

The Commonwealth of Kentucky

**Kentucky Unemployment
Insurance Portal (KUIP)**

Registering a New Employer

Job Aid

TEAM 
KENTUCKY

UNEMPLOYMENT
INSURANCE PORTAL

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Introduction

The objective of this job aid is to outline the process for new Employers subject to Unemployment Insurance (UI) to register an account in KUIP.

If you have not set up your KUIP individual account, see the **Employer User Account Creation and Login Reference Guide**. Once you have established your individual user account, you will be able to complete the registration process.

Note: *this process is required for employers that did not have an existing UI account when KUIP was launched. If the employer had an existing UI account, they will activate their account. See the **Activating an Existing Employer Account Job Aid**.*

Registering a New Employer

Overview

KUIP requires each employer to have their own unique account within the system. This is the account you will use to log in to the KUIP application.

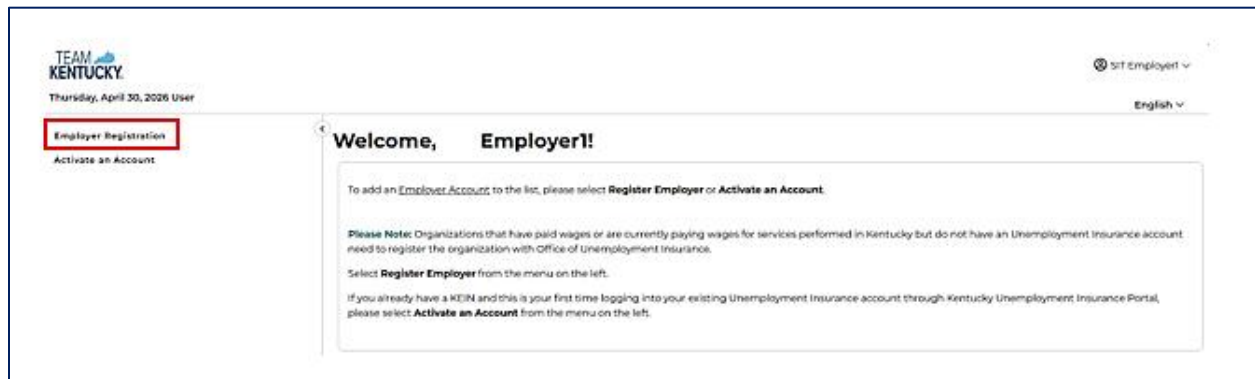
The employer representative who registers the employer account will be designated as the **Employer Administrator**, who is responsible for setting up and maintaining the organization's account.

Begin the Employer Registration Process (Step 1)

1. Select Employer Registration

Log in to KUIP using your log in credentials.

From the **Employer Landing Page**, select **Employer Registration** from the left menu.



2. Welcome to KY UI Tax Registration

Review the introductory material on the **Welcome screen** and the **Necessary Registration Information** list. This is information you will need to complete the registration process.

The **tracker** at the top of the screen will show where you are in the registration process. There are six steps where you will enter required information necessary to approve your application and determine your UI contributions.

- Introduction
- Employer Identification Information
- Liability Information
- Business Information
- Owner/Officer Information
- Summary Review and Submit

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Note: click the **hyperlinks** to review important information like KRS references.

Note: hover your mouse over the **tool tips** ("i" in the circle) to read additional information such as definitions and examples.

Welcome to Kentucky Unemployment Insurance Tax Registration

Each employing unit or business entity performing services in Kentucky must register with the Office of Unemployment Insurance (OUI). The information gathered during this registration process will determine if you are required to make contributions under **KRS Chapter 341**. Upon successful registration, you will be assigned a Kentucky Employer Identification Number (KEIN) and provided access to the Kentucky Unemployment Insurance Portal (KUIP), where you will be able to report wages paid, pay any contributions due, and manage your account.

Be advised SUTA Dumping ⓘ is prohibited and punishable by law.

Necessary Registration Information

For successful completion of this registration, you will need to provide the following information

- Type of legal entity (sole proprietor, partnership, LLC, corporation, etc.)
- Doing Business As (DBA) Name
- Federal Employer Identification Number (FEIN)
- Date employees first performed services in Kentucky
- Date employer first paid wages to those employees in Kentucky
- Owner/officer information (SSN, resident addresses, % of ownership, FEIN)
- Principal business activity or description of services performed in Kentucky
- Number of employees currently on payroll
- Quarterly gross summary of wages paid to date
- Predecessor Information ⓘ
- **NAICS ⓘ**

3. Complete the Introduction Screen

Answer the questions and **fill in** the required information to complete the **Introduction** screen.

