740
42A740
Department of Revenue

1500010001

KENTUCKY INDIVIDUAL INCOME TAX RETURN
Full-Year Residents Only

Kentucky UNBRIDLED SPIRIT **2015**

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

A. Spouse's Social Security Number	**B.** Your Social Security Number
400-00-4214	400-00-4204

Name—Last, First, Middle Initial (Joint or combined return, give both names and initials.)
Elderly, Test D & Denise

Mailing Address (Number and Street including Apartment Number or P.O. Box)
123 Front Street

City, Town or Post Office	State	ZIP Code
Mexico City	MX	99999

2D Barcode Test 4204
Foreign Address
Married, filing separate on a combined return
No dependents
KY Withholding on 1099-R's, Est. tax, credits
Sch M, Sch A, Bus. incentive tax credits
8863K, KY Use tax,
2210K with exclusion

FILING STATUS (see instructions)

1 ☐ Single
2 ☑ *Married*, filing separately on this combined return. **(If both had income.)**
3 ☐ *Married*, filing joint return.
4 ☐ *Married*, filing separate returns. Enter spouse's Social Security number above and full name here. _____

POLITICAL PARTY FUND
Designating $2 will not change your refund or tax due.

	A. Spouse	B. Yourself
Democratic	(1) ☐	(4) ☑
Republican	(2) ☐	(5) ☐
No Designation	(3) ☑	(6) ☐

INCOME/TAX

		A. Spouse *(Use if Filing Status 2 is checked.)*			**B.** Yourself (or Joint)	
5 Enter amount from federal Form 1040, line 37; 1040A, line 21 or 1040EZ, line 4. **(If total of Columns A and B is $32,253 or less, you may qualify for the Family Size Tax Credit. See instructions.)**	• 5	28,000	00	• 5	26,880	00
6 Additions from Schedule M, line 8	• 6	10	00	• 6		00
7 Add lines 5 and 6	7	28,010	00	7	26,880	00
8 Subtractions from Schedule M, line 20	• 8	18,000	00	• 8	16,880	00
9 Subtract line 8 from line 7. This is your **Kentucky Adjusted Gross Income**	9	10,010	00	9	10,000	00
10 **Itemizers:** Enter itemized deductions from Kentucky Schedule A. **Nonitemizers:** Enter **$2,440** in Columns A and/or B	• 10	2,509	00	• 10	2,507	00
11 Subtract line 10 from line 9. This is your **Taxable Income**	• 11	7,501	00	• 11	7,493	00
12 Enter tax from Tax Table, Computation or Schedule J. Check if from Schedule J ☐	12	258	00	12	253	00
13 Enter tax from Form 4972-K ☐; Schedule RC-R ☐	• 13		00	• 13		00
14 Add lines 12 and 13 and enter total here	14	258	00	14	253	00
15 Enter amounts from page 3, Section A, lines 25A and 25B	15	250	00	15		00
16 Subtract line 15 from line 14. If line 15 is larger than line 14, enter zero	16	8	00	16	253	00
17 **Enter personal tax credit amounts from page 3, Section B, lines 4A and 4B**	• 17	110	00	• 17	50	00
18 Subtract line 17 from line 16. If line 17 is larger than line 16, enter zero	18	0	00	18	203	00
19 Add tax amount(s) in Columns A and B, line 18 and enter here				19	203	00
20 Check the box that represents your total family size (**see instructions** before completing lines 20 and 21)				• 20	1 ☐ 2 ☑ 3 ☐ 4 ☐	
21 Multiply line 19 by **Family Size Tax Credit** decimal amount _____(_____%) and enter here				• 21		00
22 Subtract line 21 from line 19				22	203	00
23 Enter the **Education Tuition Tax Credit** from Form 8863-K				• 23	70	00
24 Subtract line 23 from line 22				24	133	00
25 Enter **Child and Dependent Care Credit** from federal Form 2441, line 9 ➤ _____ **x 20%** (.20)				• 25		00
26 **Income Tax Liability.** Subtract line 25 from line 24. If line 25 is larger than line 24, enter zero				26	133	00
27 **Enter KENTUCKY USE TAX due on Internet, mail order, or other out-of-state purchases (see instructions)**				• 27	857	00
28 Add lines 26 and 27. Enter here and on page 2, line 29				28	990	00

