



Department of Revenue



See instructions.

Taxable period beginning _____, 2010, and ending _____, 20 ____.

KENTUCKY CORPORATION
INCOME TAX AND LLET RETURN

2010

B Check applicable box(es):

LLET
Receipts Method
 Gross Receipts
 Gross Profits
 \$175 minimum

Nonfiling Status Code
Enter Code _____

D Federal Identification Number _____

Taxable Year Ending ____/____/____
Mo. / Yr.

Name of Corporation or Affiliated Group (Print or type) _____
State and Date of Incorporation _____

Number and Street _____
Principal Business Activity in KY _____

City _____ **State** _____ **ZIP Code** _____ **Telephone Number** _____

NAICS Code Number (Relating to Kentucky Activity) (See www.census.gov) _____

E Name of Common Parent _____ **Kentucky Corporation/LLET Account Number** _____

F Check if applicable: Initial return Final return (Complete Part IV)
 Short-period return (Complete Part IV) Change of name Change of address Change of accounting period

G Check if applicable: Amended return Amended return-RAR

Provide explanation of changes in Part V—Explanation of Amended Return Changes.

PART I—LLET COMPUTATION			PART II—INCOME TAX COMPUTATION		
1. Schedule LLET , Section D, line 1.....	1	00	1. Income tax (see instructions).....	1	00
2. Recycling/composting equipment tax credit recapture	2	00	2. Recycling/composting equipment tax credit recapture	2	00
3. Total (add lines 1 and 2).....	3	00	3. Tax installment on LIFO recapture ...	3	00
4. Nonrefundable LLET credit from Kentucky Schedule(s) K-1	4	00	4. Total (add lines 1 through 3).....	4	00
5. Nonrefundable tax credits (Schedule TCS)	5	00	5. Nonrefundable LLET credit from the Limited Liability Pass-through Entity LLET Credit Worksheet(s) (see instructions)	5	00
6. LLET liability (greater of line 3 less lines 4 and 5 or \$175 minimum).....	6	00	6. Nonrefundable LLET credit (Part I, line 6 less \$175)	6	00
7. Withholding tax (Form PTE-WH).....	7	00	7. Nonrefundable tax credits (Schedule TCS)	7	00
8. Estimated tax payments	8	00	8. Net income tax liability (line 4 less lines 5 through 7, but not less than zero).....	8	00
9. Certified rehabilitation tax credit.....	9	00	9. Estimated tax payments <input type="checkbox"/> Check if Form 2220-K attached	9	00
10. Film industry tax credit.....	10	00	10. Extension payment	10	00
11. Extension payment	11	00	11. Prior year's tax credit	11	00
12. Prior year's tax credit	12	00	12. LLET overpayment from Part I, line 18	12	00
13. Income tax overpayment from Part II, line 17.....	13	00	13. Corporation income tax paid on original return	13	00
14. LLET paid on original return.....	14	00	14. Corporation income tax overpayment on original return	14	00
15. LLET overpayment on original return.....	15	00	15. Income tax due (lines 8 and 14 less lines 9 through 13)	15	00
16. LLET due (lines 6 and 15 less lines 7 through 14).....	16	00	16. Income tax overpayment (lines 9 through 13 less lines 8 and 14).....	16	00
17. LLET overpayment (lines 7 through 14 less lines 6 and 15).....	17	00	17. Credited to 2010 LLET	17	00
18. Credited to 2010 income tax.....	18	00	18. Credited to 2011 corporation income tax	18	00
19. Credited to 2011 LLET.....	19	00	19. Amount to be refunded	19	00
20. Amount to be refunded	20	00			

TAX PAYMENT SUMMARY (Round to nearest dollar)

LLET		INCOME	
1. LLET due (Part I, Line 16)	\$ _____	1. Income tax due (Part II, Line 15)	\$ _____
2. Penalty	\$ _____	2. Penalty	\$ _____
3. Interest	\$ _____	3. Interest	\$ _____
4. Subtotal	\$ _____	4. Subtotal	\$ _____
TOTAL PAYMENT (Add Subtotals).....> \$ _____			

Federal Form 1120, all pages, and any supporting schedules must be attached.

Make check payable to:
Kentucky State Treasurer

Mail return with payment to:
Kentucky Department of Revenue
Frankfort, Kentucky 40620



PART III – TAXABLE INCOME COMPUTATION

1. Federal taxable income (Form 1120, line 28)	1		00	14. Federal work opportunity credit	14		00
ADDITIONS:				15. Depreciation adjustment.....	15		00
2. Interest income (state and local obligations)	2		00	16. Other (attach Schedule O-720).....	16		00
3. State taxes based on net/gross income	3		00	17. Revenue Agent Report (RAR).....	17		00
4. Depreciation adjustment.....	4		00	18. Net income (line 11 less lines 12 through 17).....	18		00
5. Deductions attributable to nontaxable income.....	5		00	19. Current net operating loss adjustment (mandatory nexus only)..	19		00
6. Related party expenses	6		00	20. Kentucky net income (add lines 18 and 19)	20		00
7. Dividend paid deduction (REIT).....	7		00	21. Taxable net income (attach Schedule A if applicable)	21		00
8. Domestic production activities deduction.....	8		00	22. Net operating loss deduction (NOLD).....	22		00
9. Other (attach Schedule O-720).....	9		00	23. Taxable net income after NOLD (line 21 less line 22)	23		00
10. Revenue Agent Report (RAR).....	10		00	24. Kentucky domestic production activities deduction (KDPAD)	24		00
11. Total (add lines 1 through 10)	11		00	25. Taxable net income after KDPAD (line 23 less line 24)	25		00
SUBTRACTIONS:							
12. Interest income (U.S. obligations)....	12		00				
13. Dividend income.....	13		00				

