KBEN 7105

(Rev.1	1/24)
(1101.1	1/27)

KANSAS DEPARTMENT OF LABOR Unsworn Declaration Payments Not Received / Identity Theft



ly name is:				
First	Middle	La	ist	
y date of birth is:	and last four of SSN: XXX	-XX-		
Month Day Year	_			
y address is:				
Street Address	City	State	ZIP	
rovide the tax year you are disputing (<u>)</u> omplete <u>only one</u> of the two scenarios		you:		
1. Someone intercepted some or a	II of my benefits for a cla	m I filed or int	ended to file, and	I am seekin
reissuance of intercepted payme	nts and/or a Corrected Tax	Form 1099-G		
I, payment(s) for the week(s) ending	, did not	receive my uner	nployment insurance	e benefit
I took no part in, nor did I authorize any	one besides myself to receiv	e my unemployr	ment insurance bene	_· fit
payment(s). I am not attempting to impl	roperly obtain or increase my	unemployment	insurance benefits for	or myself or
anyone else and am entitled to the une				
make a false statement or misrepresen				
payment of unemployment insurance b				
future unemployment insurance benefit				
Labor (KDOL), and/or 3) criminal prose	s, 2) hability to repay the enti-	re improper pay	melovment froud to l	
		eponed the une	inployment haud to i	KDOL and m
police report case no. is	······································			
2. Someone filed a claim for benefit	s in my name, and I never in	ntended to file f	or benefits and need	d a Correcte
Tax Form 1099-G				
	. did not	file or attempt t	o open a claim for u	Inemplovmen
benefits with KDOL. I did not receive	any unemployment insuran	ce benefit pavm	nent(s) from the KD	OL during the
previous calendar year. I took no part ir				
and receive benefit payment(s) using m				
or misrepresentation of a material fac				
prosecution and penalties. I have rep				
prosecution and penalties. I have rep		aud to NDOL, a	and my police repor	
<u> </u>				
I declare under penalty of perjury under	the laws of the state of Kans	as that the fore	noing is true and corr	rect.
				••
Executed (signed) on:				
Date	City		State	
	Signature			
	Signatare			

USE ONE OF THE FOLLOWING METHODS TO RETURN:	
Online: <u>KansasUI.gov</u>	Mail: Unemployment Contact Center
	PO Box 3539
Fax: 785-296-3249	Topeka, KS 66601-3539

¹ Pursuant to K.S.A. 53-601, an unsworn declaration may be used in lieu of a sworn affidavit. An unsworn declaration made under this section must be 1) in writing, 2) signed by the person making the declaration as true under penalty of perjury, and 3) in substantially the form used above