

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 your 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 ▶

Your first name and middle initial ANDREW G.		Last name BESHEAR		Your social security number [REDACTED]	
If joint return, spouse's first name and middle initial BRITAINY A.		Last name BESHEAR		Spouse's social security number [REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. FRANKFORT				State ZIP code KY 40601	
Foreign country name		Foreign province/state/county		Foreign postal code	

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent

Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1957 Are blind Spouse: Was born before January 2, 1957 Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
WILLIAM B BESHEAR		[REDACTED]	SON	<input checked="" type="checkbox"/>	
LILA B BESHEAR		[REDACTED]	DAUGHTER	<input checked="" type="checkbox"/>	

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	STMT 1	1	145,841.
	2a	Tax-exempt interest		2b	6.
	3a	Qualified dividends	14,620.	3b	14,620.
	4a	IRA distributions		4b	23,814.
	5a	Pensions and annuities		5b	
	6a	Social security benefits		6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		7	
	8	Other income from Schedule 1, line 10		8	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶		9	184,281.
	10	Adjustments to income from Schedule 1, line 26		10	
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶		11	184,281.
	12a	Standard deduction or itemized deductions (from Schedule A)	12a 25,100.		
	b	Charitable contributions if you take the standard deduction (see instr.) ...	12b		
	c	Add lines 12a and 12b		12c	25,100.
	13	Qualified business income deduction from Form 8995 or Form 8995-A		13	
	14	Add lines 12c and 13		14	25,100.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	159,181.

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

STMT 4	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	25,493.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	25,493.
	19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	25,493.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
	24	Add lines 22 and 23. This is your total tax	24	25,493.
	25	Federal income tax withheld from:		
	a	Form(s) W-2 SEE STATEMENT 5	25a	22,555.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	22,555.
	26	2021 estimated tax payments and amount applied from 2020 return	26	
	27a	Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instr. <input type="checkbox"/>	27a	
	b	Nontaxable combat pay election	27b	
	c	Prior year (2019) earned income	27c	
	28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	2,150.
	29	American opportunity credit from Form 8863, line 8	29	
	30	Recovery rebate credit. See instructions	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	2,150.
	33	Add lines 25d, 26, and 32. These are your total payments	33	24,705.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	
	b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d	Account number		
	36	Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37	788.
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No

Designee's name: DENNIS G. MARTIN Phone no. [REDACTED] Personal identification number (PIN): [REDACTED]

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: [REDACTED] Date: [REDACTED] Your occupation: GOVERNOR

Spouse's signature: [REDACTED] Date: [REDACTED] Spouse's occupation: HOMEMAKER

Paid Preparer Use Only Preparer's name: DENNIS G. MARTIN Preparer's signature: [REDACTED] Date: [REDACTED] PTIN: [REDACTED]

Check if: Self-employed

Firm's name: JONES, NALE & MATTINGLY PLC Phone no. [REDACTED]

Firm's address: 401 WEST MAIN STREET, SUITE 1100 FIRM'S EIN [REDACTED]

LOUISVILLE, KY 40202

SCHEDULE 1
(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment
Sequence No. **01**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

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

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

Your social security number

ANDREW G. & BRITAINY A. BESHEAR

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:			
a	Net operating loss	8a ()		
b	Gambling income	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k		
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
o	Section 461(l) excess business loss adjustment	8o		
p	Taxable distributions from an ABL account (see instructions)	8p		
z	Other income. List type and amount ▶			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions) ▶		
20	IRA deduction	20	
21	Student loan interest deduction	21	STATEMENT 6
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount ▶	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

Recovery Rebate Credit Worksheet - Line 30

Name(s) shown on return **ANDREW G. & BRITAINY A. BESHEAR** Your SSN XXXXXXXXXX

Before you begin: ✓ See the instructions for line 30 to find out if you can take this credit and for definitions and other information needed to fill out this worksheet.
 ✓ If you received Notice 1444-C, have it available.
 Don't include on line 13 any amount you received but later returned to the IRS.
 If you can't take the recovery rebate credit, you don't have to repay any amount of EIP 3 on Form 1040 or 1040-SR.

