

**EMPLOYER REPRESENTATIVE AUTHORIZATION**

IMPORTANT: Your request will not be processed if any of the items 1 thru 5 are incomplete.

1. Account Number _____

2. Employer Name _____

3. Physical Address of Business in Kansas

ADDRESS (NO P.O. BOX NUMBER)

CITY STATE ZIP

If no physical address (actual business location) exists in Kansas, complete one of the following:

Address of Job Site

ADDRESS (NO P.O. BOX NUMBER)

CITY STATE ZIP

Residence of Sales Representative

ADDRESS (NO P.O. BOX NUMBER)

CITY STATE ZIP

Other (Explain): _____

ADDRESS (NO P.O. BOX NUMBER)

CITY STATE ZIP

4. Please mark the one(s) that apply in the State of Kansas. This employer has acquired the services of _____ to handle ☐ Unemployment Insurance Tax, ☐ Claims, or

☐ Appeal matters effective _____.

Please mail the following documents to:

(A) Employer's Quarterly Wage Report and Contribution Return (K-CNS 100)

Name

Address

City State ZIP

(B) Annual Experience Rating Notice (K-CNS 404) & Notice of Benefit Charges (K-CNS 403)

Name

Address

City State ZIP

(C) All Benefit Claim Notices (Last Employer and Base Period)

Name

Address

City State ZIP

5. _____
Date Signature of Owner, Partner, or Corporate Officer

Mail Completed Form to: Kansas Department of Human Resources
401 SW Topeka Blvd., Topeka, Kansas 66603-3182
ATTN: Liability Unit Phone: 913/296-0968

K-CNS 032 (Rev. 03/90)