Form **1040** Department of the Treasury - Internal Revenue Service (99)

U.S. Individual Income Tax Return 2020

OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space.

Filing Status Check only one box.
☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

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	Last name	Your social security number
ANDREW G.	BESHEAR	[redacted]
If joint return, spouse's first name and middle initial	**Last name**	**Spouse's social security number**
BRITAINY A.	BESHEAR	[redacted]

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	
704 CAPITAL AVE		
City, town, or post office. If you have a foreign address, also complete spaces below.	**State**	**ZIP code**
FRANKFORT	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 2020, did you receive, sell, send, exchange, or otherwise acquire 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, 1956 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1956 ☐ Is blind

Dependents (see instructions):
If more than four dependents, see instr. and check here ▶ ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions): Child tax credit	Credit for other dependents
WILLIAM B BESHEAR	[redacted]	SON	X	
LILA B BESHEAR		DAUGHTER	X	

Attach Sch. B if required.

1	Wages, salaries, tips, etc. Attach Form(s) W-2 STMT 1					1	145,750.
2a	Tax-exempt interest	2a		b	Taxable interest	2b	110.
3a	Qualified dividends	3a	14,251.	b	Ordinary dividends	3b	14,251.
4a	IRA distributions	4a		b	Taxable amount	4b	25,697.
5a	Pensions and annuities	5a		b	Taxable amount	5b	
6a	Social security benefits	6a		b	Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐					7	
8	Other income from Schedule 1, line 9					8	
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** ▶					9	185,808.
10	Adjustments to income:						
a	From Schedule 1, line 22	10a					
b	Charitable contributions if you take the standard deduction. See instr.	10b	300.				
c	Add lines 10a and 10b. These are your **total adjustments to income** ▶					10c	300.
11	Subtract line 10c from line 9. This is your **adjusted gross income** ▶					11	185,508.
12	**Standard deduction or itemized deductions** (from Schedule A)					12	24,800.
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A					13	
14	Add lines 12 and 13					14	24,800.
15	**Taxable income.** Subtract line 14 from line 11. If zero or less, enter -0-					15	160,708.

Standard Deduction for -
- Single or Married filing separately, $12,400
- Married filing jointly or Qualifying widow(er), $24,800
- Head of household, $18,650
- If you checked any box under Standard Deduction, see instructions.

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

Form **1040** (2020)

2-11-20

Form 1040 (2020) ANDREW G. & BRITAINY A. BESHEAR [redacted] Page 2

STMT 4

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	25,939.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	25,939.
19	Child tax credit or credit for other dependents	19	4,000.
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	4,000.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	21,939.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	
24	Add lines 22 and 23. This is your total tax ▶	24	21,939.
25	Federal income tax withheld from:		
a	Form(s) W-2 SEE STATEMENT 5 — 25a: 22,628.		
b	Form(s) 1099 — 25b		
c	Other forms (see instructions) — 25c		
d	Add lines 25a through 25c	25d	22,628.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) — 27		
28	Additional child tax credit. Attach Schedule 8812 — 28		
29	American opportunity credit from Form 8863, line 8 — 29		
30	Recovery rebate credit. See instructions — 30		
31	Amount from Schedule 3, line 13 — 31		
32	Add lines 27 through 31. These are your total other payments and refundable credits ▶	32	
33	Add lines 25d, 26, and 32. These are your total payments ▶	33	22,628.

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

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	689.
35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ▶ ☐	35a	689.
▶ b	Routing number ▶ c Type: ☐ Checking ☐ Savings		
▶ d	Account number		
36	Amount of line 34 you want applied to your 2021 estimated tax ▶ 36		

Direct deposit? See instructions.

Amount You Owe

37	Subtract line 33 from line 24. This is the amount you owe now ▶	37	
	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
38	Estimated tax penalty (see instructions) ▶ 38		

For details on how to pay, see instructions.

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 | Date | Your occupation: GOVERNOR | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶

Joint return? See instructions. Keep a copy for your records.

Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation: HOMEMAKER | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶

Phone no. [redacted] Email address [redacted]

Paid Preparer Use Only

Preparer's name: DENNIS G. MARTIN | Preparer's signature | Date | PTIN [redacted] | Check if: ☐ Self-employed

Firm's name ▶ JONES, NALE & MATTINGLY PLC | Phone no. [redacted]

Firm's address ▶ [redacted] | Firm's EIN ▶ [redacted]

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

Form 1040 (2020)

12-11-20

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2020

Attachment Sequence No. **01**

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

ANDREW G. & BRITAINY A. BESHEAR

Your social security number [redacted]

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, 1040-SR, or 1040-NR, line 8	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	
21	Tuition and fees deduction. Attach Form 8917 STATEMENT 6	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

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

12-10-20

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

Name(s): First ANDREW G. & BRITAINY A. | Last BESHEAR | Your SSN [redacted]

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 or Form 1040NR, line 11. ..... 4 185,508.
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.

   1040NR filers: Enter -0-. ..... 5 0.
6. Add lines 4 and 5. Enter the total. ..... 6 185,508.
7. Enter the amount shown below for your filing status.
   - Married filing jointly - $400,000
   - All other filing statuses - $200,000 ..... 7 400,000.
8. Is the amount on line 6 more than the amount on line 7?
   - [X] **No.** Leave line 8 blank. Enter -0- on line 9.
   - [ ] **Yes.** Subtract line 7 from line 6. 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). ..... 8 ______
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 or Form 1040NR, line 19. You also cannot take the additional child tax credit.
    - [X] **Yes.** Subtract line 9 from line 3. Enter the result. ..... 10 4,000.