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

29	Enter amount from page 1, line 28. This is your **Total Tax Liability**	• 29	990	00
30	(a) Enter **Kentucky income tax withheld** as shown on **attached** 2015 Form W-2(s) and other supporting statements	• 30(a)	186	00
	(b) Enter 2015 Kentucky estimated tax payments	• 30(b)	100	00
	(c) Enter 2015 refundable certified rehabilitation credit (KRS 141.382(1)(b))	• 30(c)	14	00
	(d) Enter 2015 film industry tax credit (KRS 141.383)	• 30(d)	40	00
31	Add lines 30(a) through 30(d)	• 31	340	00
32	If line 31 is larger than line 29, enter **AMOUNT OVERPAID** (see instructions)	32		00

Fund Contributions; See instructions. ➤ ***(Enter amount(s) checked)***

33	(a) **Nature and Wildlife Fund**	☐ $10	☐ $25	☐ $50	☐ Other _____	• 33(a)	00
	(b) **Child Victims' Trust Fund**	☐ $10	☐ $25	☐ $50	☐ Other _____	• 33(b)	00
	(c) **Veterans' Program Trust Fund**	☐ $10	☐ $25	☐ $50	☐ Other _____	• 33(c)	00
	(d) **Breast Cancer Research/Education Trust Fund**	☐ $10	☐ $25	☐ $50	☐ Other _____	• 33(d)	00
	(e) **Farms to Food Banks Trust Fund**	☐ $10	☐ $25	☐ $50	☐ Other _____	• 33(e)	00
	(f) **Local History Trust Fund**	☐ $10	☐ $25	☐ $50	☐ Other _____	• 33(f)	00

34	Add lines 33(a) through 33(f)	34		00
35	Amount of line 32 to be **CREDITED TO YOUR 2016 ESTIMATED TAX**	• 35		00
36	Subtract lines 34 and 35 from line 32. Amount to be **REFUNDED TO YOU** **REFUND**	• 36		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 ☐

37	If line 29 is larger than line 31, enter **ADDITIONAL TAX DUE**	• 37	650	00
38	(a) Estimated tax penalty and/or interest. ☑ ***Check if Form 2210-K attached***	38(a)		00
	(b) Interest	38(b)		00
	(c) Late payment penalty	38(c)		00
	(d) Late filing penalty	38(d)		00
39	Add lines 38(a) through 38(d). Enter here	• 39		00
40	Add lines 37 and 39 and enter here. This is the **AMOUNT YOU OWE** **OWE**	40	650	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	
	PWR

SECTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS

		A. Spouse			B. Yourself	
1	Enter nonrefundable limited liability entity credit (KRS 141.0401(2))	1		00	1		00
2	Enter Kentucky small business investment credit	2	5	00	2		00
3	Enter skills training investment credit (attach copy(ies) of certification)	3	10	00	3		00
4	Enter nonrefundable certified rehabilitation credit (KRS 171.397(1)(a))	4	15	00	4		00
5	Enter credit for tax paid to another state **(attach copy of other state's return(s))**	5		00	5		00
6	Enter unemployment credit (attach Schedule UTC)	6	5	00	6		00
7	Enter recycling and/or composting equipment credit (attach Schedule RC)	7	10	00	7		00
8	Enter Kentucky investment fund credit (attach copy(ies) of certification)	8	15	00	8		00
9	Enter coal incentive credit	9	20	00	9		00
10	Enter qualified research facility credit (attach Schedule QR)	10	5	00	10		00
11	Enter GED incentive credit (attach Form DAEL-31)	11	10	00	11		00
12	Enter voluntary environmental remediation credit (attach Schedule VERB)	12	15	00	12		00
13	Enter biodiesel and renewable diesel credit	13	20	00	13		00
14	Enter environmental stewardship credit	14	5	00	14		00
15	Enter clean coal incentive credit	15	10	00	15		00
16	Enter ethanol credit (attach Schedule ETH)	16	15	00	16		00
17	Enter cellulosic ethanol credit (attach Schedule CELL)	17	20	00	17		00
18	Enter energy efficiency products credit (attach Form 5695-K)	18		00	18		00

