

MAIL TO: Disclosure Officer
Kansas Department of Labor
P.O. Box 3539
Topeka, KS 66601-3539
FAX TO: 785-368-7117

REQUEST FOR DISCLOSURE OF TAX/BENEFIT INFORMATION

K-RM 002 (Rev. 11-24)

Information requested: _____

Information will be used for: _____

SECTION A – CLAIMANT

This request is submitted by a claimant or in reference to a Kansas unemployment claimant. **Information requested by a claimant will only be mailed to the claimant.**

Claimant Social Security number: XXX-XX-_____ [Do not provide full SSN]

Claimant name (first, middle, last): _____

Claimant address: _____ City: _____ State: _____ ZIP: _____

SECTION B – EMPLOYER

This request is submitted by an employer or in reference to a Kansas employer's account.

Employer account number: _____

Employer name: _____

Unemployment tax returns:

Quarters _____ Years _____

SECTION C – PUBLIC OFFICER

This request is submitted in the performance of public duties by an authorized officer or employee of:

Local government branch name: _____ Federal government branch name: _____

State government branch name: _____ Law enforcement agency name: _____

Other: _____ Quarters _____ Years _____

Please make sure to provide address where information may be sent. Email is not a secure form of communication and the agency will not fulfill these requests via email.

Information maintained in the KDOL files may only be disclosed as provided for in K.A.R. 50-4-2 and K.S.A. 44-714(e).

CERTIFICATION: I understand this information is being released in accordance with the Employment Security Law, K.S.A. 44-714(e). The information retains its confidential nature and "...shall not be published or be open to public inspection... in any manner revealing the individual's or employing unit's identity..." I further understand this information is being supplied with the express understanding that the recipient will treat this information in a confidential manner and refrain from disclosing the information or allowing it to be published as part of a public record in any proceeding.

(SIGNATURE MUST BE NOTARIZED)

By my signature, I further authorize and consent to the disclosure and copying of these records for the above mentioned purposes. I further attest that I acknowledge the guidelines of disclosure as mentioned in K.A.R. 50-4-2 and K.S.A. 44-714(e).

Requestor printed name: _____ Title (if applicable): _____

Signature: _____ Date: _____ Phone: _____

BE IT REMEMBERED, that on this _____ day of _____, 20____, before me personally appeared _____,

known to me to be the person named in and who executed the foregoing instrument of writing and acknowledges the execution of the same.

State of _____ NOTARY PUBLIC: _____

County of _____ My commission expires on: _____