

## KENTUCKY ELECTRONIC PAYMENT REQUEST FORM

DO NOT MAIL! RETAIN FOR YOUR RECORDS.

Submission ID:	_
	yer Information
Primary Taxpayer Name:	Primary Taxpayer SSN:
Secondary Taxpayer Name:	Secondary Taxpayer SSN:
Street Address 1:	
Street Address 2:	
City: State: _	Zip Code:
Payme	ent Information
Select the payment(s) that you would like to make and enter the financia	
Payment of Tax Due ☐ Notice Number	(if applicable)
1 Enter additional tax due:	(ii applicable)
the additional tax due.	
2 Enter late file and/or late pay penalties and/or interest:	,
3 Amount to be debited (Must equal sum of line 1 and line 2):	
4 Debit date: / /	
Payment of Estimate Tax for Tax Year 2020 □	
5 Select payment date(s): ☐ April 15, 2020 ☐ June 15, 2020 ☐ Se	eptember 15, 2020
6 Amount to be debited per payment:	· · · · · · · · · · · · · · · · · · ·
	<u>!0 0</u>
Financial Institution Information (Required)	
7 Routing transit number (RTN):	
8 Depositor account number (DAN):	
9 Select type of account: ☐ Savings ☐ Checking	
10 Will these funds come from an account located outside of the United	ed States? ☐ Yes ☐ No
Declara	ation of Taxpayer
By submission of this form, I authorize the Kentucky Department of Reverentry to the financial institution account indicated above for payment of to debit the entry to this account. This authorization is to remain in full authorization. To revoke (cancel) a payment, I must contact the Kentucky payment (debit) date. I also authorize the financial institution involved in	nue and its designated Financial Agent to initiate an ACH electronic funds withdrawal my state taxes owed and/or payment(s) of estimate tax, and the financial institution force and effect until I notify the Kentucky Department of Revenue to terminate the Department of Revenue at (502) 564-4581 no later than 2 business days prior to the the processing of the electronic payment of taxes to receive confidential information
necessary to answer inquiries and resolve issues related to the payment	
Primary Taxpayer Signature (PIN):	
Secondary Taxpayer Signature (PIN):	Date:
Declaration and Signature of Elec	tronic Return Originator and Paid Preparer
I declare that I have verified the taxpayer's proof of account and it agree	s with the name shown on this form.The taxpayer will have signed this form before ns and information to be filed with the Kentucky Department of Revenue, and have
ERO's Signature:	Also paid preparer Date:
ERO's Name:	
ERO Firm Name:	FEIN:
Street Address 1:	
Street Address 2:	
•	Zip Code:
Paid Preparer's Signature:	
	ID #:
·	FEIN:
	Zip Code:
42 A 740-EPAV (7-22-19 DR A ET)	Page 1 of

#### Instructions for Form EPAY

## Kentucky Electronic Payment Request Form

### **Purpose of Form**

The purpose of this form is to authorize the Kentucky Department of Revenue and its designated Financial Agent to initiate an ACH electronic funds withdrawal to the financial institution account indicated by the taxpayer for payment of taxes and estimate tax other than at the time of filing the individual income tax return. If the request is being made at the time of filing the individual income tax return, the Form 8879-K, Kentucky Individual Income Tax Declaration For Electronic Filing should be completed.

### **Completing the Form**

#### **Submission Identification Number (SID)**

Enter the 20-digit Submission Identification Number (SID) assigned by the software.

Do not mail the form. Complete the form and retain for a period of three years. If the taxpayer is using an ERO, it is the responsibility of the ERO to obtain the signature of the taxpayer(s), retain the form and provide the taxpayer with a copy of the signed form.

## Name, Social Security Number and Address

Enter your last name, first name, middle initial, social security number and mailing address.

### **Payment Information**

Select the type of payment(s) you would like to make.

### **Payment of Tax Due**

Include Notice Number, if applicable.

**Line 1**—Enter the amount of tax you are paying.

**Line 2**—Enter the total amount of penalties and interest you are paying.

Line 3—Enter the amount to be debited for the payment of tax due plus penalties and interest. This should be the sum of line 1 and line 2.

Line 4—Enter the date you want the payment to be withdrawn from your account. Actual withdrawal of funds may

be later than the scheduled date. Please allow up to two weeks for processing.

## Payment of Estimated Tax for Tax Year 2020

Entries in this section allow you to schedule withdrawals from the account specified in the financial institution information for estimate tax for the upcoming tax year. You can choose to make one to four equal payments depending upon the debit dates selected.

Line 5—Select the date(s) you want the payment to be withdrawn from your account. Up to four equal payments may be selected by choosing the appropriate boxes. Actual withdrawal of funds may be later than the scheduled date. Please allow two weeks for processing.

Line 6—Enter the amount that will be withdrawn from your account on each of the dates selected on line 5.

#### **Financial Institution Information**

This section is required in order to process the payment.

Line 7—Enter your financial institution's routing number. The routing number must be 9-digits and begin with 01 through 12 or 21 through 32.

Line 8—Enter the account you wish the payment to be withdrawn from. The account number can be up to 17-digits in length.

**Line 9**—Select the type of account the payment will be withdrawn from.

Line 10—Indicate whether your account is located outside the United States. Due to federal electronic banking regulations, you must answer the question if you are paying the amount you owe via direct debit. Requests will not be processed for accounts located outside the U.S.

#### **Declaration of Taxpayer**

The taxpayer must sign and date the Form EPAY prior to transmitting the electronic payment request to verify and confirm that the information is correct and that the taxpayer agrees to the withdrawal.

EROs and tax preparers are prohibited from obtaining taxpayer signatures on blank or incomplete forms.

# **Declaration and Signature of Electronic Return Originator and Paid Preparer**

This section must be completed and signed by the ERO and paid preparer.

If the ERO is also the paid preparer, the ERO must check the paid preparer box, but is not required to complete or sign the paid preparer information.

A paid preparer who is not the ERO must complete, sign and date the paid preparer information.