14 State distribution	
\$				\$				\$	
Account number (see instructions)				15 Local tax withheld		16 Name of locality		17 Local distribution	
				\$				\$	
				\$				\$	

For the year Jan. 1–Dec. 31, 2014, or other tax year beginning _____, 2014, ending _____, 20

Your first name and initial _____ Last name _____ See separate instructions.
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
 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

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

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

Check only one box.

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a
 b Spouse

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

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** _____