



Check if deceased: Spouse Taxpayer

For calendar year or other taxable year beginning _____, 2018, and ending _____, 20____.

A. Spouse's Social Security Number	B. Your Social Security Number 740-85-4331
Name—Last, First, Middle Initial (Joint or combined return, give both names and initials.) NELLURI GOPINADH	
Mailing Address (Number and Street including Apartment Number or P.O. Box) 105 CHIPPING WAY 6	
City, Town or Post Office LOUISVILLE	State ZIP Code KY 40222



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 type="checkbox"/>	(6) <input checked="" type="checkbox"/>

INCOME/TAX

	A. Spouse (Use if Filing Status 2 is checked.)		B. Yourself (or Joint)	
5 Enter amount from federal Form 1040, line 7. (If total of Columns A and B is \$33,383 or less, you may qualify for the Family Size Tax Credit. See instructions.).....	5	00	5	76,335.00
6 Additions from Schedule M, line 6.....	6	00	6	00
7 Add lines 5 and 6.....	7	00	7	76,335.00
8 Subtractions from Schedule M, line 15.....	8	00	8	00
9 Subtract line 8 from line 7. This is your Kentucky Adjusted Gross Income	9	00	9	76,335.00
10 Itemizers: Enter itemized deductions from Kentucky Schedule A. Nonitemizers: Enter \$2,530 in Columns A and/or B.....	10	00	10	2,530.00
11 Subtract line 10 from line 9. This is your Taxable Income	11	00	11	73,805.00
12 Tax Computation: Multiply line 11 by 5% (.05) or from Schedule J <input type="checkbox"/>	12	00	12	3,690.00
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	3,690.00
15 Enter amounts from Schedule ITC, Section A, lines 24E and 24F.....	15	00	15	00
16 Subtract line 15 from line 14. If line 15 is larger than line 14, enter zero.....	16	00	16	3,690.00
17 Enter personal tax credit amounts from Schedule ITC, Section B, lines 3A and 3B Note: Use only if 65 or over, blind, or in Kentucky National Guard.	17	00	17	00
18 Subtract line 17 from line 16. If line 17 is larger than line 16, enter zero.....	18	00	18	3,690.00
19 Add tax amount(s) in Columns A and B, line 18 and enter here.....	19	00	19	3,690.00
20 Check the box that represents your total family size (see instructions before completing lines 20 and 21).....	20			1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input 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			3,690.00
23 Enter the Education Tuition Tax Credit from Form 8863-K.....	23			00
24 Subtract line 23 from line 22.....	24			3,690.00
25 Enter Child and Dependent Care Credit from federal Form 2441, line 9 \times 20% (.20).....	25			00
26 Income Tax Liability. Subtract line 25 from line 24. If line 25 is larger than line 24, enter zero.....	26			3,690.00
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. Enter here and on page 2, line 29.....	28			3,690.00



