STATEMENT OF ACCOUNT Date Mailed: July 13, 2020

CASSANDRA TORRES
APT 1614
345 SHADOW MOUNTAIN
EL PASO TX 79912

Social Security Number: XXX-XX-7462

Payment/Statement ID: S28612509

BENEFITS ACCOUNT ACTIVITY					
WEEK ENDING	REASON FOR ACTIVITY	BENEFIT AMOUNT	TYPE OF DEDUCTION	DEDUCTION AMOUNT	PAYMENT AMOUNT
06-27-20	PYMT REQUEST	\$0			\$0
07-04-20	PYMT REQUEST	\$0			\$0
				Motal Daymort	¢0
Total Payment					\$0

YOUR REQUIRED MINIMUM WEEKLY WORK SEARCH ACTIVITIES: O

(**1.25 x Weekly Benefit Amount) We use this calculation only when reported earnings are more than 25 percent of your weekly benefit amount)

RETAIN THIS STATEMENT OF ACCOUNT FOR YOUR RECORDS

TWC Telephone No.:

TWC Fax No.:

FOR HEARING IMPAIRED CLIENTS
Relay Texas TDD No.: 1-800-735-2989