

The Commonwealth of Kentucky

**Kentucky Unemployment
Insurance Portal (KUIP)**

Registering as a PEO in KUIP

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 Professional Employer Organizations (PEOs) to register in KUIP. The first part of this process, user account set up, can be found in the **Creating a PEO Administrator Account** section of this document.

Following the initial account creation, users can reference the **New PEO Registration Process** section to continue the process of registering a PEO account in KUIP.

Note: *If you have already established your TPA KUIP account using the **Third-Party Administrator User Account Creation and Login Reference Guide**, you can begin with the **New PEO Registration Process** section of this document.*

Registering as a New PEO

Overview

KUIP requires each PEO organization representing Kentucky employers to have its own unique account within the system.

PEOs will register as a TPA with an organization type of Professional Employer Organization (rather than Employer Representative). Once the PEO information is entered on the **TPA registration screens**, the PEO will be directed to the **Employer Registration screens** to complete the process.

Following registration in KUIP, PEOs will need to register their client employers using the **Client Registration** menu from their **TPA Home Page**. For more information on registering client employers, see the **Registering a New Employer Job Aid** or follow the steps in the **Register PEO as an Employer** section of this job aid using client information.

PEOs must designate a **PEO Administrator**, who is responsible for setting up and maintaining the organization's account. The Administrator will be the individual registering the PEO account. This administrator will add additional administrators and users by following the process for creating secondary users for a TPA/PEO account as outlined in the **Inviting New TPA Users Job Aid**.

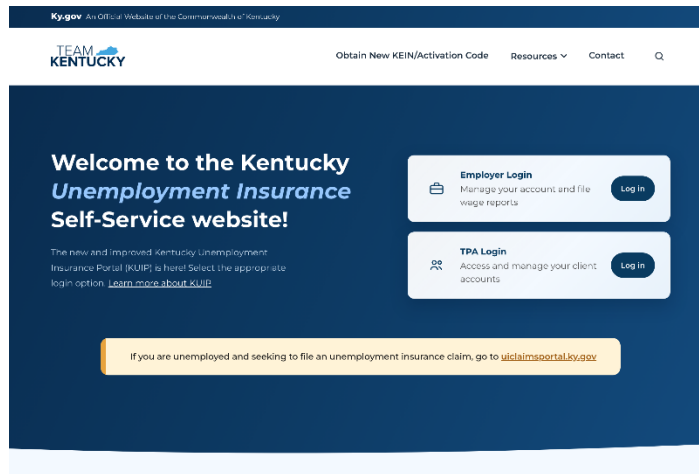
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Registering as a PEO in KUIP

Create a PEO Administrator Account

1. Access the KUIP TPA Portal

Navigate to the [Kentucky Unemployment Insurance Self-Service web page](#) and click the **TPA Login** button to access KUIP.



2. Create a TPA Administrator KUIP Account

Enter the PEO administrator's email address.

If there is no user account with the provided email, click the **"No account? Create one"** link. The user will be directed to the **Create Account** screen to enter the email and select **Next**.

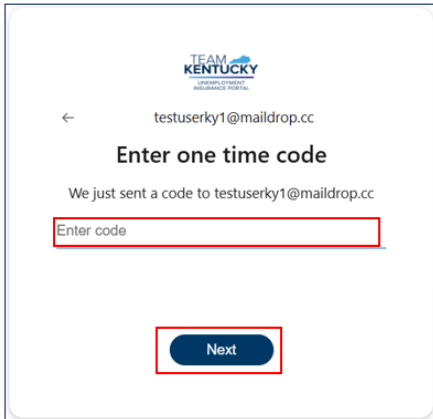
The image contains two side-by-side screenshots of the KUIP interface. The left screenshot is the 'Login' screen, featuring the 'TEAM KENTUCKY' logo, the text 'Welcome to the Kentucky Unemployment Insurance Portal (KUIP)', an 'Email address' input field, a 'No account? Create one' link (highlighted with a red box), and a 'Next' button. The right screenshot is the 'Create Account' screen, featuring the same logo and welcome text, an 'Email' input field (highlighted with a red box), a 'Have an account? Sign in instead' link, a 'Back' button, and a 'Next' button (highlighted with a red box).

