

EMPLOYER'S QUARTERLY REPORT

11111

1. ACCOUNT NUMBER	2. COUNTY CODE	3. TAX AREA	4. TAX RATE %	5. NAICS CODE	6. FEDERAL I.D. NUMBER	7. QTR. YR.
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8. EMPLOYER NAME AND ADDRESS (SEE ITEM 24 FOR CHANGES TO NAME, ADDRESS, ETC.)

9. TELEPHONE NUMBER

You must FILE this return even though you had no payroll this quarter. If you had no payroll show '0' in item 13 and sign the declaration (Item 25) on this form.



FILE AND PAY ONLINE
www.texasworkforce.org

☐ ☐ ALIGNMENT

9A. QUARTER ENDING

9B. PENALTIES WILL BE ASSESSED IF REPORT IS NOT POSTMARKED BY

1st Month

2nd Month

3rd Month

11. SHOW THE COUNTY CODE (see list on the back of C-4 form) in which you had the greatest number of employees.

12. If you have employees in more than one county in TEXAS, how many are outside the county shown in Item 11?

10. Enter in the boxes above the number of employees both full-time and part-time, in pay periods that include 12th day of the calendar month. (ENTER WHOLE NUMBERS ONLY)

DOLLARS

CENTS

14a. ☐ Mark box with an "X" if reporting wages to another state during the year for employees listed in Item 21.

13. Total (Gross) Wages Paid During this Quarter to Texas Employees. (If none, enter "0")		
14. Taxable Wages paid this quarter to each employee up to \$9000, the annual maximum amount. (If none, enter "0")		
15. Tax Due (Multiply Taxable Wages, Item #14, by your Tax Rate of Note: For Federal Form 940 purposes, your Tax Rate includes: • A UI Obligation Assessment rate of: • An Employment and Training Assessment Rate of:		
16. Interest, If Tax is Past Due		
17. Penalty, If Report is Past Due		
18. Balance Due From Prior Periods (Subtract Credit Or Add Debit)		
19. Total Due - Make Remittance Payable To TWC Include payment voucher with remittance.		

FOR TWC USE ONLY

☐ Estimated

☐ Status

	MONTH	DAY	YEAR
POSTMARK DATE C3			
EX DATE C3			
EX DATE \$			

DOLLARS

CENTS

INITIALS

AMOUNT RECEIVED

25. I DECLARE that the information herein is true and correct to the best of my knowledge.

SIGNATURE _____

TITLE _____ DATE _____

PREPARER'S NAME _____

PREPARER'S PHONE NUMBER _____

For assistance please contact,

If you are unable to file and pay online, mail report and remittance to:

CASHIER
TEXAS WORKFORCE COMMISSION
P.O. BOX 149037
AUSTIN, TEXAS 78714-9037

DO NOT STAPLE REPORT
(Write Account No. On Check)

23. The sum of all page totals must equal item 13

24. Use Envelope STATUS CHANGE FORM to make address and ownership changes