Part 2

11. Enter the amount from Form 1040 or Form 1040NR, line 18. ..... 11 25,939.
12. Enter the total of the amounts from Schedule 3, lines 1 through 4.* ..... 12 ______
13. Subtract line 12 from line 11 ..... 13 25,939.
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
    - [X] **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 25,939.
16. Is the amount on line 10 of this worksheet more than the amount on line 15?
    - [X] **No.** Enter the amount from line 10.
    - [ ] **Yes.** Enter the amount from line 15.

    This is your child tax credit and credit for other dependents. ..... 16 4,000.

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

Recovery Rebate Credit Worksheet - Line 30

Name(s) shown on return: ANDREW G. & BRITAINY A. BESHEAR

Your SSN: [redacted]

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 and Notice 1444-B, have them available.

Don't include on line 16 or 19 any amount you received but later returned to the IRS.

1. Can you be claimed as a dependent on another person's 2020 return? If filing a joint return, go to line 2.
   - [X] **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 2020 return include a valid social security number (defined under *Valid social security number*, earlier) for you and, if filing a joint return, your spouse?
   - [X] **Yes.** Skip lines 3 and 4, and go to line 5. If you are filing a joint return, go to line 3.
   - [ ] **No.** If you aren't filing a joint return, STOP you can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
3. Was at least one of you a member of the U.S. Armed Forces at any time during 2020, and does at least one of you have a valid social security number (defined under *Valid social security number*, earlier)?
   - [ ] **Yes.** Your credit is not limited. Go to line 5.
   - [ ] **No.** Go to line 4.
4. Does one of you have a valid social security number (defined under *Valid social security number*, earlier)?
   - [ ] **Yes.** Your credit is limited. Go to line 5.
   - [ ] **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.
5. If your EIP 1 was $1,200 ($2,400 if married filing jointly) plus $500 for each qualifying child you had in 2020, skip lines 5 and 6, enter zero on lines 7 and 16, and go to line 8. Otherwise, enter:
   - $1,200 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or
   - $2,400 if married filing jointly and you answered "Yes" to question 2 or 3 .... 5. ______
6. Multiply $500 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number .... 6. ______
7. Add lines 5 and 6 .... 7. 0.
8. If your EIP 2 was $600 ($1,200 if married filing jointly) plus $600 for each qualifying child you had in 2020, skip lines 8 and 9, enter zero on lines 10 and 19, and go to line 11. Otherwise, enter:
   - $600 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or
   - $1,200 if married filing jointly and you answered "Yes" to question 2 or 3 .... 8. ______
9. Multiply $600 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number .... 9. ______
10. Add lines 8 and 9 .... 10. 0.
11. Enter the amount from line 11 of Form 1040 or 1040-SR .... 11. 185,508.
12. Enter the amount shown below for your filing status:
    - $150,000 if married filing jointly or qualifying widow(er)
    - $112,500 if head of household
    - $75,000 if single or married filing separately .... 12. 150,000.
13. Is the amount on line 11 more than the amount on line 12?
    - [ ] **No.** Skip line 14. Enter the amount from line 7 on line 15 and the amount from line 10 on line 18.
    - [X] **Yes.** Subtract line 12 from line 11. .... 13. 35,508.
14. Multiply line 13 by 5% (0.05) .... 14. 1,775.
15. Subtract line 14 from line 7. If zero or less, enter -0- .... 15. 0.
16. Enter the amount, if any, of EIP 1 that was issued to you (before offset for any past-due child support payment). You may refer to Notice 1444 or your tax account information at IRS.gov/Account for the amount to enter here .... 16. 0.
17. Subtract line 16 from line 15. If zero or less, enter -0-. If line 16 is more than line 15, you don't have to pay back the difference .... 17. 0.
18. Subtract line 14 from line 10. If zero or less, enter -0- .... 18. 0.
19. Enter the amount, if any, of EIP 2 that was issued to you. You may refer to Notice 1444-B or your tax account information at IRS.gov/Account for the amount to enter here .... 19. 0.
20. Subtract line 19 from line 18. If zero or less, enter -0-. If line 19 is more than line 18, you don't have to pay back the difference .... 20. 0.
21. **Recovery rebate credit.** Add lines 17 and 20. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR .... 21. 0.

01-06-21

SCHEDULE B
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

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

▶ Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2020

Attachment Sequence No. 08

Name(s) shown on return: ANDREW G. & BRITAINY A. BESHEAR

Your social security number: [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 ▶

		Amount
RAYMOND JAMES	1	110.
2 Add the amounts on line 1	2	110.
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 ▶	4	110.

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.

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

Part II Ordinary Dividends

5 List name of payer ▶

		Amount
RAYMOND JAMES	5	14,251.
6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b ▶	6	14,251.

ote: If you ceived a Form 099-DIV or ıbstitute atement from brokerage firm, : the firm's me as the yer and enter ordinary idends shown that form.

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

rt III eign counts l Trusts

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 2020, 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 ▶		
8 During 2020, 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

tion: If ired, failure e FinCEN 114 may t in tantial lties. See ıctions.

11-05-20

Interest and Dividend Summary

Name: ANDREW G. & BRITAINY A. BESHEAR

FEIN/SSN [redacted]

	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	110.							
B	RAYMOND JAMES							14,251.	14,251.
C									
D									
E									
F									
G									
H									
I									
J									
K									
Totals		110.						14,251.	14,251.

	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									

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SCHEDULE D
(Form 1040)
Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074
2020
Attachment Sequence No. 12

Name(s) shown on return: ANDREW G. & BRITAINY A. BESHEAR

Your social security number: [redacted]

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				

4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions	6	( )
7 **Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2	7	

Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	466,900.	373,000.	<93,900.>	0.

11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	12	
13 Capital gain distributions	13	
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	14	( )
15 **Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then, go to Part III on page 2	15	

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

Part III **Summary**

16 Combine lines 7 and 15 and enter the result 16

- If line 16 is a **gain**, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.
- If line 16 is a **loss**, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.
- If line 16 is **zero**, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.

17 Are lines 15 and 16 **both** gains?

☐ **Yes.** Go to line 18.

☐ **No.** Skip lines 18 through 21, and go to line 22.

18 If you are required to complete the **28% Rate Gain Worksheet**(see instructions), enter the amount, if any, from line 7 of that worksheet .... ▶ 18

19 If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the amount, if any, from line 18 of that worksheet .... ▶ 19

20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?

☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Forms 1040 and 1040-SR, line 16. **Don't** complete lines 21 and 22 below.

☐ **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the **smaller** of:

- The loss on line 16; or
- ($3,000), or if married filing separately, ($1,500) .... 21 ( )

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?

☒ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Forms 1040 and 1040-SR, line 16.

☐ **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form 8949 (2020)

Attachment Sequence No. **12A** Page **2**

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

ANDREW G. & BRITAINY A. BESHEAR

Social security number or taxpayer identification no.

[redacted]

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II **Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☐ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☒ **(F)** Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the **Note** below and see *Column (e)* in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. (f) Code(s)	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
SALE OF YOUR HOME	12/01/09	10/16/20	466,900.	373,000.	H	<93,900.>	0.
otals. Add the amounts in columns (d), (e), (g), and (h) (subtract egative amounts). Enter each total here and include on your chedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** ove is checked), or **line 10** (if **Box F** above is checked) ▶			466,900.	373,000.		<93,900.>	0.

: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an tment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

12-11-20

Qualified Dividends and Capital Gain Tax Worksheet - Line 16

Keep for Your Records

Name(s) shown on return	Your SSN
ANDREW G. & BRITAINY A. BESHEAR	[redacted]

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. 160,708.
2. Enter the amount from Form 1040 or 1040-SR, line 3a* ..... 2. 14,251.
3. Are you filing Schedule D?*
   - [ ] **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-.
   - [X] **No.** Enter the amount from Form 1040 or 1040-SR, line 7.

   ..... 3. 0.
4. Add lines 2 and 3 ..... 4. 14,251.
5. Subtract line 4 from line 1. If zero or less, enter -0- ..... 5. 146,457.
6. Enter:
   - $ 40,000 if single or married filing separately,
   - $ 80,000 if married filing jointly or qualifying widow(er),
   - $ 53,600 if head of household.

   ..... 6. 80,000.
7. Enter the smaller of line 1 or line 6 ..... 7. 80,000.
8. Enter the smaller of line 5 or line 7 ..... 8. 80,000.
9. Subtract line 8 from line 7. This amount is taxed at 0% ..... 9. 0.
10. Enter the smaller of line 1 or line 4 ..... 10. 14,251.
11. Enter the amount from line 9 ..... 11. 0.
12. Subtract line 11 from line 10 ..... 12. 14,251.
13. Enter:
    - $ 441,450 if single,
    - $ 248,300 if married filing separately,
    - $ 496,600 if married filing jointly or qualifying widow(er),
    - $ 469,050 if head of household.

    ..... 13. 496,600.
14. Enter the smaller of line 1 or line 13 ..... 14. 160,708.
15. Add lines 5 and 9 ..... 15. 146,457.
16. Subtract line 15 from line 14. If zero or less, enter -0- ..... 16. 14,251.
17. Enter the smaller of line 12 or line 16 ..... 17. 14,251.
18. Multiply line 17 by 15% (0.15) ..... 18. 2,138.
19. Add lines 9 and 17 ..... 19. 14,251.
20. Subtract line 19 from line 10 ..... 20. 0.
21. Multiply line 20 by 20% (0.20) ..... 21. 0.
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. 23,801.
23. Add lines 18, 21, and 22 ..... 23. 25,939.
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. 26,936.
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. 25,939.

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

Sale of Your Home

Part 1- Gain (or Loss) on Sale

1.	Selling price of home	466,900.
2.	Selling expenses	
3.	Subtract line 2 from line 1	466,900.
4.	Adjusted basis of home sold	373,000.
5.	Subtract line 4 from line 3. This is the **gain (or loss)** on the sale. If this is a loss, stop here	93,900.

