

Department of Revenue

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

KENTUCKY INCOME TAX RETURN

NONRESIDENT OR PART-YEAR RESIDENT

Check if Amended Return

7777

		For calendar year or other taxable year beginning, 2004,	and endin	ıg	,	, 2005	5. I	<u> 20</u>	04
	≻	Name—Last, First, Middle Initial (Joint return, give both names and initials.)		Y	'our Social S	Securi	ty Numbe	ər	
Use	В.								
Kentucky label if	A	Mailing Address (Number and Street Including Apartment Number or P.O. Box)	-	Spc	ouse's Socia	al Secu	urity Num	ber	
correct.	в		\neg						
Otherwise print or	E		A.						
print or type.	L	City, Town or Post Office State ZIP Code		P	OLITICAL	PAR	TY FUN	iD	
· / F ·	≻			esianatin	g \$2 will i	not c	hange y	vour re	fund
		✓ Single		0	-	ax dı			
FILING		Married, filing joint return.			A.	. Spo	use	B. Yo	urself
STATUS		Married, filing separate returns. Enter spouse's Social Security	Der	nocratic		(1)		(4)	
(see		number above and full name here.	-	oublican		(1)	Ħ	(4)	H
instructions)				No Designation (3)			ī	(6)	
	со	MPLETE PAGE 2 OF THIS FORM BEFORE COMPLETING LINES 4 THROUG					OFFICIA	()	
CREDITS					Г			3 4	
	_	Enter total tax credits claimed on page 2, line 35		<u> </u>		بًا		<u> </u>	1
		Enter amount from page 2, line 62, Column A. This is your federal Adjus							00
	_	Enter amount from page 2, line 62, Column B. This is your Kentucky Ad	-						00
TAXABLE		Nonitemizers: Enter \$1,870. Skip lines 8(a) and 8(b) (do not prorate)		 Г		/			00
INCOME	ð	(a) Itemizers: Enter itemized deductions from Kentucky Schedule A, Form 740-NP	8 (a)			~~			
		(b) Multiply line 8(a) by the percentage (%)	O(a)			00			
		from page 2, line 63	8(b)		6	00			
	9	Subtract line 7 or line 8(b) from line 6. This is your Taxable Income							00
		Enter tax from Form 740-NP Tax Table							00
ΤΑΧ		Multiply \$20 by number of tax credits claimed (from line 4)				00			
		Multiply line 11 by the percentage (%) from page 2, line 6				00			
		Other tax credits (see instructions)				00			
		Subtract lines 12 and 13 from line 10							00
		Enter Low Income Credit from worksheet in the instructions							00
		Subtract line 15 from line 14							00
	17	Enter Child and Dependent Care Credit from worksheet in the instructio	ns			17			00
		Subtract line 17 from line 16. This is your Income Tax Liability							00
	19	Enter KENTUCKY USE TAX from worksheet in the instructions			>	• 19			00
	20	Add lines 18 and 19. This is your Total Tax Liability				20			00
	21	(a) Enter Kentucky income tax withheld as shown							
		on attached 2004 Form W-2, Wage and Tax Statement(s)				00			
		(b) Enter 2004 Kentucky estimated tax payments				00			
	22	Add lines 21(a) and 21(b)				22			00
		KILL COLUMN ANOLINE OVERDAID (and include				~~			
		If line 22 is larger than line 20, enter AMOUNT OVERPAID (see instru- Nature and Wildlife Fund Contribution	uctions).	·····		. 23			00
See	24	Nature and wildlife Fund Contribution \Box \$2 \Box \$5 \Box \$10 \Box Other Enter amount checked	~ 24			~~			
instruc- tions for a	25	Child Victims' Trust Fund Contribution	1 24	-		00			
detailed	20	□ \$2 □ \$4 □ Other Enter amount checked	25		0	00			
description	26	Bluegrass State Games and U.S. Olympic Committee Fund Contribution				00			
of funds.		Veterans' Program Trust Fund Contribution				00			
		Add lines 24 through 27							00
		Amount of line 23 to be CREDITED to your 2005 estimated tax				29			00
						י ר			1
		Subtract lines 28 and 29 from line 23. Amount to be REFUNDED TO Y				30			00
	31 If line 20 is larger than line 22, enter AMOUNT YOU OWE. Attach check for full amount					ĺ			
		payable to Kentucky State Treasurer. Write your Social Security number				1	ĺ		
		Tax—2004" on the check. Place on TOP of wage and tax statements			OWE	31	L		00
		Check if Form 2210-K is attached (see instructions)							
		Official Use Only	EST	CF	NT	Ρ	ΒF	R	

