

Who should use a payment voucher?

If you owe tax on your electronically filed individual income tax return, complete Form 740-V, Kentucky Payment Voucher.

- Mail Form 740-V and your payment to the address listed on the payment voucher.
- Do not include a copy of your electronically filed return with Form 740-V and payment.

The Department of Revenue does not issue statements of liability prior to the April 15 deadline for payment. To avoid penalties and interest, payments should be postmarked on or before April 15, 2024.

How to prepare your payment:

Make your check or money order payable to the **Kentucky State Treasurer**. Do not send cash. Be sure to write your name, address, Social Security number, and "2023 Form 740" or "2023 Form 740-NP" on the check or money order.

Preparing your payment voucher:

- Enter your Social Security number in the boxes above "Your Social Security Number." If married filing jointly or on a combined return, enter the spouse's Social Security number in the boxes above "Spouse's Social Security Number."
- Enter your name(s) in the boxes identified as "Last Name/Your First Name/Spouse's Name." The name on your voucher should match the name listed on your income tax return.
- Enter your mailing address on the appropriate lines.
- Enter the amount of additional tax due from Form 740, line 33 (Form 740-NP, line 33) in the boxes identified as "Additional Tax Due."
- Enter the amount of interest and penalty calculated from Form 740, line 35 (Form 740-NP, line 35) in the boxes identified as "Interest and/or Penalties."

Sending your payment with payment voucher:

Detach the payment voucher at the dotted line below. Do not attach the payment voucher to the check or money order.

Mail your payment and voucher to: **Kentucky Department of Revenue, Frankfort, KY 40620-0011**

You may also make your payment electronically by visiting www.revenue.ky.gov.

▼ DETACH HERE AND MAIL VOUCHER WITH YOUR PAYMENT ▼

FORM 740V(12-23)

Kentucky Electronic Payment Voucher

2023

340 06 4008

YOUR SOCIAL SECURITY NUMBER

ANGOTH, ASHOK N

LAST NAME

YOUR FIRST NAME

290 33 2460

SPOUSE'S SOCIAL SECURITY NUMBER

SUNITHA

SPOUSE'S NAME

10408 LAKESHORE BLUFF		
NUMBER AND STREET OR P.O. BOX		
LOUISVILLE	KY	40223
CITY, TOWN OR POST OFFICE	STATE	ZIP CODE

Additional Tax Due	88.00
Interest and/or Penalties	0.00
Total Payment	88.00

42A740V0002

Make check payable to: Kentucky State Treasurer
Mail to: Kentucky Department of Revenue
Frankfort, KY 40620-0011



2 3 0 0 0 1 1 5 5 5

KENTUCKY
INDIVIDUAL INCOME TAX RETURN
Residents Only

2023

Check if deceased: Spouse Taxpayer For calendar year or other taxable year beginning _____, and ending _____.

A. Spouse's Social Security Number	B. Your Social Security Number
290-33-2460	340-06-4008



Name—Last, First, Middle Initial (Joint or combined return, give both names and initials.)

ANGOTH ASHOK N ANGOTH SUNITHA

Mailing Address (Number and Street including Apartment Number or P.O. Box)

10408 LAKESHORE BLUFF

City, Town or Post Office State ZIP Code

LOUISVILLE KY 40223

FILING STATUS (see instructions)

1 Single

2 Married, filing separately on this combined return. **(If both had income.)**

3 Married, filing joint return.

4 Married, filing separate returns. Enter spouse's Social Security number above and full name here.

Check if applicable:

Amended (Enclose copy of 1040X, if applicable.)

POLITICAL PARTY FUND

Designating \$2 will not change your refund or tax due.

	A. Spouse	B. Yourself
Democratic	(1) <input type="checkbox"/>	(4) <input type="checkbox"/>
Republican	(2) <input type="checkbox"/>	(5) <input type="checkbox"/>
No Designation	(3) <input checked="" type="checkbox"/>	(6) <input checked="" type="checkbox"/>

	A. Spouse (Use if Filing Status 2 is checked.)		B. Yourself (or Joint)	
5 Enter amount from federal Form 1040 or 1040-SR, line 11. (If total of Columns A and B is \$39,900 or less, you may qualify for the Family Size Tax Credit. See instructions.)	5	00	5	151,181.00
6 Additions from Schedule M, line 6	6	00	6	00
7 Add lines 5 and 6	7	00	7	151,181.00
8 Subtractions from Schedule M, line 17	8	00	8	0.00
9 Subtract line 8 from line 7. This is your Kentucky Adjusted Gross Income	9	00	9	151,181.00
10 Itemizers: Enter itemized deductions from Kentucky Schedule A. Nonitemizers: Enter \$2,980 in Columns A and/or B.....	10	00	10	2,980.00
11 Subtract line 10 from line 9. This is your Taxable Income	11	00	11	148,201.00
12 Tax Computation: Multiply line 11 by 4.5% (.045) or amount from Schedule J <input type="checkbox"/>	12	00	12	6,669.00
13 Enter tax from Form 4972-K <input type="checkbox"/> ; Schedule RC-R <input type="checkbox"/> ; Schedule DS-R <input type="checkbox"/> ; Angel Investor Recapture <input type="checkbox"/>	13	00	13	00
14 Add lines 12 and 13 and enter total here	14	00	14	6,669.00
15 Enter amounts from Schedule ITC, Section A, lines 25E and 25F	15	00	15	00
16 Subtract line 15 from line 14. If line 15 is larger than line 14, enter zero.....	16	00	16	6,669.00
17 Enter personal tax credit amounts from Schedule ITC, Section B.....	17	00	17	00
18 Subtract line 17 from line 16. If line 17 is larger than line 16, enter zero.....	18	00	18	6,669.00
19 Add tax amount(s) in Columns A and B, line 18 and enter here, continue to page 2	19	00	19	6,669.00



