

# EMPLOYER REPRESENTATIVE AUTHORIZATION

K-CNS 032 (Rev. 12-21)

MAIL:	Kansas Department of Labor UI Tax Contributions 401 SW Topeka Blvd. Topeka, KS 66603-3182
FAX:	(785) 291-3425

Request will be denied if any item is incomplete.

Employer Serial Number: \_\_\_\_\_

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  
 Other (explain): \_\_\_\_\_

Address (Do <b>NOT</b> use PO Box number)	City	State	ZIP
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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.

**Employer's Quarterly Wage Report and Unemployment Tax Return, K-CNS 100**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

**Annual Experience Rating Notice, K-CNS 404, and Annual Notice of Benefit Charges, K-CNS 403**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

**Last Employer, Base Period and all other Benefit and Appeal Claim Notices**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

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 [www.KansasEmployer.gov](http://www.KansasEmployer.gov).