Information to provide:

- Have you paid wages, or are you currently paying wages for services performed in Kentucky?
- How many individuals are being paid for services performed in Kentucky?
- Enter the date services were first performed in Kentucky.
- Enter the date this employer first paid wages to those individuals performing services in Kentucky.
- Enter (and re-enter) the employer's Federal Employer identification Number (FEIN).

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Once you have entered this information, click **Next**.

Note: *once you click Next on this screen, your registration will be in **Pending status** and you will be able to complete the process in the future. If you exit the process before clicking Next on this screen, you will be required to start over.*

Note: *The system will keep your pending registration active for 30 days. If not, completed within 30 days, you will be required to start over.*

Notification

You will be asked to certify that all information provided in this filing is complete, true, and accurate. Kentucky Law provides for civil fines and criminal penalties for misrepresentation, evasion, willful nondisclosure, and failure or refusal to furnish reports or requested information to this Agency.

To begin registration, provide the following information

Have you paid wages, or are you currently paying wages for services performed ⓘ in Kentucky?*

☐ Yes ☐ No

How many individuals are being paid for services performed in Kentucky?*

Enter the date services were first performed in Kentucky*

MM/DD/YYYY ⓘ

Enter the date this employer first paid wages to those individuals performing services in Kentucky*

MM/DD/YYYY ⓘ

Enter this employer's Federal Employer Identification Number (FEIN) Don't have an FEIN? Register with the IRS here *

XX-XXXXXX

Re-enter this employer's Federal Employer Identification Number (FEIN)*

XX-XXXXXX

[Home](#) [Next](#)

Employer Identification Information (Step 2)

4. Start Employer Identification Information Section

Confirm the **Introduction** section is 100% complete.

Click the **Start** link to begin the **Employer Identification Information** section.

Note: this is the main **Employer Registration menu** and will be shown as each section is completed during the process. To go back and make changes to any section, click the **Edit** link.

The screenshot shows the 'Employer Registration' menu. At the top, there is a progress bar for the 'Introduction' section, which is 100% complete. Below the progress bar is a table with the following sections:

Section	Status
1 Introduction	100% Complete
2 Employer Identification Information	Start 0% Complete
3 Liability Information	CANNOT START
4 Business Information	CANNOT START
5 Owner/Officer Information	CANNOT START
6 Summary	CANNOT START

The 'Employer Identification Information' section is highlighted with a red box. To the right of the 'Introduction' section, there is an 'Edit' link, also highlighted with a red box.

5. Employer Identification Information Screen

Complete the information. Required information is identified with a red asterisk *.

- Legal Name*
- Doing Business Name
- Address*
- County*
- Phone Number*
- Fax Number
- **Language Preference***: allows the user to choose the language for all written correspondence. Options include English and Spanish.
- **Communication Method***: Email or US Mail
- Business Email Address*
- Business Web Address

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- **Legal Entity Type***: select from the **drop-down menu**. **Entity Types** include:
Sole Proprietor, C Corporation, C Corporation-Subchapter S, Partnership, LLC-
Sole Proprietorship (Form 1040), LLC-Partnership (Form 1065), Estate,
Governmental Entity, Limited Partnership, LLC-C Corporation (Form 1120),
School, LLC-S Corporation (Form 1120-S), Trust, University, LLC-Wholly Owned by
another entity.

Employer Identification Information

Provide the mailing address and other information about this employer.

Legal Name*

KAM Home Care Services

Doing Business As (DBA) Name

Attention

Address Line 1*

500 Mero Street

Address Line 2

Enter Text

City*

Frankfort

State*

Kentucky

ZIP/Postal Code*

40601

County*

FRANKLIN

☐ Is this an International Phone Number?

Phone Number*

(502) 369-8745

Ext

Fax

(###) ###-####

Language Preference ⓘ*

English

Communication Method*

Email

Business Email Address*

kamhomecare@gmail.com

Re-enter Business Email Address*

kamhomecare@gmail.com

Business Web Address

Legal Entity Type*

C Corporation

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Note: the selection of **Entity Type** will determine the remainder of the screens through the registration process. KUIP will provide the required screens based on your selection.