20 Check the box that represents your total family size (see instructions before completing lines 20 and 21).....

21 Multiply line 19 by **Family Size Tax Credit** decimal amount 0.00 (0 %) from Schedule ITC.....

22 Subtract line 21 from line 19.....

23 Enter the **Education Tuition Tax Credit** from Form 8863-K, line 17.....

24 Enter **Child and Dependent Care Credit** from federal Form 2441, line 11 **>** _____ **x 20%** (.20)

25 RESERVED.....

26 **Income Tax Liability.** Subtract lines 23 through 25 from line 22. If zero or less, enter zero.....

27 Enter **KENTUCKY USE TAX** due on Internet, mail order, or other out-of-state purchases (see instructions)...

28 Add lines 26 and 27. This is your **TOTAL TAX LIABILITY**.....

29 **For amended return;** overpayment, if any, shown on original return.....

30 Add lines 28 and 29, enter here.....

20	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/>
21	0.00
22	6,669.00
23	00
24	00
25	00
26	6,669.00
27	00
28	6,669.00
29	00
30	6,669.00

31 a Enter **Kentucky income tax withheld** as shown on enclosed Schedule KW-2.....

b Enter 2023 Kentucky estimated tax/extension payments.....

c Enter 2023 refundable certified rehabilitation credit.....

d Enter 2023 refundable entertainment incentive tax credit.....

e Enter 2023 refundable development area tax credit.....

f Enter 2023 refundable decontamination tax credit.....

g Enter 2023 refundable pass-through entity tax credit from Form PTET-CR, line 9.....

h **For amended return;** enter amount paid with original return plus additional payment(s) made after it was filed.....

31a	6,581.00
31b	00
31c	00
31d	00
31e	00
31f	00
31g	00
31h	00

32 Add lines 31(a) through 31(h).....

33 If line 30 is larger than line 32, subtract line 32 from line 30, enter **ADDITIONAL TAX DUE**.....

34 a Estimated tax penalty **Check if Form 2210-K attached**.....

b Interest.....

c Late payment penalty.....

d Late filing penalty.....

34a	00
34b	00
34c	00
34d	00

35 Add lines 34(a) through 34(d). Enter here.....

36 If the total of lines 30 and 35 is more than line 32, subtract line 32 from the total of lines 30 and 35.
This is the **AMOUNT YOU OWE**, continue to page 3..... **OWE**

37 If line 32 is more than line 30, subtract lines 30 and 35 from line 32. This is the **AMOUNT YOU OVERPAID**, continue to page 3.....

32	6,581.00
33	88.00
35	00
36	88.00
37	00



38 FUND CONTRIBUTIONS; see instructions.

a Nature and Wildlife Fund	38a	00
b Child Victims' Trust Fund	38b	00
c Veterans' Program Trust Fund	38c	00
d Breast Cancer Research/Education Trust Fund	38d	00
e Farms to Food Banks Trust Fund	38e	00
f Local History Trust Fund	38f	00
g Special Olympics Kentucky.....	38g	00
h Pediatric Cancer Research Trust Fund.....	38h	00
i Rape Crisis Center Trust Fund	38i	00
j Court Appointed Special Advocate Trust Fund	38j	00
k YMCA Youth Association Fund	38k	00

39 Add lines 38(a) through 38(k)	39	00
40 Amount of line 37 to be CREDITED TO YOUR 2024 ESTIMATED TAX CREDIT FORWARD	40	00
(Credit forwards not available for amended returns)		
41 Subtract lines 39 and 40 from line 37. Amount to be REFUNDED TO YOU REFUND	41	00

I, the undersigned, declare under 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. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

Sign Here	Signature of Taxpayer	Driver's License/State Issued ID No.	Date	Telephone Number (daytime) (630) 788-8999
	Signature of Spouse	Driver's License/State Issued ID No.	Date	
Paid Preparer Use	Signature of Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM		Date 01/30/2024	
	Name of Preparer or Firm GLOBAL TAXES LLC		ID Number P02082703	
	Email syam@gtaxfile.com	Telephone No. (678) 965-9522	May the DOR discuss this return with this preparer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Enclose	Include a complete copy of federal Form 1040, if you received farm, business, or rental income or loss. If not required, check here. <input type="checkbox"/>		Refund or No Payment	Kentucky Department of Revenue Frankfort, KY 40618-0006
Payment	Check Payable: Kentucky State Treasurer E-Pay Options: www.revenue.ky.gov Include: Your Social Security number and "KY Income Tax—2023"		With Payment	Kentucky Department of Revenue Frankfort, KY 40619-0008



2 3 0 3 4 9 1 5 5 5

**KENTUCKY INDIVIDUAL
TAX CREDIT SCHEDULE**

2023

➤ **Enclose with Form 740 or 740-NP**

Enter name(s) as shown on tax return.

