

# OFFICER OF A CORPORATION STATEMENT

K-BEN 3120-B Web (Rev. 7-15)

MAIL: Unemployment Contact Center  
P.O. Box 3539  
Topeka, KS 66601-3539  
FAX: (785) 296-3249  
EMAIL\*: KDOLforms@dol.ks.gov

\*See important Email Notice on website.

Complete this form and return it within **seven days** of the date you filed your claim. **Failure to reply by this date may result in a denial of benefits or possible overpayment.**

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

Name of corporation of which you are an officer: \_\_\_\_\_

Title: \_\_\_\_\_ Name of President: \_\_\_\_\_

Is the corporation your primary responsibility/employment?  YES  NO If YES, in what capacity?  Officer  Employee

Length of time you have been an officer or employee of the corporation: \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Current duties: \_\_\_\_\_

Have your duties changed in the last year?  YES  NO If YES, explain: \_\_\_\_\_

Indicate the number of hours you spent on corporate activities, regardless of the nature of the activity, in the last two weeks:

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_ Saturday/Sunday: \_\_\_\_\_

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_ Saturday/Sunday: \_\_\_\_\_

How many hours of your total activities can be completed after 5 p.m. or on weekends? \_\_\_\_\_ per week

Are you compensated for time spent on corporate activities?  YES  NO

Is the corporation being dissolved?  YES  NO Has the corporation been fully dissolved?  YES  NO

Have operations ceased or been altered?  YES  NO If YES, explain: \_\_\_\_\_

Details and steps taken to dissolve the corporation: \_\_\_\_\_

Are you currently seeking full-time work?  YES  NO If NO, explain: \_\_\_\_\_

If you are offered a full-time position by an employer (40 hours/week), will you accept the position?  YES  NO

If NO, or if conditional, explain: \_\_\_\_\_

List your efforts to seek work in the past seven days:

Date of Activity	Type of Activity (if application, provide Employer name)	Result of Activity

If no contacts were made, explain: \_\_\_\_\_

**CERTIFICATION:** I certify that the information I have provided is correct and complete, and I understand the willful or intentional misrepresentation or failure to disclose a material fact is punishable under the Kansas Employment Security Law.

Signature: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Date: \_\_\_\_\_

**Submit**