

STATUS REPORT

FARM AND RANCH EMPLOYMENT

IDENTIFICATION SECTION											
1. ACCOUNT NUMBER ASSIGNED BY TWC (IF ANY)			2. FEDERAL EMPLOYER ID NUMBER			3. TYPE OF OWNERSHIP (CHECK ONE)					
4. NAME			5. MAILING ADDRESS			<input type="checkbox"/> CORPORATION/PA/PC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL (SOLE PROPRIETOR/DOMESTIC) <input type="checkbox"/> LIMITED LIABILITY COMPANY		<input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> ESTATE <input type="checkbox"/> TRUST <input type="checkbox"/> OTHER (SPECIFY) _____			
6. CITY						7. COUNTY		8. STATE	8(a). ZIP CODE		9. PHONE NUMBER ()
10. BUSINESS ADDRESS WHERE RECORDS OR PAYROLLS ARE KEPT: (IF DIFFERENT FROM ABOVE)				ADDRESS				PHONE NUMBER ()			
				CITY			STATE	ZIP			
11. OWNER(S) OR OFFICER(S) [ATTACH ADDITIONAL SHEET IF NECESSARY]											
NAME		SOCIAL SECURITY NO.		TITLE		RESIDENCE ADDRESS, CITY, STATE, ZIP					
12. BUSINESS LOCATIONS IN TEXAS [ATTACH ADDITIONAL SHEET IF NECESSARY]											
TRADE NAME		STREET ADDRESS, CITY, ZIP				KIND OF BUSINESS		NO. OF EMPLOYEES			
13. IF YOUR BUSINESS IS A CORPORATION, ENTER:											
FILING NUMBER		STATE INCORPORATED		DATE INCORPORATED		REGISTERED AGENT'S NAME					
REGISTERED AGENT'S ADDRESS					ORIGINAL CORPORATE NAME, IF NAME HAS CHANGED						
FARM & RANCH EMPLOYMENT SECTION											
14. ENTER THE DATE YOU FIRST EMPLOYED SOMEONE TO PERFORM FARM AND RANCH LABOR IN TEXAS. (DO NOT USE FUTURE DATE):								MO.	DAY	YEAR	
15. ENTER THE DATE YOU FIRST PAID WAGES TO SOMEONE PERFORMING FARM AND RANCH LABOR IN TEXAS. (DO NOT USE FUTURE DATE):											
16. ENTER THE ENDING DATE (SATURDAY) OF THE 20 TH WEEK IN THE CALENDAR YEAR THAT THREE OR MORE INDIVIDUALS WERE EMPLOYED IN TEXAS PERFORMING FARM OR RANCH LABOR. (INCLUDE ANY WEEK IN WHICH SERVICES WERE PERFORMED FOR ANY PORTION OF ANY DAY DURING THAT WEEK. THIS INCLUDES FULL-TIME, PART-TIME, PERMANENT AND TEMPORARY EMPLOYEES. THE SERVICES DO NOT HAVE TO BE PERFORMED ON THE SAME DAY OF THE WEEK, IN CONSECUTIVE WEEKS OR BY THE SAME EMPLOYEE. IF YOU DO NOT REACH 20 WEEKS OF EMPLOYMENT IN THE FIRST CALENDAR YEAR OF OPERATION, BEGIN AGAIN WITH THE SECOND CALENDAR YEAR AND COUNT UNTIL YOU REACH 20 WEEKS IN THAT YEAR. DO NOT USE FUTURE DATE)											
17. ENTER THE ENDING DATE OF THE FIRST QUARTER DURING THE CALENDAR YEAR IN WHICH YOU PAID TOTAL GROSS WAGES OF \$6,250 OR MORE FOR FARM AND RANCH LABOR. (INCLUDE WAGES OF SEASONAL, MIGRANT AND ANY OTHER FARM AND RANCH LABOR.)											
18. ENTER THE DATE YOU FIRST EMPLOYED MIGRANT WORKERS IN TEXAS.											
19. ENTER THE DATE YOU FIRST EMPLOYED SEASONAL WORKERS IN TEXAS TO PERFORM WORK ON A TRUCK FARM, ORCHARD OR VINEYARD.											
20. ARE YOU A CREW LEADER? (CHECK ONE)		<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, DO YOU HOLD A VALID CERTIFICATE OF REGISTRATION UNDER THE FARM LABOR CONTRACTOR ACT? (CHECK ONE)		<input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, DO SUBSTANTIALLY ALL OF THE MEMBERS OF THE CREW OPERATE EQUIPMENT WHICH YOU PROVIDE? (CHECK ONE)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
21. ENTER THE YEAR(S) YOUR ORGANIZATION WAS LIABLE FOR TAXES UNDER THE FEDERAL UNEMPLOYMENT TAX ACT. (BEGIN WITH THE MOST RECENT YEAR.)								(YEAR)	(YEAR)	(YEAR)	(YEAR)