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)	19	5	00	19		00
20 Enter Endow Kentucky credit (attach Schedule ENDOW)	20	10	00	20		00
21 Enter New Markets Development Program credit	21	15	00	21		00
22 Enter food donation credit (attach Schedule FD)	22	20	00	22		00
23 Enter distilled spirits credit (attach Schedule DS)	23	5	00	23		00
24 Enter angel investor credit	24	15	00	24		00
25 Add lines 1 through 24, Columns A and B. **Enter here and on page 1, line 15**	25	250	00	25		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:	☑	☑ ☑ ☑ ☑	☐ ☐ ☐ ☐	☐ ☐
(b) Credits for spouse:	☑	☑ ☑ ☑ ☑	☑ ☑ ☑ ☑	☑ ☑

1 Enter number of boxes checked on line 1 16

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
				☐
				☐
				☐
				☐

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 16

Spouse		Yourself	
•3A	11	•3B	5
	x $10		x $10
4A	110	4B	50

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** .....

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 6/17/15

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

1500010012

KENTUCKY ITEMIZED DEDUCTIONS
➤ See instructions.
➤ Attach to Form 740.

2015

Enter name(s) as shown on Form 740, page 1.: Elderly, Test D & Denise

Your Social Security Number: 400-00-4204

Medical and Dental Expenses	**Do not include expenses reimbursed or paid by others.**					
	1. Medical and dental expenses	1		3,000 00		
	2. Enter combined totals from Form 740, line 9	2	20,010 00			
	3. Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead	3		1,501 00		
	4. **Total medical and dental.** Subtract line 3 from line 1. If zero or less, enter -0-	➤ 4			1,499	00
Taxes *Note: Sales and use taxes* **and** *new motor vehicle taxes are not deductible.*	5. Local income taxes (do not include state income tax)	5		00		
	6. Real estate taxes	6		00		
	7. Personal property taxes	7		115 00		
	8. Other taxes (list)	8		00		
	9. **Total taxes.** Add lines 5 through 8. Enter here	➤ 9			115	00
Interest Expense *Note: Personal interest is not deductible.*	10. Home mortgage interest and points reported to you on federal Form 1098	10		100 00		
	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		00		
	See instructions for lines 12 and 13.					
	12. Points not reported to you on federal Form 1098	12		00		
	13. Qualified mortgage insurance premiums	13		00		
	14. Investment interest (attach federal Form 4952 if required)	14		00		
	15. **Total interest.** Add lines 10 through 14. Enter here	➤ 15			100	00
Contributions *Note: For any contribution of $250 or more, see instructions.*	16. Contributions by cash or check	16		3,000 00		
	17. Other than cash or check (attach federal Form 8283 if over $500)	17		200 00		
	18. Artistic charitable contributions deduction (attach copy of appraisal)	18		00		
	19. Carryover from prior year	19		00		
	20. **Total contributions.** Add lines 16 through 19. Enter here	➤ 20			3,200	00
Casualty and Theft Losses	21. Enter amount from attached federal Form 4684, Section A, line 16	21		00		
	22. Enter combined totals from Form 740, line 9	22	00			
	23. Multiply line 22 by 10% (.10)	23		00		
	24. **Total casualty or theft loss(es).** Subtract line 23 from line 21. If zero or less, enter -0-	➤ 24				00
Job Expenses and Most Other Miscellaneous Deductions	25. Unreimbursed employee expenses—job travel, union dues, job education, etc. (attach Form 2106 or 2106-EZ if applicable) list	25		00		
	26. Tax preparation fees	26		502 00		
	27. Other (investment, safe deposit box, etc.) list	27		00		
	28. Add the amounts on lines 25, 26 and 27. Enter here	28		502 00		
	29. Enter combined totals from Form 740, line 9	29	20,010 00			
	30. Multiply line 29 by 2% (.02)	30		400 00		
	31. **Total.** Subtract line 30 from line 28. If zero or less, enter -0-	➤ 31			102	00
Other Miscellaneous Deductions	32. Other (see instructions)	➤ 32				00
Total Itemized Deductions	33. Add lines 4, 9, 15, 20, 24, 31 and 32. Enter here	➤ 33			5,016	00

