

EMPLOYER'S QUARTERLY REPORT

1. Account Number 23-65903-4	2. County Code	3. Tax Area	4. Tax Rate 5.40 %	5. NAICS	6. Federal I.D. Number 012020202	7. QTR. YR. 1- 0 1
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8. EMPLOYER NAME and ADDRESS (See Item 24 for Changes to Name, Address, ETC.)

THE XYZ COMPANY
123 WINDING ROAD 123 Winding Road
LITTLETOWN, TEXAS, 78654



FILE AND PAY ONLINE
www.texasworkforce.org

9. Telephone Number
1-915-625-1111

You must FILE this return even though you had no payroll this quarter. If you had no payroll show '0' in item 13 and sign the declaration (Item 25) on this form.

******* COPY ONLY *******
DO NOT SUBMIT TO THE STATE

9A. Quarter Ending March 31, 2001 9B. Penalties Will Be Assessed If Report Is Not Postmarked By April 30, 2001

10. Enter in the boxes above the number of employees both full-time and part-time, in pay periods that include 12th day of the calendar month.

1st Month: 12 2nd Month: 0 3rd Month: 0

11. Show The County Code (see list on the back of C-4 form) in which you had the greatest number of employees. []

12. If you have employee in more than one county in TEXAS, how many are outside the county shown in item 11? []

	DOLLARS	CENTS
13. Total (Gross) Wages Paid During this Quarter to Texas Employees. (if none, enter "0")	53,888	10
14. Taxable Wages paid this quarter to each employee up to \$9000, the annual maximum amount. (if none, enter "0")	50,546	85
15. Tax Due (Multiply Taxable Wages, Item 14, By Tax Rate, item 4) 5.40 %	2,729	53
16. Interest, If Tax Is Past Due	0	00
17. Penalty, If Report Is Past Due	0	00
18. Balance Due From Prior Periods (Subtract Credit Or Add Debit)	0	00
19. Balance Due - Make Remittance Payable to TWC Please include payment voucher with remittance.	2,729	53

14a. Mark box with an "X" if reporting wages to another state during the year for employees listed in item 21.

FOR TWC USE ONLY

MONTH DAY YEAR

Postmark Date C3 [] [] []

Postmark Date \$ [] [] []

EX Date C3 [] [] []

EX Date [] [] []

Estimated

DOLLARS CENTS INITIALS

[] [] []

AMOUNT RECEIVED

20. SOCIAL SECURITY NUMBER	1ST INT	2ND INT	21. EMPLOYEE NAME LAST NAME	22. TOTAL WAGES PAID THIS QUARTER
1 123-45-9661	L	T	Riggins	2,831 59
2 123-45-9670	S		Schultz	2,823 00
3 456-87-4515	L	P	Hale	5,386 51
4 123-45-9627	B		O'Neill	2,980 36
5 123-45-9620	J	R	Morris	12,341 25
6 123-45-9644	W	C	Piper	3,539 83
7 123-45-9689	M	L	Walker	2,363 08
8 123-45-9614	J	R	Mills	6,112 76
9 123-45-9628	N	N	Owens	2,868 78
10 123-45-9677	J	S	Simpson	5,474 00

25. I DECLARE that the information herein is true and correct to the best of my knowledge and belief.

SIGNATURE _____

TITLE _____ DATE 10/28/2001

PREPARERS NAME _____

PREPARERS PHONE NUMBER 800-577-4169

For assistance in completing this form call,
JERRY S. FRANKLIN
915-646-1591
If you are unable to file and pay online, mail report and remittance to:

CASHIER
TEXAS WORKFORCE COMMISSION
P. O. BOX 149037
AUSTIN, TEXAS 78714-9037
DO NOT STAPLE REPORT
(Write Account No. On Check)

24. Make Changes To Employer Information Usins Status Change Form. Changes Noted On This Form May Not Be Captured During Processing.

23. PAGE TOTAL

46,721 16

EMPLOYER'S QUARTERLY REPORT 22222
CONTINUATION SHEET

1. Account Number 23-65903-4	2. County Code	3. Tax Area	4. Tax Rate 5.40%	5. NAICS Code	6. Federal I.D. Number 012020202	7. QTR. YR. 1 - 0 1
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8. EMPLOYER NAME

THE XYZ COMPANY

9A. Page No. 2 OF 3	9B. Unit Number
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	20. SOCIAL SECURITY NUMBER	1ST INT	2ND INT	21. EMPLOYEE NAME LAST NAME	22. TOTAL WAGES PAID THIS QUARTER	
1	123-45-9656	W	S	Regan	1,690	68
2	123-45-9607	S	V	Mayfield	4,813	06
3	999-15-7891	R		Sanchez	663	20
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23	23. PAGE TOTAL				7,166	94

*** COPY ONLY***
DO NOT
SUBMIT TO
THE STATE

RETURN
THIS PAGE
IF NEEDED TO
COMPLETE REPORT

1. Account Number 23-65903-4	7. QTR. YR. 1 - 0 1
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MONTH	DAY	YEAR	INITIALS
FOR TWC USE ONLY			

PAYMENT VOUCHER

THE XYZ COMPANY
 123 WINDING ROAD 123 Winding Road
 LITTLETOWN, TEXAS, 78654

CASHIER - C3
 TEXAS WORKFORCE COMMISSION
 P.O. BOX 149037
 AUSTIN, TEXAS 78714 - 9037

REMITTANCE AMOUNT	DOLLARS	CENTS
	\$	

(Write Account No. On Check)

PLEASE DETACH AND RETURN PAYMENT VOUCHER