

EMPLOYER DESIGNATED MAILING ADDRESS FORM

UI Support Services - Attention Chargeback
Texas Workforce Commission
101 East 15th Street, Room 354
Austin, TX 78778-0001
FAX: 512-305-8998- Attention Chargeback

TWC Account Number: _____

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 <http://www.twc.state.tx.us/ui/bnfts/designated-mailing-addresses.html> 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: _____
Written Authorization (Form C-42):	<input type="checkbox"/> Attached <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: _____
Written Authorization (Form C-42):	<input type="checkbox"/> Attached <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