

TEXAS WORKFORCE COMMISSION ELECTION TO PAY REIMBURSEMENTS

Account Number _____

1. Name of organization making this election: _____
2. Mailing Address:

Street

City State Zip Code
3. The above named employing unit hereby elects to pay reimbursements for benefits paid to its former employees in lieu of paying contributions (taxes) under the law.
4. It is understood and agreed that a surety bond and/or adjusted surety bonds will be promptly executed and filed with the Commission when this organization is directed to do so by the Commission.
5. The effective date of this election is the first day of January, ____ (Year) and shall be for a minimum period of two (2) calendar years. It is understood and agreed that this election cannot be terminated prior to that time except that the Commission may terminate this election as of the beginning of the next taxable year if the organization is delinquent in making reimbursements or if it fails to make a surety bond when directed to do so by the Commission. It is also understood and agreed that this election may be withdrawn by the organization by filing a written application with the Commission no later than December 1 prior to the beginning of the year with respect to which the organization wishes to change its method of payment.

This election must be signed by a duly authorized official of the organization making this election.

Date: _____

Signed by: _____

Title: _____

This application approved by the Texas Workforce Commission on _____

This application will be effective only when it is approved by the Commission.

Tax Department
TEXAS WORKFORCE COMMISSION

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.