KBEN 7105 (Rev. 02-25)

Fax: 785-296-3249

KANSAS DEPARTMENT OF LABOR Unsworn Declaration Payments Not Received / Identity Theft



My name is:				
First	Middle	Lá	Last	
My date of birth is:	and last four of SSN: X	XX-XX		
•	ear			
My address is: Street Address	0.4	0/-/-	ZIP	
Street Address Provide the tax year you are disputir	City	State	ZIP	
Complete <u>only one</u> of the two scenar	rios below that is applicable	to you:		
4 Company intercented comp	or all of my bonofite for a	laim I filad av int	landed to file and	l am acakina
 Someone intercepted some reissuance of intercepted par 	vments and/or a Corrected T	ay Form 1099_G		
I, payment(s) for the week(s) ending	, did n	ot receive my une	mployment insuranc	e benefit
payment(s) for the week(s) ending_		······································		— <u>:</u>
I took no part in, nor did I authorize payment(s). I am not attempting to	anyone besides myself to rec	eive my unemployi	ment insurance ben	etit for mygolf or
anyone else and am entitled to the	unemployment insurance ben	efit navment(s) I di	d not receive. Lunde	erstand that if I
make a false statement or misrepre				
payment of unemployment insuran				
future unemployment insurance be				
Labor (KDOL), and/or 3) criminal p		e reported the une	employment fraud to	KDOL and my
police report case no. is				
2. Someone filed a claim for ber	nefits in my name, and I neve	r intended to file f	or benefits and nee	ed a Corrected
Tax Form 1099-G				
l,	, did r	not file or attempt t	to open a claim for	unemployment
benefits with KDOL. I did not rece				
previous calendar year. I took no pa				
and receive benefit payment(s) using or misrepresentation of a materia				
prosecution and penalties. I have				
	reported the difemployment	nada to NBOL,	and my police repe	ort 6456 116. 15
I declare under penalty of perjury u	nder the laws of the state of Ka	ansas that the fore	going is true and co	rrect.
Executed (signed) on:				_
Date	City		State	
	Signature	 		
	-			

USE ONE OF THE FOLLOWING METHODS TO RETURN:

Mail: Unemployment Contact Center PO Box 3539

Topeka, KS 66601-3539

¹ Pursuant to K.S.A. 53-601, an unsworn declaration may be used in lieu of a sworn affidavit. An unsworn declaration made under this section must be 1) in writing, 2) signed by the person making the declaration as true under penalty of perjury, and 3) in substantially the form used above