## **CONTINUATION SHEET – ADJUSTMENT TO QUARTERLY WAGE REPORT**

K-CNS 112 (Rev. 4-14)

Continuation sheet \_\_\_\_ of \_\_\_

Mail: Kansas Dept. of Labor P.O. Box 400

Topeka, KS 66601-0400

Adjustment to Quarterly Wage Report , K-CNS 111, must accompany this continuation sheet.

. Business Name			2. Em <sub>l</sub> Ser	ployer ial Number	3. Quarter Ending		Q Y Y Y
4. Social Security Number	5. Employee Last Name	First Name	MI	Total Wages Reported	Corrected Wages	Excess Wages Reported	Excess Wages Corrected
	8. Tota	Wages for THIS page	<b>→</b>				