

KENTUCKY ELECTRONIC PAYMENT REQUEST FORM

2019

Suhn	DO I	NOT MAIL! RE	TAI	N FOR YOUR RECORDS.
Subii	Taxpayer Informatio	n		
Prima				
	Last, First, Middle Initial	Secondary Taxpayer SSN:		
Seco	ndary Taxpayer Name: Secondar Last, First, Middle Initial			
0.				
	at Address 1:			
	et Address 2: State:	Zin Code:		
Oity.				
Color	Payment Informatio			
Selec	at the payment(s) that you would like to make and enter the financial institution inform	iation.		
•	nent of Tax Due \(\text{Notice Number} \) Notice Number \(\text{(if application} \)	able)		
1	Enter additional tax due:			
2	Enter late file and/or late pay penalties and/or interest:	.00		
3	Amount to be debited (Must equal sum of line 1 and line 2):	.00		
4 Debit date: / /				
	· ·			
Pavm	nent of Estimate Tax for Tax Year 2020 □			
-	Select payment date(s): ☐ April 15, 2020 ☐ June 15, 2020 ☐ September 15, 2020	☐ January 15, 202	21	
6	Amount to be debited per payment:			
Finan	ncial Institution Information (Required)			
7	Routing transit number (RTN):			
8	Depositor account number (DAN):			
0	Depositor account number (DAN).			
9	Select type of account: ☐ Savings ☐ Checking			
10	Will these funds come from an account located outside of the United States? ☐ Yes	□ No		
	Declaration of Taxpay	er		
entry to de autho paym neces	ubmission of this form, I authorize the Kentucky Department of Revenue and its designar to the financial institution account indicated above for payment of my state taxes ow the bit the entry to this account. This authorization is to remain in full force and effect urbrization. To revoke (cancel) a payment, I must contact the Kentucky Department of Renent (debit) date. I also authorize the financial institution involved in the processing of the sarry to answer inquiries and resolve issues related to the payment.	ed and/or paymen ntil I notify the Ker venue at (502) 564 he electronic payn	t(s) of ntucky -4581 nent o	estimate tax, and the financial institution Department of Revenue to terminate the no later than 2 business days prior to the
Prima	ary Taxpayer Signature (PIN):			Date:
Seco	ndary Taxpayer Signature (PIN):			Date:
	Declaration and Signature of Electronic Return	Originator and	d Dai	d Proparer
I sub	lare that I have verified the taxpayer's proof of account and it agrees with the name sh mit the payment request. I will give the taxpayer a copy of all forms and information wed all other requirements in Kentucky Publication KY-1345, Kentucky Handbook for E	nown on this form. In to be filed with t	The ta	axpayer will have signed this form before ntucky Department of Revenue, and have
ERO's	s Signature: Also p	aid preparer 🛚	Date:	
ERO's	s Name:			
	Firm Name:			
	et Address 1:			
	et Address 2:			
	State: Preparer's Signature:			Data:
	Preparer's Name:			Date:
	Preparer's Business Name:			
	et Address 1:			
	et Address 2:			
	State:	_ Zip Code: _		

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.