KENTUCKY INDIVIDUAL INCOME TAX **DECLARATION FOR ELECTRONIC FILING**

DO NOT MAIL! RETAIN FOR YOUR RECORDS.

S	ubmission Ide	ntification Num	ber (S	SID) 🕨															
Taxpayer's Name														Taxpaver's Social Security number					
Sp	ouse's Name															Spouse's Soc	ial Security	/ number	
PART I—Tax Return Information											A Spous)	B Taxpayer				
1	Kentucky taxable	income 740, line	e 11	740-N	P, line	13					1				.00			.00	K
2	Total tax liability	740, line	e 28	740-N	P, line	28					2							.00	IX
3	Total payments	740, line	e 32	740-N	P, line	32					3							.00	E
4	Amount you owe	740, line	e 36	740-N	P, line	36					4							.00] —
5	Refunded to you	740, line	e 41	740-N	P, line	41					5							.00	N
PART II— Direct Deposit of Refund Direct Debit of Tax Amount Due Direct Debit of Estimate Tax The first two numbers of the RTN must be														Т					
6	Routing transit nu	nsit number (RTN)			01 through 12										must i	oe			U
7	Depositor accoun	t number (DAN)																	
7 8	Type of account:	_ ` ′ _	Checking	,		-									,				C
9		•	SHECKING	9			Ectimat	o tav	dahit :	amour	nt								17
9	N												K						
	Debit date Debit date □ April 15, 2024 □ June 17, 2024 □ September 16, 2024 □ January 15, 2025											Y							
10 In order to comply with electronic banking regulations, please answer the following questions.													1						
10		it—Will these funds be									10110.		Yes		No				
		-Will these funds come									?		Yes		No				
PA	RT III—Declarati	on of Taxpayer (S	Sign onl	ly after	Part	l is d	comple	ted.)											
11 12	filed a joint retu	my refund be directly irn, this is an irrevocab irect deposit of my refu	le appoir	ntment o	of the o	ther	spouse							nown	on line	es 6 throug	h 10 is co	orrect. I	f I have
13					•			ancia	l Agen	t to ini	tiate	an A(CH ele	rtronic	fund	s withdraw	al entry t	to the fi	inancial
institution account indicated above for payment of my state taxes owed on this return and/or payment(s) of estimate tax, and the financial institution debit the entry to this account. This authorization is to remain in full force and effect until I notify the Kentucky Department of Revenue to terminate authorization. To revoke (cancel) a payment, I must contact the Kentucky Department of Revenue at (502) 564-4581 no later than 2 business days p to the payment (debit) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confider information necessary to answer inquiries and resolve issues related to the payment. If I have filed a balance due return, I understand that if the Kentucky Department of Revenue does not receive my full and timely payment of my tax liability, I												ution to late the ys prior fidential							
remain liable for the tax liability and all applicable interest and penalties. Under penalties of perjury, I declare that the information I have given my electronic return originator (ERO) or transmitter and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2023 Kentucky income tax return. To the best of my knowledge and belief, my return is tru correct and complete. I consent to my ERO or transmitter sending my return and accompanying schedules and statements to the Kentucky Department of Revenue 1 also consent to the Kentucky Department of Revenue sending my ERO and/or transmitter an acknowledgment of receipt or transmission and an indication whether or not my return is accepted, and, if rejected, the reason(s) for the rejection. In addition, by using a computer system and software to prepare and transming return electronically, I consent to the disclosure to the Kentucky Department of Revenue of all information pertaining to my use of the system and software are to the transmission of my tax return electronically.												is true, evenue. ation of ransmit							
<u>►</u> Your	Signature (If joint or coml	bined return, both must sign)		Spouse	e's Sig	nature							Telep	hone N	umber (dayt	ime)	Date	e Signed
PART IV—Declaration and Signature of Electronic Return Originator and Paid Preparer																			
am decl the in K pen	only a collector, I am are that I have verifi return. I will give the entucky Publication alties of perjury I dec	eviewed the above tax n not responsible for re ed the taxpayer's proc taxpayer a copy of all KY-1345, Kentucky Ha clare that I have exami rect and complete. Th	eviewing of of acco forms and andbook ned the a	the retu ount and d inform for Elec above ta	rn and it agre ation t tronic xpayei	only ees w o be Filers r's re	declare with the rifiled with sof Inditurn	that name h the l vidual	this for shown Kentuc Incom mpany	m acc on thi ky Dep e Tax ring sc	urate is for partn Retu hedu	ely ref m. Th nent o ırns (1 ıles ar	lects the taxparted tax feet feet feet feet feet feet feet fee	ie data ayer w nue, a ar 202 ement	a on the vill have and had and had and had and had and and and and and and and and and a	nis return. I e signed th ve followed am also th	If Part II in its form to all othe needed	is comp pefore I r requir preparer	oleted, I submit ements r, under
ER	O's								С	heck	□ if	falso	paid p	repar	er.	Check \square	if self-	employ	/ed.
Us	e Only	Cianatura)oto						_	1.0	Numbere	f EBO	
	's name (or	Signature Date									I.D. Number of ERO FEIN								
yours if self-employed) ————————————————————————————————————							ZIP code												
	id Preparer's e Only	Check □											emplo	yed.					
	e Offig i's name (or	Preparer's Signature						[Date						-	I.D. No	umber of F	Preparer	
	s if self-employed)													FEI	N				
and	address													ZIP	code				