1. Can you be claimed as a dependent on another person's 2021 return? If filing a joint return, go to line 2.
 No. Go to line 2.
 Yes. Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
2. Does your 2021 return include a social security number that was issued on or before the due date of your 2021 return (including extensions) for you and, if filing a joint return, your spouse?
 Yes. Go to line 6.
 No. If you are filing a joint return, go to line 3. If you aren't filing a joint return, go to line 5.
3. Was at least one of you a member of the U.S. Armed Forces at any time during 2021, and does at least one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)?
 Yes. Your credit is not limited. Go to line 6.
 No. Go to line 4.
4. Does one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)?
 Yes. Your credit is limited. Go to line 6.
 No. Go to line 5.
5. Do you have any dependents listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including extensions) or an adoption taxpayer identification number?
 Yes. Enter zero on line 6 and go to line 7.
 No. STOP You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
6. Enter:
 - \$1,400 if single, head of household, married filing separately or qualifying widow(er),
 - \$1,400 if married filing jointly and you answered "Yes" to question 4, or
 - \$2,800 if married filing jointly and you answered "Yes" to question 2 or 3

6. 2,800.
7. Multiply \$1,400 by the number of dependents listed in the *Dependents* section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including extensions) or an adoption taxpayer identification number

7. 2,800.

8. Add lines 6 and 7

8. 5,600.

9. Is the amount on line 11 of Form 1040 or 1040-SR more than the amount shown below for your filing status?
 - Single or Married filing separately - \$75,000
 - Married filing jointly or qualifying widow(er) - \$150,000
 - Head of household - \$112,500 **Yes.** Enter the amount from line 11 of Form 1040 or 1040-SR and go to line 10

9. 184,281.

10. Is line 9 more than the amount shown below for your filing status?
 - Single or married filing separately - \$80,000
 - Married filing jointly or qualifying widow(er) - \$160,000
 - Head of household - \$120,000 **Yes.** STOP You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
 No. Subtract line 9 from the amount shown above for your filing status

10. _____

11. Divide line 10 by the amount shown below for your filing status. Enter the result as a decimal (rounded to at least 2 places).
 - Single or married filing separately - \$5,000
 - Married filing jointly or qualifying widow(er) - \$10,000
 - Head of household - \$7,500

11. _____
12. Multiply line 8 by line 11

12. _____

13. Enter the amount, if any, of EIP 3 that was issued to you. If filing a joint return, include the amount, if any, of your spouse's EIP 3. You may refer to Notice 1444-C or your tax account information at [IRS.gov/Account](https://www.irs.gov/Account) for the amount to enter here

13. _____

14. **Recovery rebate credit.** Subtract line 13 from line 12. If zero or less, enter -0-. If line 13 is more than line 12, you don't have to pay back the difference. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR

14. _____

SCHEDULE B
(Form 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

2021

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

[REDACTED]

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

6.

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

6.

3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815

3

4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b ▶

6.

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

14,620.

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 ▶

14,620.

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

Part III

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

Foreign Accounts and Trusts

7a At any time during 2021, 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

X

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

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

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.
127501 11-04-21

8 During 2021, 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

Interest and Dividend Summary

Name: ANDREW G. & BRITAINY A. BESHEAR

FEIN/SSN: XXXXXXXXXX

Payer	Interest	Interest on U.S. Savings Bonds	Tax-Exempt Interest	Private Activity Interest	Market Discount	Original Issue Discount (OID)	Ordinary Dividends	Qualified Dividends
A RAYMOND JAMES	6.							
B RAYMOND JAMES							14,620.	14,620.
C								
D								
E								
F								
G								
H								
I								
J								
K								
Totals	6.						14,620.	14,620.

Capital Gain Distributions	Unrecaptured Section 1250 Gain	Section 1202 Gain	Collectibles	Section 199A Dividends	Investment Expenses	Federal Tax Withheld	State Tax Withheld	Foreign Tax Paid
A								
B								
C								
D								
E								
F								
G								
H								
I								
J								
K								
Totals								

Qualified Dividends and Capital Gain Tax Worksheet - Line 16

Keep for Your Records

Name(s) shown on return ANDREW G. & BRITAINY A. BESHEAR	Your SSN [REDACTED]
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Before you begin:

- ✓ See the earlier instructions for line 16 to see if you can use this worksheet to figure your tax.
- ✓ Before completing this worksheet, complete Form 1040 or 1040-SR through line 15.
- ✓ 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 7.

