INCOME TAX WITHHOLDING AGREEMENT

K-BEN 233 (Rev. 10-18)

MAIL: Unemployment Contact Center

P.O. Box 3539

Topeka, KS 66601-3539

FAX: (785) 296-3249

*See important email notice on website.

Claimant name:	Social Security number:
withheld from your weekly unemplo section below and return the form t	e income under state and federal law. You have the option of having income taxes by ment benefits. To do so, you must complete the <i>Agreement to Withhold Taxes</i> of the Unemployment Contact Center. To end a current withholding, complete the section below and return the form to the Unemployment Contact Center.
	Agreement to Withhold Taxes
Select each type of tax you agree t	o have withheld from your weekly benefits:
Federal: I want 10 percent of	my weekly benefit amount withheld to go toward my federal income tax obligation.
Kansas: I want 3.5 percent of	my weekly benefit amount withheld to go toward my state income tax obligation.
Contact Center, my weekly benefit	making tax elections in this section and submitting this form to the Unemployment amount will be reduced to make the chosen tax withholdings. I further understand that be made until I send a written notice to stop tax withholdings.
Signature:	Date:
Phone: ()	Email:
	Request to Cancel Withholdings
Select each type of tax withholding	you would like to end:
Federal: I want to stop withho	lding federal income taxes from my weekly benefit amount.
Kansas: I want to stop withho	olding state income taxes from my weekly benefit amount.
Contact Center, the Department of	making tax elections in this section and submitting this form to the Unemployment Labor will no longer withhold the selected taxes from my weekly benefit amount. I ligated to pay state and federal income taxes on all unemployment benefits paid to me
Signature:	Date:

Submit