

## > USE FOR INDIVIDUAL, GENERAL PARTNERSHIP, AND FIDUCIARY INCOME TAX RETURNS FOR KENTUCKY

## SEE INSTRUCTIONS FOR PAYMENT REQUIRMENTS

Use this form if you are requesting a Kentucky extension of time to file. Taxpayers who request a federal extension are not required to file a separate Kentucky extension, unless an amount is due with the extension. The requirement may be met by attaching federal Form 4868 (automatic extension) to the Kentucky return.

You may choose to electronically file your Kentucky extension for Individual returns. Filing electronically allows you the option to pay electronically through a direct debit transaction scheduled on or before April 15, 2024.

All taxpayers filing this Application for Extension must complete Section I and the Payment Voucher. If no payment is being remitted, leave the Amount Paid box on the Payment Voucher blank. If you are filing your Application of Extension electronically and choose to pay by direct debit, complete Section II with your banking account information.

You will be notified only if the Application for Extension is denied. To avoid the late filing penalty, a copy of this form must be attached to your return when filed. Keep a copy for yourself.

Section I

A six-month extension is requested for filing the income tax return of the taxpayer(s) listed below for the taxable year ending \_

REASON FOR REQUEST (A reason must be given before any request can be considered. Inability to pay is not a valid reason.)

Signature of Taxpayer Date		Signature of Paid Preparer	Date
Mail to: Kentuck	y Department of Revenue,	P.O. Box 1190, Frankfort, KY 40602-1190	<u>⊳ ∢</u>
DENIED: Late (postmarke	ed after return date)	Other:	
Section II - Direct Debit of Tax Due (Comple	ete only if filing electronic e	≥xtension)	
Routing Transit number (RTN)		first 2 numbers of the RTN must be hrough 12 or 21 through 32.	
Depositer account number (DAN)			
Type of account: 🔲 Savings 🗌 Checking Tax	due debit amount \$	Debit date //	_
indicated above for payment of my state taxes owed and the I notify the Kentucky Department of Revenue to terminate th 564-4581 no later than two business days prior to the paym taxes to receive confidential information necessary to answe	ne authorization. To revoke (canco lent (debit) date. I also authorize t er inquiries and resolve issues rela >	el) a payment, I must contact the Kentucky Departm he financial institutions involved in the processing o ated to payment.	nent of Revenue at (502) of the electronic payment of
Your Signature (If joint or combined return, both must sig		se's Signature Date	÷
L	Detach here and mail voucher w	htn your payment	
740EXT (12/23) K	entucky Extensio	n Payment Voucher	2023
	12/31/20		
YOUR SOCIAL SECURITY NUMBER / FEIN		ear Ending SPOUSE'S SOCIAL SECURITY NUMBER.	
LAST NAME	FIRST NAME SPOUSE'S NAME		
		Amount Paid	0 0
NUMBER AND STREET OR P.O. BOX		Make check payable to: Kentuc	ky State Treasurer
CITY, TOWN OR POST OFFICE STATE	ZIP CODE		
Check type of return:		ц	60020102
Individual 🖾 Fiduciary	Mail to:		071020000
General Partnership	Kentuc V Popart né	ert of Revenue	
For informational purposes only.	P.O. Box 1190		
General Partnerships DO NOT have a tax liability.	Franktor K 14592		I