Pick an option

Sole Proprietor

C Corporation

C Corporation - Subchapter S

Partnership

LLC - Sole Proprietorship (Form 1040)

LLC - Partnership (Form 1065)

Estate

Governmental Entity

Limited Partnership

LLC - C Corporation (Form 1120)

School

LLC - S-Corporation (Form 1120-S)

Trust

University

LLC - Wholly Owned by another entity

C Corporation

Legal Entity Type*

C Corporation

Is this employer a 501(c)(3) nonprofit entity that can provide a 501(c)(3) Internal Revenue Service exemption letter?*

☐ Yes ☒ No

Is this employer a religious organization?

☐ Yes ☒ No

Does this employer wish to elect Reimbursable Status? ⓘ

☐ Yes ☒ No

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Previous

Next

Note: some selections may require an **upload** of supporting documentation. For example, Yes to “Is this employer a 501(c)(3) entity”.

When done, click **Next**.

You will be prompted to complete the **Address Verification** popup window. KUIP interfaces with the US Postal Service database to verify addresses. Make your selection and click **Continue**.

Address Verification

Mailing Address

Use Manually Entered Address

☐ 500 Mero Street, Frankfort, KY, 40601

Use Suggested Address

☐ 500 Mero St, Frankfort, KY, 40601-1987

[Previous](#)[Continue](#)

Liability Information (Step 3)

6. Start Liability Information Section

Confirm the **Employer Identification Information** section is 100% complete.

Click the **Start** link to begin the **Liability Information** section.

Employer Registration			
①	Introduction	100% Complete	Edit
②	Employer Identification Information	100% Complete	Edit
③	Liability Information	▶ Start 0% Complete	
④	Business Information	CANNOT START	
⑤	Owner/Officer Information	CANNOT START	
⑥	Summary	CANNOT START	

7. Employment Liability

Answer **Yes** or **No** to the question *“Before starting employment in Kentucky, were you required to pay tax under FUTA or subject to the unemployment laws of another state, US territory, or Canadian province in the current or preceding years? **”

If **Yes** is selected, click **Next**. You will be directed back to the **Employer Registration main menu**. This section is completed.

1 Introduction

2 Employer Identification Information

3 **Liability Information**

4 Business Information

5 Owner/Officer Information

6 Summary

Employment Liability

Before starting employment in Kentucky, were you required to pay tax under FUTA ^① or subject to the unemployment compensation laws of another state, US territory, or Canadian province in the current or preceding years?²

☐ Yes ☐ No

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If you answered **No** to the question, select your **Employment Type** from the drop-down menu and complete the associated questions.

Employment Type*

Regular (Non-Agricultural) ✓

Pick an option

Regular (Non-Agricultural)

Agricultural

Domestic

Employment Types include:

- **Regular (Non-Agricultural):** any service performed for wages or under any contract of hire that is not Agricultural or Domestic.
- **Agricultural:** all services performed on a farm in connection with raising or harvesting any agricultural or horticultural commodity. It also includes employment in connection with packaging, processing, storing, or delivering to market any agricultural or horticultural product in an unmanufactured state, provided the operator(s) produced more than half of the product.
- **Domestic:** services performed in a private home, local college club, or local chapter of a college fraternity or sorority for a person who paid cash remuneration of \$1000 or more in the current calendar year or the preceding calendar year to individuals employed in such domestic service in any calendar quarter.

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Each employment type has its own requirements for the number of employees and wages paid in a quarter during the current or preceding year.

Regular (Non-Agricultural): \$1,500 in a quarter or at least one worker for 20 weeks (*weeks do not have to be consecutive but must be in the same calendar year*).

Agricultural: \$20,000 in a calendar quarter or at least 10 workers for 20 weeks.

Domestic: \$1,000 in a calendar quarter.

8. Employment Liability Criteria Met

Select **Yes** if the Employment Type criteria are met. **Enter the date** when the amount was first met.

Once done, click **Next**. You will be directed back to the **Employer Registration Main Menu**.

The screenshot shows the 'Employment Liability' form within a multi-step registration process. The progress bar at the top indicates the current step is 'Liability Information'. The form contains the following fields and options:

- Before starting employment in Kentucky, were you required to pay tax under FUTA ① or subject to the unemployment compensation laws of another state, US territory, or Canadian province in the current or preceding years?**
☐ Yes ☒ No
- Employment Type**
Regular (Non-Agricultural) (selected from a dropdown menu)
- Have you paid wages of at least \$1500 in a quarter for covered service in non-agricultural (regular) ① employment during the current or preceding years?**
☒ Yes ☐ No
- Select the date when this amount was first met:**
01/15/2024 (entered in a date field)
- Navigation buttons:** Home, Previous, and Next (the 'Next' button is highlighted with a red rectangle).

