

APPLICATION TO JOIN THE KANSAS E-LIEN SYSTEM

EMAIL: KDOR_KS.ELIEN@KS.GOV FAX: 1-855-492-8351

This Application is to:

Add a New User

Change or Update Information

Delete a User

Business Partner Information

Business Partner Name _____

Physical Address _____ City _____ State _____ Zip Code _____

Mailing Address (if different) _____ City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Business Email Address _____ Website _____

Associate Information (Copy of identification is required. Information on page 2.)

Name _____

Email _____ Phone _____

User Name _____ Last 4 digits of SSN _____ DOB _____

User name and password must be kept confidential as this information is tied directly to your personal information. Sharing Subscriber User Names and/or Passwords is prohibited. **Initial Here**

Security Questions (Select and answer 3 or more of the following questions.)

1. What was your childhood nickname? _____
2. What is the name of your first pet? _____
3. What is the middle name of your oldest child? _____
4. In what city or town was your first job? _____
5. What was the color of your first car? _____
6. In what city or town did your mother and father meet? _____
7. What street did you live on in the 3rd grade? _____
8. What is the name of your favorite childhood friend? _____

KANSAS E-LIEN SUBSCRIBER AGREEMENT

EMAIL: KDOR_KS.ELIEN@KS.GOV FAX:1-855-492-8351

The Agreement is effective from the date ascribed below until either the subscriber, Business Partner or the Kansas Department of Revenue terminates the Agreement. As an applicant, you agree that you will use the Kansas E-lien system for its intended purpose on behalf of your employer, our Business Partner.

Associate Attestation

I, _____, confirm that all information submitted in this application is true and correct to the best of my knowledge. I understand that if granted access to the Kansas E-lien system, I will be performing duties as an agent of the Business Partner.

Signature

Title

Date

Business Associate/Witness Attestation

I, _____, an authorized agent (or witness) of the Business Partner, do hereby attest and confirm that the Associate listed herein is employed by the Business Partner and is to be granted access as indicated on the Subscriber Agreement using the information presented in the Application. I also attest and confirm the Associate listed on this Agreement has personally appeared before me with an acceptable form of identification.

Signature

Title

Date

Phone Number

Identity Verification and Acceptable Documentation

A clear and readable copy of your identification ***must*** be submitted with the Application and Agreement.

Examples of acceptable identification:

- *Unexpired* State of Kansas issued driver's license or identification card
- *Unexpired* out of state driver's license or identification card ***plus*** one of the following:
 - Current US Passport or Passport card
 - Copy of Certified Birth Certificate
 - Valid motor vehicle registration with signature
 - Select Service Card with signature
 - Valid health or life insurance card or policy
 - Professional License
 - Student identification card
 - Employee identification card
 - Copy of voter's registration card

Once the completed forms and ID(s) are submitted, the user name and password for the Kansas Elien system will be email to you. You must sign in the day you receive the user name and password, and every 90 days to avoid deactivation of your account. For assistance, please call _____.

Please email or fax BOTH pages of this application AND copies of your identification to the Kansas Department of Revenue at KDOR_KS.ELIEN@KS.GOV OR 1-855-493-8351.