FARM & RANCH EMPLOYMENT SECTION -

22. IF YOUR ACCOUNT HAS BEEN INACTIVE:	A. ENTER THE DATE YOU RESUMED EMPLOYING SOMEONE ON A FARM OR RANCH IN TEXAS.	MO.	DAY	YEAR	
	B. ENTER THE DATE YOU RESUMED PAYING WAGES TO SOMEONE PERFORMING FARM OR RANCH LABOR IN TEXAS.				
23. IF THE BUSINESS IN TEXAS WAS ACQUIRED FROM ANOTHER LEGAL ENTITY, YOU MUST COMPLETE ITEMS 23-26.	PREVIOUS OWNER'S TWC ACCOUNT NUMBER (IF KNOWN)		DATE OF ACQUISITION		
	NAME OF PREVIOUS OWNER(S)				
	ADDRESS		CITY		STATE
	WHAT PORTION OF BUSINESS WAS ACQUIRED? (CHECK ONE)				
<input type="checkbox"/> ALL <input type="checkbox"/> PART (SPECIFY) _____					

24. 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
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IF "YES", CHECK ALL THAT APPLY:	
<input type="checkbox"/> SAME OWNER, OFFICER, PARTNER, OR SHAREHOLDER	<input type="checkbox"/> SOLE PROPRIETOR INCORPORATING
<input type="checkbox"/> SAME PARENT COMPANY	<input type="checkbox"/> OTHER (DESCRIBE BELOW)

25. 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
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26. AFTER THE ACQUISITION, DID THE PREDECESSOR CONTINUE TO:	
• OWN OR MANAGE THE ORGANIZATION THAT CONDUCTS THE ORGANIZATION, TRADE OR BUSINESS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
• OWN OR MANAGE THE ASSETS NECESSARY TO CONDUCT THE ORGANIZATION, TRADE OR BUSINESS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
• CONTROL THROUGH SECURITY OR LEASE ARRANGEMENT THE ASSETS NECESSARY TO CONDUCT THE ORGANIZATION, TRADE OR BUSINESS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
• DIRECT THE INTERNAL AFFAIRS OR CONDUCT OF THE ORGANIZATION, TRADE OR BUSINESS?	<input type="checkbox"/> YES <input type="checkbox"/> NO

IF "YES" TO ANY OF ABOVE, DESCRIBE:

	NATURE OF ACTIVITY	
27. DESCRIBE FULLY THE NATURE OF ACTIVITY IN TEXAS AND LIST THE PRINCIPAL PRODUCTS OR SERVICES IN ORDER OF IMPORTANCE.	_____	

VOLUNTARY ELECTION SECTION
28. A NON-LIABLE EMPLOYER MAY ELECT TO PAY STATE UNEMPLOYMENT TAX VOLUNTARILY. IF AN EMPLOYER ELECTS TO DO SO, THE EMPLOYER IS OBLIGED TO PAY TAXES FOR A MINIMUM OF TWO CALENDAR YEARS, BEGINNING WITH JANUARY 1 OF THE FIRST YEAR OF THE ELECTION. THE EMPLOYER MAY WITHDRAW THE ELECTION BY WRITTEN REQUEST, AT THE END OF THE 2-YEAR PERIOD, IF NOT YET LIABLE UNDER THE TEXAS UNEMPLOYMENT COMPENSATION ACT. TO ELECT THIS OPTION, COMPLETE THE FOLLOWING:
<input type="checkbox"/> YES, EFFECTIVE JAN. 1, 2___ I WISH TO COVER ALL EMPLOYEES (EXCEPT THOSE PERFORMING SERVICE(S) WHICH ARE SPECIFICALLY EXEMPT IN THE TEXAS UNEMPLOYMENT COMPENSATION ACT).

SIGNATURE SECTION					
I HEREBY CERTIFY THAT THE PRECEDING INFORMATION IS TRUE AND CORRECT, AND THAT I AM AUTHORIZED TO EXECUTE THIS STATUS REPORT ON BEHALF OF THE EMPLOYING UNIT NAMED HEREIN. (THIS REPORT MUST BE SIGNED BY THE OWNER, OFFICER, PARTNER <u>OR</u> INDIVIDUAL WITH A VALID WRITTEN AUTHORIZATION ON FILE WITH THE TEXAS WORKFORCE COMMISSION)					
DATE OF SIGNATURE:	MONTH	DAY	YEAR	SIGN HERE →	TITLE
DRIVER'S LICENSE NUMBER	STATE	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 or writing to TWC Open Records, 101 East 15th St., Rm. 266, Austin, TX 78778-0001.