

# EMPLOYER DESIGNATED MAILING ADDRESS INFORMATION

## UI Support Services - Attention Chargeback

Texas Workforce Commission

101 East 15<sup>th</sup> Street, Room 354

Austin, TX 78778-0001

Account Number: \_\_\_\_\_

FAX: 512-305-8998- Attention Chargeback

### IMPORTANT

You may designate a specific mailing address which TWC will use when mailing correspondence referencing unemployment claims and employer chargebacks. The address options are: **Designated Claims Address** and/or **Designated Chargeback Address**

**PLEASE SEE THE ATTACHED IMPORTANT INFORMATION ABOUT DESIGNATED CLAIMS AND CHARGEBACK ADDRESSES BEFORE FILLING OUT THE SECTION BELOW.**

### INSTRUCTIONS

If you want to use a designated claims and/or chargeback address, please complete the appropriate items below.

#### CLAIMS ADDRESS

Organization Name: \_\_\_\_\_

Additional Name: \_\_\_\_\_

TWC Tax Account Number: \_\_\_\_\_

Service Representative Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Power of Attorney:  Attached  On File With TWC  Not Applicable

#### CHARGEBACK ADDRESS

Organization Name: \_\_\_\_\_

Additional Name: \_\_\_\_\_

TWC Tax Account Number: \_\_\_\_\_

Service Representative Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Power of Attorney:  Attached  On File With TWC  Not Applicable

Employer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer's Title: \_\_\_\_\_

**Mail or FAX this notice and any attachments to the Texas Workforce Commission address located in the upper left corner of the page.**

Date Processed: \_\_\_\_\_  
Commission Rep: \_\_\_\_\_  
FOR HEARING IMPAIRED CLIENTS  
Relay Texas TDD No: 1-800-735-2989