9. Employment Liability Criteria Not Met

Select **No** if you have not met the wage or time criteria for your employment type. Then select **Next**.

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You will be directed to the **Not Liable for Unemployment Insurance in Kentucky** screen.

Click **Generate Certificate of Good Standing** if necessary.

Click **Cancel Registration**.

Not Liable for Unemployment Insurance in Kentucky

As a result of the information entered, you are

Determined not liable based on the wages paid, employment information furnished, or entity type. A Kentucky employer identification number (KEIN) will not be issued until you have paid qualifying wages or met statutory liability requirements for paying unemployment contributions. You are not required to pay contributions at this time.

Return to this site to register when your business has met the liability thresholds for the business type (select the business type link to explain each type).

Liability Thresholds

Non-Agricultural (Regular) Employment ⓘ The total gross payroll for any calendar quarter for employment is \$1,500 or more, or if there are one or more persons (including part-time, seasonal, or temporary workers) in employment in any part of the week in each of 20 weeks within a calendar year.

Agricultural Employment ⓘ The total gross payroll for any calendar quarter for employment is \$25,000 or more, or if there are ten or more persons (including part-time, seasonal, or temporary workers) in employment at any time in each of 20 weeks within a calendar year.

Domestic Employment ⓘ The total gross payroll for any calendar quarter for employment is \$3,000 or more.

Experience Transfer ⓘ The employer acquired all or part of the business from another employer who was subject at the time of the acquisition.

FUTA ⓘ The employer is liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

[Home](#) [Previous](#) [Cancel Registration](#) [Generate Certificate of Good Standing](#)

Business Information (Step 4)

10. Start Business Information Section

Confirm the **Liability Information** section is 100% complete.

Click the **Start** link to begin the **Business Information** section.

Employer Registration			
①	Introduction	100% Complete	Edit
②	Employer Identification Information	100% Complete	Edit
③	Liability Information	100% Complete	Edit
④	Business Information	Start 0% Complete	
⑤	Owner/Officer Information	CANNOT START	
⑥	Summary	CANNOT START	

11. Enter Employer Business Information

Verify the Legal Entity Type, FEIN, and Employer Type at the top of the screen.

Select **Yes** or **No** for the seven questions. Answering Yes to certain questions will lead to system messages or additional screens to be completed in the registration process.

- Will this employer act as a Professional Employer Organization?
 - If **Yes** is selected, you will receive the following **message**: "To register as a PEO in Kentucky, you must register as a TPA with an organization type of PEO. **Exit employer registration.**"
- Is the employer the client of a PEO?
 - If **Yes** is selected, you will receive the following **message**: "A PEO must register their PEO clients from the TPA Home Page. Contact your PEO to create the PEO Client KEIN. **Exit employer registration.**"
- Does this employer have workers who are considered non-covered employment?
- Has the business issued or intends to issue IRS Form 1099-NEC to any individuals in Kentucky?
- Does this employer have workers in Kentucky considered to be independent contractors?
- Did this employer acquire all or part of an employing unit? (To include assets, inventory, and/or employees)
 - If **Yes** is selected, you will be required to complete the Experience Transfer screens. KUIP will automatically direct you to those screens during the registration process.

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Enter Employer Business Information

Legal Entity Type	C Corporation
FEIN	63-7446541
Employer Type	Regular (Non-Agricultural)

Will this employer act as a Professional Employer Organization(PEO) ⓘ?*

☐ Yes ☒ No

Is the employer the client of a PEO?*

☐ Yes ☒ No

Does this employer have workers who are considered non-covered employment under [Commonwealth of Kentucky law](#)?*

☐ Yes ☒ No

Has the business issued or intends to issue IRS Form 1099-NEC to any individuals in Kentucky?*

☐ Yes ☒ No

Does this employer have workers in Kentucky considered to be independent contractors ⓘ?*

☐ Yes ☒ No

Did this employer acquire all or part of an employing unit? (To include assets, inventory, and/or employees)*

☐ Yes ☒ No

Is there more than one physical location ⓘ in Kentucky?*

☐ Yes ☒ No

12. Enter Formation/Incorporation Information

Enter your Secretary of State Organization Number, Articles of Incorporation Number, Business formation/incorporation date, Business formation/incorporation state, and Business formation/incorporation country.

Once entered, click **Next**.

