

WRITTEN AUTHORIZATION

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

GRANTOR INFORMATION

1. CONTACT NAME: _____	3. TWC ACCT NO. _____
2. PHONE NO. _____	4. FEID NO. _____

(5) BY THIS INSTRUMENT, _____
(Name of Grantor)

(6) an employing unit which is a/an _____
(Individual, Partnership, or Corporation, etc.)

(7) whose address is _____
(Grantor's current mailing address)

*(8) appoints _____
(Name of Authorized Grantee)

(9) whose TWC ACCOUNT NO. is _____, and whose address is _____,

its lawful representative to represent it in its relations with the Texas Workforce Commission, and specifically authorizes said representative to transact any and all business as between grantor of said authorization and said Commission to do any and all acts necessary, excluding litigation in court.

This Written Authorization shall be in full force and effect until such time as a Revocation of Written Authorization, Form C-43, revoking it is filed in the office of said Commission at Austin, Texas. (Revocable by either party, the Grantor or Grantee.)

*(10) _____
Printed name, signature and title (Owner, Partner, Officer, etc.) of person signing for Grantor.

*(11) **SUBSCRIBED AND SWORN** to before me on this the ____ day of ____
(Month) (Year)

*(12) _____
(Signature of Notary Public)

*(13) (Notary Seal) Notary Public, State of _____

My Commission expires: _____
(Month & Day) (Year)

NOTICE: This Written Authorization should be executed in triplicate. Original to be filed with the Texas Workforce Commission, Austin, Texas. One copy to be retained in the employer's files and one to be retained in Grantee's files.

***MANDATORY INFORMATION**

Form C-42(1199) Inv. No. 520950

INSTRUCTIONS ON REVERSE SIDE

INSTRUCTIONS FOR WRITTEN AUTHORIZATION

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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. The Written Authorization must be acknowledged before a Notary Public.
- *11. Sworn date.
- *12. Signature of Notary Public.
- *13. State in which Notary Public is authorized and expiration date of commission.

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

Completed forms, inquiries, or corrections to the individual information contained in this form shall be sent to the TWC Tax and Labor Law Department, 101 E 15th St, Room 504, Austin, TX 78778-0001, (512) 463-2699. An individual may receive and review information that TWC collects regarding that individual by sending an e-mail to open.records@twc.state.tx.us or writing to TWC Open Records Unit, 101 East 15th Street, Room 264, Austin, TX 78778-0001.