

EMPLOYER STATUS REPORT

K-CNS 010 (Rev. 3-19)

SUBMIT ONLINE: www.KansasEmployer.gov
MAIL: Unemployment Tax Contributions
P.O. Box 400
Topeka, KS 66601-0400
FAX: (785) 291-3425

See instructions on page 5. The information requested in this report is required to be provided by K.S.A. 44-714(f) and K.A.R. 50-2-5. It will be used only by public officials in the performance of their public duties. Section 6103(d) of the Internal Revenue Code authorizes IRS to exchange information with us for audits and certifications.

1. What is your type of organization / ownership? (check one below)
 Individual Limited Partnership Estate
 General Partnership Joint Venture Receivership
 Limited Liability Company (LLC) Corporation (Inc.) Trust
 Limited Liability Partnership (LLP) Governmental/Political Sub-Division (if checked, answer questions 2a and 2b)
 Other: _____

2. If you are a governmental or political sub-division, select the **branch** of government and your **finance option**:
2a. Branch of government (check one) 2b. Finance option (check one)
 State Local Indian Tribe Contributing Reimbursing Rated Governmental

3. Are you a 501(c)(3) exempt organization? YES NO (if YES, answer 3a and 3b)
3a. Finance option (check one) Contributing Reimbursing
3b. Have you received the 501(c)(3) exemption letter from the IRS? YES NO (if NO, explain below)

4. Are you a Professional Employment Organization (P.E.O.)?
 YES (If YES, you must submit a separate K-CNS 015 for each client.) NO

5. Describe the major service, activity or product in **Kansas** that generates the most revenue for your business:

5a. Is your business considered to be in the construction industry? YES NO

6. Date you first paid wages in **Kansas**: _____

7. List your Federal Employer Identification Number (FEIN): _____

8. Legal business name (*Inc., LLC, LP, Sole Prop, etc.*): _____

9. Business or trade name (*if different than #8*): _____

10. Business phone: () _____ Business fax: () _____
Business Email: _____

11. Mailing address - Street: _____
City: _____ State: _____ ZIP: _____

12. Kansas business physical address: Storefront/Physical Location Job/Construction Site Employee Residence
Street: _____
City: _____ State: _____ ZIP: _____

13. Address where accounting records are maintained/can be examined in the state of Kansas: Address same as #12

Street: _____
 City: _____ State: _____ ZIP: _____

14. Company or in-house payroll contact:

Name: _____ Phone: () _____
 Email: _____ Address same as #12
 Street: _____
 City: _____ State: _____ ZIP: _____

15. Ownership identification – Owner, Corporate Officer, Member, Member/Manager, Partner (general & limited), etc. Use full **LEGAL** names. Do NOT use nicknames. Provide residence address of each owner, officer, partner, etc. Use page 4 if additional space is needed.

Social Security number: _____ Title: _____ First name: _____ MI: _____ Last name: _____ Street: _____ City: _____ State: _____ ZIP: _____
Social Security number: _____ Title: _____ First name: _____ MI: _____ Last name: _____ Street: _____ City: _____ State: _____ ZIP: _____
Social Security number: _____ Title: _____ First name: _____ MI: _____ Last name: _____ Street: _____ City: _____ State: _____ ZIP: _____

16. Record all **Kansas** wages paid by calendar quarter for the current and prior calendar year.

Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
	\$	\$	\$	\$
	\$	\$	\$	\$

17. In which **WEEK** did you establish liability based on the number of weeks of employment? _____

18. Did you acquire/purchase **all** or **part** of an existing business? YES NO
- 18a. If YES, the date acquired (mm/dd/yyyy): _____ All Part _____ % acquired
- Did you acquire substantially all of the assets? YES NO
- Did you acquire substantially all of the employing enterprise, organization, trade or business? YES NO
- Termination date of prior owner (mm/dd/yyyy): _____
- 18b. Has the previous owner continued business in **Kansas**? YES NO If YES, explain:

- 18c. Do you want the prior owner's experience rating factors? YES NO
- Transfer of rating factors is: Mandatory Elective
- 18d. Name of prior owner: _____
- Prior owner's Kansas employer serial number: _____
- 18e. Prior business or trade name: _____ Current phone: _____
- 18f. Prior owner's current address: Street _____
- City: _____ State: _____ ZIP: _____

K.S.A. 44-710a(b)(2) allows a successor, defined in K.S.A. 44-703(h)(4) and K.S.A. 44-703(dd), the choice to acquire the experience rating factors of the predecessor employer. The request for transfer must be made in writing within 120 days of the acquisition. The experience rating factors are all of the unemployment taxes paid, annual payrolls and benefit charges of the predecessor employer. These factors are used to compute your unemployment tax rate for subsequent years. Alternately, successor employers may elect to be assigned their industry tax rate.

K.S.A. 44-710a(b)(1) shall be unlawful through manipulation of the employer's workforce, or business, to knowingly obtain a reduced liability for contributions related to determining a contribution rate, when the primary purpose of the business acquisition was for the purpose of obtaining a lower rate of contributions, or for a person to knowingly advise an employing unit in such a way that results in such a violation, shall be subject to penalties.