Enter Formation / Incorporation Information		
Legal Name KAM HOME CARE SERVICES		
Enter the employer's Secretary of State Organization Number		
Articles of Incorporation Number		
Business formation/incorporation date		
MM/DD/YYYY		
Business formation/incorporation state		
Pick an option		
Business formation/incorporation country		
Pick an option		
Home	Previous	Next

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13. Enter Physical Location Address

Select **Yes** or **No** to the following question: *Do you have a physical location in Kentucky?*

Note: *you must have a physical location in Kentucky.*

The Physical Address is where services are being performed and workers receive direction. If the business has multiple Kentucky locations, the physical address should be the primary business site.

Select the **checkbox** if the physical address is a remote worker's address.

If the **Physical Address** is the same as the Mailing Address (entered in Step 1), select **Mailing Address** from the **Same As** drop-down menu.

Physical Location Address

Enter the Kentucky location address for this employer. This address cannot be a Post Office box or private mailbox. When you are done, select 'Save'.

Do you have a physical location ⓘ in Kentucky?*

☒ Yes ☐ No

☐ Is this a remote worker's address?

Same As

Select one

If the **Physical Address** is different from the Mailing Address, **enter** the address information in the fields provided.

Physical Location Address

Enter the Kentucky location address for this employer. This address cannot be a Post Office box or private mailbox. When you are done, select 'Save'.

Do you have a physical location ⓘ in Kentucky?*

☒ Yes ☐ No

☐ Is this a remote worker's address?

Same As

Select one

Attention

Address Line 1*

Address Line 2

City*

State*

Kentucky

ZIP/Postal Code*

XXXXX-XXXX

County*

Select one

Phone Number*

(###) ###-####

Ext

Fax

(###) ###-####

14. Enter Business Records Address

Enter the **Business Records Address**. This address is the location where the business/payroll records are stored and/or maintained and may be reviewed by the KY Office of Unemployment Insurance (OUI).

If the Business Records Address is the same as either the Mailing Address or the Physical Address, select the address from the **Same As drop-down menu**.

If the Business Records Address is different, **enter** the address information into the provided fields.

Business Records Address Enter the business record address ⓘ of this business.	
Same As Select one	
Attention 	
Address Line 1* 	
Address Line 2 	
City* 	
State* Kentucky	
ZIP/Postal Code* XXXXX-XXXX	
County* Pick an option	
☐ Is this an International Phone Number?	
Phone Number* (###) ###-####	Ext
Fax (###) ###-####	

15. Specify Additional Addresses

You have the option to specify your **Claims Forms** and **Benefits Charging** addresses.

If these **addresses are different** than those already entered, select **Yes** and **enter** the address information.

If you do not wish to specify these additional addresses, select **No**. These addresses will default to the mailing address.

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When done, click **Next**.

Additional Address

You have the option of specifying additional addresses where certain types of correspondence will be sent. The additional address types follow

- Claims Forms
- Benefit Charging

If any of the non-required address types do not have an entered address, that address will default to the mailing address.

Would you like to enter a Claims Forms address?*

☐ Yes ☐ No

Would you like to enter a Benefit Charging address?*

☐ Yes ☐ No

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16. Enter Business Description

You will be required to enter detailed information to ensure the correct North American Industry Classification System (**NAICS**) code is assigned. This information will be used by OUI to determine your UI contribution rate.

In the space provided, **describe** the activities you perform and provide an approximate percentage of sales/revenues resulting from each activity. There are examples provided. You can also **click the hyperlink** above the entry box that says, "Click here for more examples."

Enter Business Description

We need detailed information to ensure the correct North American Industry Classification System (NAICS) code is assigned to this business. In the space provided, describe the business' activities, goods, products, or services as though you were telling a prospective employee what you do. Describe the activities and provide the approximate percentage of sales or revenues resulting from each activity. See examples below. Percentages should total 100%.

Services

Could you describe in detail the services you provide? To whom do you provide those services? What are your major activities if you offer consulting, brokerage, management, or similar services?

Construction or Building Trades

Is the work mostly residential or nonresidential? Single or multi family? New or remodeling?

Goods or Products

What are they and what do you do with them? Do you design, manufacture, sell directly to consumers, distribute to wholesalers, install, repair, or do something else with them? What are these goods or products made of?

Manufacturers

What are your main products? What are your most important materials? What are the main production methods?

[Click here for more examples.](#)

Describe the business activities, goods, products, or services:

You have 250 characters remaining.

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17. Select NAICS Classification

Select the **NAICS code** from the **drop-down menu** or perform a **search by keyword**. Once you have determined the most appropriate code, **select the code**.

Once you have selected the NAICS code, click **Next**.

