

COMMONWEALTH OF KENTUCKY
OFFICE OF UNEMPLOYMENT INSURANCE
P.O. BOX 948
FRANKFORT, KY 40602-0948



Application for Partial Payment Agreement

The _____ Account No. _____ is indebted to the Commonwealth of Kentucky,
Office of Unemployment Insurance in the amount of _____, plus additional interest and penalties
covering _____

I, _____,
Officer ___ Partner ___ Owner ___

Social Security Number: _____

Employer Telephone No: (_____) _____

make application to liquidate the above indebtedness, as follows:

1. An initial payment of _____ is attached.
2. Installment payments of not less than _____ will be paid on or before the last day of each month,
beginning _____ until the account, including all interest, penalties and costs, is paid.
3. Installment payments must be paid online at <https://kewes.ky.gov> utilizing the "Pay by
EFT/Credit Card" link. Please select Payment Agreement under the drop down menu under
Payment Quarter and enter the Sequence Number provided on your monthly Payment Agreement
Statement.

I agree to report and to pay all current and future contributions and charges as they become due, and will
not sell, transfer, convey, or encumber any property or other assets until the account is fully paid.

I understand that interest will continue to accrue on the unpaid balances; that notice of lien will be filed to
cover the amount of the delinquency; and that the Office of Unemployment Insurance reserves its right to
proceed with immediate action in cases of default or jeopardy. **THIS AGREEMENT DOES NOT
PRECLUDE THE POSSIBLE INTERCEPTION OF TAX REFUND CHECKS.**

Signed this _____ day of _____, 20 _____

Signature _____ Title _____

This application is hereby accepted this _____ day of _____, 20 _____

Signature _____ Title _____
(Office of Unemployment Insurance)

Tax Enforcement Branch
(502) 564 - 6835
Fax (502) 564 - 5590



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Equal Education and Employment Opportunities M/F/D

COMMONWEALTH OF KENTUCKY
OFFICE OF UNEMPLOYMENT INSURANCE
P.O. BOX 948
FRANKFORT, KY 40602-0948



Date:
Employer No.:

Dear Sir or Madam:

Per your request, enclosed is an application for Partial Payment Agreement.

Please read and complete this agreement, returning it with your initial payment to our office.

Please note, this Office will file a tax lien with the County Clerks Office. No additional action will be taken if this agreement and initial payment are returned within ten (10) days.

If you have any questions, please call (502) 564 - 6835, or fax (502) 564 - 5590.

Sincerely,

Office of Unemployment Insurance
Tax Enforcement Branch
P O Box 948
Frankfort, KY 40602-0948
(502) 564-6835
FAX (502) 564-5590

INMEDIATAMENTE: Si necesario, por favor de ir a la oficina de Kentucky Career Center, si necesita asistencia para traducir y entender la información contenida en el documento(s) que recibió, puede encontrar su oficina local en: www.kentuckycareercenter.com