

Instructions for Status Report (Form C-1)

Purpose of Report: The information in this report will be used to determine if liability has been incurred under the Texas Unemployment Compensation Act.

Who must file: Every individual or employing unit which operates a business or organization in Texas (including domestic/household employment), or which has acquired a business or organization which has operated in Texas.

Employing unit is defined as any individual or type of organization, including but not limited to any partnership, association, trust, estate, joint-stock company, or corporation, whether domestic or foreign, or the receiver, trustee in bankruptcy, trustee or successor thereof, or the legal representative of a deceased person, which has or, subsequent to January 1, 1936, had in its employ one (1) or more individuals performing services for it within this State.

Detail Instructions:

Item 1: Enter the account number TWC has assigned you. If you have not yet been assigned a number, leave this blank and you will be notified of your number later.

Item 2: Enter the Federal Employer Identification Number the Internal Revenue Service has assigned you.

Item 3: Place an "X" in the appropriate box to indicate your type of business or organization.

Item 4: Enter the names(s) of the legal owner(s). For corporations, enter the corporate name. Do not enter trade names here.

**Items 5,
6, 7, 8,**

and 8(a): Enter the address where you want to receive your mail.

Item 9: Enter the phone number you wish us to contact you at regarding TWC matters.

Item 10: Enter the address and phone number where your payroll records are kept. If it is the same as in Items 5, 6, 7, and 8, leave blank.

Item 11: For each owner, officer, or responsible official, enter the name, social security number, title and residence address. If there are more than three, please enter the additional names on a separate sheet and attach it to this report.

Item 12: Enter each trade or business name under which you operate. Also enter the location, kind of business and number of employees at each location. Some examples of kinds of business are: retail store, warehouse, administrative office, factory and auto shop. If additional lines are needed, please continue the information on a separate sheet and attach it to this report.

Item 13: This section should be completed for corporations only. Enter the filing number issued by the state, the issuing state, the date issued, and the original corporate name, if it is different than the name entered in Item 4 above. Also enter the name and address of the corporation's registered agent.

Item 14: Enter the first date someone performed services as an employee.

Item 15: Enter the first date someone was paid for their services.

Item 16: If your account with TWC has been suspended, and you are filing this report to reactivate your account, enter the dates someone began performing services and was paid, after you resumed activity in Texas.

Item 17: Enter the ending date (March 31, June 30, Sept. 30 or Dec. 31) of the first calendar quarter in which wages of \$1,500.00 or more were paid.

- Item 18:** Enter the ending date (Saturday) of the 20th week of the calendar year in which one or more individuals performed services in Texas. (Include any week in which anyone performed service for any portion of any day during that week. This includes full-time, part-time, permanent and temporary employees. The services do not have to be performed on the same day of the week, in consecutive weeks or by the same employee. If you do not reach 20 weeks of employment in the first calendar year of operation, begin again with the second calendar year and count until you reach 20 weeks in that year. Do not use future dates.)
- Item 19:** Same as Item 18, except that when counting weeks, include only those weeks in which 4 or more individuals performed services. The services do not have to be performed on the same day of the week, and do not have to be performed by the same employee. Also, please be sure to attach a copy of your exemption letter from the Internal Revenue Service.
- Item 20:** If you have become liable for taxes to the federal government under the Federal Unemployment Compensation Act, enter your years of liability-beginning with the most recent and working backward.
- Item 21:** Check the appropriate block to indicate whether you employ U.S. Citizens who perform services outside the U.S.
- Item 22:** Enter the ending date (March 31, June 30, Sept. 30, or Dec. 31) of the calendar quarter in which \$1,000.00 or more was paid to any individual(s) who perform domestic service.
- Item 23:** Enter a brief description of your business activity in Texas and also list the principle product(s) you produce or the service you provide.
- Item 24, 25, 26, 27:** These sections must be completed if you acquire all or part of your business or organization in Texas from a previous owner. Enter the TWC account number of the previous owner if you know it. Also enter the name and address of the prior owner, the date the business or part was acquired, and check the appropriate block to indicate "all" or "part" was acquired. If you check "part," describe the part acquired. If additional space is needed, please use a separate sheet and attach it to this report.
- Item 25:** On the date of the acquisition, was the previous owner(s), or any partner(s), officer(s), shareholder(s), other owner(s) or a person related by blood or marriage to any of these individuals, holding a legal or equitable interest in the predecessor business, also an owner, partner, officer, shareholder, or other owner of a legal or equitable interest in the successor business?
- If you answered "yes", please check all blocks that apply. If "other" is checked, please describe.
- Item 26:** If the answer to Item 25 is "no", did the previous owner(s), partner(s), officer(s), shareholder(s) or other owner(s) of a legal or equitable interest hold an option to purchase such an interest in the successor business on the date of the acquisition?
- Item 27:** Please indicate a "yes" or "no" to each statement. Please give a description for each "yes" answer.
- Item 28:** If your employment experience does not indicate you have become liable under a compulsory provision of the Texas Unemployment Compensation Act, you may voluntarily elect coverage for your employees. To do this, check the "yes" block to indicate that you wish to cover all employees not specifically exempt by one of the sections of the law which define exempt services. If you have questions concerning exempt services, please contact a TWC Field Tax office. *See your phone book for the office nearest you.*

This report must be signed by an owner, corporate officer, partner, or individual with a valid Written Authorization on file with the Texas Workforce Commission.

KEEP A COPY OF THIS REPORT FOR YOUR FILE.

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.