Mail To:
Cashier - Texas Workforce Commission
P.O. Box 149037
Austin, TX 78714-9037
512.463.2731
www.texasworkforce.org

_____
Account Number

APPLICATION BY A DOMESTIC EMPLOYER FOR WITHDRAWAL OF ELECTION TO REPORT QUARTERLY WAGES AND PAY TAXES ON AN ANNUAL BASIS

1. Name of employer making this election _____

2. Mailing address of employer: _____
Street

_____ _____ _____
City State Zip

3. As provided in Chapter 201, Subchapter C, Section 201.027of the Texas Unemployment Compensation Act, the above named domestic employer hereby makes application to withdraw their **Election By a Domestic Employer to Report Quarterly Wages and Pay Taxes on an Annual Basis.** It is understood and agreed that there must be a minimum of two (2) calendar years and a timely application submitted before the method of reporting quarterly wages may again be changed.

4. The effective date of this withdrawal is January, ____(year). It is understood and agreed that this application must be received no later than December 31 to be effective at the beginning of the next calendar year.

This application must be signed by the employer or an individual for whom a valid Written Authorization is on file with the Texas Workforce Commission

Date: _____

Employer Signature _____

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. 15 St., Rm. 266, Austin, TX 78778-0001.