

# DOMESTIC EMPLOYER'S ANNUAL REPORT

11111

1. ACCOUNT NUMBER	2. COUNTY CODE	3. TAX AREA	4. TAX RATE %	5. NAICS CODE	6. FEDERAL I.D. NUMBER	7. YEAR
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8. EMPLOYER NAME AND ADDRESS (Use Envelope STATUS CHANGE FORM to make address and name changes.)

## DOM

9. TELEPHONE NUMBER

You must FILE this return even though you had no payroll. If you had no payroll show '0' in item 13 and sign the declaration (Item 24) on this form.

9a. PENALTIES WILL BE ASSESSED IF REPORT IS NOT POSTMARKED BY:

	1st QTR	2nd QTR	3rd QTR	4th QTR
10. Enter in the boxes the number of employees both full and part-time, in pay periods that include the 12 <sup>th</sup> day of the month. (Enter Whole Numbers Only)	1st Month			
11. Show the County Code in which you had the greatest number of employees.	2nd Month			
<input style="width: 40px; height: 20px;" type="text"/>	3rd Month			

QUARTER Do not enter data in shaded areas	1st QTR	2nd QTR	3rd QTR	4th QTR	Annual Total		
13. Total (Gross Wages) Paid During each Quarter to Texas Employees, (If none, enter "0")							
14. Taxable Wages Paid each Quarter up to \$9000 annual maximum per employee. (If none enter "0"). Then summarize all four quarters and enter as annual taxable amount.							
15. Tax Due (Multiply Annual Total Taxable Wages - Item 14 by Tax Rate, Item 4)							
NOTE: For Federal form 940 purposes your Tax Rate includes: A UI Obligation Assessment rate of:  An Employment and Training Assessment Rate of:							
16. Interest, if Tax is Past Due. Multiply the Annual Total Tax Due in line 15 by 1.5% for each month or part of a month elapsed after the final due date. Maximum interest is 37.5%.							
17. Penalty, if Report is Past Due. Please refer to the worksheet on the back of the Voucher for instructions on computing late reporting penalty.							
18. Add back Balance Due from Prior Periods (Subtract Credit or add Debit).							
19. Total Due. Sum of lines 15, 16 17, & 18. Make Remittance Payable to TWC. Please include payment Voucher with remittance.							
20. SOCIAL SECURITY NUMBER	1 <sup>ST</sup> INIT	2 <sup>ND</sup> INIT	21. EMPLOYEE NAME LAST NAME	22. TOTAL WAGES PAID DURING EACH QUARTER 1st QTR	2nd QTR	3rd QTR	4th QTR
23. PAGE TOTAL							

24. I DECLARE that the information herein is true and correct to the best of my knowledge.

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

PREPARER'S NAME \_\_\_\_\_

PREPARER'S PHONE NUMBER \_\_\_\_\_

For assistance please contact:

FOR TWC USE ONLY

ESTIMATED       STATUS  
 MONTH      DAY      YEAR

Postmark Date C3			
Ex Date C3			
Ex Date \$			

DOLLARS      CENTS      INITIALS