Mail To: Cashier - Texas Workforce Commission P.O. Box 149037 Austin, TX 78714-9037 512.463.2731 www.texasworkforce.org

WRITTEN AUTHORIZATION

To represent employing unit in its relations with the Texas Workforce Commission

GRANTOR INFORMATION	
1. CONTACT NAME: 2. PHONE NO	3. TWC ACCT NO 4. FEID NO
*(5) BY THIS INSTRUMENT,_	
(6) an employing unit which is	s a/an(Individual, Partnership, or Corporation, etc.)
(7) whose address is	
*(8) appoints	(Grantor's current mailing address)
	(Name of Authorized Grantee)
(9) whose TWC ACCOUNT N	IO. is
and whose address is	
specifically authorizes said re	epresent it in its relations with the Texas Workforce Commission, and epresentative to transact any and all business as between grantor of said nission to do any and all acts necessary, excluding litigation in court.
Written Authorization, Forr	shall be in full force and effect until such time as a Revocation of m C-43, revoking it is filed in the office of said Commission at by either party, the Grantor or Grantee.)
*(10)	
Printed name	e, signature and title (Owner, Partner, Officer, etc.) of person signing for Grantor.
*(11) Date Signed	
*MANDATORY INFORMATION	
Form C-42 (061812)	(Page 1 of 2)

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INSTRUCTIONS FOR WRITTEN AUTHORIZATION

To represent Employing Unit in its Relations with the Texas Workforce Commission

Description of information required on front of document. *Failure to complete the items with an asterisk (*) will result in the document being returned as incomplete.

- 1. Enter the name of the contact person responsible for answering any questions pertaining to state unemployment insurance taxes.
- 2. Enter Contact person's telephone number including Area Code.
- 3. Enter the Account Number assigned to the Grantor by Texas Workforce Commission.

 If the Grantor does not have a number, a Form C-1, Status Report, should be submitted.
- 4. Grantor's Federal Employer Identification Number.
- *5. Name of Grantor.
- 6. Type of ownership (individual [sole proprietorship], partnership, corporation, trust, limited liability company, estate, etc.)
- 7. Grantor's current mailing address.
- *8. **IMPORTANT:** Name of Grantee who is being appointed.
- 9. Grantee's Texas Workforce Commission Account Number and address.
- *10. **Printed name, signature and title:** The Written Authorization must be signed by the (1) individual, if the Grantor is a sole proprietor; (2) a responsible and duly authorized member or officer having knowledge of its affairs, if the Grantor is a partnership or other unincorporated organization; (3) the president, vice president, or other principal officer, if the Grantor is a corporation; or, (4) the fiduciary, if a trust or estate.
- *11. Dated Signed.

NOTE! WRITTEN AUTHORIZATION MAY BE REVOKED BY GRANTOR OR GRANTEE.

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 E. 15th St., Rm. 266, Austin, TX 78778-0001.