PART IV – EXPLANATION OF FINAL RETURN AND/OR SHORT-PERIOD RETURN

Empty box for explanation of final return and/or short-period return.

PART V – EXPLANATION OF AMENDED RETURN CHANGES

Empty box for explanation of amended return changes.



SCHEDULE Q—KENTUCKY CORPORATION/LLET QUESTIONNAIRE

IMPORTANT: Questions 4—13 must be completed by all corporations. If this is the corporation's initial return or if the corporation did not file a return under the same name and same federal I.D. number for the preceding year, questions 1, 2 and 3 must be answered. **Failure to do so may result in a request for a delinquent return.**

1. Indicate whether: (a) new business; (b) successor to previously existing business which was organized as: (1) corporation; (2) partnership; (3) sole proprietorship; or (4) other _____

If successor to previously existing business, give name, address and federal I.D. number of the previous business organization. _____

2. List the following **Kentucky** account numbers. Enter N/A for any number not applicable.
 Employer Withholding _____
 Sales and Use Tax Permit _____
 Consumer Use Tax _____
 Unemployment Insurance _____
 Coal Severance and/or Processing Tax _____

3. If a foreign corporation, enter the date qualified to do business in Kentucky. ___ / ___ / ___

4. If change of accounting period, Item F on page 1, is checked, complete the following information:
 Year End before the change:
 Month _____ and Day _____

a. Change from a Fiscal Year to a Calendar Year (NOT a 52/53 week filer)

b. Change from a Calendar Year to a Fiscal Year (NOT a 52/53 week filer):
 New Year End:
 Month _____ and Day _____

c. Change from a Fiscal Year to a Calendar Year (52/53 week filer):
 New Year End: December and day of week _____

d. Change from a Calendar Year to a Fiscal Year (52/53 week filer):
 New Year End:
 Month _____ and day of week _____

If a 52/53 week filer: (Choose one of the options below.)

i. Option A: Ends on the same day of the week and whatever date this same day of the week last occurs in a calendar month.

ii. Option B: Ends on the same day of the week and whatever date this same day of the week occurs that is the nearest to the last day of the calendar month.

5. The corporation's books are in care of: (name and address) _____

6. Are disregarded entities included in this return?
 Yes No. If yes, list name, address and federal I.D. number of each entity. _____

7. Was the corporation a partner or member in a pass-through entity doing business in Kentucky? Yes No. If yes, attach schedule listing name and federal I.D. number of the pass-through entity(ies). _____

Was the corporation doing business in Kentucky other than through its interest held in a pass-through entity doing business in Kentucky? Yes No

8. Are related party costs made to related members as defined in KRS 141.205(1)(l) included in this return? Yes No. If yes, attach schedule listing name, federal I.D. and/or Kentucky Corporation/LLET account number of the individual(s) or entity(ies).

9. Did the corporation at any time during the taxable year do business in Kentucky and own 80 percent or more of the voting stock of another corporation doing business in Kentucky? Yes No. If yes, list name, address and federal I.D. number of each entity. _____

10. Was 80 percent or more of the corporation's voting stock owned by any corporation doing business in Kentucky at any time of the year? Yes No. If yes, list name, address and federal I.D. number of each entity. _____

11. Was this return prepared on: (a) cash basis, (b) accrual basis, (c) other _____

12. Did the corporation file a Kentucky tangible personal property tax return for January 1, 2011? Yes No

13. Is the corporation currently under audit by the Internal Revenue Service? Yes No

If yes, enter years under audit _____

If the Internal Revenue Service has made final and unappealable adjustments to the corporation's taxable income which have not been reported to the department, check here and file an amended return. See 2010 Kentucky Corporation Income Tax and LLET Return instructions for information regarding amended returns. Attach a copy of the final determination to each amended return.

OFFICER INFORMATION (Failure to Provide Requested Information May Result in a Penalty)

Attach a schedule listing the name, home address and Social Security number of the vice president, secretary and treasurer.


Has the attached officer information changed from the last return filed? Yes No

President's Name _____ President's Home Address _____

President's Social Security Number _____

Date Became President ___ / ___ / _____

I, the undersigned, declare under the 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.

 _____ Date _____

Signature of principal officer or chief accounting officer

 Name of person or firm preparing return

 SSN, PTIN or FEIN

May the DOR discuss this return with the preparer?

Yes No

E-mail Address: _____

Telephone Number: _____