

Please Select Question.....

Continue Registration

\*Security Answer #2
\*Security Question #3

\*Security Answer #3
\*Security Answer #3

\* denotes required field





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### **Employer Account Registration**

- · While completing the registration process, you may use the previous and next buttons to view or change the information you have entered.
- If you close the window to exit the application, all information will be lost and will not be saved.
- · You will have the opportunity to print or save a PDF version of this registration at the end of the process.
- If you have any questions during the registration process or need assistance, please contact the Unemployment Insurance Tax Status
  Department at 502-564-2272 between the hours of 8:00 am and 4:00 pm EST.

#### Please select from the following options to proceed

• I am a brand new business in Kentucky. I did not purchase or acquire all or part of an existing business.

#### >> New Business Registration

• I am a brand new business in Kentucky. I have purchased or acquired all or part of an existing business.

#### >> New Business Registration as a Successor

• I already have an inactive Kentucky Employer Identification Number (KEIN) and I have now resumed employment and need to reinstate my

#### >> Registration to Reinstate your account

• I am applying to determine liability for an unemployment reserve account in order to obtain a letter of good standing for the Kentucky Secretary of

>> Registration for Letter of Good Standing





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### **New Employer Registration**

- Regular Business Services performed in a for profit business. Most new businesses fall within this category.
- Domestic Business Services performed in a private home such as a caregiver, housekeeper, cook or other household employment.
- Agricultural Business Services performed on a farm in connection with raising or harvesting an agricultural or horticultural commodity.
   Please Note: Horse racing is a Regular Business type and does not fall under Agricultural Business type.
- Governmental Business Services performed by a state agency, college, university, hospital, local county or city governments and their agencies.
   Please Note: Governmental contractors are Regular Business type and do not fall under Governmental Business type.
- Non-Profit 501(C)(3) Business Services performed for a not for profit 501(c)(3) organization such as a charitable, religious, educational, scientific, literary or other organization. You will be asked to provide a copy of your IRS status and exemption letter before we can finalize your registration

Please Note: Kentucky Unemployment Insurance only recognizes 501(c)(3) organizations as Non-Profit. If you do not have the (C)(3) status, please apply as a Regular Business type.

Please select your Business type from the drop down menu below and click the "Next" button to proceed.

\*Business Type REGULAR 

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| Account Registration - Employer Liability Information  |  |  |  |
|--|--|--|--|
| Regular Employer Business Type   |  |  |  |
| *Prior to beginning employment in Kentucky, were you subject in the current or preceding year under the unemployment compensation laws of another state, U.S. territory, or Canadian province?   |  |  |  |
| ○ Yes ○ No   |  |  |  |
| In order to apply for an employer reserve account, you must have begun employment in Kentucky and met liability.  Enter the dates of your first employment and payroll in Kentucky below and then the date in which you first met the liability test(s). |  |  |  |
| *Date you first employed a worker in Kentucky  |  |  |  |
| *Date you first paid wages in Kentucky   |  |  |  |
| LIABILITY TESTS  |  |  |  |
| *Did you or do you expect to have a gross payroll of \$1,500 or more in any calendar quarter during the current or prior year?   |  |  |  |
| ○ Yes ○ No   |  |  |  |
| *Have you employed at least one worker for 20 weeks during a calendar year? (Weeks do not have to be consecutive and cannot cross over calendar years. Must be 20 weeks within a single calendar year.)  |  |  |  |
| ○ Yes ○ No   |  |  |  |
| * denotes required field   << Previous Next >>   |  |  |  |
|  |  |  |  |



Ky.gov An Official Website of the Commonwealth of Kentucky Office of Unemployment Insurance Kentucky **Career Center Career Training Employer** Pay Tax Information Links Contact Us Login Home / Business Information Submit Quarterly Report **Business Information** Employer Registration TPA Registration Close Employer Account Federal Employer Identification Number (FEIN) 611112222 Request a Refund Pay by EFT/Credit Card \*Legal Entity Name Address Update \*Trade Name or Doing Business As Report Misclassification or Fraud -Business Mailing Address -Claim Separation Response (SIDES) \*Address Line 1 Address Line #1 Wage Audit Response (UI-203) Employer Documents Address Line 2 Address Line #2 Return to Work Country United States \*Zip Code Site Enhancements and Electronic \*City \*State Please Select \*Email

\* Trade Name or Doing Business As

Business Mailling Address

\*Address Line 1

Address Line 2

Address Line #1

Address Line 2

Country United States

\*ZIp Code ZipCode

\*City City

\*State Please Select 

\*Phone 999-999-9999

\*Email Email address

Fax Number 999-999-9999

\*Itematications will be sent to the email address provided.

