

STATUS REPORT

**THIS REPORT IS REQUIRED OF EVERY EMPLOYING UNIT,
 AND WILL BE USED TO DETERMINE LIABILITY UNDER THE TEXAS UNEMPLOYMENT COMPENSATION ACT.
 (YOU SHOULD RETAIN A COPY FOR YOUR FILES)**

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		1. <input type="checkbox"/> CORPORATION 2. <input type="checkbox"/> PARTNERSHIP 3. <input type="checkbox"/> INDIVIDUAL (SOLE PROPRIETOR) 6. <input type="checkbox"/> OTHER (SPECIFY) _____		4. <input type="checkbox"/> ESTATE 5. <input type="checkbox"/> TRUST		<input type="checkbox"/> PROFESSIONAL ASSOCIATION <input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> POLITICAL SUBDIVISION		
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. OWNERS OR OFFICERS [ATTACH ADDITIONAL SHEET IF NECESSARY]	NAME		SOCIAL SECURITY NUMBER		TITLE	RESIDENCE ADDRESS, CITY, STATE, ZIP				
			- -							
			- -							
12. BUSINESS LOCATION IN TEXAS [ATTACH ADDITIONAL SHEET IF NECESSARY]	TRADENAME		STREET ADDRESS, CITY, COUNTY			KIND OF BUSINESS		NUMBER OF EMPLOYEES		
13. IF YOUR BUSINESS IS A CORPORATION, ENTER:	CHARTER NUMBER		STATE INCORPORATED		DATE INCORPORATED		REGISTERED AGENT'S NAME			
	ORIGINAL CORPORATE NAME, IF DIFFERENT THAN ABOVE				REGISTERED AGENT'S ADDRESS					
EMPLOYMENT SECTION										
14. ENTER THE DATE ON WHICH YOUR ORGANIZATION FIRST EMPLOYED SOMEONE IN TEXAS:							MONTH	DAY	YEAR	
15. ENTER THE DATE ON WHICH YOUR ORGANIZATION FIRST PAID WAGES TO SOMEONE IN TEXAS:										
16. IF YOUR ACCOUNT HAS BEEN INACTIVE:	ENTER THE DATE YOUR ORGANIZATION RESUMED EMPLOYING SOMEONE IN TEXAS:									
	ENTER THE DATE YOUR ORGANIZATION RESUMED PAYING WAGES IN TEXAS:									
17. ENTER THE ENDING DATE OF THE TWENTIETH WEEK OF EMPLOYMENT IN THE CALENDAR YEAR IN WHICH THIS ORGANIZATION HAD AT LEAST ONE PERSON EMPLOYED IN TEXAS:										
18. IF YOUR ORGANIZATION HAS PAID WAGES OF \$1,500 OR MORE IN A CALENDAR QUARTER, ENTER THE ENDING DATE OF THE FIRST QUARTER IN WHICH THIS OCCURRED:										
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. IF THE BUSINESS IN TEXAS WAS ACQUIRED FROM ANOTHER LEGAL ENTITY ENTER:	PREVIOUS OWNER'S TWC ACCOUNT NUMBER (IF KNOWN)			DATE OF ACQUISITION: →						
	NAME OF PREVIOUS OWNER		ADDRESS			CITY		STATE		
	WHAT PORTION OF THE BUSINESS WAS ACQUIRED? (CHECK ONE)					<input type="checkbox"/> ALL <input type="checkbox"/> PART (SPECIFY) _____				
21. 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)		

(CONTINUED ON REVERSE SIDE)

EMPLOYMENT SECTION - CONTINUED

22. **DOES THIS ORGANIZATION EMPLOY ANY U.S. CITIZENS OUTSIDE OF THE UNITED STATES?** YES NO

DOMESTIC - HOUSEHOLD EMPLOYMENT SECTION

COMPLETE 23 ONLY IF YOU HAVE DOMESTIC OR HOUSEHOLD EMPLOYEES
(INCLUDES MAIDS, COOKS, CHAUFFEURS, GARDENERS, ETC.)

23. **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

24. **DESCRIBE FULLY THE NATURE OF ACTIVITY IN TEXAS, AND LIST THE PRINCIPLE PRODUCTS OR SERVICES IN ORDER OF IMPORTANCE:**

25. **SELECT ONE OF THE SHORT TITLES BELOW WHICH MOST CLOSELY DESCRIBES YOUR BUSINESS OPERATIONS IN TEXAS AND ENTER THE APPROPRIATE CODE IN THE SPACE PROVIDED. →** **INDUSTRY CODE NUMBER**