REFUND/TAX PAYMENT SUMMARY					
29	Enter amount from page 1, line 28. This is your Total Tax Liability	29	3,690.	00	
30	For amended return ; overpayment, if any, shown on original return	30		00	
31	Add lines 29 and 30, enter here	31	3,690.	00	
32	a Enter Kentucky income tax withheld as shown on enclosed Schedule KW-2	32a	3,828.	00	
	b Enter 2018 Kentucky estimated tax payments	32b		00	
	c Enter 2018 refundable certified rehabilitation credit	32c		00	
	d For amended return ; enter amount paid with original return plus additional payment(s) made after it was filed	32d		00	
33	Add lines 32(a) through 32(d)	33	3,828.	00	
34	If line 31 is larger than line 33, subtract line 33 from line 31, enter ADDITIONAL TAX DUE	34		00	
35	a Estimated tax penalty <input type="checkbox"/> Check if Form 2210-K attached	35a		00	
	b Estimated tax interest	35b		00	
	c Interest	35c		00	
	d Late payment penalty	35d		00	
	e Late filing penalty.....	35e		00	
36	Add lines 35(a) through 35(e). Enter here.....	36		00	
37	If the total of lines 31 and 36 are more than line 33, subtract line 33 from the total of lines 31 and 36. This is the AMOUNT YOU OWE	37		00	OWE
38	If line 33 is more than line 31, subtract lines 31 and 36 from line 33. This is the AMOUNT YOU OVERPAID	38	138.	00	
39	<i>Fund Contributions; see instructions.</i>				
a	Nature and Wildlife Fund			00	
b	Child Victims' Trust Fund			00	
c	Veterans' Program Trust Fund ..			00	
d	Breast Cancer Research/ Education Trust Fund			00	
e	Farms to Food Banks Trust Fund			00	
f	Local History Trust Fund			00	
g	Special Olympics Kentucky			00	
h	Pediatric Cancer Research Trust Fund ..			00	
i	Rape Crisis Center Trust Fund			00	
j	Court Appointed Special Advocate Trust Fund			00	
40	Add lines 39(a) through 39(j)	40		00	
41	Amount of line 38 to be CREDITED TO YOUR 2019 ESTIMATED TAX	41		00	CREDIT FORWARD
42	Subtract lines 40 and 41 from line 38. Amount to be REFUNDED TO YOU	42	138.	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. N18-129-658	Date	Telephone Number (daytime) (816) 699-3649
	Signature of Spouse	Driver's License/State Issued ID No.	Date	
Paid Preparer Use	Signature of Preparer		Date	
	Name of Preparer or Firm GLOBAL TAXES LLC		ID Number P02090332	
	Email	Telephone No.	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 P. O. Box 856970 Louisville, KY 40285-6970
Payment	Check Payable: Kentucky State Treasurer E-Pay Options: www.revenue.ky.gov Include: Your Social Security number and "KY Income Tax - 2018"	With Payment	Kentucky Department of Revenue P. O. Box 856980 Louisville, KY 40285-6980



➤ **Enclose with Form 740 or 740-NP**

Enter name(s) as shown on tax return.

Your Social Security Number

NELLURI, GOPINADH

740-85-4331

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/Schedule K-1		00		00
2	Yes	Kentucky Small Business	Schedule K-1		00		00
3	Yes	Skills Training Investment	Schedule K-1		00		00
4	Yes	Certified Rehabilitation	Certification Copies		00		00
5	No	Tax Paid to Another State	Copy(ies) of Other State(s) return or Worksheet A		00		00
6	No	Unemployment	Schedule UTC		00		00
7	Yes	Recycling/Composting Equipment	Schedule RC		00		00
8	Yes	Kentucky Investment Fund	KEDFA notification		00		00
9	No	Qualified Research Facility	Schedule QR		00		00
10	No	GED Incentive	Form DAEL-31		00		00
11	Yes	Voluntary Environmental Remediation	Schedule VERB		00		00
12	Yes	Biodiesel	Schedule BIO		00		00
13	Yes	Clean Coal Incentive	Schedule CCI		00		00
14	Yes	Ethanol	Schedule ETH		00		00
15	Yes	Cellulosic Ethanol	Schedule CELL		00		00
16	No	Railroad Maintenance & Improvement	Schedule RR-I		00		00
17	Yes	Endow Kentucky	Schedule ENDOW		00		00
18	Yes	New Markets Development Program	Form 8874(K)-A		00		00
19	No	Food Donation (Carryover only)	Schedule FD		00		00
20	No	Distilled Spirits	Schedule DS		00		00
21	Yes	Angel Investor	Certification Letter		00		00
22	Yes	Film Industry	Film Office Certification		00		00
23	No	Inventory	Schedule INV		00		00
24	Total of Other Tax Credits (add lines 1 through 23). 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—Only use if you or your spouse are 65 or over, blind, or in the Kentucky National Guard.

1 (a) Credits for yourself: 1 Enter number of boxes checked on line 1

(b) Credits for spouse:

2 If married filing separately on a combined return (Filing Status 2), each taxpayer must claim his or her own credits from line 1, and enter the totals in Boxes 2A and 2B. All other filers enter the amount from line 1 in Box 2B

Spouse		Yourself	
2A		2B	
x \$10		x \$10	
3A		3B	

3 Multiply credits on line 2A by \$10 and enter on line 3A. Multiply credits on line 2B by \$10 and enter on line 3B. **Enter here and on Form 740, page 1, line 17, Columns A and B (Form 740-NP, page 1, line 17)**



SECTION C—FAMILY SIZE TAX CREDIT

Enter dependents qualifying for family size tax credit. See instructions to determine family size and qualifying dependents.

