

# EMPLOYER DESIGNATED MAILING ADDRESS FORM

UI Support Services - Attention Chargeback  
Texas Workforce Commission  
101 East 15<sup>th</sup> 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:	_____
<a href="#">Written Authorization (Form C-42):</a>	<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:	_____
<a href="#">Written Authorization (Form C-42):</a>	<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