Part 2- Exclusion and Taxable Gain

6.	Enter any depreciation claimed on the property for periods after May 6, 1997. If none, enter zero	0.
7.	Subtract line 6 from line 5. (If the result is less than zero, enter zero.)	93,900.
8.	Aggregate number of days of nonqualified use after 12/31/08	
9.	Number of days taxpayer owned the property	
10.	Divide the amount on line 8 by the amount on line 9	
11.	Gain allocated to nonqualified use. (Line 7 multiplied by line 10)	
12.	Gain eligible for exclusion. Subtract line 11 from line 7	93,900.
13.	Maximum exclusion **(From Reduced Exclusion Worksheet)**	500,000.
14.	Enter the smaller of line 12 or line 13. This is your exclusion	93,900.
15.	Subtract line 14 from line 5. This is your taxable gain	0.
16.	Enter the smaller of line 6 or line 15. Enter this amount on line 12 of the Unrecaptured Section 1250 Gain Worksheet for Schedule D	

Reduced Exclusion Worksheet

		You	Your Spouse
1.	Maximum amount		
2a.	Enter the number of days that you used the property as a main home during the 5-year period ending on the date of sale		
b.	Enter the number of days that you owned the property during the 5-year period ending on the date of sale		
c.	Enter the smaller of line 2a or 2b		
3.	Have you (or your spouse if filing jointly) excluded gain from the sale of another home during the 2-year period ending on the date of this sale? **NO.** Skip line 3 and enter the number of days from line 2c on line 4. **YES.** Enter the number of days between the date of the most recent sale of another home on which you excluded gain and the date of sale of this home		
4.	Enter the smaller of line 2c or 3		
5.	Divide the amount on line 4 by 730 days. Enter the result as a decimal		
6.	Multiply the amount on line 1 by the decimal amount on line 5		
7.	Add the amounts in both columns of line 6. This is your reduced maximum exclusion. Enter it here and on Sale of Your Home Worksheet, line 13		

Selling Expenses

Adjusted Basis of Home Sold

BASIS	373,000.
TOTAL TO LINE 4	373,000.

Form **8867**

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

▶ **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.**

OMB No. 1545-0074

2020

Attachment Sequence No. **70**

Taxpayer name(s) shown on return: ANDREW G. & BRITAINY A. BESHEAR

Taxpayer identification number: [redacted]

Enter preparer's name and PTIN: DENNIS G. MARTIN [redacted]

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-V 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 2020 provided by the taxpayer or reasonably obtained by you?	X		
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?	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • 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 figure the amount(s) of any credit(s)	X		
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.)		X	
a	Did you make reasonable inquiries to determine the correct, complete, and consistent information?			
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.)			
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 figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on:	X		
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?	X		
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.)**	X		
a	Did you complete the required recertification Form 8862?			
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?			X

For Paperwork Reduction Act Notice, see separate instructions.

11-19-20

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.)**	☐	☐	
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?	☐	☐	
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)?	☐	☐	☐

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?	X	☐	
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?	X	☐	☐
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?	☐	☐	X

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?	☐	☐

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?	☐	☐

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 $540 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?	X	☐

ANDREW G. & BRITAINY A. BESHEAR

[redacted]

ORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 1

S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
GOVERNOR	145,750.	22,628.	7,155.	3,180.	8,537.	2,261.
TOTALS	145,750.	22,628.	7,155.	3,180.	8,537.	2,261.

ORM 1040 QUALIFIED DIVIDENDS STATEMENT 2

AME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
RAYMOND JAMES	14,251.	14,251.
OTAL INCLUDED IN FORM 1040, LINE 3A		14,251.

ORM 1040 IRA DISTRIBUTIONS STATEMENT 3

AME OF PAYER	GROSS DISTRIBUTION	TAXABLE AMOUNT
TIONAL FINANCIAL SERVICES LLC	25,697.	25,697.
TAL TO FORM 1040, LINES 4A AND 4B	25,697.	25,697.

RM 1040 TAX STATEMENT 4

CRIPTION	AMOUNT
M QUALIFIED DIVIDENDS AND CAPITAL GAIN WORKSHEET	25,939.
AL TO FORM 1040, LINE 16	25,939.

ANDREW G. & BRITAINY A. BESHEAR [redacted]

ORM 1040 FEDERAL INCOME TAX WITHHELD - FORM(S) W-2 STATEMENT 5

DESCRIPTION	AMOUNT
GOVERNOR	22,628.
OTAL TO FORM 1040, LINE 25A	22,628.

ANDREW G. & BRITAINY A. BESHEAR [redacted]