1. Enter the amount from Form 1040 or 1040-SR, line 15. 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>159,181.</u>
2. Enter the amount from Form 1040 or 1040-SR, line 3a*	2. <u>14,620.</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 7.	
4. Add lines 2 and 3	4. <u>14,620.</u>
5. Subtract line 4 from line 1. If zero or less, enter -0-	5. <u>144,561.</u>
6. Enter: \$ 40,400 if single or married filing separately, \$ 80,800 if married filing jointly or qualifying widow(er), \$ 54,100 if head of household.	6. <u>80,800.</u>
7. Enter the smaller of line 1 or line 6	7. <u>80,800.</u>
8. Enter the smaller of line 5 or line 7	8. <u>80,800.</u>
9. Subtract line 8 from line 7. This amount is taxed at 0%	9. <u>0.</u>
10. Enter the smaller of line 1 or line 4	10. <u>14,620.</u>
11. Enter the amount from line 9	11. <u>0.</u>
12. Subtract line 11 from line 10	12. <u>14,620.</u>
13. Enter: \$ 445,850 if single, \$ 250,800 if married filing separately, \$ 501,600 if married filing jointly or qualifying widow(er), \$ 473,750 if head of household.	13. <u>501,600.</u>
14. Enter the smaller of line 1 or line 13	14. <u>159,181.</u>
15. Add lines 5 and 9	15. <u>144,561.</u>
16. Subtract line 15 from line 14. If zero or less, enter -0-	16. <u>14,620.</u>
17. Enter the smaller of line 12 or line 16	17. <u>14,620.</u>
18. Multiply line 17 by 15% (0.15)	18. <u>2,193.</u>
19. Add lines 9 and 17	19. <u>14,620.</u>
20. Subtract line 19 from line 10	20. <u>0.</u>
21. Multiply line 20 by 20% (0.20)	21. <u>0.</u>
22. Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet	22. <u>23,300.</u>
23. Add lines 18, 21, and 22	23. <u>25,493.</u>
24. 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	24. <u>26,517.</u>
25. Tax on all taxable income. Enter the smaller of line 23 or 24. Also include this amount on the entry space on Form 1040 or 1040-SR, line 16. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	25. <u>25,493.</u>

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

Credits for Qualifying Children and Other Dependents

2021

Attachment
Sequence No. 47

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Name(s) shown on return

Your social security number

ANDREW G. & BRITAINY A. BESHEAR

[REDACTED]

Part I-A Child Tax Credit and Credit for Other Dependents

1 Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	184,281.
2a Enter income from Puerto Rico that you excluded	2a		
b Enter the amounts from lines 45 and 50 of your Form 2555	2b		
c Enter the amount from line 15 of your Form 4563	2c		
d Add lines 2a through 2c		2d	
3 Add lines 1 and 2d		3	184,281.
4a Number of qualifying children under age 18 with the required social security number ...	4a	2	
b Number of children included on line 4a who were under age 6 at the end of 2021	4b	0	
c Subtract line 4b from line 4a	4c	2	
5 If line 4a is more than zero, enter the amount from the Line 5 Worksheet ; otherwise, enter -0- ... STMT 7 ...		5	4,250.
6 Number of other dependents, including any qualifying children who are not under age 18 or who do not have the required social security number	6		
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4a.			
7 Multiply line 6 by \$500		7	
8 Add lines 5 and 7		8	4,250.
9 Enter the amount shown below for your filing status.			
• Married filing jointly - \$400,000	}		
• All other filing statuses - \$200,000			
10 Subtract line 9 from line 3.		9	400,000.
• If zero or less, enter -0-.	}		
• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.			
11 Multiply line 10 by 5% (0.05)		10	0.
12 Subtract line 11 from line 8. If zero or less, enter -0-		11	0.
13 Check all the boxes that apply to you (or your spouse if married filing jointly).		12	4,250.
A Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United States for more than half of 2021			<input checked="" type="checkbox"/>
B Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021			<input type="checkbox"/>

Part I-B Filers Who Check a Box on Line 13

Caution: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.