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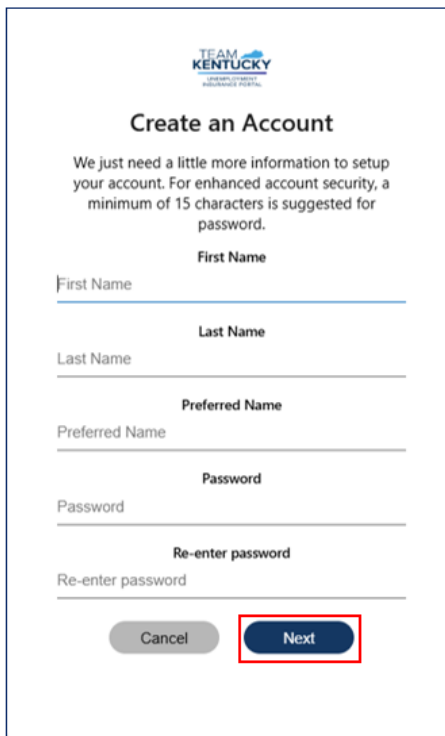
3. Enter One-Time Passcode

On the **Enter One Time Code** screen, enter the passcode sent to the email provided in the step above and select **Next**. *Note: this is the email used to log in to KUIP each time.*



4. Enter Account Details

On the **Create an Account** screen that appears, **enter details** related to the account being created: First Name, Last Name, Password, Re-enter Password. Then, click **Next**.



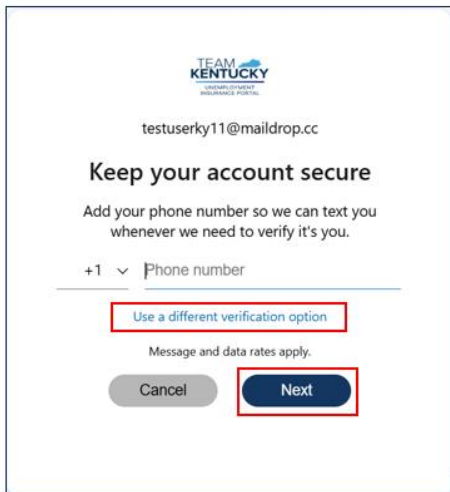
5. Set Up Multi-Factor Authentication (MFA)

On the **Keep Your Account Secure** screen, select either **Phone Number** or **Email** as the security method. The selected method will be used to receive the MFA authentication code.

For **phone**, enter the user's phone number in the provided field.

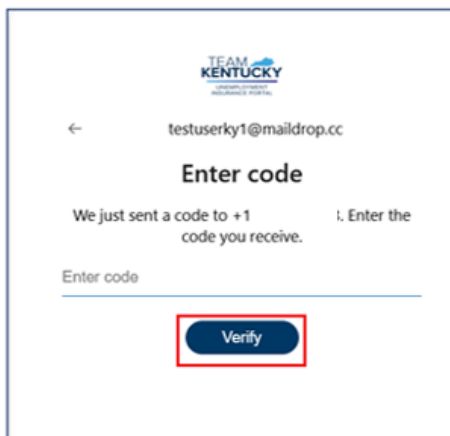
For **Email**, click the **Use a Different Verification Option** to display alternative MFA options.

Once the method has been selected/entered, click **Next**.



6. Enter the Code

On the next screen, **enter the code** provided by the MFA authenticator before clicking **Verify**.



7. Notice and Consent

Read and select **Accept** on the Notice and Consent screen. The user will then be directed to the **Register Agent/ Third-Party Administrator** screen to **begin the new TPA registration process**.

Notice and Consent

This computer system belongs to the Commonwealth of Kentucky. It may contain U.S. Government information.

Users are authorized to use it for the purpose of Unemployment Insurance (UI): submitting and paying for employment and wage detail reports or filing UI benefits claims or appeals.

It is against federal law to misuse this system.

- All records created while using this system are subject to state and federal confidentiality laws and may be used to prosecute individuals who misuse this system.
- Federal and State officials may monitor and inspect activity on this system at any time.
- They may intercept, record, copy, or review to ensure security and proper use of the system.
- This includes all data that is sent, received, processed, or stored.

