

STATUS REPORT

**THIS REPORT IS REQUIRED OF EVERY EMPLOYING UNIT,
 AND WILL BE USED TO DETERMINE LIABILITY UNDER THE TEXAS UNEMPLOYMENT COMPENSATION ACT.
 HOWEVER, IF YOU HAVE EMPLOYMENT IN TEXAS ON A FARM OR RANCH, DO NOT COMPLETE THIS FORM. PLEASE COMPLETE
 FORM C-1FR, AVAILABLE ON OUR WEBSITE, TO DETERMINE IF YOU ARE LIABLE FOR YOUR FARM OR RANCH EMPLOYEES.**

IDENTIFICATION SECTION										
1. ACCOUNT NUMBER ASSIGNED BY TWC (IF ANY)		2. FEDERAL EMPLOYER ID NUMBER			3. TYPE OF OWNERSHIP (CHECK ONE)					
4. NAME		5. MAILING ADDRESS			<input type="checkbox"/> CORPORATION/PA/PC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL (SOLE PROPRIETOR/DOMESTIC) <input type="checkbox"/> LIMITED LIABILITY COMPANY		<input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> ESTATE <input type="checkbox"/> TRUST <input type="checkbox"/> OTHER (SPECIFY) _____			
6. CITY					7. COUNTY		8. STATE	8(a). ZIP CODE		9. PHONE NUMBER ()
10. BUSINESS ADDRESS WHERE RECORDS OR PAYROLLS ARE KEPT: (IF DIFFERENT FROM ABOVE)				ADDRESS			PHONE NUMBER ()			
				CITY		STATE	ZIP			
11. OWNER(S) OR OFFICER(S) [ATTACH ADDITIONAL SHEET IF NECESSARY]										
NAME		SOCIAL SECURITY NO.		TITLE		RESIDENCE ADDRESS, CITY, STATE, ZIP				
12. BUSINESS LOCATIONS IN TEXAS [ATTACH ADDITIONAL SHEET IF NECESSARY]										
TRADE NAME		STREET ADDRESS, CITY, ZIP				KIND OF BUSINESS		NO. OF EMPLOYEES		
13. IF YOUR BUSINESS IS A CORPORATION, ENTER:										
FILING NUMBER		STATE INCORPORATED		DATE INCORPORATED		REGISTERED AGENT'S NAME				
REGISTERED AGENT'S ADDRESS				ORIGINAL CORPORATE NAME, IF NAME HAS CHANGED						
EMPLOYMENT SECTION										
14. ENTER THE DATE YOU FIRST HAD EMPLOYMENT IN TEXAS (DO NOT USE FUTURE DATE):							MONTH	DAY	YEAR	
15. ENTER THE DATE YOU FIRST PAID WAGES TO AN EMPLOYEE IN TEXAS (DO NOT USE FUTURE DATE):										
16. IF YOUR ACCOUNT HAS BEEN INACTIVE:		ENTER THE DATE YOU RESUMED EMPLOYMENT IN TEXAS:								
		ENTER THE DATE YOU RESUMED PAYING WAGES IN TEXAS:								
17. ENTER THE ENDING DATE OF THE FIRST QUARTER YOU PAID GROSS WAGES OF \$1,500.00 OR MORE:										
18. ENTER THE ENDING DATE (SATURDAY) OF THE TWENTIETH WEEK IN THE CALENDAR YEAR THAT INDIVIDUALS WERE EMPLOYED IN TEXAS. (INCLUDE ANY WEEK IN WHICH ANYONE PERFORMED SERVICE FOR ANY PORTION OF ANY DAY DURING THAT WEEK. THIS INCLUDES FULL-TIME, PART-TIME, PERMANENT AND TEMPORARY EMPLOYEES. THE SERVICES DO NOT HAVE TO BE PERFORMED ON THE SAME DAY OF THE WEEK, IN CONSECUTIVE WEEKS OR BY THE SAME EMPLOYEE. IF YOU DO NOT REACH 20 WEEKS OF EMPLOYMENT IN THE FIRST CALENDAR YEAR OF OPERATION, BEGIN AGAIN WITH THE SECOND CALENDAR YEAR AND COUNT UNTIL YOU REACH 20 WEEKS IN THAT YEAR. DO NOT USE FUTURE DATE)										
19. IF YOU HOLD AN EXEMPTION FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3), ATTACH A COPY OF YOUR EXEMPTION LETTER. ALSO, ENTER THE ENDING DATE OF THE TWENTIETH WEEK OF THE CALENDAR YEAR IN WHICH 4 OR MORE PERSONS WERE EMPLOYED IN TEXAS:										
20. ENTER THE YEAR(S) YOUR ORGANIZATION WAS LIABLE FOR TAXES UNDER THE FEDERAL UNEMPLOYMENT TAX ACT: (BEGIN WITH MOST RECENT YEAR)							(YEAR)	(YEAR)	(YEAR)	(YEAR)
21. DOES THIS EMPLOYER EMPLOY ANY U.S. CITIZENS OUTSIDE OF THE U.S.?							<input type="checkbox"/> YES <input type="checkbox"/> NO			

DOMESTIC - HOUSEHOLD EMPLOYMENT SECTION

COMPLETE 22 ONLY IF YOU HAVE DOMESTIC OR HOUSEHOLD EMPLOYEES
(INCLUDES MAIDS, COOKS, CHAUFFEURS, GARDENERS, ETC.)