14a Enter the smaller of line 7 or line 12		14a	0.
b Subtract line 14a from line 12		14b	4,250.
c If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A		14c	0.
d Enter the smaller of line 14a or line 14c		14d	
e Add lines 14b and 14d		14e	4,250.
f Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0-		14f	2,100.
Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.			
g Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III		14g	2,150.
h Enter the smaller of line 14d or line 14g. This is your credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR		14h	0.
i Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR		14i	2,150.

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

Schedule 8812 (Form 1040) 2021

Part I-C Filers Who Do Not Check a Box on Line 13

Caution: If you checked a box on line 13, do not complete Part I-C.

15a Enter the amount from the Credit Limit Worksheet A	15a
b Enter the smaller of line 12 or line 15a	15b
Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items.	
1. You are not filing Form 2555.	
2. Line 4a is more than zero.	
3. Line 12 is more than line 15a.	
c If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0-	15c
d Add lines 15b and 15c	15d
e Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0-	15e
Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	
f Subtract line 15e from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III	15f
g Enter the smaller of line 15b or line 15f. This is your nonrefundable child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR	15g
h Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR	15h

Part II-A Additional Child Tax Credit (use only if completing Part I-C)

Caution: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

16a Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27	16a
b Number of qualifying children under 18 with the required social security number: _____ X \$1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27	16b
TIP: The number of children you use for this line is the same as the number of children you used for line 4a.	
17 Enter the smaller of line 16a or line 16b	17
18a Earned income (see instructions)	18a
b Nontaxable combat pay (see instructions)	18b
19 Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19
20 Multiply the amount on line 19 by 15% (0.15) and enter the result	20
Next. On line 16b, is the amount \$4,200 or more? <input type="checkbox"/> No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	

Part II-B Certain Filers Who Have Three or More Qualifying Children

21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions	21
22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22
23 Add lines 21 and 22	23
24 1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24
25 Subtract line 24 from line 23. If zero or less, enter -0-	25
26 Enter the larger of line 20 or line 25	26
Next, enter the smaller of line 17 or line 26 on line 27.	

Part II-C Additional Child Tax Credit

27 Enter this amount on line 15c	27
---	-----------

Part III Additional Tax (use only if line 14g or line 15f is zero)

28a	Enter the amount from line 14f or line 15e, whichever applies	28a	
b	Enter the amount from line 14e or line 15d, whichever applies	28b	
29	Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the additional tax	29	
30	Enter the number of qualifying children taken into account in determining the annual advance amount you received for 2021. See your Letter 6419 for this number. If you are missing your Letter 6419, you are filing a joint return, or you received more than one Letter 6419, see the instructions before entering a number on this line	30	
Caution: If the amount on this line doesn't match the number of qualifying children reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.			
31	Enter the smaller of line 4a or line 30	31	
32	Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to line 33	32	
33	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> • Married filing jointly or Qualifying widow(er) - \$60,000 • Head of household - \$50,000 • All other filing statuses - \$40,000 	33	
34	Subtract line 33 from line 3. If zero or less, enter -0-	34	
35	Enter the amount from line 33	35	
36	Divide line 34 by line 35. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	36	
37	Multiply line 32 by \$2,000	37	
38	Multiply line 37 by line 36	38	
39	Subtract line 38 from line 37	39	
40	Subtract line 39 from line 29. If zero or less, enter -0-. This is your additional tax. If more than zero, enter this amount on Schedule 2 (Form 1040), line 19	40	

8867

Form (Rev. December 2021) Department of the Treasury Internal Revenue Service

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

2021

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

Table with 3 columns: Question, Yes, No, N/A. Contains 8 questions regarding tax credit documentation and filing status.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 8867 (Rev. 12-2021)

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 eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<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 child has not lived with the taxpayer 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 figure 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 figure 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 figure the amount(s) of the credit(s).

► If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

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"/>
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FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 1

EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
GOVERNOR	145,841.	22,555.	7,158.	3,179.	8,854.	2,263.
TOTALS	145,841.	22,555.	7,158.	3,179.	8,854.	2,263.