DRAFT 7/22/15

★ If single or married filing jointly and your income for Form 740, line 9, column B does not exceed $184,000, 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 $184,000 ($92,000 if married filing separately on a combined return or separate returns), skip Part I and complete Part II.

DRAFT 7/22/15

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 33	5,016 .00
2.	Percent of income (Form 740, line 9, Column A) to total income (Form 740, total of line 9, Columns A and B)	50.025 %
3.	Percent of income (Form 740, line 9, Column B) to total income (Form 740, total of line 9, Columns A and B)	49.975 %
4.	Percent on line 2 times total deductions entered on line 1 (enter here and on Form 740, line 10, Column A)	2,509 .00
5.	Percent on line 3 times total deductions entered on line 1 (enter here and on Form 740, line 10, Column B)	2,507 .00

PART II—ITEMIZED DEDUCTIONS LIMITATION SCHEDULE

Use this schedule if the adjusted gross income on Form 740, line 9, exceeds **$184,000** (**$92,000** if married filing separately on a combined return or separate returns).

	A. Spouse	**B.** Yourself (or Joint)
• 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 32, by the percent of income shown in Columns A and/or B	1. _____ .00	1. _____ .00
2. Add the amounts on Schedule A, lines 4, 14 and 24, plus any gambling losses included on line 32 and multiply by the percent of income shown in Columns A and/or B ***Note:*** *Be sure your total gambling losses are clearly identified on line 32.*	2. _____ .00	2. _____ .00
3. Subtract the amount on line 2 from the amount on line 1. If the result is zero or less, enter -0-	3. _____ .00	3. _____ .00
4. Multiply the amount on line 3 above by 80% (.80)	4. _____ .00	4. _____ .00
5. Enter the amount from Form 740, line 9	5. _____ .00	5. _____ .00
6. Enter $184,000 ($92,000 if married filing separately on a combined return or separate returns)	6. _____ .00	6. _____ .00
7. Subtract the amount on line 6 from the amount on line 5. If the result is zero or less, enter -0-	7. _____ .00	7. _____ .00
8. Multiply the amount on line 7 above by 3% (.03)	8. _____ .00	8. _____ .00
9. Compare the amounts on lines 4 and 8 above. Enter the **smaller** of the two amounts here	9. _____ .00	9. _____ .00
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. _____ .00	10. _____ .00

SCHEDULE M 1500010018 **2015**

Form 740
42A740-M

Department of Revenue ➤ **Attach to Form 740.**

KENTUCKY FEDERAL ADJUSTED GROSS INCOME MODIFICATIONS

Enter name(s) as shown on tax return.	Your Social Security Number
Elderly, Test D & Denise	400-00-4204

DRAFT 7/8/15

PART I ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME

		A. Spouse (Use if Filing Status 2 is checked.)		B. Yourself (or Joint)	
1 Enter interest income from bonds issued by other states and their political subdivisions	1		00		00
2 Enter self-employed health insurance deduction from federal Form 1040, line 29	2		00		00
3 Enter resident adjustment from partnerships, fiduciaries and S corporations, Schedule K-1	3		00		00
4 Enter federal depreciation from Form 4562	4		00		00
5 Enter federal Net Operating Loss	5		00		00
6 Enter federal domestic production activities deduction from federal Form 8903, line 25	6		00		00
7 Other additions (list and enter total): (a) Testing Spouse Additions (b) (c)	7	10	00		00
8 Total Additions. Enter here and on Form 740, page 1, line 6	8	10	00		00

