

TEXAS WORKFORCE COMMISSION

APPLICATION FOR WITHDRAWAL OF ELECTION TO PAY REIMBURSEMENTS

Account Number

1. Name of organization making this election: _____

2. Mailing address: _____
Street

City State Zip Code

3. As provided in Chapter 205, Subchapter A of the Texas Unemployment Compensation Act, the above named organization hereby makes application to withdraw its Election to Pay Reimbursements previously filed with the Commission.

4. The effective date of this withdrawal is January, ____ (year). It is understood and agreed that there must be a minimum of two (2) calendar years and a timely application filed before the method of payment may again be changed. It is understood and agreed that this application must be received no later than December 1 to be effective at the beginning of the next calendar year.

5. It is also understood and agreed that in accordance with Section 205.015 of the Act, this organization will continue to be liable for reimbursements attributable to service for this organization while it was a reimbursable employer.

Date: _____

Signed by: _____

Title: _____

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

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.