



For calendar year 2024 or tax year beginning (MM-DD-YY) ___ - ___ - 20___, and ending (MM-DD-YY) ___ - ___ - 20___

A Federal Identification Number _____	B Kentucky NRWH Account Number _____	D <i>Check the applicable boxes</i> <input type="checkbox"/> Change of accounting period <input type="checkbox"/> Final return <input type="checkbox"/> Amended
C Name of Pass-Through Entity <input type="checkbox"/> Change of Name Number and Street City State ZIP Code Telephone Number		

1 Number of nonresident individuals, estates, and trusts included in this return	▶ 1	
2 Number of nonresident individuals, estates, and trusts exempt from this withholding	▶ 2	
3 Net distributive share income subject to withholding before apportionment	▶ 3	00
4 100% or the apportionment fraction from the pass-through entity's Schedule A (see instructions)	▶ 4 %
5 Kentucky distributive share income subject to withholding (Line 3 multiplied by Line 4)	▶ 5	00
6 Tax before tax credits (Line 5 multiplied by 4.0% (.04))	▶ 6	00
7 Enter the partners', members', or shareholders' nonrefundable tax credits	▶ 7	00
8 Kentucky income tax liability (Line 6 less Line 7)	▶ 8	00

▶ Continue to next page to calculate tax due or overpayment

TAX PAYMENT SUMMARY (FOR ADDITIONAL TAX DUE)	
1 Tax, line 16..... \$ _____ .	
2 Interest \$ _____ .	
3 Penalty \$ _____ .	
4 Total Payment..... \$ _____ .	

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9	Estimated tax payments	▶ 9		00
10	Extension payment	▶ 10		00
11	Prior year's tax credit	▶ 11		00
12	Total tax paid on original return	▶ 12		00
13	Total payments (Lines 9 through 12)	▶ 13		00
14	Tax overpayment on original return	▶ 14		00
15	Estimated Tax Penalty (attach Form NRWH-P)	▶ 15		00
16	Income tax and Estimated Tax Penalty due (Line 8, 14, and 15 less Line 13)	TAX DUE ▶ 16		00
17	Income tax overpayment (Line 13 less Line 8, 14, and 15)	▶ 17		00
18	Credited to 2024 interest	▶ 18		
19	Credited to 2024 late file/pay penalty	▶ 19		
20	Credited to 2025 NRWH	▶ 20		00
21	Amount to be refunded (Line 17 less Lines 18 through 20)	REFUND ▶ 21		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of Owner	Date
	Name of Owner (Please print)	Title
Paid Preparer Use	Signature of Preparer	Date
	Name of Preparer or Firm (Please print)	ID Number
	Email and/or Telephone No.	May the DOR discuss this return with this preparer? <input type="checkbox"/> YES <input type="checkbox"/> NO

Enclose	Include PTE-WH for each owner.	Refund or No Payment	Kentucky Department of Revenue Frankfort, KY 40619-0006
Payment	Check Payable: Kentucky State Treasurer E-Pay Options: www.revenue.ky.gov	With Payment	Kentucky Department of Revenue Frankfort, Kentucky 40619-0006

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