FORM 1040 QUALIFIED DIVIDENDS STATEMENT 2

NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
RAYMOND JAMES	14,620.	14,620.
TOTAL INCLUDED IN FORM 1040, LINE 3A		14,620.

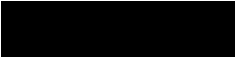
FORM 1040 IRA DISTRIBUTIONS STATEMENT 3

NAME OF PAYER	GROSS DISTRIBUTION	TAXABLE AMOUNT
NATIONAL FINANCIAL SERVICES LLC	23,814.	23,814.
TOTAL TO FORM 1040, LINES 4A AND 4B	23,814.	23,814.

FORM 1040 TAX STATEMENT 4

DESCRIPTION	AMOUNT
FROM QUALIFIED DIVIDENDS AND CAPITAL GAIN WORKSHEET	25,493.
TOTAL TO FORM 1040, LINE 16	25,493.

ANDREW G. & BRITAINY A. BESHEAR



FORM 1040

FEDERAL INCOME TAX WITHHELD - FORM(S) W-2

STATEMENT 5

DESCRIPTION

AMOUNT

GOVERNOR

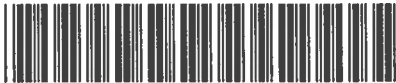
22,555.

TOTAL TO FORM 1040, LINE 25A

22,555.



1. MULTIPLY SCHEDULE 8812, LINE 4B, BY \$3,600	
2. MULTIPLY SCHEDULE 8812, LINE 4C, BY \$3,000	6,000.
3. ADD LINE 1 AND LINE 2	6,000.
4. MULTIPLY SCHEDULE 8812, LINE 4A, BY \$2,000	4,000.
5. SUBTRACT LINE 4 FROM LINE 3	2,000.
6. ENTER THE AMOUNT SHOWN BELOW FOR YOUR FILING STATUS	
- MARRIED FILING JOINTLY - \$12,500	
- QUALIFYING WIDOW(ER) - \$2,500	
- HEAD OF HOUSEHOLD - \$4,375	
- ALL OTHER FILING STATUSES - \$6,250	12,500.
7. ENTER THE SMALLER OF LINE 5 OR LINE 6	2,000.
8. ENTER THE AMOUNT SHOWN BELOW FOR YOUR FILING STATUS	
- MARRIED FILING JOINTLY OR	
QUALIFYING WIDOW(ER) - \$150,000	
- HEAD OF HOUSEHOLD - \$112,500	
- ALL OTHER FILING STATUSES - \$75,000	150,000.
9. SUBTRACT LINE 8 FROM SCHEDULE 8812, LINE 3	
- IF ZERO OR LESS, ENTER -0-	
- IF MORE THAN ZERO, AND NOT A MULTIPLE OF \$1,000,	
ENTER THE NEXT MULTIPLE OF \$1,000	35,000.
10. MULTIPLY LINE 9 BY 5% (0.05)	1,750.
11. ENTER THE SMALLER OF LINE 7 OR LINE 10	1,750.
12. SUBTRACT LINE 11 FROM LINE 3.	
ENTER ON SCHEDULE 8812, LINE 5	4,250.



2 1 0 0 0 1 1 0 1 9

KENTUCKY
INDIVIDUAL INCOME TAX RETURN
Residents Only

2021

Check if deceased: Spouse Taxpayer For calendar year or other taxable year beginning , 2021, and ending , 20 .

A. Spouse's Social Security Number [REDACTED]	B. Your Social Security Number [REDACTED]
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)	
[REDACTED]	
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 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 checked="" type="checkbox"/>	(4) <input checked="" type="checkbox"/>
Republican	(2) <input type="checkbox"/>	(5) <input type="checkbox"/>
No Designation	(3) <input type="checkbox"/>	(6) <input 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 \$35,245 or less, you may qualify for the Family Size Tax Credit. See instructions.)	00	184,281 00
6 Additions from Schedule M, line 6	00	00
7 Add lines 5 and 6	00	184,281 00
8 Subtractions from Schedule M, line 17	00	23,814 00
9 Subtract line 8 from line 7. This is your Kentucky Adjusted Gross Income	00	160,467 00
10 Itemizers: Enter itemized deductions from Kentucky Schedule A. Nonitemizers: Enter \$2,690 in Columns A and/or B	00	2,690 00
11 Subtract line 10 from line 9. This is your Taxable Income	00	157,777 00
12 Tax Computation: Multiply line 11 by 5% (.05) or amount from Schedule J <input type="checkbox"/>	00	7,889 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"/>	00	00
14 Add lines 12 and 13 and enter total here	00	7,889 00
15 Enter amounts from Schedule ITC, Section A, lines 26E and 26F	00	00
16 Subtract line 15 from line 14. If line 15 is larger than line 14, enter zero	00	7,889 00
17 Enter personal tax credit amounts from Schedule ITC, Section B	00	00
18 Subtract line 17 from line 16. If line 17 is larger than line 16, enter zero	00	7,889 00
19 Add tax amount(s) in Columns A and B, line 18 and enter here, continue to page 2	00	7,889 00



