

EPAY ATS TEST

PRIMARY TAXPAYER: TEST EPAY
PRIMARY SSN: 400-00-4212

SECONDARY TAXPAYER: JULIE EPAY
SECONDARY SSN: 400-00-4222

TAX DUE	\$ 200
PENALTY & INTEREST	\$ 25
TOTAL PAYMENT	\$ 225

4 ESTIMATE PAYMENTS OF \$ 25

DO NOT MAIL! RETAIN FOR YOUR RECORDS.

FORM EPAY

42A740-EPAY
Department of Revenue

KENTUCKY ELECTRONIC PAYMENT
REQUEST FORM



2015

DRAFT 7/8/15

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 2016 []

5. Select payment date(s): [] April 18, 2016 [] June 15, 2016 [] September 15, 2016 [] January 17, 2017

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 Individual Income Tax Returns (Tax Year 2015).

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: _____ Zip Code: _____