

U.S. Individual Income Tax Return

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent.

Personal information section including name (ANDREW G.), spouse's name (BRITAINY A.), address, and filing status options.

Table for dependents with columns for name, social security number, relationship, and tax credit status.

Main income table with columns for line number, description, amount, and sub-column (a, b). Includes a sidebar for standard deduction details.

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a	18,694.	
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	18,694.	
13a	Child tax credit or credit for other dependents	13a	4,000.	
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	4,000.	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	14,694.	
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15		
16	Add lines 14 and 15. This is your total tax	16	14,694.	
17	Federal income tax withheld from Forms W-2 and 1099	17	15,272.	

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions

18	Other payments and refundable credits:			
a	Earned income credit (EIC)	18a		
b	Additional child tax credit. Attach Schedule 8812	18b		
c	American opportunity credit from Form 8863, line 8	18c		
d	Schedule 3, line 14	18d		
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e		
19	Add lines 17 and 18e. These are your total payments	19	15,272.	

Refund

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	578.	
21a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	21a	578.	
b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number			
22	Amount of line 20 you want applied to your 2020 estimated tax	22		

Amount You Owe

23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23		
24	Estimated tax penalty (see instructions)	24		

Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions Yes. Complete below. No

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		ATTORNEY GENERAL	<input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		HOMEMAKER	<input type="text"/>

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input checked="" type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
DENNIS G. MARTIN				

Firm's name	Phone no.	Firm's EIN
JONES, NALE & MATTINGLY PLC 642 SOUTH FOURTH ST, STE 300 LOUISVILLE, KY 40202		

SCHEDULE 1
(Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

OMB No. 1545 0074

2019
Attachment
Sequence No. **01**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040 or 1040-SR

Your social security number

ANDREW G. & BRITAINY A. BESHEAR

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	STATEMENT 4 147.
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 8a	22	147.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040 or 1040-SR) 2019

Child Tax Credit and Credit for Other Dependents Worksheet (keep for your records)

Name(s): First **ANDREW G. & BRITAINY A.** Last **BESHEAR** Your SSN XXXXXXXXXX

Part 1

1. Number of qualifying children under age 17 with the required social security number: 2 X \$2,000. Enter the result. 1 4,000.
2. Number of other dependents, including qualifying children who are not under 17 or who do not have the required social security number: _____ X \$500. Enter the result. 2 _____
3. Add lines 1 and 2 3 4,000.
4. Enter the amount from Form 1040, line 8b or Form 1040NR, line 35. 4 151,148.
5. 1040 filers: Enter the total of any-
 - Exclusion of income from Puerto Rico, and
 - Amounts from Form 2555, lines 45 and 50 and Form 4563, line 15.5 0.
- 1040NR filers: Enter -0-.
6. Add lines 4 and 5. Enter the total. 6 151,148.
7. Enter the amount shown below for your filing status.
 - Married filing jointly - \$400,000
 - All other filing statuses - \$200,0007 400,000.
8. Is the amount on line 6 more than the amount on line 7?
 - No. Leave line 8 blank. Enter -0- on line 9.
 - Yes. Subtract line 7 from line 6. 8 _____
If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000 (for example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc).
9. Multiply the amount on line 8 by 5% (.05). Enter the result. 9 0.
10. Is the amount on line 3 more than the amount on line 9?
 - No. **STOP**
You cannot take the child tax credit or credit for other dependents on Form 1040, line 13a, or Form 1040NR, line 49. You also cannot take the additional child tax credit.
 - Yes. Subtract line 9 from line 3. Enter the result. 10 4,000.

Part 2

11. Enter the amount from Form 1040, line 12b or Form 1040NR, line 45. 11 18,694.
12. 1040 filers: Enter the total of the amounts from Schedule 3, lines 1 through 4.*
1040NR filers: Enter the total of the amounts from lines 46 through 48.* 12 _____
13. Subtract line 12 from line 11 13 18,694.
14. Are you claiming any of the following credits?
 - Residential energy efficient property credit, Form 5695, Part I.
 - Mortgage interest credit, Form 8396
 - Adoption credit, Form 8839
 - District of Columbia first-time homebuyer credit, Form 8859
 - No. Enter -0-.
 - Yes. If you are filing Form 2555, enter -0-. Otherwise, complete the Line 14 Worksheet to figure the amount to enter here.14 0.
15. Subtract line 14 from line 13. Enter the result. 15 18,694.
16. Is the amount on line 10 of this worksheet more than the amount on line 15?
 - No. Enter the amount from line 10. 16 4,000.
 - Yes. Enter the amount from line 15. This is your child tax credit and credit for other dependents.

