KANSAS DEPARTMENT OF LABOR
dol.ks.gov

EMPLOYER REPRESENTATIVE AUTHORIZATION

K-CNS 032 (Rev. 02-26)

MAIL: Kansas Department of Labor
P.O. Box 400
Topeka, KS 66601-0400
FAX: 785-291-3425
EMAIL: kdol.uitax@ks.gov

Requests will be denied if any item is incomplete.

Employer Account Number (10-digit): _____

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

_____

Address (Do NOT use PO Box number) City State ZIP

Third-party 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.

☐ Unemployment Tax Mailing

Name: _____

Address: _____

City, State, ZIP: _____

☐ Unemployment Claims Mailing, Statement of Benefit Charges and SIDES Broker Number (if applicable)

Name: _____

Address: _____

City, State, ZIP: _____

SIDES Broker Number: _____

☐ Link to Third-party (TPA) Employer Portal Login

Third-party Agent Name: _____

Third-party Agent FEIN: _____

_____ _____

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 kansaslabor.gov.