After clicking Next, you will be asked to **confirm** your NAICS code selection.

Click the **checkbox** to certify the NAICS information is accurate.

Click **Submit**.

Select NAICS Classification

Each employer is assigned a North American Industry Classification System (NAICS) code based on the classification categories below. Choose the category that represents the principal business activity of the unit location and select "Next" to proceed to the next question.

Click [here](#) for more assistance in selecting the NAICS code.

621610-Home Health Care Services

Kentucky Unemployment Insurance Portal is required to assign correct NAICS codes to each employer account. Please ensure the accuracy of the NAICS information you enter.

1st Classification

62-Health Care and Social Assistance

2nd Classification

621-Ambulatory Health Care Services

3rd Classification

6216-Home Health Care Services

4th Classification

62161-Home Health Care Services

5th Classification

621610-Home Health Care Services

Home

Previous

Reset

Next

Confirm NAICS Information

Based on the information you provided, your NAICS code is 621610, and you are classified under Industry Sector 62-Health Care and Social Assistance. If the information is not accurate, please select "Previous" to correct the classification. Otherwise, select "Submit" to continue. Your NAICS Code is subject review by Kentucky Labor Market Information (LMI) and may be changed after a review.

NAICS Description

1st Classification

62-Health Care and Social Assistance

2nd Classification

621-Ambulatory Health Care Services

3rd Classification

6216-Home Health Care Services

4th Classification

62161-Home Health Care Services

5th Classification

621610-Home Health Care Services

☒ I certify that the NAICS information entered is accurate.

Previous

Submit

You have now completed the Business Information section.

Owner/Officer Information (Step 5)

18. Start Owner/Officer Information Section

Confirm the **Business Information** section is 100% complete.

Click the **Start** link to begin the **Owner/Officer Information** section.

Employer Registration			
①	Introduction	100% Complete	Edit
②	Employer Identification Information	100% Complete	Edit
③	Liability Information	100% Complete	Edit
④	Business Information	100% Complete	Edit
⑤	Owner/Officer Information	Start 0% Complete	
⑥	Summary	CANNOT START	

19. Add Owner/Officer

Click the **Add Owner/Officer** button to add an owner or officer of the business.

Click the **Add a Business as Owner** if the owner is a business legal entity.

1 Introduction2 Employer Identification Information3 Liability Information4 Business Information5 Owner/Officer Information6 Summary

Review/Select Owner/Officer Information

Name *	SSN/ITIN *	FEIN *	Job Title *	Contact Information *	% Ownership *	Edit *	Inactive *
No Record Found							
Total Number of Owners/Officers:		0		Total Percentage of Ownership:		0.00%	

To **ADD** an Owner/Officer, select "ADD OWNER/ OFFICER"
To **ADD** a legal entity as a business owner, select "ADD A BUSINESS OWNER"
To **EDIT** a newly created entry, select the 'Edit' link beside the desired owner/officer
To **INACTIVATE** a newly created entry, select the 'Inactive' link beside the desired owner/officer
After completing all updates to the Owner/Officer information, select "Next"

[Add Owner/Officer](#)[ADD A BUSINESS AS OWNER](#)

20. Enter the Owner/Officer Information

Enter the owner or officer's Name, Identification Number, State, Driver's License Number, and Date of Birth.

Select the **Job Title** from the drop-down menu.

Enter the **Percentage of Ownership**.

Enter the **First Date of Ownership** using the calendar icon or by entering manually.

Add/Modify Owner/Officer Information	
First Name*	
Middle Initial	
Last Name*	
Identification Number*	
☐ SSN ☐ ITIN	
State	Driver's License Number
Select One	
Date of Birth*	
MM/DD/YYYY	
Job Title*	
Select One	
Percentage of Ownership*	
First Date of Ownership*	
MM/DD/YYYY	

21. Enter the Owner/Officer Address

Enter the owner or officer's address, phone number, and email.

Click **Save**.

Address Line 1*	
Enter Text	
Address Line 2	
Enter Text	
City*	
Enter Text	
State*	
Pick an option	
ZIP/Postal Code*	
#####-####	
Country*	
Pick an option	
☐ Is this an International Phone Number?	
Phone Number*	Ext
(###) ###-####	
Fax	
(###) ###-####	
Email*	
Re-enter Email*	
• Select the 'Save' button to SAVE the entered Owner/Officer to the list and return to the prior screen • Select the 'Previous' button to navigate to the prior screen without saving the information.	
HomePreviousSave	

22. Add Additional Owners or Officers

The owner/officer just added is now shown in the **Owner/Officer table**. This table shows their Name, SSN/ITIN or FEIN, Job Title, Contact Information, and % Ownership.

