

AGREEMENT TO WITHHOLD KANSAS INCOME TAX FROM UNEMPLOYMENT INSURANCE BENEFITS

K-BEN 234 (Rev. 1-12)

MAIL TO:	Unemployment Contact Center P.O. Box 3539 Topeka, KS 66601-3539
FAX TO:	(785) 296-3249
E-MAIL TO:	KDOLforms@dol.ks.gov

Unemployment benefits you receive are considered taxable income for federal and state income tax purposes. To authorize **STATE** tax withholding from your benefits, complete this form and return it to the Kansas Unemployment Contact Center as directed above.

First name and middle initial	Last name	Social Security number	
Address	City	State	ZIP code

AUTHORIZATION

I hereby authorize the Kansas Department of Labor to withhold 3.5 percent of my weekly unemployment insurance benefits, to be remitted to the Kansas Department of Revenue, for my **KANSAS** income tax obligation. I understand this deduction will be made from benefits paid to me after the date of this agreement, or as soon as is reasonable for the Kansas Department of Labor to update my file to reflect this agreement.

This authorization will remain in effect until the Kansas Department of Labor receives **written** notice from me to cancel the agreement.

Signature	Date
-----------	------

CANCELLATION

I hereby cancel my authorization for the Kansas Department of Labor to deduct 3.5 percent of my weekly unemployment insurance benefits for my **KANSAS** income tax obligation. I understand this action will be effective the date of the agreement, or as soon as is reasonable for the Kansas Department of Labor to update my file to reflect the change.

Signature	Date
-----------	------

Keep a copy of this form for your records.