



For calendar year or other taxable year beginning 2016, and ending 20

A. Spouse's Social Security Number

B. Your Social Security Number

Grid for Spouse's Social Security Number

Grid for Your Social Security Number

Name—Last, First, Middle Initial (Joint or combined return, give both names and initials.)

Name entry grid: J a i l b r e a k P l o t t i n g f o r

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

Mailing Address grid

City, Town or Post Office

State

ZIP Code

City, Town or Post Office grid

State grid

ZIP Code grid

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.

Table with columns: A. Spouse, B. Yourself and rows: Democratic, Republican, No Designation

INCOME/TAX

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

B. Yourself (or Joint)

Main income table with 28 rows and columns for Spouse, Yourself, and Total

Attach Form W-2(s) and Other Supporting Statement(s) here. Enclose payment but Do Not Staple.



REFUND/TAX PAYMENT SUMMARY

29	Enter amount from page 1, line 28. This is your Total Tax Liability	29		1,817	00
30	(a) Enter Kentucky income tax withheld as shown on attached 2016 Form W-2(s) and other supporting statements	30(a)		00	
	(b) Enter 2016 Kentucky estimated tax payments	30(b)		00	
	(c) Enter 2016 refundable certified rehabilitation credit (KRS 141.382(1)(b)).....	30(c)		00	
	(d) Enter 2016 film industry tax credit (KRS 141.383).....	30(d)		00	
31	Add lines 30(a) through 30(d)	31			00
32	If line 31 is larger than line 29, enter AMOUNT OVERPAID (see instructions)	32			00
33	<i>Fund Contributions; See instructions.</i>				
(a)	Nature and Wildlife Fund			00	
(b)	Child Victims' Trust Fund			00	
(c)	Veterans' Program Trust Fund ..			00	
(d)	Breast Cancer Research/ Education Trust Fund			00	
(e)	Farms to Food Banks Trust Fund			00	
(f)	Local History Trust Fund			00	
(g)	Special Olympics Kentucky			00	
(h)	Pediatric Cancer Research Trust Fund ..			00	
(i)	Rape Crisis Center Trust Fund			00	
34	Add lines 33(a) through 33(i)	34			00
35	Amount of line 32 to be CREDITED TO YOUR 2017 ESTIMATED TAX	35	CREDIT FORWARD		00
36	Subtract lines 34 and 35 from line 32. Amount to be REFUNDED TO YOU	36	REFUND		00
	REFUND OPTIONS (Not available for amended returns) Check here if you would like your refund issued on a Bank of America Prepaid Debit Card <input type="checkbox"/> Check here if you would like to receive your Debit Card material in Spanish <input type="checkbox"/>				
37	If line 29 is larger than line 31, enter ADDITIONAL TAX DUE	37			00
38	(a) Estimated tax penalty and/or interest. <input type="checkbox"/> 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	40	OWE		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—2016"

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 tax credit	2	00	2	00
3 Enter skills training investment credit (attach copy(ies) of certification).....	3	00	3	00
4 Enter nonrefundable certified rehabilitation credit (KRS 171.397(1)(a)).....	4	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	00	6	00
7 Enter recycling and/or composting equipment credit (attach Schedule RC)	7	00	7	00
8 Enter Kentucky investment fund credit (attach copy(ies) of certification).....	8	00	8	00
9 Enter coal incentive credit.....	9	00	9	00
10 Enter qualified research facility credit (attach Schedule QR).....	10	00	10	00
11 Enter GED incentive credit (attach Form DAEL-31).....	11	00	11	00
12 Enter voluntary environmental remediation credit (attach Schedule VERB).....	12	00	12	00
13 Enter biodiesel and renewable diesel credit.....	13	00	13	00
14 Enter environmental stewardship credit.....	14	00	14	00
15 Enter clean coal incentive credit.....	15	00	15	00
16 Enter ethanol credit (attach Schedule ETH)	16	00	16	00
17 Enter cellulosic ethanol credit (attach Schedule CELL).....	17	00	17	00
18 Enter energy efficiency products credit carryforward from 2015	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-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	Enter distilled spirits credit (attach Schedule DS)	23	00	23	00
24	Enter angel investor credit	24	00	24	00
25	Add lines 1 through 24, Columns A and B. Enter here and on page 1, line 15 ..	25	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:	<input checked="" 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
(b) Credits for spouse:	<input checked="" 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

2 Dependents:

First and Last Name	Dependent's Social Security number	Dependent's relationship to you	Check if qualifying child for family size tax credit	
			<input type="checkbox"/>	• lived with you..... • did not live with you (see instructions)..... • other dependents.....
			<input type="checkbox"/>	
			<input type="checkbox"/>	

3 Add total number of credits claimed on lines 1 and 2. 3 Enter total credits

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

	Spouse	Yourself
3A	3B	3
x \$10		x \$10
4A	4B	30

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 and Last Name	Social Security number	First and 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.)	Driver's License/State Issued ID No.	Date Signed	Telephone Number (daytime)
Spouse's Signature	Driver's License/State Issued ID No.	Date Signed	
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, P. O. Box 856970, Louisville, KY 40285.



PAYMENTS

Kentucky Department of Revenue, P. O. Box 856980, Louisville, KY 40285.

SCHEDULE M



2016

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

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	1	1,500	00
2	Enter self-employed health insurance deduction from federal Form 1040, line 29.....	2	00	2		00
3	Enter resident adjustment from partnerships, fiduciaries and S corporations, Schedule K-1.....	3	00	3		00
4	Enter federal depreciation from Form 4562.....	4	00	4		00
5	Enter federal Net Operating Loss	5	00	5		00
6	Enter federal domestic production activities deduction from federal Form 8903, line 25.....	6	00	6		00
7	Other additions (list and enter total): (a) _____ (b) _____ (c) _____	7	00	7		00
8	Total Additions. Enter here and on Form 740, page 1, line 6	8	00	8	1,500	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	9		00
10	Enter interest income from U.S. government bonds and securities.....	10	00	10		00
11	Enter excludable amount of retirement income (attach Schedule P if more than \$41,110 per taxpayer).....	11	00	11		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	12		00
13	Enter long-term care insurance premiums.....	13	00	13		00
14	Enter health insurance premiums not previously deducted from income. Do not include premiums paid with pretax dollars (cafeteria plan).....	14	00	14		00
15	Enter resident adjustment from partnerships, fiduciaries and S corporations, Schedule K-1	15	00	15		00
16	Enter Kentucky depreciation from revised Form 4562	16	00	16		00
17	Enter Kentucky Net Operating Loss	17	00	17		00
18	Enter Kentucky domestic production activities deduction (see instructions).....	18	00	18		00
19	Other subtractions (list and enter total): (a) _____ (b) _____ (c) _____	19	00	19		00
20	Total Subtractions. Enter here and on Form 740, page 1, line 8	20	00	20		00