KANSAS DEPARTMENT OF LABOR
www.dol.ks.gov

ADJUSTMENT TO QUARTERLY WAGE REPORT

K-CNS 111 Web (Rev. 03-26)

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

1. Business Name		2. Employer Account Number		3. Rate		4. Quarter/Year	Q	Y Y Y Y

5. Social Security number	6. Employee Last Name	First	MI	Total Wages This Quarter 7. Total Wages Reported	8 Corrected Wages	Excess Wages This Quarter 9. Excess Wages Reported	10. Excess Wages Corrected
				$ 0.00	$ 0.00	$ 0.00	$ 0.00

11. Number of continuation sheets attached:

12. Total for THIS page →

13. Total for ALL pages →

15. Total Wage Difference		
16. Excess Wage Difference		
17. Net Difference Taxable Wages		
18. Tax Due		
19. Tax Overpaid		

14 Reason for Adjustment.

20. 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 _____

Printe name: _____

Job Title: _____

Phone _____

Date signed:
M M D D Y Y Y Y