PART II SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

9 Enter state income tax refund or credit **reported** as income on federal Form 1040	9		00		00
10 Enter interest income from U.S. government bonds and securities	10		00		00
11 Enter excludable amount of retirement income (attach Schedule P if more than $41,110)	11	18,000	00	6,000	00
12 Enter taxable amount of Social Security and Railroad Retirement Board benefits from federal Form 1040, line 20(b) (1040A, line 14(b))	12		00	10,880	00
13 Enter long-term care insurance premiums	13		00		00
14 Enter health insurance premiums not previously deducted from income. Do not include premiums paid with pretax dollars (cafeteria plan)	14		00		00
15 Enter resident adjustment from partnerships, fiduciaries and S corporations, Schedule K-1	15		00		00
16 Enter Kentucky depreciation from revised Form 4562	16		00		00
17 Enter Kentucky Net Operating Loss	17		00		00
18 Enter Kentucky domestic production activities deduction (see instructions)	18		00		00
19 Other subtractions (list and enter total): (a) (b) (c)	19		00		00
20 Total Subtractions. Enter here and on Form 740, page 1, line 8	20	18,000	00	16,880	00

2210-K 1500010022 **2015**

42A740-S1

Commonwealth of Kentucky
DEPARTMENT OF REVENUE

➤ **Attach to Form 740 or 740-NP.**

UNDERPAYMENT OF ESTIMATED TAX BY INDIVIDUALS

Enter name(s) as shown on page 1, Form 740 or 740-NP.	Your Social Security Number
Elderly, Test D & Denise	400-00-4204

PART I—EXCEPTIONS AND EXCLUSIONS

The penalty shall not apply if one of the following exceptions is met. If one or more of the following applies to you, check the appropriate box(es), complete any necessary blank(s) and check the "Form 2210-K attached" box on Form 740, line 38a (Form 740-NP, line 38a). **If none of the exceptions apply, go to Part II.**

Check applicable box(es).

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1. ☐ The taxpayer died during the taxable year.

2. ☐ The declaration was not required until after September 1, 2015, and the taxpayer files a return and pays the full amount of the tax computed on the return on or before February 1, 2016.

3. ☐ Two-thirds ($^2/_3$) or more of the gross income was from farming; this return is being filed on or before March 1, 2016; ***and*** the total tax due is being paid in full. Fiscal year taxpayers must file a return and pay the tax due on or before the first day of the third month following the close of the tax year.

a. Enter total gross income		00
b. Multiply by $^2/_3$ (.67)		00
c. Enter gross income from farming		00

Line (c) must ***equal or exceed*** line (b) to qualify for the exception.

4. ☑ Prepaid tax ***equals or exceeds*** last year's income tax liability.

a. Enter the liability from the 2014 return, Form 740 or Form 740-NP, page 1, line 26		00
b. Enter amount from the 2015 Form 740, line 31 (Form 740-NP, page 2, line 31)*	340	00

Line (b) must ***equal or exceed*** line (a) to claim the exception.

PART II—FIGURING THE UNDERPAYMENT AND PENALTY *(Complete Part II only if the **additional** tax due exceeds $500; otherwise, proceed to page 2, Part III.)*

1.	a. Enter 2015 income tax liability from Form 740, line 26 (Form 740-NP, page 1, line 26)	1a	00
	b. Enter credit for taxes paid to another state from Form 740, Section A, line 5 (Form 740-NP, Section A, line 5)	1b	00
	c. Total (add lines 1a and 1b)	1c	00
2.	Percentage of liability required to be prepaid is 70%	2	x .7
3.	Multiply line 1c by line 2	3	00
4.	a. Enter the amount from Form 740, line 31 (Form 740-NP, page 2, line 31)*	4a	00
	b. Enter credit for taxes paid to another state from Form 740, Section A, line 5 (Form 740-NP, Section A, line 5)	4b	00
	c. Total (add lines 4a and 4b)	4c	00
5.	Subtract line 4c from line 3 (If line 4c exceeds line 3, no penalty applies.)	5	00
6.	Penalty percentage is 10%	6	x .1
7.	Multiply line 5 by line 6. This is the amount of the penalty for underpayment of estimated tax (minimum penalty $25)	7	00
8.	Enter interest amount due from Form 2210-K, page 2, line 22	8	00
9.	Add lines 7 and 8. Enter here and on Form 740 or Form 740-NP, line 38(a). **Also check the "Form 2210-K attached" box**	9	00