* Also include amounts from:
 Form 5695, line 30
 Form 8910, line 15
 Form 8936, line 23
 Schedule R, line 22

SCHEDULE B
(Form 1040 or 1040-SR)

Interest and Ordinary Dividends

OMB No. 1545-0074

2019

Attachment
Sequence No **08**

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

▶ Go to www.irs.gov/ScheduleB for instructions and the latest information.

▶ Attach to Form 1040 or 1040-SR.

Your social security number

ANDREW G. & BRITAINY A. BESHEAR

Part I

Interest

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶
RAYMOND JAMES

Amount

191.

1

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

2 Add the amounts on line 1
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b ▶

191.

191.

Note: If line 4 is over \$1,500, you must complete Part III.

Amount

Part II

Ordinary Dividends

5 List name of payer ▶
RAYMOND JAMES

12,977.

5

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b ▶

12,977.

Note: If line 6 is over \$1,500, you must complete Part III.

Part III

Foreign Accounts and Trusts

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions. 927501 11-19-19

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes No

7a At any time during 2019, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

X

b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶

8 During 2019, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

X

Qualified Dividends and Capital Gain Tax Worksheet - Line 12a

Keep for Your Records

Name(s) shown on return

Your SSN

ANDREW G. & BRITAINY A. BESHEAR

Before you begin: ✓ See the instructions for line 12a to see if you can use this worksheet to figure your tax.
 ✓ Before completing this worksheet, complete Form 1040 or 1040-SR through line 11b.
 ✓ If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 6.

1. Enter the amount from Form 1040 or 1040-SR, line 11b. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1.	<u>126,748.</u>
2. Enter the amount from Form 1040 or 1040-SR, line 3a*	2.	<u>12,977.</u>
3. Are you filing Schedule D?*	3.	<u>0.</u>
<input type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0-.		
<input checked="" type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 6		
4. Add lines 2 and 3	4.	<u>12,977.</u>
5. If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-	5.	<u>0.</u>
6. Subtract line 5 from line 4. If zero or less, enter -0-	6.	<u>12,977.</u>
7. Subtract line 6 from line 1. If zero or less, enter -0-	7.	<u>113,771.</u>
8. Enter:	8.	<u>78,750.</u>
\$39,375 if single or married filing separately,		
\$78,750 if married filing jointly or qualifying widow(er),		
\$52,750 if head of household.		
9. Enter the smaller of line 1 or line 8	9.	<u>78,750.</u>
10. Enter the smaller of line 7 or line 9	10.	<u>78,750.</u>
11. Subtract line 10 from line 9. This amount is taxed at 0%	11.	<u>0.</u>
12. Enter the smaller of line 1 or line 6	12.	<u>12,977.</u>
13. Enter the amount from line 11	13.	<u>0.</u>
14. Subtract line 13 from line 12	14.	<u>12,977.</u>
15. Enter:	15.	<u>488,850.</u>
\$434,550 if single,		
\$244,425 if married filing separately,		
\$488,850 if married filing jointly or qualifying widow(er),		
\$461,700 if head of household.		
16. Enter the smaller of line 1 or line 15	16.	<u>126,748.</u>
17. Add lines 7 and 11	17.	<u>113,771.</u>
18. Subtract line 17 from line 16. If zero or less, enter -0-	18.	<u>12,977.</u>
19. Enter the smaller of line 14 or line 18	19.	<u>12,977.</u>
20. Multiply line 19 by 15% (0.15)	20.	<u>1,947.</u>
21. Add lines 11 and 19	21.	<u>12,977.</u>
22. Subtract line 21 from line 12	22.	<u>0.</u>
23. Multiply line 22 by 20% (0.20)	23.	<u>0.</u>
24. Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet	24.	<u>16,747.</u>
25. Add lines 20, 23, and 24	25.	<u>18,694.</u>
26. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	26.	<u>19,602.</u>
27. Tax on all taxable income. Enter the smaller of line 25 or 26. Also include this amount on the entry space on Form 1040 or 1040-SR, line 12a. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 12a. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	27.	<u>18,694.</u>