111 Crop Production 112 Animal Production 113 Forestry and Logging 114 Fishing, Hunting, and Trapping 115 Support Activities for Agriculture and Forestry 211 Oil and Gas Extraction 212 Mining (except Oil and Gas) 213 Support Activities for Mining 221 Utilities 233 Building, Developing, and General Contracting 234 Heavy Construction 235 Special Trade Contractors 311 Food Manufacturing 312 Beverage and Tobacco Product Manufacturing 313 Textile Mills 314 Textile Product Mills 315 Apparel Manufacturing 316 Leather and Allied Product Manufacturing 321 Wood Product Manufacturing 322 Paper Manufacturing 323 Printing and Related Support Activities 324 Petroleum and Coal Products Manufacturing 325 Chemical Manufacturing 326 Plastics and Rubber Products Manufacturing 327 Nonmetallic Mineral Product Manufacturing 331 Primary Metal Manufacturing 332 Fabricated Metal Product Manufacturing 333 Machinery Manufacturing 334 Computer and Electronic Product Manufacturing 335 Electrical Equipment, Appliance, and Component Manufacturing 336 Transportation Equipment Manufacturing 337 Furniture and Related Product Manufacturing 339 Miscellaneous Manufacturing	421 Wholesale Trade, Durable Goods 422 Wholesale Trade, Nondurable Goods 441 Motor Vehicle and Parts Dealers 442 Furniture and Home Furnishings Stores 443 Electronics and Appliance Stores 444 Building Material and Garden Equipment and Supplies Dealers 445 Food and Beverage Stores 446 Health and Personal Care Stores 447 Gasoline Stations 448 Clothing and Clothing Accessories Stores 451 Sporting Goods, Hobby, Book, and Music Stores 452 General Merchandise Stores 453 Miscellaneous Store Retailers 454 Nonstore Retailers 481 Air Transportation 482 Rail Transportation 483 Water Transportation 484 Truck Transportation 485 Transit and Ground Passenger Transportation 486 Pipeline Transportation 487 Scenic and Sightseeing Transportation 488 Support Activities for Transportation 491 U.S. Postal Service 492 Couriers and Messengers 493 Warehousing and Storage Facilities 511 Publishing Industries 512 Motion Picture and Sound Recording Industries 513 Broadcasting and Telecommunications 514 Information and Data Processing Services 521 Monetary Authorities - Central Bank 522 Credit Intermediation and Related Activities 523 Securities, Commodity Contracts, and Related Activities 524 Insurance Carriers and Related Activities	525 Funds, Trusts, and Other Financial Vehicles 531 Real Estate 532 Rental and Leasing Services 533 Lessors of Nonfinancial Intangible Assets 541 Professional, Scientific, and Technical Services 551 Management of Companies and Enterprises 561 Administrative and Support Services 562 Waste Management and Remediation Services 611 Educational Services 621 Ambulatory Health Care Services 622 Hospitals 623 Nursing and Residential Care Facilities 624 Social Assistance 711 Performing Arts, Spectator Sports, and Related Industries 712 Museums, Historical Sites, and Similar Institutions 713 Amusement, Gambling, and Recreation Industries 721 Accommodation Services 722 Food Services and Drinking Places 811 Repair and Maintenance Services 812 Personal and Laundry Services 813 Religious, Grantmaking, Civic, and Professional Organizations 814 Private Households (Inc. Domestic Employment) 921 Executive, Legislative, and Other General Government 922 Justice, Public Order, and Safety 923 Administration of Human Resource Programs 924 Administration of Environmental Quality Programs 925 Administration of Housing Programs, Urban Planning, and Community Development 926 Administration of Economic Programs 927 Space Research and Technology 928 National Security and International Affairs
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VOLUNTARY ELECTION SECTION

26. **IF YOU ARE NOT LIABLE UNDER A COMPULSORY PROVISION OF THE TEXAS UNEMPLOYMENT COMPENSATION ACT, AND YOU WISH TO VOLUNTARILY ELECT COVERAGE FOR YOUR EMPLOYEES, SELECT ONE OF THE FOLLOWING AND ENTER THE YEAR YOU WISH LIABILITY TO BEGIN:**

- ALL EMPLOYEES
 ALL EMPLOYEES, EXCEPT THOSE PERFORMING SERVICE WHICH ARE SPECIFICALLY EXEMPT IN THE TEXAS UNEMPLOYMENT COMPENSATION ACT.

BEGINNING JAN. 1, _____ IT IS UNDERSTOOD AND AGREED THAT AT THE END OF 2 YEARS FROM THIS DATE, OR AT THE END OF ANY CALENDAR YEAR SUBSEQUENT THERETO, YOU MAY WITHDRAW THIS ELECTION BY FILING A WRITTEN REQUEST. **(IF THIS ELECTION IS APPROVED, WE WILL NOTIFY YOU OF YOUR ACCOUNT NUMBER).**

FARM OR RANCH EMPLOYMENT

27. **DO YOU HAVE ANY EMPLOYMENT IN TEXAS ON A FARM OR RANCH? →**
IF "YES", WE WILL SUPPLY YOU WITH A SEPARATE STATUS REPORT TO DETERMINE IF YOU ARE LIABLE FOR YOUR FARM OR RANCH EMPLOYEES. YES NO

SIGNATURE SECTION

28. 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 FOR WHOM A VALID WRITTEN AUTHORIZATION IS ON FILE WITH THE TEXAS WORKFORCE COMMISSION)

DATE OF SIGNATURE:	MONTH	DAY	YEAR	SIGN HERE →
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DRIVER'S LICENSE NUMBER	TITLE →
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