



REFUND/TAX PAYMENT SUMMARY				
29 Enter amount from page 1, line 28. This is your Total Tax Liability	29			00
30 For amended return ; overpayment, if any, shown on original return	30			00
31 Add lines 29 and 30, enter here	31			00
32 a Enter Kentucky income tax withheld as shown on enclosed Schedule KW-2	32a	00		
b Enter 2018 Kentucky estimated tax payments	32b	00		
c Enter 2018 refundable certified rehabilitation credit	32c	00		
d For amended return ; enter amount paid with original return plus additional payment(s) made after it was filed	32d	00		
33 Add lines 32(a) through 32(d)	33			00
34 If line 31 is larger than line 33, subtract line 33 from line 31, enter ADDITIONAL TAX DUE	34			00
35 a Estimated tax penalty <input type="checkbox"/> Check if Form 2210-K attached	35a	00		
b Estimated tax interest	35b	00		
c Interest	35c	00		
d Late payment penalty	35d	00		
e Late filing penalty.....	35e	00		
36 Add lines 35(a) through 35(e). Enter here	36			00
37 If the total of lines 31 and 36 are more than line 33, subtract line 33 from the total of lines 31 and 36. This is the AMOUNT YOU OWE	37	OWE		00
38 If line 33 is more than line 31, subtract lines 31 and 36 from line 33. This is the AMOUNT YOU OVERPAID	38			00
39 <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			
j Court Appointed Special Advocate Trust Fund	00			
40 Add lines 39(a) through 39(j)	40			00
41 Amount of line 38 to be CREDITED TO YOUR 2019 ESTIMATED TAX	41	CREDIT FORWARD		00
(Credit forwards not available for amended returns)				
42 Subtract lines 40 and 41 from line 38. Amount to be REFUNDED TO YOU	42	REFUND		00

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.

Sign Here	Signature of Taxpayer	Driver's License/State Issued ID No.	Date	Telephone Number (daytime)
	Signature of Spouse	Driver's License/State Issued ID No.	Date	
Paid Preparer Use	Signature of Preparer		Date	
	Name of Preparer or Firm		ID Number	
	Email	Telephone No.	May the DOR discuss this return with this preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Enclose	Include a complete copy of federal Form 1040, if you received farm, business, or rental income or loss. If not required, check here. <input type="checkbox"/>	Refund or No Payment	Kentucky Department of Revenue P. O. Box 856970 Louisville, KY 40285-6970
Payment	Check Payable: Kentucky State Treasurer E-Pay Options: www.revenue.ky.gov Include: Your Social Security number and "KY Income Tax – 2018"	With Payment	Kentucky Department of Revenue P. O. Box 856980 Louisville, KY 40285-6980