KANSAS DEPARTMENT OF LABOR
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Continuation sheet _____ of ____

CONTINUATION SHEET – ADJUSTMENT TO QUARTERLY WAGE REPORT

K-CNS 112 (Rev. 11-24)

MAIL: Kansas Dept. of Labor
P.O. Box 400
Topeka, KS 66601-0400
FAX: 785-291-3425

Adjustment to Quarterly Wage Report , **K-CNS 111**, must accompany this continuation sheet.

1. Business Name	2. Employer Account Number	3. Quarter Ending (M M D D Y Y Y Y Q Y Y Y Y)

4. Social Security Number	5. Employee Last Name	First Name	MI	Total Wages Reported	Corrected Wages	Excess Wages Reported	Excess Wages Corrected