* If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

OMB No. 1545-0074

2019
 Attachment
 Sequence No. 70

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
 Go to www.irs.gov/Form8867 for instructions and the latest information.

Taxpayer name(s) shown on return

ANDREW G. & BRITAINY A. BESHEAR

Taxpayer identification number

Enter preparer's name and PTIN

DENNIS G. MARTIN

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-IV for the benefit(s) claimed (check all that apply).

EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for tax year 2019 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of any credit(s) 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount(s) of the credit(s) List those documents, if any, that you relied on. _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040 or 1040-SR)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is, in fact, eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

► You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; and
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of this Form 8867.
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).

► If you have not complied with all due diligence requirements, you may have to pay a \$530 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>



1900011019

KENTUCKY INDIVIDUAL INCOME TAX RETURN Residents Only

2019

Check if deceased: [] Spouse [] Taxpayer For calendar year or other taxable year beginning , 2019, and ending , 20

A. Spouse's Social Security Number B. Your Social Security Number

Name - Last, First, Middle Initial (Joint or combined return, give both names and initials.) BESHEAR ANDREW G BESHEAR BRITAINY A

Mailing Address (Number and Street including Apartment Number or P.O. Box) 704 CAPITAL AVE City, Town or Post Office State ZIP Code FRANKFORT KY 40601

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) [X] (4) [X] Republican (2) [] (5) [] No Designation (3) [] (6) []

Table with 3 columns: Description, A. Spouse (Use if Filing Status 2 is checked.), B. Yourself (or Joint). Rows 5-19 showing tax calculations and totals.



1900021019

20	Check the box that represents your total family size (see instructions before completing lines 20 and 21)	20	1	2	3	4	X	
21	Multiply line 19 by Family Size Tax Credit decimal amount _____ (_____ %) from Schedule ITC	21						00
22	Subtract line 21 from line 19	22						5,911 00
23	Enter the Education Tuition Tax Credit from Form 8863-K	23						00
24	Enter Child and Dependent Care Credit from federal Form 2441, line 11 <input type="checkbox"/> x 20% (.20)	24						00
25	Enter Income Gap Tax Credit from Schedule ITC	25						00
26	Income Tax Liability. Subtract lines 23 through 25 from line 22. If zero or less, enter zero	26						5,911 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						5,911 00
29	For amended return; overpayment, if any, shown on original return	29						00
30	Add lines 28 and 29, enter here	30						5,911 00
31	a Enter Kentucky income tax withheld as shown on enclosed Schedule KW-2	31a						5,510 00
	b Enter 2019 Kentucky estimated tax payments	31b						00
	c Enter 2019 refundable certified rehabilitation credit	31c						00
	d For amended return; enter amount paid with original return plus additional payment(s) made after it was filed	31d						00
32	Add lines 31(a) through 31(d)	32						5,510 00
33	If line 30 is larger than line 32, subtract line 32 from line 30, enter ADDITIONAL TAX DUE	33						401 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						401 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 2020 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
REFUND OPTIONS (Not available for amended returns)

Check here if you would like your refund issued on a Bank of America Prepaid Debit Card
 Check here if you would like to receive your Debit Card material in Spanish

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)
	Signature of Spouse	Driver's License/State Issued ID No.	Date	
Paid Preparer Use	Signature of Preparer DENNIS G. MARTIN		Date	
	Name of Preparer or Firm JONES, NALE & MATTINGLY P		ID Number	
	Email [REDACTED]	Telephone No. [REDACTED]	May the DOR discuss this return with this preparer? <input checked="" type="checkbox"/> Yes <input 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 checked="" 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 - 2019"		With Payment	Kentucky Department of Revenue Frankfort, KY 40619-0008

