

## 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"/> limited partnership				
5. Mailing address					<input type="checkbox"/> partnership		<input type="checkbox"/> estate				
6. City		7. County		8. State	8(a). Zip code		9. Phone number (    )				
10. Business address where payroll records are kept: (if different from above)		Address					Phone number (    )				
		City			State		Zip				
11. Owner(s) or officer(s) Name		Social Security No.		Title	Residence address, city, state, zip						
12. Business locations in Texas 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 Saturday date of the 20 <sup>th</sup> week that three or more individuals were employed in Texas performing farm or ranch labor. (All weeks should be in the same calendar year. Count a week if anyone performed any service for any portion of any day. 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 dates											
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? <input type="checkbox"/> Yes (check one) <input type="checkbox"/> No		If "Yes", do you hold a valid certificate of registration under the farm labor contractor act? <input type="checkbox"/> Yes (check one) <input type="checkbox"/> No			If "No", do substantially all of the members of the crew operate equipment which you provide? <input type="checkbox"/> Yes (check one) <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 - Continued**

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~~ If the business in Texas was acquired from another legal entity, you must complete items 23-25. If a partial acquisition, the predecessor/ successor may jointly submit an application for partial transfer of experience.

a) Previous owner's TWC account number (if known) \_\_\_\_\_

b) Date of acquisition \_\_\_\_\_

c) Name of previous owner(s) \_\_\_\_\_

d) Address \_\_\_\_\_

e) City \_\_\_\_\_ State \_\_\_\_\_

What portion of business was acquired? (check one)  all  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, 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  sole proprietor incorporating

same parent company  other (describe below) \_\_\_\_\_

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

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

- Own or manage the organization that conducts the organization, trade or 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

If "yes" to any of above, describe: \_\_\_\_\_

**Nature of Activity Section**

26. Describe fully the nature of activity in Texas and list the principal products or services in order of importance.

\_\_\_\_\_

**Voluntary Election Section**

27. A non-labile 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:

Yes, effective Jan. 1, \_\_\_\_ 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 or 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](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.