

K-CNS 032 Employer Representation Authorization

What is it for?

This form gives the Kansas Department of Labor permission to send your State Unemployment Insurance reports to PPL.

Which Unemployment Insurance reports will PPL receive from the Kansas Department of Labor?

As indicated in Section 4, PPL will receive the following documents: Employer's Quarterly Wage Report and Unemployment Tax Return (K-CNS 100), Annual Experience Rating Notice (K-CNS 404), Annual Notice of Benefits Charges (K-CNS 403), Last Employer, Base Period, and all other Benefit and Appeal Claim Notices.

Which sections do I complete?

PPL has completed most of the information for you. You only need to **review, sign, and date the form in Section 5 Sign & Date (example below), and then return the completed form to PPL.**

KANSAS DEPARTMENT OF LABOR www.dol.ks.gov K-CNS 032 (Rev. 12-17)		MAIL: Kansas Department of Labor UI Tax Contributions 401 SW Topeka Blvd. Topeka, KS 66603-3182 FAX: (785) 291-3425 EMAIL: <input type="button" value="Submit"/>		
EMPLOYER REPRESENTATIVE AUTHORIZATION				
Request will be denied if any item is incomplete.				
Employer Serial Number: _____				
Employer: <u>Employer Name</u>				
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.				
<input type="checkbox"/> Business location <input checked="" type="checkbox"/> Job site <input type="checkbox"/> Company representative residence				
<input type="checkbox"/> Other (explain): _____				
Employer Address _____		Employer City _____	ER State _____	ER ZIP _____
Address (Do NOT use PO Box number) _____ City _____ State _____ ZIP _____				
Representative retained to represent you: <u>Public Partnerships LLC</u>				
Representative's phone: (<u>844</u>) <u>225-3659</u>		Representative's email: <u>TaxKS@pcgus.com</u>		
Indicate which Kansas unemployment insurance reports you have delegated the authority to receive. Provide the mailing address for the delegated reports.				
<input checked="" type="checkbox"/> Employer's Quarterly Wage Report and Unemployment Tax Return, K-CNS 100				
Name: _____				
Address: _____				
City, State, ZIP: _____				
<input checked="" type="checkbox"/> Annual Experience Rating Notice, K-CNS 404, and Annual Notice of Benefit Charges, K-CNS 403				
Name: _____				
Address: _____				
City, State, ZIP: _____				
<input type="checkbox"/> 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) _____				
Employer Email _____		(<u>ER</u>) Phone _____		
Email _____		Phone _____		
More information about filing reports as an authorized employer representative is found at www.KansasEmployer.gov .				
UNEMPLOYMENT TAX CONTRIBUTIONS 401 SW Topeka Blvd., Topeka, KS 66603-3182 • Phone (785) 296-6027 • Fax (785) 291-3425 • KDOL.UITax@ks.gov				

5. Sign & Date

John Hancock

Owner, Partner, Corporate Officer, LLC Member/Manager

06-21-2012

MM-DD-YYYY

555-555-5555

Telephone

e-mail