➲ ***To Avoid Underpayment Penalty in the Future, Obtain and File Form 740-ES.***

*Do not include amounts prepaid with extension after the due date of the fourth declaration installment.

NOTE: Use this page to calculate interest amount due on underpaid or untimely required estimated payments. See instructions for list of exclusions.

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PART III—REQUIRED ANNUAL PAYMENT

1.	Enter 2015 income tax liability: (Form 740 or Form 740-NP, page 1, line 26)	1	00
2.	Enter 2015 income tax withheld and refundable credits: (Form 740 or Form 740-NP, page 2, line 30a, 30c and 30d)	2	00
3.	Enter 2015 nonresident withholding: (Form 740-NP, page 2, line 30e)	3	00
4.	Add lines 2 and 3. Enter total here	4	00
5.	Subtract line 4 from line 1. (If the result is $500 or less, stop here. Do not compute this schedule.)	5	00
6.	Enter 2014 income tax liability: (2014 Form 740 or Form 740-NP, page 1, line 26)	6	00
7.	Required annual payment. Enter the smaller of line 1 or line 6	7	00

Note: If line 4 is equal to or greater than line 7, stop here. You do not owe interest.

PAYMENT DUE DATES

		A 4-15-15	B 6-15-15	C 9-15-15	D 1-15-16
8. **Required Installments.** Enter 1/4 (.25) of line 7 in each column	8	00	00	00	00
9. **Estimated tax paid and tax withheld.** For column A only, enter the amount from line 9 on line 13. If line 9 is equal to or greater than line 8 for all payment periods (columns A through D), stop here. You do not owe interest. Complete lines 10 through 17 of each column before going to the next column	9	00	00	00	00
10. Enter amount, if any, from line 17 of previous column	10		00	00	00
11. Add lines 9 and 10. Enter here	11		00	00	00
12. Enter the amount from line 16 of previous column.	12		00	00	00
13. Subtract line 12 from line 11. If zero or less, enter -0-. For column A only, enter the amount from line 9	13	00	00	00	00
14. If the amount on line 13 is zero, subtract line 11 from line 12. Otherwise, enter zero	14		00	00	00
15. **Underpayment.** If line 8 is equal to or greater than line 13, subtract line 13 from line 8. Otherwise, go to line 17	15	00	00	00	00
16. Add lines 14 and 15. Enter here. If line 8 is equal to or greater than line 13, then go to line 10 of the next column	16	00	00	00	00
17. **Overpayment.** If line 13 is more than line 8, subtract line 8 from line 13, then go to line 10 of the next column	17	00	00	00	00

FIGURING THE INTEREST

18. Interest calculation payment date	18	6-15-15	9-15-15	1-15-16	4-15-16
19. Number of days **from** the payment due date shown at the top of the column above line 8 **to** the date the amount on line 16 was paid, or the date shown for that column on line 18, whichever is earlier	19				
20. Annual Percentage Rate (APR)	20	.06	.06	.06 ?	.?
21. Underpayment from line 16 X (Number of days from line 19 / 365) X APR on line 20	21	00	00	00	00

22. **INTEREST DUE:** Add amounts on line 21 columns A through D. Enter the total here and on Form 2210-K, page 1, line 8 ..... 22 00

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Department of Revenue

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2015

➤ **Attach to Form 740 or Form 740-NP.**

KENTUCKY EDUCATION TUITION TAX CREDIT

Enter name(s) as shown on Form 740 or Form 740-NP, page 1.	Your Social Security Number
Elderly, Test D & Denise	400-00-4204

Caution: You **cannot** take the 2015 Kentucky Education Tuition Tax Credit if you are not eligible for the Federal Education Credits. **You must attach the federal Form 8863.**

Carryforward Information: If you have an unused credit from prior year(s), complete Page 2, Part V to determine your carry-forward amount. You must have completed Form 8863-K in prior years to claim any allowable unused credit carryforward.

