Single Persons With No Dependents



KENTUCKY INDIVIDUAL INCOME TAX RETURN



42A740-EZ Department of Revenue

Your Social Security Number					
1		I			
Name—Last, First, Middle Initial					
Mailing Address (Number and Street including Apartment Number or P.O. Box)					
City, Town or Pos	t Office		State	ZIP Code	



City, Town o	r Post Off	fice State ZIP Code				
FAMILY SIZE	1	POLITICAL PARTY FUND Designating \$2 will not change your refund or tax due. Mark an X Box 1 for Democratic, Box 2 for Republican, or Box 3 for No Desig		ion.	1 2	3
INCOME	1.	Enter federal Adjusted Gross Income from Form 1040EZ, line 4. This is your Kentucky Modified Gross Income (If \$14,856 or less, you may qualify for the Family Size Tax Credit. See instructions on page 2.)	1	•		00
	2.	Standard deduction	2		2,290	00
	3.	Subtract line 2 from line 1. This is your Taxable Income	3			00
TAX	4.	Enter tax from Tax Table or Tax Computation for amount on line 3	4			00
	5.	Personal tax credit	5		20	00
		Subtract line 5 from line 4. If line 5 is larger than line 4, enter zero	6			00
	7.	Multiply line 6 by the Family Size Tax Credit for Family Size 1 decimal amount (%) and enter here (see instructions on page 2)	7	•		00
	8.	Subtract line 7 from line 6. This is your Income Tax Liability	8			00
	9.	Enter Kentucky Use Tax due on Internet, mail order, or other out-of-state purchases (see instructions)	9		0 0
	10.	Add lines 8 and 9. This is your Total Tax Liability	10	•		00
	11.	Enter Kentucky Income Tax withheld as shown on attached 2012 Form W-2, Wage and Tax Statement(s)	11	•		00
	12.	If line 11 is larger than line 10, enter AMOUNT OVERPAID (see instructions)				00
	13.	Fund Contributions; See instructions. (Enter amount(s) checked) a Nature and Wildlife Fund • □ \$10 □ \$25 □ \$50 □ Other • b Child Victims' Trust Fund • □ \$10 □ \$25 □ \$50 □ Other • d Breast Cancer Research/Education Trust • □ \$10 □ \$25 □ \$50 □ Other •				
	14.	Add amounts contributed on lines 13a, 13b, 13c and 13d	14			00
	15.	Subtract line 14 from line 12. Amount to be refunded to you	15	•		00
	16.	If line 10 is larger than line 11, enter amount you owe. Enclose check payable to Kentucky State Treasurer . Write your Social Security number and "KY Income Tax—2012" on the check	16	•		00

****** Date Signed Your Signature Telephone Number (daytime)

Typed or Printed Name of Preparer Other Than Taxpayer

I.D. Number of Preparer

Date

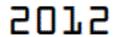
Mail to:



Kentucky Department of Revenue, Frankfort, KY 40618-0006. Kentucky Department of Revenue, Frankfort, KY 40619-0008. OFFICIAL USE ONLY **PWR**

55555	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		11 Nonqualified plans	12a
			13 Statutory Platforment Third-par employee plan sick pay	2
		1	14 Other	12c
				12d
f Employee's address and ZIP cod	e			
15 state Employer's state ID num	ber 16 State wages, tips, etc.	17 State Income	e tax 18 Local wages, tips, etc.	19 Local income tax 20 Localty name

Wage and Tax
Statement
Copy 1—For State, City, or Local Tax Department



Department of the Treasury-Internal Revenue Service