SCHEDULE KW-2

Commonwealth of Kentucky
Department of Revenue



1900101019

KENTUCKY INCOME TAX WITHHELD

2019

▶ Enclose with Form 740, 740-NP or 740-NP-R

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

ANDREW G. BESHEAR
BRITAINY A. BESHEAR

SPOUSE'S SOCIAL SECURITY NUMBER

YOUR SOCIAL SECURITY NUMBER

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 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					
2		KY		112,794 00	5,510 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			112,794 00	5,510 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 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				00	00
14				00	00
15				00	00
16				00	00
17	TOTAL FROM ALL 1099s AND W-2-Gs			0 00	0 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. 5,510 00



1900181019

KENTUCKY
FEDERAL ADJUSTED GROSS INCOME
MODIFICATIONS

2019

▶ Enclose with Form 740

Enter name(s) as shown on tax return.

BESHEAR ANDREW G
BESHEAR BRITAINY A

Your Social Security Number



PART I ADDITIONS TO FEDERAL
ADJUSTED GROSS INCOME

A. Spouse
(Use if Filing Status 2
is checked.)

B. Yourself
(or Joint)

- 1 Enter interest income from bonds issued by other states and their political subdivisions
- 2 Enter resident adjustment from partnerships, fiduciaries and S corporations, Schedule K-1
- 3 Enter federal depreciation from Form 4562
- 4 Enter federal Net Operating Loss
- 5 Other additions (list and enter total):
a _____
b _____
c _____
- 6 Total Additions. Enter here and on Form 740, page 1, line 6

	A. Spouse	B. Yourself
1	00	00
2	00	00
3	00	00
4	00	00
5	00	00
6	00	00

PART II SUBTRACTIONS FROM FEDERAL
ADJUSTED GROSS INCOME

- 7 Enter state income tax refund or credit reported as income on federal Form 1040
- 8 Enter interest income from U.S. government bonds and securities
- 9 Enter excludable amount of retirement income (enclose Schedule P if more than \$31,110 per taxpayer)
- 10 Enter taxable amount of Social Security and Railroad Retirement Board benefits from federal Form 1040, line 5(b)
- 11 Enter resident adjustment from partnerships, fiduciaries and S corporations, Schedule K-1
- 12 Enter Kentucky depreciation from revised Form 4562
- 13 Enter Active Duty Military Pay
- 14 Other subtractions (list and enter total):
a _____
b _____
c _____
- 15 Total. Add line 7 through 14
- 16 Enter Kentucky Net Operating Loss Deduction (enclose Schedule KNOL)
- 17 Total Subtractions. Add lines 15 and 16. Enter here and on Form 740, page 1, line 8

	A. Spouse	B. Yourself
7	00	00
8	00	00
9	00	25,333 00
10	00	00
11	00	00
12	00	00
13	00	00
14	00	00
15	00	25,333 00
16	00	00
17	00	25,333 00

FORM 740
SCHEDULE A
 Commonwealth of Kentucky
 Department of Revenue



1900121019

KENTUCKY ITEMIZED DEDUCTIONS
FULL-YEAR RESIDENTS ONLY

2019

▶ Enclose with Form 740

Enter name(s) as shown on Form 740, page 1.

Your Social Security Number

BESHEAR, ANDREW G. & BRITAINY A.

Interest Expense	1 Home mortgage interest and points reported to you on federal Form 1098	SEE STATEMENT 1	1	3,545	00	
	2 Home mortgage interest not reported to you on federal Form 1098 (if paid to an individual, provide that person's name, identifying number and address)		2		00	
	3 Points not reported to you on federal Form 1098		3		00	
	4 Investment interest (enclose federal Form 4952 if required)		4		00	
	5 Total Interest. Add lines 1 through 4. Enter here		5		3,545	00
Contributions <i>Note:</i> For any contribution of \$250 or more, see instructions.	6 Contributions by cash or check	SEE STATEMENT 3	6	550	00	
	7 Other than cash or check (enclose federal Form 8283 if over \$500)	SEE STATEMENT 2	7	3,500	00	
	8 Artistic charitable contributions deduction (enclose copy of appraisal)		8		00	
	9 Carryover from prior year		9		00	
	10 Total Contributions. Add lines 6 through 9. Enter here		10		4,050	00
Other Miscellaneous Deductions	11 Gambling losses		11		00	
	12 Other (see instructions)		12		00	
	13 Total Other Miscellaneous Deductions. Add lines 11 and 12. Enter here		13			00
Total Itemized Deductions	14 Add lines 5, 10, and 13. Enter here		14		7,595	00