PART I—Qualifications

	Yes	No
• Are all expenses claimed on this form from an eligible educational institution located within the Commonwealth of Kentucky (Kentucky institution)?	✔	
• Are all of the expenses claimed on this form for undergraduate studies?	✔	
• Is your Kentucky filing status single; married filing separately on a combined return; or married filing a joint return?	✔	

If you answered "No" to any of these questions above, **STOP**, you do not qualify for this credit.
If you answered "Yes" to all questions above, go to Part II.

PART II—American Opportunity Credit (List only expenses for undergraduate studies from Kentucky institutions)

1. (a) Student Name SSN	(c) Qualified Expenses (see instructions). **Do not** enter more than $4,000 for each student.	(d) Subtract $2,000 from column (c); if zero or less enter -0-	(e) Multiply column (d) by 25% (.25)	(f) If column (d) is zero enter the amount from column (c); otherwise, add $2,000 to column (e) and enter result
	.00	.00	.00	.00
(b) Institution Name and Address				

(a) Student Name SSN	(c) Qualified Expenses (see instructions). **Do not** enter more than $4,000 for each student.	(d) Subtract $2,000 from column (c); if zero or less enter -0-	(e) Multiply column (d) by 25% (.25)	(f) If column (d) is zero enter the amount from column (c); otherwise, add $2,000 to column (e) and enter result
	.00	.00	.00	.00
(b) Institution Name and Address				

2. Add the amounts on line 1, column (f)	2	.00
3. Enter the decimal amount from line 6 of the federal Form 8863. If this line is blank, enter -0- and go to line 4; you cannot take any American Opportunity Credit	3	
4. **Tentative American Opportunity Credit.** Multiply line 2 by line 3 and enter here (Note: The result on line 4 cannot exceed the amount of the federal Form 8863, line 7). If you are taking the Lifetime Learning Credit for another student, complete Part III; otherwise, enter amount from line 4 on line 11	4	.00

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PART III—Lifetime Learning Credit (List only expenses for undergraduate studies from Kentucky institutions)

5. (a) Student Name	(b) Student SSN	(c) Name and Address of Kentucky Institution	(d) Qualified Expenses (See instructions)
Test D. Elderly	400-00-4204	KY State University Frankfort, KY 40601	200 .00
Denise Elderly	400-00-4214	KSU Frankfort, KY 40601	100 .00

6. Add the amounts on line 5, column (d) and enter total here	6	300 .00
7. Enter the smaller of line 6 or $10,000	7	300 .00
8. Multiply line 7 by 20% (.20) and enter here	8	60 .00
9. Enter the decimal amount from line 17 of the federal Form 8863. If this line is blank, enter -0- and go to line 10; you cannot take any Lifetime Learning Credit	9	1.000
10. **Tentative Lifetime Learning Credit.** Multiply line 8 by line 9 and enter here (Note: The result on line 10 cannot exceed the amount of the federal Form 8863, line 18)	10	60 .00
11. **Total Tentative Kentucky Education Tuition Tax Credits. Add lines 4 and 10.**	11	60 .00

PART IV—Allowable Education Credits

12. Multiply the amount on line 11 by 25% (.25) and enter total here	12	15 .00
13. Enter tentative tax from Form 740 or Form 740-NP, page 1, line 22	13	203 .00
14. Enter amount from Part V, line 34. If Part V, line 34 is blank, enter -0-	14	55 .00
15. Subtract line 14 from line 13	15	148 .00
16. Enter the smaller of line 15 or line 12	16	15 .00
17. Add lines 14 and 16. Enter here and on Form 740 or Form 740-NP, line 23. **This is your allowable 2015 Kentucky Education Tuition Tax Credit**	17	70 .00
18. If line 15 is smaller than line 12, subtract line 15 from line 12. This is the amount of **unused credit carryforward from 2015 to 2016.** Enter here and on the 2015 Carryforward Worksheet, Line E, provided below	• 18	.00