19. For the last three years, list any multiple business locations you have operated in **KANSAS**. No multiple locations

Trade Name and Address	Date Opened	Date Closed	No. Employees	Business Activity

20. Are you subject to Federal Unemployment Tax Act (FUTA)? Current year: YES NO Prior year: YES NO

21. If no liability is indicated, do you wish to elect coverage?

- YES, beginning January 1 of the current year, or at the commencement of employment of the current year, and continuing for not less than two calendar years, on behalf of the employing unit, I voluntarily elect to: (select one or both)
- become an employer described in K.S.A. 44-703(h), the same as other employers, since no mandatory coverage is indicated
- extend coverage to all workers performing services that are excluded from coverage by the employment security law
- NO

22. Are you continuing to pay wages in **KANSAS**? YES NO

23. Do you have individuals performing services you believe are not employees? YES NO

If YES, explain. Attach additional pages if necessary.

24. Would you like to have a KDOL representative contact you to provide additional information on exemptions, payment options for governmental/political sub-divisions or 501(C)(3) entities, successorship or any other status report information?

- YES NO

25. I certify that the information I have provided on this report is complete, correct and true to the best of my knowledge and belief.

Signature of owner, partner, member/manager, corporate officer, etc. _____ Title _____ Date _____

Space for additional information (include question number):

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1. Place an X before the appropriate type of ownership of your business. If not listed, place an X in OTHER and describe the ownership.
- 2a. Place an X before your type of governmental agency: State, local (city, county, etc.) or Indian Tribe.
- 2b. Place an X in the selected finance (payment) option.
3. Indicate if you are a 501(c)(3) organization. If YES, you must complete questions 3a and 3b.
 - a. Place an X in the finance option.
 - b. Place an X in the YES box if you have received your IRS exemption letter. If NO, explain.
4. Indicate if you are a Professional Employment Organization (Employee Lease Organization). If YES, you must complete a K-CNS 015 for each client that you represent.
5. Describe your major service or product in Kansas (that portion producing the major income source).
 - a. Indicate if your business is considered to be in the construction industry.
6. Enter the first date you paid wages in Kansas.
7. List your nine-digit Federal Employer Identification Number (FEIN) issued by the IRS used on your 940 and 941 reports.
8. Enter your legal business name (for example - ABC Inc., ABC, LLC, John Smith, Sole Proprietor, etc.).
9. Enter your business or trade name (doing business as name, Dark Corner #1, ABC Inc. d/b/a House Restaurant, etc.).
10. Enter your actual business phone number, including the area code. List the main fax number and business email.
11. Enter the business mailing address where correspondence from the agency is to be sent. List your street number or PO Box, the direction (N, S, NE, SW, etc.), the street name, any apartment or suite number, city, state and ZIP.
12. Indicate if your Kansas location is a storefront/physical location, a job/construction site or an employee's residence. Tell us the Kansas location's street number, direction of street address (N, S, NE, SW, etc.), the street name and apartment number or suite number, city, state and ZIP.
13. Enter the Kansas location where your accounting records are maintained and can be examined by agency personnel. If the address information is the same as entered in item #12, place an X in the checkbox. Otherwise, enter the street number, direction of street address (N, S, NE, SW, etc.), the street name and apartment number or suite number, city, state and ZIP.
14. Indicate who is your company or in-house payroll contact person. If the address information is the same as entered in item #12, place an X in the checkbox. Otherwise, enter the street number or PO Box, direction of street address (N, S, NE, SW, etc.), the street name and apartment number or suite number, city, state and ZIP. Also list the main company email address of the payroll contact person and a direct phone number.
15. Enter the legal names of officers, members, member/managers, partners or owners of the business. Include Social Security numbers for each listing and title of the person (Corp. Pres., Mem/Mgr, Mem. Gen Ptr, Owner, etc.). Enter your street number, the direction (N, S, NE, SW, etc.), the street name, any apartment or suite number, city, state and ZIP.
16. Enter your Kansas wages, by calendar quarter, for the current calendar year and the prior calendar year.
17. Enter a number from 1 through 52 which indicates the number of the week during the current or prior calendar year in which you had sufficient employees for at least 20 weeks. For purposes of this report, each week counted must include the Saturday. The weeks do not have to be consecutive. For general employment, you must have one or more employees each week; agriculture employment must have 10 or more employees each week; and 501(c)(3) employment is four or more employees in each week.
18. Are you operating a business that was once operated by someone else? **Note:** If you reorganized/restructured your business and are now reporting employees under a different entity/FEIN, please answer YES to the above question.
 - a. Enter the date when you purchased or acquired the business and whether you purchased all the business or what percent of the business. Enter termination date of prior owner.
 - b. Is the prior owner operating any other business in Kansas? If YES, explain how the previous owner continues in operation.
 - c. Would you like to have the prior owner's unemployment tax rate and experience factors used to calculate your tax rate?
 - d. Enter the name of the prior owner and serial number, if known.
 - e. Enter the prior business or trade name and phone.
 - f. Enter the prior owner's current address, if known.
19. List each business location you have operated in Kansas for the last three years. If you have more than one, list each location separately.
20. Indicate if you are subject to the Federal Unemployment Tax Act (FUTA), for the current or prior year.
21. Indicate if you wish to elect to extend unemployment insurance coverage to your workers if a determination indicates that you are not required by statute to cover employees. You may also elect coverage for workers who are not defined by the statute as employees. (Election of coverage is for two calendar years). If YES, place an X before your choice of coverage. If NO, place an X in the NO box.
22. Indicate if your business is continuing to pay wages in Kansas.
23. Indicate which workers you believe are not employees. Explain in detail why you consider them to be something other than employees.
24. Indicate if you would like a further explanation from a KDOL staff member about any questions on this form.
25. Sign the report, providing your title and the date.