PART I-DIVIDING DEDUCTIONS BETWEEN SPOUSES

Use this schedule if married filing separately on a combined return.

1	Total itemized deductions, line 1400
2	Percent of income (Form 740, line 9, Column A) to total income (Form 740, total of line 9, Columns A and B)	%
3	Percent of income (Form 740, line 9, Column B) to total income (Form 740, total of line 9, Columns A and B)	%
4	Percent on line 2 times total deductions entered on line 1 (enter here and on Form 740, line 10, Column A)00
5	Percent on line 3 times total deductions entered on line 1 (enter here and on Form 740, line 10, Column B)00



KEY SCHEDULE A HOME MORTGAGE INTEREST AND POINTS (1098)		STATEMENT 1	
DESCRIPTION		SPOUSE	YOURSELF
HOME MORTGAGE INTEREST PAID TO A FINANCIAL INSTITUTION		1,772.00	1,773.00
TOTAL TO SCHEDULE A, LINE 1		1,772.00	1,773.00

KEY SCHEDULE A CONTRIBUTIONS OTHER THAN CASH OR CHECK		STATEMENT 2	
DESCRIPTION		SPOUSE	YOURSELF
AMERICANA WORLD COMMUNITY CENT		1,000.00	1,000.00
FRIENDS OF FAMILY SCHOLAR HOUS		712.00	713.00
FRIENDS OF THE LOUISVILLE FREE		37.00	38.00
TOTAL TO SCHEDULE A, LINE 7		1,749.00	1,751.00

KEY SCHEDULE A CASH CONTRIBUTIONS		STATEMENT 3	
DESCRIPTION		SPOUSE	YOURSELF
MISCELLANEOUS		275.00	275.00
TOTAL TO SCHEDULE A, LINE 6		275.00	275.00

STATEMENT OF FINANCIAL DISCLOSURE

Commonwealth of Kentucky
EXECUTIVE BRANCH ETHICS COMMISSION
Capital Complex East, 1025 Capital Center Drive, Suite 104
Frankfort, Kentucky 40601

PHONE: 502-564-7954 OR 800-664-7954 FACSIMILE: (502) 696-5092

Complete and return by April 15 or within 30 days of start date or termination. (KRS 11A.050(1)(a))

If candidate for constitutional office, return by February 15. (KRS 11A.050(1)(c); KRS 11A.010(13))

Statements of Financial Disclosure Shall be Available for Public Review

FILING YEAR: 2019

1. Name: Last: Beshear First: Andrew Middle: Graham

2. Home Street Address:

Cell Phone:

Home Email Address:

3. If you are a candidate for a constitutional office, check appropriate box:

- Auditor of Public Accounts Lt. Governor
 Agriculture Commissioner Secretary of State
 Attorney General State Treasurer
 Governor **NOT A CANDIDATE**

4. If you are a newly hired or newly promoted officer:

Title of Position or office you currently hold that requires filing:	Start Date	<input type="checkbox"/> None
Governor	12/10/2019	

5. Title of Position or office held in previous calendar year:

Title of Position or office	Start Date	Still occupy?	Ending Date	<input checked="" type="checkbox"/> None

6. STATE AGENCY FOR POSITION LISTED ABOVE:

Cabinet	Department or Office	Division	Address	Phone	Email	<input type="checkbox"/> None
Executive	Governor's Office	General	700 Capital Ave., Ste. 100 Frankfort, KY 40601	502-564-2611		

If not employed by state agency, current employer:

Employer Name	Address	<input checked="" type="checkbox"/> None

Title of any other state jobs or positions you held during the reporting year, including state government agency name.

