KANSAS DEPARTMENT OF LABOR www.dol.ks.gov

INCOME TAX WITHHOLDING AGREEMENT

K-BEN 233 (Rev. 7-23)

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Date	ma	uec	ŀ

MAIL: Unemployment Contact Center

P.O. Box 3539

Topeka, KS 66601-3539

FAX: (785) 296-3249

UPLOAD:

https://UIAssistance.GetKansasBenefits.gov

Claimant Name:	SSN: XXX-XX-
income taxes on all unemployment b weekly unemployment benefits. To d return the form to the Unemployment	ncome under state and federal law and you are obligated to pay state and federal enefits paid to you. You have the option of having income taxes withheld from your o so, you must complete the <i>Agreement to Withhold Taxes</i> section below and contact Center. To end a current withholding, complete the <i>Request to Cancel</i> curn the form to the Unemployment Contact Center.
	Agreement to Withhold Taxes
Select each type of tax you agree to	have withheld from your weekly benefits:
Federal: I want 10 percent of m	y weekly benefit amount withheld to go toward my federal income tax obligation.
Kansas: I want 3.5 percent of n	ny weekly benefit amount withheld to go toward my state income tax obligation.
Contact Center, my weekly benefit ar	aking tax elections in this section and submitting this form to the Unemployment mount will be reduced to make the chosen tax withholdings. I further understand that 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 y	ou would like to end:
Federal: I want to stop withhold	ing federal income taxes from my weekly benefit amount.
Kansas: I want to stop withhold	ing state income taxes from my weekly benefit amount.
Contact Center, the Department of La	raking tax elections in this section and submitting this form to the Unemployment abor will no longer withhold the selected taxes from my weekly benefit amount. I gated to pay state and federal income taxes on all unemployment benefits paid to me
Signature:	Date: