

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. 4-12)

Information requested: \_\_\_\_\_

Information will be used for: \_\_\_\_\_

Send information to: \_\_\_\_\_

## **SECTION A – CLAIMANT**

This request is submitted by a claimant or in reference to a Kansas unemployment claimant.

Claimant Social Security number: \_\_\_\_\_

Claimant name: \_\_\_\_\_

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 OR EMPLOYEE**

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: \_\_\_\_\_

**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(f).**

**CERTIFICATION:** I understand this information is being released in accordance with the Employment Security Law, K.S.A. 44-714(f), which provides for disclosure of information to...*“public employees in the performance of their public duties...”* The information retains its confidential nature and *“...shall not be published or be open to public inspection...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(f). I understand that a charge may be associated with this information request.

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: \_\_\_\_\_