Position Name	State Agency Name	<input type="checkbox"/> None
Attorney General		

7. Name and address of any other employers (including self-employment) during reporting year:

Employer Name	Employer Address	<input checked="" type="checkbox"/> None

8. Name and address of any employer by whom the filer was employed for the one (1) year period immediately prior to become an officer:

Employer Name	Employer Address	<input checked="" type="checkbox"/> None

9. Marital status:

- Single
- Married
- Widowed
- Divorced

Explanation

If married, please give spouse's full name (including maiden name where applicable):

Last: Beshear First: Britainy Middle:

10. Spouse's current employer and employer's address: None

Employer:

Work Street Address:

Work Phone:

Work Email Address:

10b. Spouse's position:

10c. Other employers of Spouse (including self-employment during reporting year)

Employer Name	Employer Address	<input checked="" type="checkbox"/> None

11. List the full name of each dependent child of you and/or your spouse:

None

First Name	Middle Name	Last Name
William	Bradley	Beshear
Lila	Breanne	Beshear

12. List any other position in a business, partnership or corporation held by you or your spouse including the name and address of the business:

Position Name	Business Name	Nature of Business	Business Address	<input type="checkbox"/> None
Mrs. Beshear Board Member	Maryhurst	Non-profit	1015 Dorsey Lane Louisville, KY 40223	

13. List all positions of a fiduciary nature held by you or your spouse in a business, including the name and address of the business:

Position Name	Name of Person or Entity	Business Name	Business Address	<input checked="" type="checkbox"/> None

14. Provide the name and address of any business in which you, your spouse, or dependent children owned an interest which has a fair market value of at least ten thousand dollars (\$10,000) or which equals at least five percent (5%) of the business; specify whether you listed the interest because of its fair market value or because it constitutes at least five percent of the business:

Position Name	Business Name	Business Type	Reason for Listing	Business Address	<input checked="" type="checkbox"/> None

15. Provide all sources of gross income exceeding \$1,000 from any one source not listed above, (including interest, dividends, investment income) to you, your spouse, or a dependent child, indicating the form of the income and the nature of the business and the name and address of the income source.

Form of Income	Nature of Business	Source Name	Source Address	<input type="checkbox"/> None
Stock Dividends	Investment	Raymond James	300 W. Vine Street Lexington, KY 40507	

16. Describe any representation or intervention performed by you or your spouse for any person or business for compensation before a state agency for which you work or supervise or before any entity of state government for which you would serve in a decision-making capacity, and include the name and address of that person or business.

Description	Name	Address	<input checked="" type="checkbox"/> None

17. Provide the street address or location and description of all real property in which you, your spouse, or a dependent child holds an interest of at least ten thousand dollars (\$10,000):

Description	Address	<input type="checkbox"/> None
House	[REDACTED]	

18. List all sources, including name and address, of gifts of money or property with a retail value of more than two hundred dollars (\$200) from any one source which were given to you, your spouse, or dependent children by any person or entity other than a member of your family.

None

Source Name	Address
University of Kentucky Basketball Tickets	101 Main Bldg. Lexington, KY 40506
Frankfort Country Club Honorary Membership	101 Duntreath Frankfort, KY 40601

19. Identify all creditors, including an address, to whom you or your spouse owe more than ten thousand dollars (\$10,000) except when the debt was incurred for the purchase of consumer goods:

Name	Address	<input type="checkbox"/> None
Everhome Mortgage	301 W. Bay Street Jacksonville, FL 32202	
Sallie Mae	300 Continental Drive Neward, DE 19713	

20. List names and addresses of family members of the filer or persons with whom the filer was engaged in a business who are registered as legislative agents or executive agency lobbyists:

Name	Address	<input checked="" type="checkbox"/> None

21. Are you aware of any business/investment or other opportunity, tangible or intangible, received by you or any member of your family which might reasonably be construed as being offered in return for favorable treatment or any other benefit, tangible or intangible, from state government?

No

If yes, attach a description:

I swear or affirm that the information reported
in this Statement of Financial Disclosure
is complete and accurate.

Andrew G. Beshear

Signature

6/11/2020

Date