

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

009 84 2037

YOUR SOCIAL SECURITY NUMBER

KATAKDAUNDE, RAJESH T

LAST NAME

YOUR FIRST NAME

765 77 6263

SPOUSE'S SOCIAL SECURITY NUMBER

SUSHMA R

SPOUSE'S NAME

900 LOVEALL LN		
NUMBER AND STREET OR P.O. BOX		
LOUISVILLE	KY	40223
CITY, TOWN OR POST OFFICE	STATE	ZIP CODE

Additional Tax Due	98.00
Interest and/or Penalties	0.00
Total Payment	98.00

42A740V0002

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



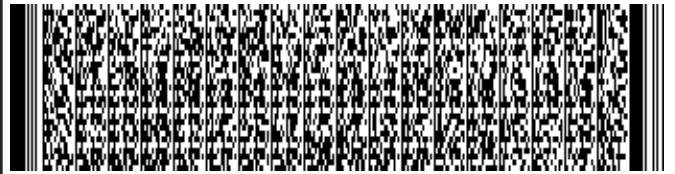
2 3 0 0 0 1 1 5 5 5

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 765-77-6263 B. Your Social Security Number 009-84-2037



Name—Last, First, Middle Initial (Joint or combined return, give both names and initials.) KATAKDAUNDE RAJESH T KATAKDAUNDE SUSHMA R Mailing Address (Number and Street including Apartment Number or P.O. Box) 900 LOVEALL LN 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 [x] 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) [] (4) [] Republican (2) [] (5) [] No Designation (3) [x] (6) [x]

Table with 4 columns: Line number, Description, A. Spouse (Use if Filing Status 2 is checked.), B. Yourself (or Joint). Rows 5-19 showing tax calculations.



20	Check the box that represents your total family size (see instructions before completing lines 20 and 21).....	20	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/>
21	Multiply line 19 by Family Size Tax Credit decimal amount <u>0.00</u> (<u>0</u> %) from Schedule ITC.....	21	0.00
22	Subtract line 21 from line 19.....	22	5,985.00
23	Enter the Education Tuition Tax Credit from Form 8863-K, line 17.....	23	00
24	Enter Child and Dependent Care Credit from federal Form 2441, line 11 \blacktriangleright _____ x 20% (.20)	24	00
25	RESERVED.....	25	00
26	Income Tax Liability. Subtract lines 23 through 25 from line 22. If zero or less, enter zero.....	26	5,985.00
27	Enter KENTUCKY USE TAX due on Internet, mail order, or other out-of-state purchases (see instructions)...	27	00
28	Add lines 26 and 27. This is your TOTAL TAX LIABILITY	28	5,985.00
29	For amended return; overpayment, if any, shown on original return.....	29	00
30	Add lines 28 and 29, enter here.....	30	5,985.00
31	a Enter Kentucky income tax withheld as shown on enclosed Schedule KW-2.....	31a	5,887.00
	b Enter 2023 Kentucky estimated tax/extension payments.....	31b	00
	c Enter 2023 refundable certified rehabilitation credit.....	31c	00
	d Enter 2023 refundable entertainment incentive tax credit.....	31d	00
	e Enter 2023 refundable development area tax credit.....	31e	00
	f Enter 2023 refundable decontamination tax credit.....	31f	00
	g Enter 2023 refundable pass-through entity tax credit from Form PTET-CR, line 9.....	31g	00
	h For amended return; enter amount paid with original return plus additional payment(s) made after it was filed.....	31h	00
32	Add lines 31(a) through 31(h).....	32	5,887.00
33	If line 30 is larger than line 32, subtract line 32 from line 30, enter ADDITIONAL TAX DUE	33	98.00
34	a Estimated tax penalty <input type="checkbox"/> Check if Form 2210-K attached	34a	00
	b Interest.....	34b	00
	c Late payment penalty.....	34c	00
	d Late filing penalty.....	34d	00
35	Add lines 34(a) through 34(d). Enter here.....	35	00
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	36	98.00
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.....	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	40	00	CREDIT FORWARD
(Credit forwards not available for amended returns)				
41	Subtract lines 39 and 40 from line 37. Amount to be REFUNDED TO YOU	41	00	REFUND

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) 272-8487
	Signature of Spouse	Driver's License/State Issued ID No.	Date	
Paid Preparer Use	Signature of Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM		Date 03/02/2024	
	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

➤ **Enclose with Form 740 or 740-NP**

Enter name(s) as shown on tax return.

Your Social Security Number

KATAKDAUNDE, RAJESH T & SUSHMA R

009-84-2037

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)	10/13/1974	Enter your date of birth (MM/DD/YYYY)	04/27/1977
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
MEGHNA KATAKDAUNDE	407-65-0238	Daughter	<input checked="" type="checkbox"/>
			<input 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: KATAKDAUNDE, RAJESH T & SUSHMA R
 SPOUSE'S SOCIAL SECURITY NUMBER: 765-77-6263
 YOUR SOCIAL SECURITY NUMBER: 009-84-2037

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	009-84-2037	81-1692501	KY	992104	93,706.	00	4,074.	00
2	765-77-6263	94-3083515	KY	004841	43,047.	00	1,813.	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				136,753.	00	5,887.	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.	5,887.00