If monitoring shows possible criminal activity, the information may be given to law enforcement and may lead to criminal charges, fines, or other penalties.

By continuing to use this system, you agree to these terms. If you do not agree, log off immediately.

Per Title 18, United States Code, Section 1030.

Accept **Reject**

Register PEO as a Third-Party Administrator (TPA)

1. Register Agent/Third-Party Administrator

On the **Register Agent/Third Party Administrator** screen, **enter** the TPA's associated information in the fields:

- TPA Name,
- Organization Type: for a PEO, select **Professional Employment Organization**,
- Select **Group Rated** or **Non-group Rated**
 - **Group Rated:** PEO reports wages under the PEOs FEIN. All PEO clients will receive a group experience rate.
 - **Non-group Rated:** PEO reports wages under the Client FEIN. All PEO clients will receive an individual experience rating.
- Address, Street, City, State, ZIP Code,
- County,
- Phone Number,
- Preferred Communication Method (Email or US Mail),
- Email Address.

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Once all required fields have been entered, select **Next**.

Note: required information is indicated with a red asterisk *

Note: Once the TPA Administrator has established their account, they must add a secondary or backup TPA Administrator. A backup Administrator is essential to manage the account in the event the primary TPA Administrator is unavailable or cannot access the account for any reason. See [Inviting New TPA Users Job Aid](#) for the steps to add backup TPA Administrators and TPA Members.

Register Agent/Third Party Administrator

Complete this form to register as a Third Party Administrator (TPA). Once submitted, a TPA ID will be assigned. This will allow you, the TPA, to act on behalf of employers when they have granted you access rights. Provide your TPA ID to your clients. This will allow each of your clients to locate and assign you as an authorized user for select tax account functions. If you are not acting as a TPA for employers in KY but need to report wages for your business as an employer, you must register your business by completing an Employer Account Application with OUI and file wages for your employees under the company Kentucky Employer Identification Number.

TPA Name*

Organization Type*

Select One 

Address Line 1*

Enter Text

Address Line 2

Enter Text

City*

Enter Text

State*

Pick an option 

ZIP/Postal Code*

#####-####

TPA Name*

KRM Employer Solutions

Organization Type*

Professional Employer Organization (PEO) 

PEO rating method*

☒ Group rated 

☐ Non-group rated 

☐ Is this an International Phone Number?

Phone Number*

(xxx) xxx-xxxx

Ext

Fax

(xxx) xxx-xxxx

Preferred Communication Method*

Email

Email Address*

Re-enter Email Address*

Home

Next

2. Additional Address

On the **Additional Address** screen, select **Yes** or **No** to enter additional address details for the following address types: Physical Address, Claims Forms Address, Benefit Charging Address. Then, click **Next**.

Note: If no Benefits Charging or Claims Form addresses are added, the correspondence will default to the Mailing Address. If Benefits or Claims information is managed at a different location, the **user must enter these addresses** at this step to ensure no critical correspondence is missing or misdirected. Select Yes to enter these addresses.

Additional Address

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

- Physical Address ⓘ
- Claim 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 Physical Address Type?*

☐ Yes
 ☒ No

Would you like to enter Claims Forms Address Type?*

☐ Yes
 ☒ No

Would you like to enter Benefit Charging Address Type?*

☐ Yes
 ☒ No

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3. Confirm Third Party Administrator Information

On the **Confirm Third Party Administrator Information** screen, review the details of the TPA Registration for accuracy before clicking **Submit**.

If needed, click **Previous** to return to the previous screen and continue editing the details of the TPA Registration or **Print** to print a copy of the TPA Registration information.

Confirm Third Party Administrator Information

Review the following information. Select the Previous button to make any updates to the record. If no changes are required select the Submit button. Print this page for your own records.

TPA Name	AP TPA
Address Type	Mailing
Address	Addy, Lexington, KY, 40504, US
Phone	(859) 372-8444
Ext	N/A
Fax	N/A
Email	mail@gmail.com
Organization Type	Employer Representative
Initial User Information	
First Name	N/A
Last Name	N/A
Federal Employer Identification Number	
TPA FEIN	44-5353455

Print Previous **Submit**

4. PEO Client Upload

Enter the **PEO client FEINs** into the provided fields.

