

# 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 <b>EMPLOYER REPRESENTATIVE AUTHORIZATION</b> 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"/>
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 <b>NOT</b> 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): _____		
<u>Employer Address</u>	<u>Employer City</u>	<u>ER State</u> <u>ER ZIP</u>
Address (Do <b>NOT</b> use PO Box number) _____ City _____ State _____ ZIP _____		
Representative retained to represent you: <u>Public Partnerships I.L.C.</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"/> <b>Employer's Quarterly Wage Report and Unemployment Tax Return, K-CNS 100</b>		
Name: _____		
Address: _____		
City, State, ZIP: _____		
<input checked="" type="checkbox"/> <b>Annual Experience Rating Notice, K-CNS 404, and Annual Notice of Benefit Charges, K-CNS 403</b>		
Name: _____		
Address: _____		
City, State, ZIP: _____		
<input type="checkbox"/> <b>Last Employer, Base Period and all other Benefit and Appeal Claim Notices</b>		
Name: _____		
Address: _____		
City, State, ZIP: _____		
Owner, partner, corporate officer, LLC member/manager signature _____		Date (mm/dd/yyyy) _____
<u>Employer Email</u>	( <u>ER</u> ) Phone	
Email _____	Phone _____	
More information about filing reports as an authorized employer representative is found at <a href="http://www.KansasEmployer.gov">www.KansasEmployer.gov</a> .		
UNEMPLOYMENT TAX CONTRIBUTIONS 401 SW Topeka Blvd., Topeka, KS 66603-3182 • Phone (785) 296-5027 • Fax (785) 291-3425 • KDOL.UITax@ks.gov		

5. Sign & Date	<u>John Hancock</u>	<u>06-21-2012</u>
	Owner, Partner, Corporate Officer, LLC Member/Manager	MM-DD-YYYY
	<u>555-555-5555</u>	Telephone
	_____	e-mail