If this information needs to be updated, click the **Edit** link in the Edit column. To Inactivate the newly entered owner/officer, select the **Inactive** link beside that owner/officer.

Continue to add owners and officers.

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Note: Total percent of ownership cannot exceed 100%.

Once complete, click **Next**.

Review/Select Owner/Officer Information

Name ^	SSN/ITIN ^	FEIN ^	Job Title ^	Contact Information ^	% Ownership ^	Edit ^	Inactive ^
Mae, Missy	404-56-9875		CEO	5789 OLD BOTTOM ROAD, WINCHESTER, KY 40391	51.00%	Edit	Inactive
Total Number of Owner/Officers		1	Total Percentage of Ownership		51.00%		

To **ADD** an Owner/Officer, select "ADD OWNER/ OFFICER"
To **ADD** a legal entity as a business owner, select "ADD A BUSINESS OWNER"
To **EDIT** a newly created entry, select the 'Edit' link beside the desired owner/officer
To **INACTIVATE** a newly created entry, select the 'Inactive' link beside the desired owner/officer
After completing all updates to the Owner/Officer Information, select "Next"

[Add Owner/Officer](#)[ADD a BUSINESS as OWNER](#)

[Home](#)[Previous](#)[Next](#)

This section is now complete.

Summary (Step 6)

23. Start Summary Section

Confirm the **Owner/Officer Information** section is 100% complete.

Click the **Start** link to begin the **Summary** section.

Employer Registration

①	Introduction	100% Complete	Edit
②	Employer Identification Information	100% Complete	Edit
③	Liability Information	100% Complete	Edit
④	Business Information	100% Complete	Edit
⑤	Owner/Officer Information	100% Complete	Edit
⑥	Summary	Start 0% Complete	

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Registering a New Employer

24. Review Registration Information

To review or update the information entered for each step of the registration process, click the **Review** hyperlink beside the section.

The screenshot shows the 'Registration Summary' page. At the top is a progress bar with six steps: 1. Introduction, 2. Employer Identification Information, 3. Liability Information, 4. Business Information, 5. Owner/Officer Information, and 6. Summary. Below this, a table lists the first five steps. Each row shows the step number, the section name, a progress bar (all are 100% complete), and a 'Review' link. The 'Review' link for the 'Introduction' section is highlighted with a red box.

Step	Section	Progress	Action
1	Introduction	100% Complete	Review
2	Employer Identification Information	100% Complete	Review
3	Liability Information	100% Complete	Review
4	Business Information	100% Complete	Review
5	Owner/Officer Information	100% Complete	Review

This will open a **pop-up window** displaying the information entered for that section.

To update information, click the **Modify** button. If all the information is correct, click the **"X"** to close the window.

The screenshot shows a pop-up window titled 'Employer Identification Information' with a close button (X) in the top right corner. The window contains the following information:

Legal Name	KAM HOME CARE SERVICES
Address	500 MERO ST, FRANKFORT, KY, 40601-1987, US
Phone Number	(502) 369-8745
Communication Method	Email
Business Email Address	kamhomecare@mail.com
Legal Entity Type	C Corporation

At the bottom of the window is a 'Modify' button.

Note: if you update or modify information for a section, you will be required to proceed through all the remaining sections to confirm the information entered is still correct.

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25. Acknowledge and Submit

Once you have confirmed all the information is correct, read the **Acknowledgement** statements at the bottom of the screen and click **Submit**.

Registration Summary

Your registration is almost complete! To review or update information in a section, click on the correspondence header's "Review" link.

1	Introduction		100% Complete	Review
2	Employer Identification Information		100% Complete	Review
3	Liability Information		100% Complete	Review
4	Business Information		100% Complete	Review
5	Owner/Officer Information		100% Complete	Review

Acknowledge this certification by clicking "Submit" to process your registration information.

The information I provided in this application will be used to determine liability to pay into the unemployment fund as prescribed in [KRS Chapter 34](#) and other purposes authorized by statute. I certify that all of the information provided in this filing is complete, true, and accurate.

[Home](#) [Submit](#)

26. Registration Status

You have now successfully completed registration as a new employer for KY UI. There are three important sections on the confirmation page.

UI Kentucky Employer Identification Number or KEIN. This number is your unique identifier for KY UI and will be necessary when communicating with KY UI or any associated Third Party Administrators (TPAs).

