

# Amended Status Report

This report should be used to update your account with TWC  
 Please complete Items 1 through 8, any other item that needs to  
 be updated, and sign the report in Item 20 on the back.

TWC Use Only	
County Code	Tax Area

Identification Section									
1. Account Number assigned by TWC	5. Federal Employer ID Number								
2. Name	6. Area Code/Phone Number								
3. Mailing address	7. Address of Records/Payroll								
4. City, State, Zip	8. City, State, Zip								
9. Owners' or Officers' Name	Soc. Sec. No.	Title	Residence Address, City, State						
10. Business location(s) in Texas									
Trade Name	Street Address, City		Kind of Business	No. Employees					
Acquisition Section									
11. If you acquired the business in Texas from a previous owner, you must complete Items 11-14.									
Previous Owner's TWC Account Number (if known): _____			Acquisition Date : <table border="1"> <tr> <td>Mo.</td> <td>Day</td> <td>Yr.</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Mo.	Day	Yr.			
Mo.	Day	Yr.							
Previous Owner's Name: _____									
Previous Owner's Address: _____									
City, State, Zip: _____									
Portion of business acquired: (check one): <input type="checkbox"/> All <input type="checkbox"/> Part (specify) _____									
12. 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, <u>also</u> an owner, partner, officer, shareholder, or other owner of a legal or equitable interest in the successor business?			<input type="checkbox"/> Yes <input type="checkbox"/> No						
If "yes", check all that apply: <input type="checkbox"/> Same owner, officer, partner, or shareholder <input type="checkbox"/> Same parent company <input type="checkbox"/> Sole proprietor incorporating <input type="checkbox"/> Other		If other, describe: _____							
13. If "No", on the date of the acquisition, did the previous owner(s), 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, hold an option to purchase such an interest in the successor business?			<input type="checkbox"/> Yes <input type="checkbox"/> No						
14. After the acquisition, did the predecessor continue to: <ul style="list-style-type: none"> <li>Own or manage the organization that conducts the organization, trade or business?</li> <li>Own or manage the assets necessary to conduct the organization, trade or business?</li> <li>Control through security or lease arrangement, the assets necessary to conduct the organization, trade or business?</li> <li>Direct the internal affairs or conduct of the organization, trade or business?</li> </ul>			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes to any of above, describe: _____									

**Reopen Section**

15. If you are filing this report to reactivate your inactive account, complete this section.

Mo.	Day	Yr.

The date you resumed employing individuals in Texas:

The date you resumed paying wages in Texas:

**Suspend Section**

16. If you are filing this report to inactivate your account, complete this section.

Mo.	Day	Yr.

The last day on which individuals performed services in Texas:

The date on which final wages were paid:

Employment in Texas was discontinued because:

- (Check one):
- Business discontinued entirely without a successor.
  - Business continued without employment.
  - Business, trade or organization was acquired by a successor.

If you sold a business in Texas you must complete Items 16 through 19.

Successor's TWC Account Number (if known): \_\_\_\_\_

Successor's Name: \_\_\_\_\_

Successor's Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

- Successor Acquired:  All the Texas business or assets.  
 (Check one):  Part of the Texas business or assets. Part Acquired (specify): \_\_\_\_\_

17. 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?

YES  NO

If "Yes", check all that apply:

- Same owner, officer, partner or shareholder
- Same parent company
- Sole proprietor incorporating
- Other (Described below)

18. If "No", on the date of the acquisition, did the previous owner(s), 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, hold an option to purchase such an interest in the successor business?

YES  NO

19. After the acquisition, did the predecessor continue to:

- Own or manage the organization that conducts the organization, trade of business?
- Own or manage the assets necessary to conduct the organization, trade or business?
- Control through security or lease arrangement the assets necessary to conduct the organization, trade or business?
- Direct the internal affairs or conduct of the organization, trade or business?

YES  NO  
 YES  NO  
 YES  NO  
 YES  NO

If "Yes" to any of above, describe:

\_\_\_\_\_  
 \_\_\_\_\_

**Signature Section**

20. I hereby certify that the preceding information is true and correct, and that I am authorized to execute this Amended Status Report on behalf of the Employing Unit named herein. (This report must be signed by the owner, officer, partner **OR** individual with a valid Written Authorization on file with the Texas Workforce Commission.)

Date Signed

Mo.	Day	Yr.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
E-mail Address

**Individuals may receive, review, and correct information that TWC collects about the individual by emailing to [open.records@twc.state.tx.us](mailto:open.records@twc.state.tx.us) or writing to TWC Open Records, 101 East 15<sup>th</sup> St., Rm. 266, Austin, TX 78778-0001.**