

Texas Workforce Commission

www.texasworkforce.org e-mail: tax@twc.state.tx.us

Installment Payment Proposal

Employer Account No. _____

I, the undersigned, do hereby acknowledge indebtedness to the Texas Workforce Commission in the amount of \$ _____ as of this date, subject to adjustment for error, omission, or other cause. I also acknowledge indebtedness for additional interest on taxes remaining unpaid at the end of each month as provided in Sec. 213.021 of the Texas Unemployment Compensation Act, Labor Code.

I hereby propose to pay the debt acknowledged herein as follows:

\$ _____ submitted with this agreement and not less than \$ _____ to be submitted _____ weekly;
_____ semimonthly; _____ monthly hereafter on or before the _____ day/days of each _____ week,/
_____ month, with the first installment due on _____ until the entire debt is paid. The payments

are to be mailed to **Texas Workforce Commission, Tax Department, PO Box 149037, Austin, TX 78714-9037.**

NOTE: Completed forms, inquiries, or corrections to the individual information contained in this form shall be sent to the TWC Tax Department, PO Box 149037, Austin, Texas 78714-9037, (512) 463-2699. Individuals may receive and review information that TWC collects about the individual by emailing open.records@twc.state.tx.us or writing to TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001.

I also promise to submit Employer's Quarterly Reports and pay taxes for quarters ending subsequent to the date of this agreement **before such reports and taxes are past due.**

I understand that taxable wages on which taxes have not been timely paid cannot be used in the tax rate computation for experience rating purposes. I further understand that failure to pay taxes when due may cause an increase in my tax rate. I acknowledge that the Texas Workforce Commission, by its acceptance of this proposal, **is not deprived of statutory collection remedies.**

Executed on this, the _____ day of _____ 2____ at _____
Day Month Year City State

By: _____
Employer Name Owner/Partner/Officer

This installment payment proposal is accepted on this the _____ day of _____ 2____
for transmission to, and consideration by the Texas Workforce Commission, Tax Department.

By: _____
TWC Accounts Examiner