PART V—Credit Carryforward from Prior Years

19. Enter tentative tax from Form 740 or Form 740-NP, page 1, line 22	19	203 .00
20. Enter your credit carryforward from 2010	20	9 .00
21. Enter your credit carryforward from 2011	21	10 .00
22. Enter your credit carryforward from 2012	22	11 .00
23. Enter your credit carryforward from 2013	23	12 .00
24. Enter your credit carryforward from 2014	24	13 .00
25. Add lines 20 through 24 and enter total here	25	55 .00
26. Subtract line 20 from line 19. If zero or less, enter -0-	26	194 .00
27. **Enter 2011 credit carryforward to 2016.** Subtract line 26 from line 21. If zero or less, enter -0-	• 27	.00
28. Subtract line 21 from line 26. If zero or less, enter -0-	28	184 .00
29. **Enter 2012 credit carryforward to 2016.** Subtract line 28 from line 22. If zero or less, enter -0-	• 29	.00
30. Subtract line 22 from line 28. If zero or less, enter -0-	30	173 .00
31. **Enter 2013 credit carryforward to 2016.** Subtract line 30 from line 23. If zero or less, enter -0-	• 31	.00
32. Subtract line 23 from line 30. If zero or less, enter -0-	32	161 .00
33. **Enter 2014 credit carryforward to 2016.** Subtract line 32 from line 24. If zero or less, enter -0-	• 33	.00
34. Enter the smaller of line 19 or line 25	34	55 .00

2015 Carryforward Worksheet

A.	**From Part V, Line 27, 2011 to 2016**	.00
B.	**From Part V, Line 29, 2012 to 2016**	.00
C.	**From Part V, Line 31, 2013 to 2016**	.00
D.	**From Part V, Line 33, 2014 to 2016**	.00
E.	**From Part IV, Line 18, 2015 to 2016**	.00

If you have a carryforward of credit, maintain a copy of this worksheet or Form 8863-K for your records. This information will be needed to prepare future returns.

☐ 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.
Kentucky Retirement Systems		$ 18,000.00	2015	
		2a Taxable amount $ 18,000.00	Form 1099-R	
		2b Taxable amount not determined ☐	Total distribution ☐	Copy 2 File this copy with your state, city, or local income tax return, when required.
PAYER'S federal identification number 61-0060439	RECIPIENT'S identification number 400-00-4214	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	
RECIPIENT'S name Denise Elderly		5 Employee contributions /Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address (including apt. no.) 123 Front Street		7 Distribution code(s) 7 IRA/SEP/SIMPLE ☐	8 Other $ %	
City or town, state or province, country, and ZIP or foreign postal code Mexico City Mexico		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 $ 180.00	13 State/Payer's state no. KY/124566	14 State distribution $
		$		$
Account number (see instructions)		15 Local tax withheld $	16 Name of locality	17 Local distribution $
		$		$

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☐ 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.
Kentucky Retirement Systems		$ 6,000.00	2015	
		2a Taxable amount $ 6,000.00	Form 1099-R	
		2b Taxable amount not determined ☐	Total distribution ☐	Copy 2 File this copy with your state, city, or local income tax return, when required.
PAYER'S federal identification number 61-0060439	RECIPIENT'S identification number 400-00-4204	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	
RECIPIENT'S name Test D. Elderly		5 Employee contributions /Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address (including apt. no.) 123 Front Street		7 Distribution code(s) 7 IRA/SEP/SIMPLE ☐	8 Other $ %	
City or town, state or province, country, and ZIP or foreign postal code Mexico City, MX		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 $ 6.00	13 State/Payer's state no. KY/124566	14 State distribution $
		$		$
Account number (see instructions)		15 Local tax withheld $	16 Name of locality	17 Local distribution $
		$		$

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