\*Business Contact Representative

\*Full Name

\*Tritle

\*Phone 999-999-9999

\*Email Email address

\*Tritle

\*Phone 999-999-9999

\*Email Email address

\*\*Tritle

\*Phone 999-999-99999

\*Email Email address

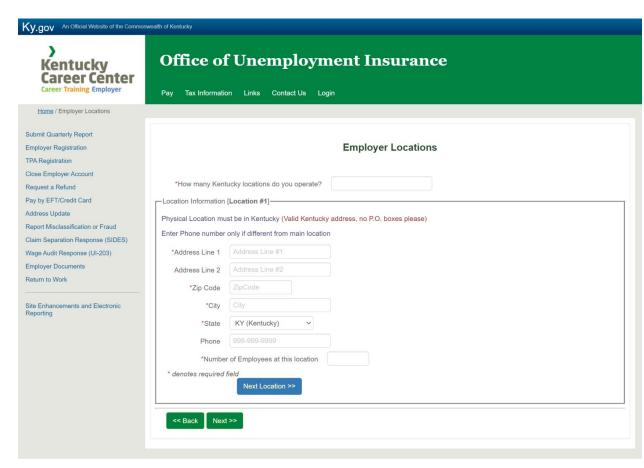
\*\*\*denotes required field

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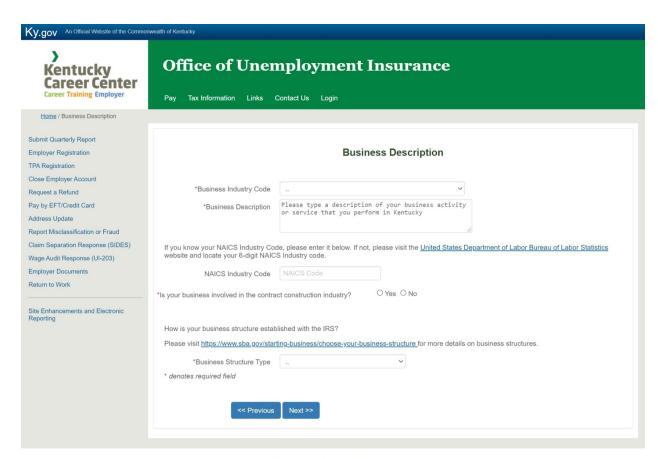
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Career Training Employer

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| contro   | ers are registered with the busine<br>olling, financial and decision mak | ding interest?   |
|--|--|--|
| Owner/Officer Information                            | [Officer #1 out of 1]  |  |
| *Social Security #                                   |  |  |
| *First Name  | First Name   |  |
| Middle Initial                                       |  |  |
| *Last Name   | Last Name  |  |
| *Title   | Title  |  |
| *Address Line 1                                      | Address Line #1  |  |
| Address Line 2                                       | Address Line #2  |  |
| Country  | United States  | ~  |
| *Zip Code  | ZipCode  |  |
| *City  | City   |  |
| *State   | Please Select ~  |  |
| Email  | Email address  |  |
| Does this business share currently or previously ope | e substantially common ownersh<br>erating in Kentucky?                   | iip, management or control (including a common parent company) with any other business |
|  | ○ Yes ○ No   |  |
|  |  |  |





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### Home / Statement of Acknowledgement Submit Quarterly Report **Employer Registration** Please read each statement and check the acknowledgement box to proceed. TPA Registration "I agree to notify the Kentucky Office of Unemployment Insurance if I close, cancel, sell, transfer, or restructure my business or have new ownership. (The Office does monitor payroll shifts from one business to another. Penalties may be imposed for a business who tries to manipulate their unemployment tax Close Employer Account Request a Refund 🗆 \*I understand that I must file and pay quarterly unemployment tax reports and if my business reports 10 or more employees, I must file and pay Pay by EFT/Credit Card electronically. (Electronic filing and payments are strongly encouraged to avoid lost mail or pages from your report that can become separated during Address Update Report Misclassification or Fraud "I agree that I will be filing quarterly reports under my assigned KEIN for my employees only and I am not an employee leasing company filing for multiple employers under one tax number. (Kentucky Unemployment Insurance prevents "employee leasing" and "payrolling". Each employer is required to maintain their own individual experience rating. A combined or blended rate for a group of employers is not permitted.) Claim Separation Response (SIDES) Wage Audit Response (UI-203) "Failure to file quarterly reports will result in a \$25 late fee if the report is filed within 30 days or less from the original due date and a \$75 late fee if a report is filed over 30 days late. An additional \$100 penalty will be added if multiple reports are late in the same calendar year. (A report is considered to be incomplete and not filed if it is missing an employee wage listing or does not have the entire wage listings reported. Electronic filing is strongly encouraged **Employer Documents** Return to Work to prevent missing wage listings.) Site Enhancements and Electronic **ELECTRONIC SIGNATURE** (The Statement of Acknowledgment must be accepted to submit the application and complete the registration.) I agree, under the penalties of perjury, that the statements and information entered in this registration application have been examined by me and to the best of my knowledge are true, correct, and complete. I also acknowledge that I am authorized to execute this transaction on behalf of the employing unit. ☐ \*I Agree \* FIRST NAME \*LAST NAME \* TITLE