FORM 740-NP (2004)		🔜 www.revenue.ky.gov	Page				
A copy of pages 1 and 2 of your federal income tax return and all supporting schedules must be attached to Kentucky Form 740-NP.							
RESIDENCY	🛚 🗹 Full-year nonresident. I did not l	ive in Kentucky during the year. Enter state of res	idence as of December 31, 2004				
STATUS	Part-year resident. Complete appropriate line(s) below.						
(check one box)	Moved into Kentucky	04 State moved from	·				
	Moved out of Kentucky	04 . State moved to					
	Full-year resident of a reciproca	al state. Attach a copy of the 2004 return					
	filed with your state of residen	ce and circle the state of residence.					
CREDITS	32 (a) Credits for yourself: Reg	gular 🛛 🗖 🗋 Check both if 65 or over 🔹 🗖 🗖 Ch	neck both if blind Enter number of				
	(b) Credits for spouse: Reg	gular 🛛 🗖 🗋 Check both if 65 or over 🔹 🗖 🗖 Ch	neck both if blind boxes checked 32				
		· - ±					

		_(b)_Credits for spouse:RegularCheck both if 65 or over _	Ch	eck both if blind boxes	s checked 32	
	33	Names of dependent children: (a) (b) (c)		(d)	Total 33	
		Tax credits for other dependents				
	35	Add the total number of tax credits claimed on lines 32, 33 and 34 above			35	
INCOME		Enter all wages, salaries, tips, etc. (attach wage and tax statements)	A. Total from <i>Attached</i> Federal Return	B. Kentucky		
		Do not include moving expense reimbursements	36	00		00
	37	Moving expense reimbursement (attach Schedule ME)		00		00
	38			00		00
	39	Business income or (loss) (attach Schedule C or C-EZ)	39	00		00
	40	Capital gain or (loss) (attach Schedule D)	40	00		00
	41	Other gains or (losses) (attach Form 4797)	41	00		00
	42	(a) Federally taxable IRA distributions, pensions and annuities 42	2(a)	00		00
		(b) Pension income exclusion (attach Schedule P if more than \$40,200) 42	2(b)			00)
	43	Rents, royalties, partnerships, estates, trusts, etc. (attach federal Schedule E)	43	00		00
	44	Farm income or (loss) (attach Schedule F)	44	00		00
	45	Other income (list type and amount)	45	00		00
			45			00
	46	Combine lines 36 through 45. This is your Total Income	46	00		00
ADJUST-	47	Educator expenses	47	00		
MENTS	48	Certain business expenses of reservists, performing artists and				
TO		fee-basis government officials (attach federal Form 2106 or 2106-EZ)		00		00
INCOME	49	IRA deduction	49	00		00
	50	Student loan interest deduction	50	00		00
	51	Tuition and fees deduction	51	00		00
		Health savings account deduction (attach federal Form 8889)		00		
	53	Moving expenses (attach Schedule ME)		00		00
	54			00		00
		Self-employed health insurance deduction		00		
		Self-employed SEP, SIMPLE and qualified plans deduction		00		00
		Penalty on early withdrawal of savings	57	00		00
	58	Alimony paid (recipient's name and Social Security number)				
			58	00		00
	59	Long-term care insurance premiums (see instructions)	59			00
	60	Health insurance premiums (see instructions)	60			00
	61	Add lines 47 through 60. Total adjustments to income	61	00		00
	62	Subtract line 61 from line 46. This is your Adjusted Gross Income	62	00		00
	63	Divide line 62, Column B, by line 62, Column A. If amount is equal to or				
		greater than 100%, enter 100%. This is your Percentage of Kentucky				
			63		%	
I. the unders	ianed	, declare under penalties of perjury that I have examined this return, including all accom	pan	ving schedules and statem	ents. 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 joint 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.

>	>	a		
Your Signature (If joint return, both must sign.)	Spouse's Signature	Telephone Number (daytime)	Date Signed	
Typed or Printed Name of Preparer Other than Taxpayer	I.D. Number of	Preparer	Date	

➤ Mail refund returns to Kentucky Department of Revenue, Frankfort, KY 40618-0006. Mail returns with payment to Kentucky Department of Revenue, Frankfort, KY 40619-0008. ► Make check payable to Kentucky State Treasurer.

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