CHEDULE 1	STUDENT LOAN INTEREST DEDUCTION	STATEMENT 6

1.	ENTER THE TOTAL INTEREST PAID IN 2020 ON QUALIFIED STUDENT LOANS. DON'T ENTER MORE THAN $2,500	180.
2.	ENTER THE AMOUNT FROM FORM 1040, LINE 9	185,808.
3.	ENTER THE TOTAL OF THE AMOUNTS FROM FORM 1040, LINE 10B, AND SCHEDULE 1, LINES 10 THROUGH 19, PLUS ANY WRITE-IN ADJUSTMENTS YOU ENTERED ON THE DOTTED LINE NEXT TO SCHEDULE 1, LINE 22	300.
4.	SUBTRACT LINE 3 FROM LINE 2	185,508.
5.	ENTER THE AMOUNT SHOWN BELOW FOR YOUR FILING STATUS. * SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)-$70,000 * MARRIED FILING JOINTLY-$140,000	140,000.
6.	IS THE AMOUNT ON LINE 4 MORE THAN THE AMOUNT ON LINE 5? [ ] NO. SKIP LINES 6 AND 7, ENTER -0- ON LINE 8, AND GO TO LINE 9 [X] YES. SUBTRACT LINE 5 FROM LINE 4	45,508.
7.	DIVIDE LINE 6 BY $15,000 ($30,000 IF MARRIED FILING JOINTLY). ENTER THE RESULT AS A DECIMAL (ROUNDED TO AT LEAST THREE PLACES). IF THE RESULT IS 1.000 OR MORE, ENTER 1.000	1.000
8.	MULTIPLY LINE 1 BY LINE 7	180.
9.	STUDENT LOAN INTEREST DEDUCTION. SUBTRACT LINE 8 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE 1, LINE 20	0.

FORM **740**

Commonwealth of Kentucky
Department of Revenue

2000011019

KENTUCKY INDIVIDUAL INCOME TAX RETURN
Residents Only

2020

Check if deceased: ☐ Spouse ☐ Taxpayer   For calendar year or other taxable year beginning ______, 2020, 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) ☒	(4) ☒
Republican	(2) ☐	(5) ☐
No Designation	(3) ☐	(6) ☐

			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 $34,846 or less, you may qualify for the Family Size Tax Credit. See instructions.)**	5	00	5	185,508 00
6	Additions from Schedule M, line 6	6	00	6	300 00
7	Add lines 5 and 6	7	00	7	185,808 00
8	Subtractions from Schedule M, line 17	8	00	8	25,697 00
9	Subtract line 8 from line 7. This is your **Kentucky Adjusted Gross Income**	9	00	9	160,111 00
10	**Itemizers:** Enter itemized deductions from Kentucky Schedule A. **Nonitemizers:** Enter **$2,650** in Columns A and/or B	10	00	10	4,809 00
11	Subtract line 10 from line 9. This is your **Taxable Income**	11	00	11	155,302 00
12	**Tax Computation:** Multiply line 11 by 5% (.05) or amount from Schedule J ☐	12	00	12	7,765 00
13	Enter tax from Form 4972-K ☐ ; Schedule RC-R ☐ ; Schedule DS-R ☐ ; Angel Investor Recapture ☐	13	00	13	00
14	Add lines 12 and 13 and enter total here	14	00	14	7,765 00
15	Enter amounts from Schedule ITC, Section A, lines 25E and 25F	15	00	15	00
16	Subtract line 15 from line 14. If line 15 is larger than line 14, enter zero	16	00	16	7,765 00
17	Enter personal tax credit amounts from Schedule ITC, Section B	17	00	17	00
18	Subtract line 17 from line 16. If line 17 is larger than line 16, enter zero	18	00	18	7,765 00
19	Add tax amount(s) in Columns A and B, line 18 and enter here, continue to page 2			19	7,765 00

11-04-20

200001 42A740 (10-20)

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	7,765 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 ▶ ______ 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	7,765 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	7,765 00
29 **For amended return;** overpayment, if any, shown on original return		29	00
30 Add lines 28 and 29, enter here		30	7,765 00
31 a Enter **Kentucky income tax withheld** as shown on enclosed Schedule KW-2	31a 7,155 00		
b Enter 2020 Kentucky estimated tax/extension payments	31b 00		
c Enter 2020 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		
2 Add lines 31(a) through 31(d)		32	7,155 00
3 If line 30 is larger than line 32, subtract line 32 from line 30, enter **ADDITIONAL TAX DUE**		33	610 00
a Estimated tax penalty [X] *Check if Form 2210-K attached*	34a 00		
b Interest	34b 00		
c Late payment penalty	34c 00		
d Late filing penalty	34d 00		
Add lines 34(a) through 34(d). Enter here		35	00
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	610 00
f 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 2021 ESTIMATED TAX** **(Credit forwards not available for amended returns)** **CREDIT FORWARD**	40	00
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) [redacted]
	Signature of Spouse	Driver's License/State Issued ID No.	Date	
Paid Preparer Use	Signature of Preparer DENNIS G. MARTIN [redacted]		Date	
	Name of Preparer or Firm JONES, NALE & MATTINGLY P		ID Number [redacted]	
	Email [redacted]	Telephone No. [redacted]	May the DOR discuss this return with this preparer? [X] Yes [ ] 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. [X]	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 - 2020"	With Payment	Kentucky Department of Revenue Frankfort, KY 40619-0008	

SCHEDULE **KW-2**

Commonwealth of Kentucky
Department of Revenue

2000101019

KENTUCKY INCOME TAX WITHHELD

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

2020

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 [redacted]

YOUR SOCIAL SECURITY NUMBER [redacted]

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]	145,750 00	7,155 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
	TOTAL FROM ALL W-2s				145,750 00	7,155 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
				00	00
				00	00
				00	00
				00	00
				00	00
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
Enter combined totals from Column F, lines 11 and 17.	7,155 00

11-25-20

200010 42A740-KW2 (10-20)

