

KENTUCKY INDIVIDUAL TAX CREDIT SCHEDULE Enclose with Form 740 or 740-NP

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2023

Enter name(s) as shown on tax return.

Your Social Security Number

SECTION A—BUSINESS INCENTIVES AND OTHER TAX CREDITS

Α	B Preapproval Required	C Credit Name	D Required Attachment	E Spouse	F Your					
1	No	Nonrefundable Limited Liability Entity	Kentucky Limited Liability Entity Tax Credit Worksheet C/Schedule K-1		00	00				
2	Yes	Kentucky Small Business	Schedule K-1		00	00				
3	Yes	Kentucky Selling Farmers	Schedule K-1		00	00				
4	Yes	Skills Training Investment	Schedule K-1		00	00				
5	Yes	Certified Rehabilitation	Certification Copies		00	00				
6	No	Tax Paid to Another State	Copy(ies) of Other State(s) return or Worksheet A		00	00				
7	No	Unemployment	Schedule UTC		00	00				
8	Yes	Recycling/Composting Equipment	Schedule RC		00	00				
9	Yes	Kentucky Investment Fund	KEDFA notification		00	00				
10	No	Qualified Research Facility	Schedule QR		00	00				
11	No	GED Incentive	Form DAEL-31		00	00				
12	Yes	Voluntary Environmental Remediation	Schedule VERB		00	00				
13	Yes	Biodiesel	Schedule BIO		00	00				
14	Yes	Clean Coal Incentive	Schedule CCI		00	00				
15	Yes	Ethanol	Schedule ETH		00	00				
16	Yes	Cellulosic Ethanol	Schedule CELL		00	00				
17	No	Railroad Maintenance & Improvement	Schedule RR-I		00	00				
18	Yes	Endow Kentucky	Schedule ENDOW		00	00				
19	Yes	New Markets Development Program	Form 8874(K)-A		00	00				
20	No	Distilled Spirits	Schedule DS		00	00				
21	Yes	Angel Investor	Certification Letter		00	00				
22		RESERVED			00	00				
23	No	Inventory	Schedule INV		00	00				
24	Yes	Renewable Chemical Production	Schedule CHEM		00	00				
25	Total of Other Tax Credits (add lines 1 through 24). Enter here and on Form 740, page 1, line 15, Columns A and B, or enter combined totals of Columns E and F on Form 740-NP, page 1, line 15 00 00									

SECTION B—PERSONAL TAX CREDITS

Taxpayer

Spouse Complete only if filing joint or married,

			filing separately on a combined return					
En	ter your date of birth (MM/DD/YYYY)		Enter your date of birth (MM/DD/YYYY)	_				
1	If you were 65 on or before 12/31/2023, enter 40	1	5 If you were 65 on or before 12/31/2023, enter 40 5					
2	If you were legally blind on 12/31/2023, enter 40	2	6 If you were legally blind on 12/31/2023, enter 40 6					
3	If you were a member of the Kentucky National		7 If you were a member of the Kentucky National					
	Guard on 12/31/2023, enter 20	3	Guard on 12/31/2023, enter 20 7					
4	Allowable Taxpayer Credit—Add lines 1 through 3	4	8 Allowable Spouse Credit—Add lines 5 through 7 8					
As	signment of Personal Tax Credits							
9	For filing status Single or Married, filing separate ret	t urns , enter tl	he amount from line 4 here and in Column B					
	of Form 740, line 17 or Form 740-NP, line 17 (Not to exc							
10 For filing status Married, filing separately on this combined return, enter the amount from line 4								
here and in column B of Form 740, line 17 (Not to exceed 100)								
11 For filing status Married, filing separately on this combined return, enter the amount from line 8								
here and in column A of Form 740, line 17. (Not to exceed 100) 11								
12	For filing status Married, filing jointly, add line 4 and I	line 8 and ent	er here and in Column B of Form 740,					
	line 17 or Form 740-NP, line 17. (Not to exceed 200)							

SECTION C-FAMILY SIZE TAX CREDIT

Enter dependents qualifying for family size credit. See instructions to determine family size and your qualifying dependents. Your family size will be used to determine your family size tax credit percentage.

First and Last Name	Dependent's Social Security number								Dependent's relationship to you	Check if qualifying child for family size tax credit

Use this **Family Size Tax Credit Table** to determine the percentage of family size credit. You will need to know your family size and your modified gross income (a worksheet is located within the instructions). You will enter the percentage for the family size tax credit on Form 740 or 740-NP, line 21.

Family Size		One		Тwo	I I	Three	Four	Credit		
If MGI	is over	is not over	Percentage is							
3	\$	\$ 14,580	\$	\$19,720	\$	\$24,860	\$	\$30,000	100	
Ň	14,580	15,163	19,720	20,509	24,860	25,854	30,000	31,200	90	
Ö	15,163	15,746	20,509	21,298	25,854	26,849	31,200	32,400	80	
N	15,746	16,330	21,298	22,086	26,849	27,843	32,400	33,600	70	
<u> </u>	16,330	16,913	22,086	22,875	27,843	28,838	33,600	34,800	60	
a	16,913	17,496	22,875	23,664	28,838	29,832	34,800	36,000	50	
O	17,496	18,079	23,664	24,453	29,832	30,826	36,000	37,200	40	
	18,079	18,517	24,453	25,044	30,826	31,572	37,200	38,100	30	
×	18,517	18,954	25,044	25,636	31,572	32,318	38,100	39,000	20	
D	18,954	19,391	25,636	26,228	32,318	33,064	39,000	39,900	10	
	19,391		26,228		33,064		39,900		0	

Multiply tax from Form 740 or 740-NP, line 19, by the applicable family size tax credit percentage and enter on Form 740 or 740-NP line 21. This is your **Family Size Tax Credit**.