



## **KENTUCKY INCOME TAX RETURN** Nonresident—Reciprocal State

Your Social Security Number							•	
Name—Last, First, Middle Initial								
Mailing Address (Number and Street including Apart	ment Number or P.O. Box)							
City, Town or Post Office	State	9	ZIP	Code				
INSTRUCTIONS This form may be used to determine if you qualify, you must taxpayer's name for which the Kentus spouses earned only Kentucky wage Enclose Schedule KW-2 and a copy	st check "Yes" or "N icky wages and sala es and salaries as a	lo" for th aries we a resider	e ap re ea nt of	plicable statemen arned in the name a reciprocal state,	ts below. <i>If eligib</i> box above. Do r , <b>each spouse</b> r	ole, comp not includ	<i>olete lines 1–4.</i> E de your spouse's r	nter only the name. If both
A I was a <b>nonresident</b> of Ker B My only 2024 Kentucky incorresident of any of the follow (check state(s) box) 1—Illinois	ome was from sala ing states: <b>2</b> —Indiana <b>3</b> -	ries or w -Michiga □	an	<b>4</b> –Ohio <b>5</b> –		West Vir	☐ Yes☐ Yesginia <b>7</b> —Wisc	□ No □ No onsin
Note: Race track, lottery an								<b></b>
C For Virginia residents only:  Nonresidents who answered '		-				to renoi		□ No
Enter total <b>Kentucky income tax</b> tax withheld	withheld as shown o	n Schedı	ule K	W-2. Do not include			1	00
2 <b>FUND CONTRIBUTIONS</b> ; see inst								
a Nature and Wildlife Fund	2a	00	f	Local History Trust	Fund	2f	00	)
b Child Victims' Trust Fund	2b	00	g	Special Olympics K	Centucky	2g	00	)
c Veterans' Program Trust Fund	2c	00	h	Pediatric Cancer Res	earch Trust Fund	2h	00	
d Breast Cancer Research/			i	Rape Crisis Center	Trust Fund	2i	00	
Education Trust Fund e Farms to Food Banks	2d	00	j	Court Appointed Sp Advocate Trust Fur			00	
Trust Fund	2e	00	k	YMCA Youth Assoc		2k	00	
3 Total Fund Contributions. Add line	es 2(a) through 2(k)						3	00
4 Subtract the total of line 3 from line	., .						4	00
I declare under the penalties of perjury that I							d complete return.	
, , , ,				, ,		(	)	
Your Signature Driver's License/State Issued ID No.				sued ID No.	Date Signed Telephone Number (daytime)			
Typed or Printed Name of Preparer Other than Taxpayer I.D. Number of Preparer Other than Taxpayer					Bato dignod		relephone Number (c	iaytiille)

Mail to: Kentucky Department of Revenue, Frankfort, KY 40620-0012

**PURPOSE OF THE FORM**—A qualifying full-year nonresident who had salaries and wages only from a reciprocal state may file this from to receive a refund of all Kentucky income tax withheld.

Answer questions A through C to determine if you qualify to file this form.

Do not include your spouse's name. If both spouses earned Kentucky wages and salaries as a resident of a reciprocal state, each spouse must file a separate Form 740–NP–R. Enclose Schedule KW–2 and a copy of the 2024 return filed with your state of residence.

**Reciprocal States**—Kentucky has reciprocal agreements with specific states. These agreements provide for taxpayers to be taxed by their state of residence, and not the state where income is earned. Reciprocity does not apply to persons who live in Kentucky for more than 183 days during the tax year. The states and types of exemptions are as follows:

Illinois, West Virginia—wages and salaries

Indiana—wages, salaries, and commissions

Michigan, Wisconsin—income from personal services (including salaries and wages)

Ohio—wages and salaries.

**Note:** Wages which an S corporation pays to a shareholder–employee if the shareholder–employee is a "twenty (20) percent or greater" direct or indirect equity investor in the S corporation shall not be exempt under the reciprocity agreement.

Virginia—commuting daily, salaries and wages

**Note:** Gambling income and distributive share income (Schedule K–1) are not exempt under reciprocal agreements. This income is fully taxable. A complete return must be filed if filing requirements are met.