

# EMPLOYER REPRESENTATIVE AUTHORIZATION

K-CNS 032 (Rev. 12-17)

Kansas Department of Labor  
UI Tax Contributions  
401 SW Topeka Blvd.  
Topeka, KS 66603-3182  
(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 **NOT** use PO Box number) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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).