2 1 0 0 0 2 1 0 1 9

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					7,889	00
23	Enter the Education Tuition Tax Credit from Form 8863-K, line 17	23						00
24	Enter Child and Dependent Care Credit from Form 2441-K, line 12	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					7,889	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					7,889	00
29	For amended return; overpayment, if any, shown on original return	29						00
30	Add lines 28 and 29, enter here	30					7,889	00
31	a Enter Kentucky income tax withheld as shown on enclosed Schedule KW-2	31a					7,158	00
	b Enter 2021 Kentucky estimated tax/extension payments	31b						00
	c Enter 2021 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					7,158	00
33	If line 30 is larger than line 32, subtract line 32 from line 30, enter ADDITIONAL TAX DUE	33					731	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					731	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



2 1 0 0 4 0 1 0 1 9

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 2022 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)
	Signature of Spouse	Driver's License/State Issued ID No.	Date	
Paid Preparer Use	Signature of Preparer		Date	
	Name of Preparer or Firm JONES, NALE & MATTINGLY P		ID Number	
	Email	Telephone No.	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: revenue.ky.gov Include: Your Social Security number and "KY Income Tax - 2021"	With Payment	Kentucky Department of Revenue Frankfort, KY 40619-0008	

SCHEDULE KW-2

Commonwealth of Kentucky
Department of Revenue



2 1 0 0 1 0 1 0 1 9

KENTUCKY INCOME TAX WITHHELD

2021

▶ 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	[REDACTED]	[REDACTED]	KY	[REDACTED]	145,841 00	7,158 00
2					00	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				145,841 00	7,158 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					00	00
13					00	00
14					00	00
15					00	00
16					00	00
17	TOTAL FROM ALL 1099s AND W2-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. 7,158 00



**KENTUCKY
FEDERAL ADJUSTED GROSS INCOME
MODIFICATIONS**

2021

▶ 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 or 1040-SR, line 6(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 from Schedule KNOL, Part II, Section A, line 8 (enclose Schedule KNOL)
- 17 Total Subtractions. Add lines 15 and 16. Enter here and on Form 740, page 1, line 8

7	00	00
8	00	00
9	00	23,814 00
10	00	00
11	00	00
12	00	00
13	00	00
14	00	00
15	00	23,814 00
16	00	00
17	00	23,814 00

COMMONWEALTH OF KENTUCKY
 EXECUTIVE BRANCH ETHICS COMMISSION
 1025 Capital Centre Drive, Suite 104, Frankfort, KY 40601
 PHONE: 502-564-7954, FACSIMILE: (502) 696-5091, or EMAIL: ethicsfiler@ky.gov

STATEMENT OF FINANCIAL DISCLOSURE

ANNUAL FORM Calendar Year 2021

RECEIVED

APR 13 2022

Executive Branch

CONSTITUTIONAL OFFICERS AS DEFINED BY KRS 11A.010(9)(A)-(G) AND OFFICERS AS DEFINED BY KRS 11A.010(7) MUST FILE THIS FORM BETWEEN JANUARY 1 AND APRIL 15 FOR EACH CALENDAR YEAR YOU SERVE IN SUCH POSITION. (KRS 11A.050(1)(A)). OFFICERS AND CONSTITUTIONAL OFFICERS WHO ARE CANDIDATES FOR CONSTITUTIONAL OFFICE MUST FILE THIS FORM BY THE FEBRUARY 15 THAT FALLS AFTER FILING FOR OFFICE.