First and Last Name	Dependent's Social Security number	Dependent's relationship to you	Check if qualifying child for family size tax credit
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Use worksheet to compute Modified Gross Income. Modified Gross Income along with your family size will be used to determine your credit percentage on the Family Size Tax Table below.

WORKSHEET FOR COMPUTATION OF MODIFIED GROSS INCOME FOR FAMILY SIZE TAX CREDIT

- (a) Enter your federal adjusted gross income from Form 740, page 1, line 5 (Form 740-NP, page 1, line 8). **If zero or less, enter zero** (a) _____
- (b) If married filing separate returns and living in the same household, enter your spouse's federal adjusted gross income from Form 740, page 1, line 5 (Form 740-NP, page 1, line 8). **If zero or less, enter zero** (b) _____
- (c) Enter tax-exempt interest from municipal bonds (non-Kentucky) (c) _____
- (d) Enter amount of lump-sum distributions not included in federal adjusted gross income (federal Form 4972) (d) _____
- (e) Enter total of lines (a), (b), (c) and (d) (e) _____
- (f) Enter your Kentucky adjusted gross income from Form 740, page 1, line 9 (Form 740-NP, page 1, line 9). **If zero or less, enter zero** (f) _____
- (g) If married filing separate returns and living in the same household, enter your spouse's Kentucky adjusted gross income from Form 740, page 1, line 9 (Form 740-NP, page 1, line 9). **If zero or less, enter zero** (g) _____
- (h) Enter amount of lump-sum distributions not included in adjusted gross income (Kentucky Form 4972-K)..... (h) _____
- (i) Enter total of lines (f), (g) and (h) (i) _____
- (j) Enter the **greater** of line (e) or (i). This is your **Modified Gross Income**. Use this amount to determine if you qualify for the Family Size Tax Credit..... (j) _____

Use this **Family Size Table** to determine the percentage of credit and enter in the space provided 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	
2018	\$ ---	\$ 12,140	\$ ---	\$ 16,460	\$ ---	\$ 20,780	\$ ---	\$ 25,100	100
	12,140	12,626	16,460	17,118	20,780	21,611	25,100	26,104	90
	12,626	13,111	17,118	17,777	21,611	22,442	26,104	27,108	80
	13,111	13,597	17,777	18,435	22,442	23,274	27,108	28,112	70
	13,597	14,082	18,435	19,094	23,274	24,105	28,112	29,116	60
	14,082	14,568	19,094	19,752	24,105	24,936	29,116	30,120	50
	14,568	15,054	19,752	20,410	24,936	25,767	30,120	31,124	40
	15,054	15,418	20,410	20,904	25,767	26,391	31,124	31,877	30
	15,418	15,782	20,904	21,398	26,391	27,014	31,877	32,630	20
	15,782	16,146	21,398	21,892	27,014	27,637	32,630	33,383	10
16,146	---	21,892	---	27,637	---	33,383	---	0	

Multiply tax from Form 740 or 740-NP, line 19, by the applicable 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 W2-G forms; keep them with your tax records.

NAME(S) AS SHOWN ON THE TAX RETURN

SPOUSE'S SOCIAL SECURITY NUMBER

YOUR SOCIAL SECURITY NUMBER

NELLURI, GOPINADH

740-85-4331

Part I-Form W-2 Enter all W-2s with Kentucky income tax withheld. Do not include other state withholding or local income tax.

	A Employee's Social Security Number	B Employer's Identification Number (EIN)	C State	D Employer's State I.D. Number (Box 15 of Form W-2)	E KY State Wages (Box 16 of Form W-2)	F KY Income Tax Withheld (Box 17 of Form W-2)
1	740-85-4331	82-2450870	KY	976035	76,335.	3,828.
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	TOTAL FROM ALL W-2s				76,335.	3,828.

Part II-Form 1099 and W-2G Enter all 1099s and W-2Gs with Kentucky income tax withheld.

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

Part III-Totals Enter total Kentucky income tax withheld from line 18, Column F on your Kentucky income tax return (Form 740 and 740-NP, line 32(a) or 740-NP-R, line 1).

		F Total Kentucky Income Tax Withheld
18	Enter combined totals from Column F, lines 11 and 17	3,828.

Enclose with your Kentucky tax return.