KANSAS DEPARTMENT OF LABOR
**www.dol.ks.gov**

# EMPLOYER REPRESENTATIVE AUTHORIZATION

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: Submit

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: Quanteya Crowell

Representative's phone: ( 757 ) 302-1442 Representative's email: tax@beyondhcm.co

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: Beyond Payroll Inc - Quanteya Crowell

Address: 160 Newtown Rd Ste 203

City, State, ZIP: Virginia Beach VA 23462

☐ ***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**.