“REPORTING YEAR” MEANS THE CALENDAR YEAR PRIOR TO THE CURRENT APRIL 15. **ANSWER EVERY QUESTION OR YOUR FORM WILL NOT BE ACCEPTED.**

1. Name: Last **BESHEAR** First **ANDREW** Middle or Maiden **GRAHAM**

2. Home Street Address: **Governor's Mansion,** [REDACTED]

City: **Frankfort** State: **KY** Zip: **40601-**

Home Phone: **(502) 564-2611** Personal E-mail Address:

Mobile Phone: () - Alternate Number: () -

3. Check the appropriate box for your constitutional office OR check “Other Officer Position”:

- | | |
|---|---|
| <input type="checkbox"/> Agriculture Commissioner | <input type="checkbox"/> Lt. Governor |
| <input type="checkbox"/> Attorney General | <input type="checkbox"/> Secretary of State |
| <input type="checkbox"/> Auditor of Public Accounts | <input type="checkbox"/> State Treasurer |
| <input checked="" type="checkbox"/> Governor | <input type="checkbox"/> Other Officer Position |

4. Provide the following information for the Position you currently hold that requires filing.

NOTE: If you held more than one position in the previous calendar year that requires filing, please use additional pages to provide the title and the same information requested in answer to Question 4 for each additional position.

Title of Position: **Governor** Start Date: **12/10/2019**

Do you still occupy this position? Yes No* If no, ending date:

*If you are no longer in any officer position in state service, please STOP COMPLETING THIS FORM and complete the LEAVER form, EBEC-SFD-102, within 30 days of your last day of service.

State Agency for position listed above:

Cabinet: **General Government**

Department or Office: **Governor's Office**

Division:

Work Street Address: **700 Capital Avenue, Suite 100**

City: **Frankfort** State: **KY** Zip: **40601-**

Work Phone: **(502) 564-2611** Work E-mail address: **governor@ky.gov**

Ext.

5. Title of any other state jobs or positions you held during the reporting year that do not require filing and are not considered "officer" positions, including state government agency name.

NONE

6. Name and address of any other private employers (including self-employment) during reporting year: NONE

Employer:

Work Address:

City: State: Zip: -

7. Marital status:

 Single Married Widowed (if event occurred prior to previous calendar year, skip to Question 10.) Divorced (if event occurred prior to previous calendar year, skip to Question 10.)

If married, please give spouse's full name:

Last: **BESHEAR**First: **BRITAINY**Middle: **ANNE**8. Spouse's employment position: NONE

Spouse's current employer and employer's address:

Employer:

Work Address:

City: State: Zip: -

Work Phone: () - Work E-mail address:

9. Other employers of Spouse (including self-employment during reporting year) NONE 10. List the full name of all dependents, excluding dependents listed above: NONE

[Dependents names are redacted from all responses to open records requests]

William Bradley Beshear**Lila Breanne Beshear****FOR ALL REMAINING QUESTIONS:**

Reporting Year: Please answer the following questions with information as it applies for that portion of the calendar year you occupied the position in the previous calendar (i.e. January 1 through December 31 of the year preceding to the current April 15).

11. List all positions held by you or your spouse in any business, including the name and address of the business during the reporting year not already listed above on this form: NONE

12. List all positions of a fiduciary nature held by you or your spouse in any business during the reporting year, including the name and address of the business: NONE

13. Provide the name and address of all businesses in which you, your spouse, or dependent children has or had an interest of at least ten thousand dollars (\$10,000) at fair market value or which equals at least five percent (5%) of the ownership interest in the business during the reporting year; specify whether you listed the interest because of its fair market value or because it constitutes at least five percent of the business: NONE

U.S. BANCORP, 800 Nicollet Mall, Minneapolis, MN 55402 (FMV >\$10,000)
MICROSOFT CORP., 1 Microsoft Way, Redmond, WA 98052 (FMV >\$10,000)

14. Provide all sources of gross income exceeding \$1,000 from any one (1) source not listed above during the reporting year, (including interest, dividends, investment income) to you, your spouse, or a dependent child, indicating the form of the income, the nature of the business, the name and address of the income source. NONE