Note: Click the **Add** button to add more FEINS when all existing fields are filled.

The PEO can also select a **text or CSV file** to upload the FEINs. Click the **Browse** button to select the file to upload.

Note: the system will reject the file if the format is invalid or contains invalid FEINs.

Note: to download a sample FEIN file, select the **"click here"** link.

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Once all the FEINs have been added or the FEIN file has been selected, click **Next**.

The PEO will be **directed to the Employer Registration screen** to complete their registration as a PEO.

PEO Client Upload

After you have uploaded all PEO Clients, you will be directed to Employer Registration to complete your registration as a PEO in Kentucky.
List the FEINs of all clients that will be managed by the PEO registering for this account. Select 'Next' when you are done.

XX-XXXXXX	XX-XXXXXX	XX-XXXXXX	XX-XXXXXX
XX-XXXXXX	XX-XXXXXX	XX-XXXXXX	XX-XXXXXX
XX-XXXXXX	XX-XXXXXX	XX-XXXXXX	XX-XXXXXX
XX-XXXXXX	XX-XXXXXX	XX-XXXXXX	XX-XXXXXX
XX-XXXXXX	XX-XXXXXX	XX-XXXXXX	XX-XXXXXX
XX-XXXXXX	XX-XXXXXX	XX-XXXXXX	XX-XXXXXX

Click 'Add' button to add more FEIN fields when all existing ones are filled.

You can also select a text or CSV file to upload the FEINs. To download a sample file [click here](#).
Choose the file by selecting the 'Browse' button. Once the file is selected, click 'Next.'
The system will reject the file if the format is invalid or contains invalid FEINs.

[Browse](#)

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

Register PEO as an Employer

8. 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.

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

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.

1 Introduction 2 Employer Identification Information 3 Liability Information 4 Business Information 5 Owner/Officer Information 6 Summary

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 ⓘ**

9. Complete the Introduction Screen

Answer the questions and **fill in** the required information to complete the **Introduction** screen. **The PEO will complete the Employer Registration process as the PEO entity (do not include client information).**

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?

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- Enter the date services were first performed in Kentucky.
- Enter the date this employer first paid wages to individuals performing services in Kentucky.
- Enter (and re-enter) the employer's Federal Employer identification Number (FEIN). **This FEIN must be the same FEIN entered on the TPA registration page for the PEO.**

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

Note: once the KUIP Employer Registration process is complete, the PEO will receive an **employer KEIN** and a **TPA ID** and will have an active status. At this time, the PEO can register clients in KUIP.

Note: A PEO in KY must also complete the **PEO Certification** process through the Department of Worker's Claims. Contact DWC at 502-564-2869 for more information.

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

Complete the KUIP Employer Registration answering all questions as the PEO entity. **Do not include client information.**

Once you have completed your KUIP Employer Registration, you will receive an KEIN. When your TPA ID and KEIN are assigned, this entity will be an active PEO for Unemployment Insurance purposes and clients can be registered in KUIP.

A PEO in Kentucky must also complete the PEO Certification process through the Department of Worker's Claims. Contact DWC at 502-564-2869 for more information.

Have you paid wages, or are you currently paying wages for services performed ⁽¹⁾ 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-XXXXXXX

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

XX-XXXXXXX

Please select the reason for not providing FEIN:

Pick an option

Home

Next

10. 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 displays the 'Employer Registration' menu with a list of sections and their completion status:

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

11. 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 and Business Web Address

- **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

(520) 236-9874

Ext

Fax

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

Language Preference ⓘ

English

Communication Method*

US Mail

Business Email Address

Re-enter Business Email Address

Business Web Address

Legal Entity Type*

Sole Proprietor

Home Previous Next

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

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

12. 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	

13. 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?*

☐ Yes ☐ No

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

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.

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.

14. 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**.

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?

