

DO NOT MAIL! RETAIN FOR YOUR RECORDS.

Submission ID: _____

Taxpayer Information

Primary Taxpayer Name: _____
Last, First, Middle Initial

Primary Taxpayer SSN: _____

Secondary Taxpayer Name: _____
Last, First, Middle Initial

Secondary Taxpayer SSN: _____

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip Code: _____

Payment Information

Select the payment(s) that you would like to make and enter the financial institution information.

Payment of Tax Due Notice Number _____ (if applicable)

1 Enter additional tax due: _____ 00

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: ___ / ___ / ___

Payment of Estimate Tax for Tax Year 2024

5 Select payment date(s): April 15, 2024 June 17, 2024 September 16, 2024 January 15, 2025

6 Amount to be debited per payment: _____ 00

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 States? Yes No

Declaration of Taxpayer

By submission of this form, I authorize the Kentucky Department of Revenue and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated above for payment of my state taxes owed and/or payment(s) of estimate tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the Kentucky Department of Revenue to terminate the authorization. To revoke (cancel) a payment, I must contact the Kentucky Department of Revenue at (502) 564-4581 no later than 2 business days prior to the payment (debit) date. I also authorize the financial institution involved in 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): _____ 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 agrees with the name shown on this form. The taxpayer will have signed this form before I submit the payment request. I will give the taxpayer a copy of all forms and information to be filed with the Kentucky Department of Revenue, and have followed all other requirements in Kentucky Publication KY-1345, Kentucky Handbook for Electronic Filers of Income Tax Returns (Tax Year 2023).

ERO's Signature: _____ Also paid preparer Date: _____

ERO's Name: _____

ERO Firm Name: _____ FEIN: _____

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip Code: _____

Paid Preparer's Signature: _____ Date: _____

Paid Preparer's Name: _____ ID #: _____

Paid Preparer's Business Name: _____ FEIN: _____

Street Address 1: _____

Street Address 2: _____

City: _____ State: **7/23** Zip Code: _____

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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 estimated 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 2024

Entries in this section allow you to schedule withdrawals from the account specified in the financial institution information for estimated 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.

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7/23