FORM	EPAY
	Commonwealth of Kentucky
	Department of Revenue

# KENTUCKY ELECTRONIC PAYMENT

**R**EQUEST FORM



October in the	DO NOT MAIL! RETAIN FOR YOUR RECORDS.
Submission ID:	
	expayer Information
Primary Taxpayer Name:Last, First, Middle Initial	Primary Taxpayer SSN:
Last, First, Middle Initial	Secondary Taxpayer SSN:
Secondary Taxpayer Name: Last, First, Middle Initial	
Street Address 1	
Street Address 2:	
	ate: Zip Code:
	ayment Information
Select the payment(s) that you would like to make and enter the financi	al institution information.
Payment of Tax Due  Notice Number	(if applicable)
1 Enter additional tax due:	0
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: / /	, , ,
By submission of this form, I authorize the Kentucky Department of Re the financial institution account indicated above for payment of my state this account. This authorization is to remain in full force and effect until a payment, I must contact the Kentucky Department of Revenue at (50 financial institution involved in the processing of the electronic paymer related to the payment.	Image: Image
Primary Taxpayer Signature (PIN):	Date:
Secondary Taxpayer Signature (PIN):	Date:
Declaration and Signature of	Electronic Return Originator and Paid Preparer
I declare that I have verified the taxpayer's proof of account and it agree	es with the name shown on this form. The taxpayer will have signed this form before I submit the ion to be filed with the Kentucky Department of Revenue, and have followed all other requirements
ERO's Signature:	Also paid preparer D Date:
ERO's Name:	
	FEIN:
Street Address 1:	
Street Address 2:	
City: St	ate: Zip Code:
Paid Preparer's Signature:	
Paid Preparer's Name:	ID #:

FEIN:

42A740-EPAY (10-22)

City:

Paid Preparer's Business Name:\_\_\_\_\_

Street Address 1:

Street Address 2:

State: \_\_\_\_\_ Zip Code: \_

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 2023

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.