

EMPLOYER REPRESENTATIVE AUTHORIZATION

K-CNS 032 (Rev. 12-17)

MAIL:	Kansas Department of Labor UI Tax Contributions 401 SW Topeka Blvd. Topeka, KS 66603-3182
FAX:	(785) 291-3425
EMAIL:	Submit

Request will be denied if any item is incomplete.

Employer Serial Number: _____

Employer: _____

Physical address of business **in KANSAS**. If no physical address, store front or business location exists **in KANSAS**, you must indicate **where in KANSAS** you have workers performing a service. Do **NOT** use a Post Office Box number.

- Business location
 Job site
 Company representative residence
 Other (explain): _____

Address (Do NOT use PO Box number)	City	State	ZIP
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Representative retained to represent you: _____

Representative's phone: () _____ Representative's email: _____

Indicate which Kansas unemployment insurance reports you have delegated the authority to receive. Provide the mailing address for the delegated reports.

Employer's Quarterly Wage Report and Unemployment Tax Return, K-CNS 100

Name: _____

Address: _____

City, State, ZIP: _____

Annual Experience Rating Notice, K-CNS 404, and Annual Notice of Benefit Charges, K-CNS 403

Name: _____

Address: _____

City, State, ZIP: _____

Last Employer, Base Period and all other Benefit and Appeal Claim Notices

Name: _____

Address: _____

City, State, ZIP: _____

Owner, partner, corporate officer, LLC member/manager signature _____ Date (mm/dd/yyyy) _____

Email _____ Phone () _____

More information about filing reports as an authorized employer representative is found at www.KansasEmployer.gov.