

740-EZ

Single Persons With No Dependents

42A740-EZ
Department of Revenue



KENTUCKY
INDIVIDUAL INCOME TAX RETURN



Form fields for Social Security Number, Name, Mailing Address, City, State, and ZIP Code.

DRAFT 6/5/12

FAMILY SIZE 1 POLITICAL PARTY FUND Designating \$2 will not change your refund or tax due. Mark an X in Box 1 for Democratic, Box 2 for Republican, or Box 3 for No Designation.

Table with columns for line number, description, and amount. Includes sections for INCOME (lines 1-3) and TAX (lines 4-16).

Attach Form W-2, Wage and Tax Statement(s) and Payment Here

I, the undersigned, declare under penalties of perjury that I have examined this return, including any accompanying statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature and Date fields: Your Signature, Telephone Number (daytime), Date Signed, Typed or Printed Name of Preparer Other Than Taxpayer, I.D. Number of Preparer, Date.

Mail to: REFUNDS Kentucky Department of Revenue, Frankfort, KY 40618-0006. PAYMENTS Kentucky Department of Revenue, Frankfort, KY 40619-0008.

OFFICIAL USE ONLY PWR

|  |  |  |                                   |  |                                |   |  |                            |  |                     |  |                  |  |
|--|--|--|-----------------------------------|--|--------------------------------|---|--|----------------------------|--|---------------------|--|------------------|--|
| 22222                                    |  | 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                        |  |                     |  |                  |  |
| f Employee's address and ZIP code        |  | 13 Statutory employee <input type="checkbox"/> |                                   | Retirement plan <input type="checkbox"/> |                                | Third-party sick pay <input type="checkbox"/> |  | 12b                        |  |                     |  |                  |  |
|  |  |  |                                   |  |                                |   |  | 12c                        |  |                     |  |                  |  |
|  |  |  |                                   |  |                                |   |  | 12d                        |  |                     |  |                  |  |
| 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 |  |