## KANSAS DEPARTMENT OF LABOR

www.dol.ks.gov

## **EMPLOYER REPRESENTATIVE AUTHORIZATION**

K-CNS 032 (Rev. 2-14)

MAIL: Kansas Department of Labor

UI Tax Contributions 401 SW Topeka Blvd. Topeka, KS 66603-3182

FAX: (785) 291-3425 EMAIL: uitax@dol.ks.gov

Request will be denied if any item is incomplete.				
Employer Serial Number:	<u> </u>			
Employer:				
Physical address of business in KANSAS. If no ph where in KANSAS you have workers performing a	=			ANSAS, you must indicate
Business location Other (explain):	Job site [		any representative res	sidence
Address (Do <u>NOT</u> use PO Box number)	City		State	ZIP
Representative retained to represent you:				_
Indicate which Kansas unemployment insurance re delegated reports.	ports you have delegated	the authori	ty to receive. Provide	the mailing address for the
Employer's Quarterly Wage Report and Un	employment Tax Returr	n, K-CNS 10	00	
Name:				
Address:				
City, State, ZIP:				
Annual Experience Rating Notice, K-CNS 4	104, and <i>Annual Notice</i> (	of Benefit (	Charges, K-CNS 403	
Name:				
Address:				
City, State, ZIP:				
Last Employer, Base Period and all other E	Benefit and Appeal Clain	n Notices		
Name:				
Address:				
City, State, ZIP:				
· · · · · · · · · · · · · · · · · · ·				
Owner, partner, corporate officer, LLC member/manager s	signature		Date	(mm/dd/yyyy)
		( )	)	
Email		Phone		

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