2000181019

SCHEDULE **M**

Commonwealth of Kentucky
Department of Revenue

KENTUCKY FEDERAL ADJUSTED GROSS INCOME MODIFICATIONS

▶ Enclose with Form 740

2020

Enter name(s) as shown on tax return.
BESHEAR ANDREW G
BESHEAR BRITAINY A

Your Social Security Number
[redacted]

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	1 00	1 00
2 Enter resident adjustment from partnerships, fiduciaries and S corporations, Schedule K-1	2 00	2 00
3 Enter federal depreciation from Form 4562	3 00	3 00
4 Enter federal Net Operating Loss	4 00	4 00
5 Other additions (list and enter total): a ____ b ____ c SEE STATEMENT 1	5 00	5 300 00
6 Total Additions. Enter here and on Form 740, page 1, line 6	6 00	6 300 00

PART II SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

	A. Spouse	B. Yourself (or Joint)
7 Enter state income tax refund or credit **reported** as income on federal Form 1040	7 00	7 00
8 Enter interest income from U.S. government bonds and securities	8 00	8 00
9 Enter excludable amount of retirement income (enclose Schedule P if more than $31,110 per taxpayer)	9 00	9 25,697 00
10 Enter taxable amount of Social Security and Railroad Retirement Board benefits from federal Form 1040 or 1040-SR, line 6(b)	10 00	10 00
11 Enter resident adjustment from partnerships, fiduciaries and S corporations, Schedule K-1	11 00	11 00
12 Enter Kentucky depreciation from revised Form 4562	12 00	12 00
13 Enter Active Duty Military Pay	13 00	13 00
14 Other subtractions (list and enter total): a ____ b ____ c ____	14 00	14 00
15 Total. Add line 7 through 14	15 00	15 25,697 00
16 Enter Kentucky Net Operating Loss Deduction from Schedule KNOL, Part II, Section A, line 8 (enclose Schedule KNOL)	16 00	16 00
17 Total Subtractions. Add lines 15 and 16. Enter here and on Form 740, page 1, line 8	17 00	17 25,697 00

02-03-21

200038 42A740-M (10-20)

2000121019

FORM **740 SCHEDULE A**
Commonwealth of Kentucky
Department of Revenue

KENTUCKY ITEMIZED DEDUCTIONS FULL-YEAR RESIDENTS ONLY

▶ Enclose with Form 740

2020

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

BESHEAR, ANDREW G. & BRITAINY A.

Your Social Security Number

[redacted]

Interest Expense	1 Home mortgage interest and points reported to you on federal Form 1098 .... SEE STATEMENT 2	1	2,759 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 Qualified mortgage insurance premiums	4	00	
	5 Investment interest (enclose federal Form 4952 if required)	5	00	
	6 **Total Interest.** Add lines 1 through 5. Enter here ▶			6 2,759 00
Contributions *Note: For any contribution of $250 or more, see instructions.*	7 Contributions by cash or check .... STATEMENT 3	7	2,050 00	
	8 Other than cash or check (enclose federal Form 8283 if over $500)	8	00	
	9 Artistic charitable contributions deduction (enclose copy of appraisal)	9	00	
	10 Carryover from prior year	10	00	
	11 **Total Contributions.** Add lines 7 through 10. Enter here ▶			11 2,050 00
Other Miscellaneous Deductions	12 Gambling losses	12	00	
	13 Other (see instructions)	13	00	
	14 **Total Other Miscellaneous Deductions.** Add lines 12 and 13. Enter here ▶			14 00
otal emized eductions	15 Add lines 6, 11, and 14. Enter here ▶			15 4,809 00

VIDING DEDUCTIONS BETWEEN SPOUSES

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

Total itemized deductions, line 15	
Percent of income (Form 740, line 9, Column A) to total income (Form 740, total of line 9, Columns A and B)	.00
Percent of income (Form 740, line 9, Column B) to total income (Form 740, total of line 9, Columns A and B)	%
Percent on line 17 times total deductions entered on line 16 (enter here and on Form 740, line 10, Column A)	%
Percent on line 18 times total deductions entered on line 16 (enter here and on Form 740, line 10, Column B)	.00
	.00

200012 42A740-A (10-20)

053081 11-25-20

FORM **2210-K**
Commonwealth of Kentucky
Department of Revenue

2000221019

UNDERPAYMENT OF ESTIMATED TAX BY INDIVIDUALS

▶ Enclose with Form 740, 740-NP or 741

2020

Enter name(s) as shown on page 1, Form 740, 740-NP or 741.

BESHEAR, ANDREW G. & BRITAINY A.

Social Security or Federal I.D. Number

[redacted]

PART I - EXCEPTIONS TO THE PENALTY

The penalty shall not apply if one of the following exceptions is met. If one or more of the following applies to you, check the appropriate box(es), complete any necessary blank(s) and check the "Form 2210-K attached" box located on Form 740, line 35(a), Form 740-NP, line 34(a), or Form 741, line 23(a).

If none of the exceptions apply, go to Part II.

Check applicable box(es).

1 [X] Prepaid tax *equals or exceeds* last year's income tax liability.
   a Enter the liability from the 2019 return, Form 740 or Form 740-NP, page 1, line 26, or Form 741, line 20 .... 1a 5,911 00
   b Enter amount from the 2020 Form 740, line 32, Form 740-NP, page 2, line 32*, or Form 741, line 21(d) 1b 7,155 00
   Line (b) must *equal or exceed* line (a) to claim the exception.