Stock Dividends, U.S. BANCORP, 800 Nicollet Mall, Minneapolis, MN
Roth IRA Rollover, National Financial Services, LLC, 245 Summer St., Boston, MA

15. Describe any representation or intervention performed by you or your spouse during the reporting year for any person or business for compensation before a state agency for which you work or supervise or before any entity of state overnment for which you would serve in a decision-making capacity, and include the name and address of that person or business. NONE

16. 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) during the reporting year: [if the property is held as a personal residence by the filer, please indicate as such.] NONE

17. 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 during the reporting year. NONE

Basketball Tickets, UNIVERSITY OF KENTUCKY, 101 Main Building, Lexington, KY 40506
Football Tickets, UNIVERSITY OF KENTUCKY, 101 Main Building, Lexington, KY 40506
Honorary Membership, FRANKFORT COUNTRY CLUB, 101 Duntreath, Frankfort, KY 40601
Cincinnati Reds Tickets, July 3, 2021, Great American Ball Park, 100 Joe Nuxhall Way, Cincinnati, OH 45202
Shady Rays sunglasses, 4 pair, Shady Rays 40 Kingbrook Pkwy., Simpsonville, KY 40067
Homemade Electric Guitar and Case, Hearthstone Guitar Co., 707 Main Street, Murray, KY 42071
Original Artwork, 2021 Kentucky Derby Poster, Lennon Michalski, 209 Castlewood Drive, Lexington, KY 40505

18. Identify all creditors, including an address, to whom you owe more than ten thousand dollars (\$10,000) except when the debt was incurred for the purchase of consumer goods during the reporting year: NONE
 [only list debts incurred for real estate]

19. 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 under KRS 6.807 or executive agency lobbyists under KRS 11A.211. NONE

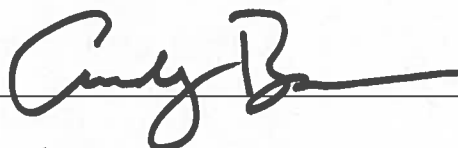
20. Are you aware of any business opportunity, investment opportunity, or other benefit, tangible or intangible, received by you or any member of your family which might reasonably be construed as being offered in return for favorable treatment or any other benefit, tangible or intangible, from state government? [PLEASE CONSIDER CAREFULLY BEFORE ANSWERING]

NO

YES

If yes, attach a description.

**I SWEAR OR AFFIRM THAT THE INFORMATION REPORTED
 IN THIS STATEMENT OF FINANCIAL DISCLOSURE
 IS COMPLETE AND ACCURATE.**

Signature 	Date: <u>4/12/2022</u>
Typed or printed name Andy Beshear	

**STATEMENTS OF FINANCIAL DISCLOSURE SHALL BE
AVAILABLE FOR PUBLIC REVIEW**

PENALTIES:

WITHHELD SALARY: Any officer, public servant, or candidate required to file a statement of financial disclosure under KRS 11A.050 who does not file the statement by a date specified in that section shall have his salary withheld from the first day of noncompliance until he shall have completed the action required by law. The amount withheld shall be deducted from his overall pay and allowances and shall be recoverable upon the filing of the statement of financial disclosure. The commission may grant a reasonable extension of time for filing a statement of financial disclosure for good cause shown. **KRS 11A.990(2).**

FINES: Any officer, public servant, or candidate who fails to file or files a false Statement of Financial Disclosure may be subject to a written, public reprimand, a recommendation from the Commission that the violator be removed or suspended from office or employment, and required to pay a civil penalty of not more than **\$5,000**. **KRS 11A.100(3).**

This form may be electronically completed and submitted on the Commission's website at:
<https://secure.kentucky.gov/formservices/Ethics/StatementOfFinancialDisclosure/>

OR

When you have answered every question, **PRINT** the Disclosure, **SIGN** it, and **SUBMIT** it by:

ELECTRONIC MAIL: EthicsFiler@ky.gov

FAX: (502) 696-5091

IN PERSON or by U.S. MAIL:

**Executive Branch Ethics Commission
1025 Capital Center Drive, Suite 104
Frankfort, KY 40601**