Registration Status

This is a confirmation of successful registration. Print a copy of this page for your records.

Determination of Employer Status

Employer status effective from 01/01/2024, this employer is subject to [KRS 341.070](#) Office of Unemployment Insurance. This employer is required to submit quarterly wage and tax reports and pay Unemployment Insurance Contributions on the wages paid to each of its covered employees.

UI Kentucky Employer Identification Number

Legal Name	KAM HOME CARE SERVICES
Doing Business As (DBA) Name	
Kentucky Employer Identification Number	200001853
Reporting Type	Contributory

Notice of Contribution Rate. This section identifies the UI contribution rate assigned to your account for each year. This rate will be used to determine your quarterly contribution payments due.

Notice of Contribution Rate	
The following Unemployment Insurance (UI) contribution rate has been assigned to your account. Details regarding your registration are subject to review.	
Year ^	Rate ^
2026	2.700%
2025	2.700%
2024	2.700%

Employer's Quarterly Unemployment Wage and Tax Report Information. This section provides information about submitting quarterly wage and tax reports.

Employer's Quarterly Unemployment Wage and Tax Report Information

This employer is required to submit the Employer's Quarterly Unemployment Wage and Tax Reports. These reports may be submitted after logging into your account. Quarterly reports are due by the last day of the month following the end of the quarter. The information provided during registration indicates that an Employer's Quarterly Unemployment Wage and Tax Report is required for the quarter ending 03/31/2024 and all subsequent quarters.

Print a copy of this page for your records.

Home

Click **Home** to navigate to your **Employer Home Page**.

For more information on how to navigate your Employer Home Page and the Employer Account Profile, see the [Employer Home Overview](#) and [Employer Profile Walkthrough](#) videos.

Registration Correspondence

27. Registration Correspondence

Following successful registration, correspondence will be generated and will be available the day after your registration is submitted.

You will receive a **Registration Summary**, **Notice of Subjectivity**, and **Contribution Notices**. If you selected **Email** as your primary method of communication, you will be notified via email that you have correspondence available in KUIP. You will then log in and navigate to **Correspondence** in the **Left Navigation Menu**.

Kentucky Unemployment Insurance Portal

Registering a New Employer

For correspondence with **Appeal Rights**, you will also receive these by **US Mail** at the mailing address provided. For registration, these include the Contribution Rate Notices and Notice of Subjectivity.

Correspondence

View Correspondences

Wage Detail Reporting

Payment Information

Refund Information

Wage Audit Response (UI-203)

DBA Name

TPA Associated? No

FEIN 63-7446541

Correspondence Query

Enter one of the following search criteria to locate a correspondence: Document ID, KEIN, FEIN or TPA ID, Employer or TPA Name, Correspondence Name, Delivery Method, Status, or Print Date (mm/dd/yyyy format).

Search:

Filter Search:

☐ Contains

Reset

Search

Search Results

Filter By

Correspondence Name

☐ Contribution Rate Notice (6)

☐ Notice of Subjectivity (2)

☐ Registration Summary (1)

Delivery Method

☐ US Mail (4)

☐ Email (5)

Status

Export to Excel

Export to PDF

Document ID	Correspondence Name	Delivery Method	Status	Print Date
12431896	Contribution Rate Notice	US Mail	Pending	N/A
12431899	Notice of Subjectivity	US Mail	Pending	N/A
12431902	Contribution Rate Notice	Email	Pending	N/A
12431904	Contribution Rate Notice	Email	Pending	N/A
12431897	Contribution Rate Notice	Email	Pending	N/A

KENTUCKY EDUCATION AND LABOR CABINET
Office of Unemployment Insurance
PO Box 948
Frankfort, KY 40602-0948
(502) 564-2272
Email: UiTax@ky.gov

KAM HOME CARE SERVICES
500 MERO ST
FRANKFORT, KY 40601-1987

Mail Date: 08/11/2026

Employer Name: KAM HOME CARE SERVICES

KEIN: 200001853

Corres ID: 12431898

REGISTRATION SUMMARY

Introduction

Have you paid wages, or are you currently paying wages for services performed in Kentucky?

Yes

How many individuals are being paid for services performed in Kentucky?

5

Enter the date services were first performed in Kentucky

01/01/2024

Enter the date this employer first paid wages to those individuals performing services in Kentucky

01/15/2024

Enter this employer's Federal Employer Identification Number (FEIN)

63-7446541

Employer Identification Information

To learn more about locating and viewing correspondence, see the ***Locate and View Correspondence Job Aid***.