2 [ ] Two-thirds (2/3) or more of the gross income was from farming for 2019 or 2020; this return is being filed on or before March 1, 2021; *and* the total tax due is being paid in full. Fiscal year taxpayers must file a return and pay the tax due on or before the first day of the third month following the close of the tax year.
   a Enter total gross income 2a 00
   b Multiply by 2/3 (.67) 2b 00
   c Enter gross income from farming 2c 00
   Line (c) must *equal or exceed* line (b) to qualify for the exception.

3 [ ] You're filing a decedent's estate return for any tax year ending before the date that is two years after the decedent's death.

[ ] You're filing a trust return for a trust that was owned by the decedent for any tax year ending before the date that is two years after the decedent's death.

ART II - REQUIRED ANNUAL PAYMENT

Enter 2020 income tax liability: (Form 740 or Form 740-NP, page 1, line 26, or Form 741, line 20) 1 00
Enter 2020 income tax withheld and refundable credits: (Form 740 or Form 740-NP, page 2, line 31(a) and 31(c), or Form 741, line 21(b)) 2 00
Enter 2020 nonresident withholding: (Form 740-NP, page 2, line 31(d), or Form 741, line 21(c)) 3 00
Add lines 2 and 3. Enter total here 4 00
Subtract line 4 from line 1. If the result is $500 or less, stop here; you do not owe a penalty. **(Do not file Form 2210-K.)** 5 00
Multiply line 1 by 90% (.90) 6 00
Enter 2019 income tax liability: (2019 Form 740 or Form 740-NP, page 1, line 26, or Form 741, line 20) 7 00
Required annual payment. Enter the smaller of line 6 or line 7 .... 8 00

▶ **To Avoid Underpayment Penalty in the Future, Obtain and File Form 740-ES.**

not include amounts prepaid with extension after the due date of the fourth declaration installment or amounts paid with iginal return.

11-25-20

200022 42A740-S1 (10-20)

NOTE: Use this page to calculate the estimated tax penalty due.

PAYMENT DUE DATES		A 7-15-20	B 7-15-20	C 9-15-20	D 1-15-21
9 **Required Installments.** Enter 25% (.25) of Part II, line 8 in each column	9	00	00	00	00
10 **Estimated tax paid and tax withheld.** For column A only, enter the amount from line 10 on line 14. If line 10 is equal to or greater than line 9 for all payment periods (columns A through D), stop here. You do not owe a penalty. Complete lines 11 through 18 of each column before going to the next column	10	00	00	00	00
11 Enter amount, if any, from line 18 of previous column	11		00	00	00
12 Add lines 10 and 11. Enter here	12		00	00	00
13 Enter the amount from line 17 of previous column	13		00	00	00
14 Subtract line 13 from line 12. If zero or less, enter -0-. For column A only, enter the amount from line 10	14	00	00	00	00
15 If the amount on line 14 is zero, subtract line 12 from line 13. Otherwise, enter zero	15	00	00	00	00
16 **Underpayment.** If line 9 is equal to or greater than line 14, subtract line 14 from line 9. Otherwise, go to line 18	16	00	00	00	00
17 Add lines 15 & 16. Enter here. If line 9 is equal to or greater than line 14, then go to line 11 of the next column	17	00	00	00	00
18 **Overpayment.** If line 14 is more than line 9, subtract line 9 from line 14, then go to line 11 of the next column	18	00	00	00	00
FIGURING THE PENALTY					
19 Penalty calculation payment date	19	7-15-20	9-15-20	1-15-21	4-15-21
20 Number of days from the payment due date shown at the top of the column above line 9 to the date the amount on line 17 was paid, or the date shown for that column on line 19, whichever is earlier	20				
21 Annual Percentage Rate (APR)	21	.07	.07	.07 / .05	.05
22 Underpayment from line 17 X Number of days from line 20 / 365 X APR on line 21	22	00	00	00	00

23 **ESTIMATED TAX PENALTY:** Add amounts on line 22 columns A through D, this is your estimated tax penalty. Enter here and on Form 740 or Form 740-NP, line 34(a) or Form 741, line 23(a) | 23 | 00

11-25-20

2000491019

PART III - ANNUALIZED INCOME INSTALLMENT METHOD (See federal instructions)

Estates and trusts, don't use the period ending dates shown to the right. Instead, use the following: 2/29/20, 4/30/20, 7/31/20, and 11/30/20.