22. ENTER THE ENDING DATE OF THE FIRST CALENDAR QUARTER IN WHICH YOU PAID GROSS WAGES OF \$1,000 OR MORE TO EMPLOYEES PERFORMING DOMESTIC SERVICE:

	MONTH	DAY	YEAR
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NATURE OF ACTIVITY SECTION

23. DESCRIBE FULLY THE NATURE OF ACTIVITY IN TEXAS, AND LIST THE PRINCIPAL PRODUCTS OR SERVICES IN ORDER OF IMPORTANCE:

24. IF THE BUSINESS IN TEXAS WAS ACQUIRED FROM ANOTHER LEGAL ENTITY, YOU MUST COMPLETE ITEMS 24-27.

	PREVIOUS OWNER'S TWC ACCOUNT NUMBER (IF KNOWN)	DATE OF ACQUISITION
	NAME OF PREVIOUS OWNER(S)	

ADDRESS	CITY	STATE	ZIP
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WHAT PORTION OF BUSINESS WAS ACQUIRED? (CHECK ONE)

ALL

PART (SPECIFY) _____

25. ON THE DATE OF THE ACQUISITION, WAS THE PREVIOUS OWNER(S), OR ANY PARTNER(S), OFFICER(S), SHAREHOLDER(S), OTHER OWNER(S) OR A PERSON RELATED BY BLOOD OR MARRIAGE TO ANY OF THESE INDIVIDUALS, HOLDING A LEGAL OR EQUITABLE INTEREST IN THE PREDECESSOR BUSINESS, ALSO AN OWNER, PARTNER, OFFICER, SHAREHOLDER, OR OTHER OWNER OF A LEGAL OR EQUITABLE INTEREST IN THE SUCCESSOR BUSINESS?

YES NO

IF "YES", CHECK ALL THAT APPLY:

<input type="checkbox"/> SAME OWNER, OFFICER, PARTNER, OR SHAREHOLDER	<input type="checkbox"/> SOLE PROPRIETOR INCORPORATING OTHER (DESCRIBE BELOW)
<input type="checkbox"/> SAME PARENT COMPANY	

26. IF "NO," ON THE DATE OF THE ACQUISITION, DID THE PREVIOUS OWNER(S), PARTNER(S), OFFICER(S), SHAREHOLDER(S), OTHER OWNER(S) OR A PERSON RELATED BY BLOOD OR MARRIAGE TO ANY OF THESE INDIVIDUALS, HOLDING A LEGAL OR EQUITABLE INTEREST IN THE PREDECESSOR BUSINESS, HOLD AN OPTION TO PURCHASE SUCH AN INTEREST IN THE SUCCESSOR BUSINESS?

YES NO

27. AFTER THE ACQUISITION, DID THE PREDECESSOR CONTINUE TO:

<input type="checkbox"/> OWN OR MANAGE THE ORGANIZATION THAT CONDUCTS THE ORGANIZATION, TRADE OR BUSINESS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> OWN OR MANAGE THE ASSETS NECESSARY TO CONDUCT THE ORGANIZATION, TRADE OR BUSINESS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> CONTROL THROUGH SECURITY OR LEASE ARRANGEMENT THE ASSETS NECESSARY TO CONDUCT THE ORGANIZATION, TRADE OR BUSINESS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> DIRECT THE INTERNAL AFFAIRS OR CONDUCT OF THE ORGANIZATION, TRADE OR BUSINESS?	<input type="checkbox"/> YES <input type="checkbox"/> NO

IF "YES" TO ANY OF ABOVE, DESCRIBE:

VOLUNTARY ELECTION SECTION

28. A NON-LIABLE EMPLOYER MAY ELECT TO PAY STATE UNEMPLOYMENT TAX VOLUNTARILY. IF AN EMPLOYER ELECTS TO DO SO, THE EMPLOYER IS OBLIGED TO PAY TAXES FOR A MINIMUM OF TWO CALENDAR YEARS, BEGINNING WITH JANUARY 1 OF THE FIRST YEAR OF THE ELECTION. THE EMPLOYER MAY WITHDRAW THE ELECTION BY WRITTEN REQUEST, AT THE END OF THE 2-YEAR PERIOD, IF NOT YET LIABLE UNDER THE TEXAS UNEMPLOYMENT COMPENSATION ACT. TO ELECT THIS OPTION, COMPLETE THE FOLLOWING:

YES, EFFECTIVE JAN. 1, 2____ I WISH TO COVER ALL EMPLOYEES (EXCEPT THOSE PERFORMING SERVICE(S) WHICH ARE SPECIFICALLY EXEMPT IN THE TEXAS UNEMPLOYMENT COMPENSATION ACT).

SIGNATURE SECTION

I HEREBY CERTIFY THAT THE PRECEDING INFORMATION IS TRUE AND CORRECT, AND THAT I AM AUTHORIZED TO EXECUTE THIS STATUS REPORT ON BEHALF OF THE EMPLOYING UNIT NAMED HEREIN. (THIS REPORT MUST BE SIGNED BY THE OWNER, OFFICER, PARTNER OR INDIVIDUAL WITH A VALID WRITTEN AUTHORIZATION ON FILE WITH THE TEXAS WORKFORCE COMMISSION)

DATE OF SIGNATURE:	MONTH	DAY	YEAR	SIGN HERE →	TITLE
DRIVER'S LICENSE NUMBER			STATE	E-MAIL ADDRESS	

Individuals may receive, review and correct information that TWC collects about the individual by emailing to open.records@twc.state.tx.us or writing to TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001.