☐ Yes ☒ No

Employment Type:

Regular (Non-Agricultural)

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

Home Previous **Next**

15. 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	

16. 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 six questions. Answering Yes to certain questions will lead to system messages or additional screens to be completed in the registration process.

- 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.

Enter Employer Business Information

Legal Entity Type
Sole Proprietor

FEIN
63-7441598

Employer Type
Regular (Non-Agricultural)

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 ⁽¹⁾?

☐ 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 ⁽¹⁾ in Kentucky?

☐ Yes
☒ No

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17. Enter Formation/Incorporation Information (only required for certain entity types)

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

Note: *this information is optional and will only show on the screen for certain entity types.*

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
 
Business formation/incorporation state
 
Business formation/incorporation country
 

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18. 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 address cannot be a Post Office box or private mailbox.*

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.

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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·
XXXXXX-XXXX
County·
Select one
Phone Number·
(###) ###-####
Ext
Fax
(###) ###-####

19. 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**.

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

Business Records Address Enter the business record address ① 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 (###) ###-####	

20. 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 Benefit Charging address?*

☐ Yes ☐ No

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

21. 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.

Kentucky Unemployment Insurance Portal

Registering as a PEO in KUIP

22. 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**.

Note: the NAICS code for PEOs is **561330 Professional Employer Organizations**.

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

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.

561330-Professional Employer Organizations

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
56-Administrative and Support and Waste Management and Remediation Services

2nd Classification
561-Administrative and Support Services

3rd Classification
5613-Employment Services

4th Classification
56133-Professional Employer Organizations

5th Classification
561330-Professional Employer Organizations

Home

Previous

Reset

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**.

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.

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23. 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	

24. 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. *This selection will only be provided for specific entity types.*

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

Review/Select Owner/Officer Information

Name *	SSN/ITIN *	FED *	Job Title *	Contact Information *	% Ownership *	Edit *	Inactive *
No Record Found							
Total Number of Owner/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](#)

25. 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

Select One

Driver's License Number

Date of Birth*

MM/DD/YYYY

Job Title*

Select One

Percentage of Ownership*

%

First Date of Ownership*

MM/DD/YYYY

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26. 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.

Home

Previous

Save

27. 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/TIN ^	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.

28. 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	

29. Review Registration Information

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

Registration Summary

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

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

Employer Identification Information [X]

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

[Modify](#)

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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30. 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 headers "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](#)

32. TPA ID Information

After clicking **Submit**, the **TPA ID** Information screen is displayed and alerts the user that the TPA has been successfully registered. The screen provides the **TPA ID** and the **employer KEIN** (for the PEO).

Review the details displayed on the screen and **be sure to record the TPA ID** and **Employer KEIN** for future reference.

Note: The TPA will need to provide the TPA ID to their employers.

Click **Home** to navigate to the **TPA Home** screen.

TPA ID Information

You have successfully registered as a Third-Party Administrator in this system. You will need to provide your TPA ID to employers to gain access to their assigned functions.

You will need to provide your TPA ID to employers to gain access to their assigned functions.

Email	S-Staff.User15@labids.dslab.ky.gov
TPA ID	11155
KEIN	200001985

Activation Complete

Select the Home button to perform system functions, including the following

- View existing account information
- Manage account

[Home](#)

Registration Correspondence

33. TPA Registration Correspondence

Once the TPA account is registered, a **TPA Registration Confirmation Notice correspondence** should be available in KUIP beginning the day after registration.

Navigate to **Correspondence** in the Left Nav menu and select **View Correspondence**.

A list of available correspondence will populate in the **Search Results** area.

Select the **TPA Registration Confirmation Notice Document ID** to open the correspondence in a new browser window.

Note: this correspondence lists the User ID (email) to log into KUIP and the TPA ID.

Note: per the correspondence, as a PEO, **you must register your client(s)** to gain full access to the roles. You will register the clients from the **Client Registration** menu of your TPA Home Page after logging into your TPA account.

31. Employer Registration Correspondence

Employer correspondence will include 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**.

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:
All

☐ 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
12431906	Contribution Rate Notice	Email	Pending	N/A
12431897	Contribution Rate Notice	Email	Pending	N/A

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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](#) or [Video](#).