Annualized Income Installments		A 1/1/20-3/31/20	B 1/1/20-5/31/20	C 1/1/20-8/31/20	D 1/1/20-12/31/20
1 Enter your adjusted gross income for each period (see instructions). (Estates and trusts, enter your taxable income without your exemption for each period.)	1	00	00	00	00
2 Annualization amounts. (Estates and trusts, see federal instructions)	2	4	2.4	1.5	1
3 Annualized income. Multiply ln 1 by ln 2	3	00	00	00	00
4 If you itemize, enter itemized deductions for the period shown in each column. All others enter -0-, and skip to line 7. **Exception:** Estates and trusts, skip to line 9 and enter amounts from line 3	4	00	00	00	00
5 Annualization amounts	5	4	2.4	1.5	1
6 Multiply line 4 by line 5	6	00	00	00	00
7 In each column, enter the full amount of your standard deduction from Form 740 or 740-NP, line 10	7	00	00	00	00
8 Enter the **larger** of line 6 or line 7	8	00	00	00	00
9 Subtract line 8 from line 3	9	00	00	00	00
10 Form 740 or 740-NP filers, enter -0- in each column. (Estates and trusts, see federal instructions.)	10	00	00	00	00
11 Subtract line 10 from line 9. If zero or less,enter -0-	11	00	00	00	00
12 Figure your tax on the amount on line 11. Multiply by 5% (.05)	12	00	00	00	00
13 Applicable Percentage	13	22.5%	45%	67.5%	90%
14 Multiply line 12 by line 13	14	00	00	00	00
Complete lines 15-20 of one column before going to ln 15 of the next column					
15 Enter the total of the amounts in all columns of line 20	15		00	00	00
16 Subtract line 15 from line 14. If zero or less, enter -0-	16	00	00	00	00
17 Enter 25% (0.25) of Part II, line 8 of Form 2210-K in each column	17	00	00	00	00
18 Subtract line 20 of the previous column from line 19 of that column	18		00	00	00
19 Add lines 17 and 18	19		00	00	00
20 Enter the **smaller** of line 16 or line 19 here and on Form 2210-K, Part II, ln 9	20	00	00	00	00

ANDREW G. & BRITAINY A. BESHEAR

[redacted]

Y SCHEDULE M

OTHER ADDITIONS

STATEMENT 1

ESCRIPTION	SPOUSE	YOURSELF
FEDERAL CONTRIBUTION DEDUCTION ADDBACK	150.00	150.00
OTAL TO SCHEDULE M, LINE 5	150.00	150.00

Y SCHEDULE A

HOME MORTGAGE INTEREST AND POINTS (1098)

STATEMENT 2

ESCRIPTION	SPOUSE	YOURSELF
OME MORTGAGE INTEREST PAID TO A FINANCIAL NSTITUTION	1,379.00	1,380.00
OTAL TO SCHEDULE A, LINE 1	1,379.00	1,380.00

SCHEDULE A

CASH CONTRIBUTIONS

STATEMENT 3

SCRIPTION	SPOUSE	YOURSELF
SCELLANEOUS	1,025.00	1,025.00
AL TO SCHEDULE A, LINE 7	1,025.00	1,025.00

 ANNUAL **FORM: EBEC-SFD-101 (Rev. 5/2020)**

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 2020

CONSTITUTINAL 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 CONSITUTIONAL OFFICERS WHO ARE CANDIDATES FOR CONSITUTIONAL 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 G

2. Home Street Address: **GOVERNOR'S MANSION, 704 CAPITAL AVENUE**

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":

- ☐ Agriculture Commissioner
- ☐ Attorney General
- ☐ Auditor of Public Accounts
- ☒ Governor
- ☐ Lt. Governor
- ☐ Secretary of State
- ☐ State Treasurer
- ☐ 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** Ext. Work E-mail address: **governor@ky.gov**

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, exluding 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

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 ☐

Personal Residence:
[redacted] **(sold in 2020)**

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

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]
EVERHOME MORTGAGE, 301 W. Bay Street, Jacksonville, FL 32202 (paid off in 2020)
SALLIE MAE, 300 Continental Drive, Neward, DE 19713 (now under $10,000)

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 Typed or printed name Andrew G. Beshear	Date: 4-15-2021

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

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 2019-Amended

CONSTITUTINAL 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 CONSITUTIONAL OFFICERS WHO ARE CANDIDATES FOR CONSITUTIONAL 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 G

2. Home Street Address: **GOVERNOR'S MANSION, 704 CAPITAL AVENUE**

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":

☐ Agriculture Commissioner ☐ Lt. Governor
☐ Attorney General ☐ Secretary of State
☐ Auditor of Public Accounts ☐ State Treasurer
☒ Governor ☐ 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** Ext. Work E-mail address: **governor@ky.gov**

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, exluding 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 ☐

Britainy Beshear: Board Member, MARYHURST, 1015 Dorsey Lane, Louisville, KY 40223

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

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 ☐

Personal Residence:
[redacted]

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
Honorary Membership, FRANKFORT COUNTRY CLUB, 101 Duntreath, Frankfort, KY 40601

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]
EVERHOME MORTGAGE, 301 W. Bay Street, Jacksonville, FL 32202
SALLIE MAE, 300 Continental Drive, Neward, DE 19713

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.

ANNUAL

FORM: EBEC-SFD-101 (Rev. 5/2020)

Signature [signature] Typed or printed name Andrew G. Beshear	Date: 4-15-2021

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

STATEMENT OF FINANCIAL DISCLOSURE
ANNUAL FORM
CALENDAR YEAR- 2019 AMENDED
ANDREW G. BESHEAR

Additional information for Question 4:

Title of Position: **Attorney General** Start Date: **1/4/2016**

Do you still occupy this position: **NO** Ending Date: **12/9/2019**

Department or Office:	**Office of the Attorney General**
Division:	**Attorney General**
Work Street Address:	**700 Capital Avenue, Suite 118**
City:	**Frankfort, KY 40601**
Work Phone:	**(502) 696-5643**
Email:	**Andy.Beshear@ky.gov**