Your Social Security Number

ANGOTH, ASHOK N & ANGOTH, SUNITHA

340-06-4008

SECTION A—BUSINESS INCENTIVES AND OTHER TAX CREDITS

A	B Preapproval Required	C Credit Name	D Required Attachment	E		F	
				Spouse		Yourself	
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

Enter your date of birth (MM/DD/YYYY)	06/20/1976	Enter your date of birth (MM/DD/YYYY)	07/12/1981
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 Guard on 12/31/2023, enter 20.....	3	7 If you were a member of the Kentucky National 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

Assignment of Personal Tax Credits

9 For filing status Single or Married, filing separate returns , enter the amount from line 4 here and in Column B of Form 740, line 17 or Form 740-NP, line 17 (Not to exceed 100).....	9
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).....	10
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 line 8 and enter here and in Column B of Form 740, line 17 or Form 740-NP, line 17. (Not to exceed 200).....	12

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
TANISHA ANGOTH	045-49-6933	Daughter	<input checked="" type="checkbox"/>
PUJAN ANGOTH	321-93-6850	Son	<input checked="" type="checkbox"/>
			<input type="checkbox"/>

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		Two		Three		Four or More		Credit Percentage is
	is over	is not over	is over	is not over	is over	is not over	is over	is not over	
Tax Year 2023	\$ ---	\$ 14,580	\$ ---	\$ 19,720	\$ ---	\$ 24,860	\$ ---	\$ 30,000	100
	14,580	15,163	19,720	20,509	24,860	25,854	30,000	31,200	90
	15,163	15,746	20,509	21,298	25,854	26,849	31,200	32,400	80
	15,746	16,330	21,298	22,086	26,849	27,843	32,400	33,600	70
	16,330	16,913	22,086	22,875	27,843	28,838	33,600	34,800	60
	16,913	17,496	22,875	23,664	28,838	29,832	34,800	36,000	50
	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
	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**.



Complete this Schedule KW-2 to determine the total Kentucky income tax withholding to be entered on Kentucky Form 740, 740-NP, or 740-NP-R. This schedule must be fully completed in order to receive proper credit for Kentucky income tax withheld. Include multiple Schedule KW-2(s) as needed to report all Kentucky income tax withholdings. Do not send in your W-2, 1099, or W-2-G forms; keep them with your tax records.

NAME(S) AS SHOWN ON THE TAX RETURN: ANGOTH, ASHOK N & ANGOTH, SUNITHA
 SPOUSE'S SOCIAL SECURITY NUMBER: 290-33-2460
 YOUR SOCIAL SECURITY NUMBER: 340-06-4008

Part I-Form W-2 Enter all W-2s with Kentucky income tax withheld (round to the nearest whole dollar). Do not include other state withholding or local income tax.

	A	B	C	D	E		F	
	Employee's Social Security Number	Employer's Identification Number (EIN)	State	Employer's State I.D. Number (Box 15 of Form W-2)	KY State Wages (Box 16 of Form W-2)		KY Income Tax Withheld (Box 17 of Form W-2)	
1	340-06-4008	39-1263473	KY	149415	133,939.	00	5,893.	00
2	290-33-2460	05-0340626	KY	281823	17,242.	00	688.	00
3						00		00
4						00		00
5						00		00
6						00		00
7						00		00
8						00		00
9						00		00
10						00		00
11	TOTAL FROM ALL W-2s				151,181.	00	6,581.	00

Part II-Form 1099 and W-2G Enter all 1099s and W-2Gs with Kentucky income tax withheld (round to the nearest whole dollar).

	A	B	C	D	E		F	
	Recipient's Social Security Number	Payer's Identification Number (EIN)	State	Payer's State I.D. Number	KY Income Amount		KY Income Tax Withheld	
12						00		00
13						00		00
14						00		00
15						00		00
16						00		00
17	TOTAL FROM ALL 1099s AND W-2Gs					00		00

Part III-Totals Enter total Kentucky income tax withheld (round to the nearest whole dollar) from line 18, Column F on your Kentucky income tax return (Form 740 and 740-NP, line 31(a) or 740-NP-R, line 1).

		F
		Total Kentucky Income Tax Withheld
18	Enter combined totals from Column F, lines 11 and 17.	6,581.00