

# EMPLOYER DESIGNATED MAILING ADDRESS FORM

UI Administration and Operational Support - Attention Chargeback

Texas Workforce Commission

P.O. Box 149137

Austin, TX 78714-9137

TWC Account Number: \_\_\_\_\_

FAX: 512-305-8998- Attention Chargeback

## INSTRUCTIONS

You may designate a specific mailing address for TWC to use when mailing correspondence about unemployment benefit claims and employer chargebacks. Fill out a new form if your address changes **OR** you stop using a Service

Representative company. **Please see the designated claims and chargeback address information at**

<https://twc.texas.gov/businesses/designate-employer-mailing-address> before filling out the section below.

The designated mailing address options are:

\* **Designated Claims Address** and/or \* **Designated Chargeback Address**

## DESIGNATED MAILING ADDRESS INFORMATION

If you want TWC to use a designated claims and/or chargeback address, please complete the appropriate items below.

### CLAIMS ADDRESS

Organization Name:	_____
Additional Name:	_____
TWC Tax Account Number:	_____
Service Representative Company Name:	_____
Mailing Address:	_____
City:	_____ State: _____ Zip Code: _____
Telephone Number:	_____ Fax Number: _____
Contact Person:	_____ Telephone Number: _____
<a href="#">Written Authorization (Form C-42):</a>	<input type="checkbox"/> On File With TWC <input type="checkbox"/> Not Applicable

### CHARGEBACK ADDRESS

Organization Name:	_____
Additional Name:	_____
TWC Tax Account Number:	_____
Service Representative Company Name:	_____
Mailing Address:	_____
City:	_____ State: _____ Zip Code: _____
Telephone Number:	_____ Fax Number: _____
Contact Person:	_____ Telephone Number: _____
<a href="#">Written Authorization (Form C-42):</a>	<input type="checkbox"/> On File With TWC <input type="checkbox"/> Not Applicable

**Employer's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Employer's Title:** \_\_\_\_\_

**Mail or FAX** this notice and any attachments to the Texas Workforce Commission address located in the upper left corner of the page.

Date Processed: \_\_\_\_\_

Commission Rep: \_\_\_\_\_

HEARING IMPAIRED CLIENTS call Relay Texas: 711

You may receive, review, and correct information TWC collects about you by contacting TWC Open Records at 1-866-274-0940.  
BR-001 (10-11)