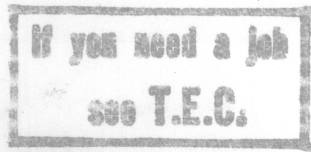




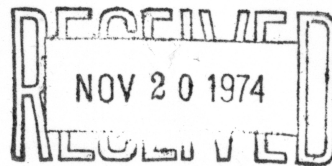
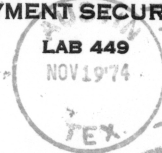
TEXAS EMPLOYMENT COMMISSION

AUSTIN, TEXAS 78778

OFFICIAL BUSINESS



POSTAGE AND FEES PAID
EMPLOYMENT SECURITY MAIL





TEXAS EMPLOYMENT COMMISSION

AUSTIN, TEXAS 78778

1974
EMPLOYMENT SERVICE
UNEMPLOYMENT INSURANCE

Gentlemen:

We have received information that you were recently issued a Federal employer identification number. If you have employees in Texas, you may be liable for unemployment taxes.

Both the Federal and State unemployment tax laws cover employers who either (1) pay wages of \$1,500 or more in a calendar quarter or (2) employ one or more individuals in employment for some portion of the day on each of some twenty days, each day being in a different calendar week in a calendar year.

You will also be liable for State unemployment taxes:

- (1) If you acquire the business or assets of an "employer" who is liable for unemployment taxes.
- (2) If you are liable under the Federal Unemployment Tax Act for any calendar year and have one or more employees in Texas during that year.

If you are a nonprofit organization described in Section 501(c)(3) of the Internal Revenue Code which is exempt from Federal income tax, you will be liable if you have four or more individuals in employment for some portion of the day on each of some twenty days, each day being in a different calendar week in a calendar year. Such an organization may elect to pay reimbursements in lieu of paying taxes.

Please fill in the enclosed Status Report and file the original with the Texas Employment Commission, Austin, Texas 78778, so that we can determine your status under the Act. Inadvertently, this letter may be sent to an employer who is currently filing tax and wage reports with the Commission. If so, please return the original Status Report form and you need only to show your Texas Employment Commission account number in the upper right hand corner.

If you have any questions or need assistance in preparing this report, please write me or contact the nearest Commission office shown on the reverse side of this letter and one of our field accounts examiners will assist you.

Sincerely yours,

A handwritten signature in cursive script that reads "Eldon C. Sundbeck".

Eldon C. Sundbeck
Status Section

Enclosure

CALL OUR LOCAL OFFICE FOR QUALIFIED EMPLOYEES

TEXAS EMPLOYMENT COMMISSION OFFICES

Where Accounts Examiners are Stationed

<u>City or Town</u>	<u>P. O. Box</u>	<u>Zip Code</u>	<u>Telephone</u>		<u>City or Town</u>	<u>P. O. Box</u>	<u>Zip Code</u>	<u>Telephone</u>
ABILENE	1361	79604	915 - 677-8135		LONGVIEW	2152	75601	214 - 758-1783
AMARILLO	2848	79105	806 - 372-5521		Lubbock	2858	79408	806 - 763-6416
Angleton	877	77515	713 - 849-4316		Lufkin	407	75901	713 - 634-7741
AUSTIN	160	78767	512 - 478-8734		Marshall	400	75670	214 - 935-7814
BEAUMONT	1590	77704	713 - 833-7421		McAllen	2127	78501	512 - 686-6516
Big Spring	2028	79720	915 - 267-5291		Midland	1074	79701	915 - 682-9421
Brownsville	1511	78520	512 - 546-3141		Mineral Wells	D	76067	817 - 325-2595
Brownwood	790	76801	915 - 646-1591		Nacogdoches	1609	75961	713 - 564-0435
Bryan	153	77801	713 - 822-3743		Odessa	3546	79760	915 - 332-4315
Conroe	417	77301	713 - 756-5577		Pampa	1982	79065	806 - 669-3385
CORPUS CHRISTI	748	78403	512 - 882-7491		Pasadena	1979	77501	713 - 944-8310
DALLAS	47625	75247	214 - 747-2071		Plainview	F	79072	806 - 296-7451
Denton	1218	76201	817 - 382-6712		Port Arthur	606	77640	713 - 985-4391
Eagle Pass	F	78852	512 - 773-9481		Richardson	---	75080	214 - 234-5391
El Paso	562	79944	915 - 544-4530		SAN ANGELO	1628	76901	915 - 653-2321
FORT WORTH	591	76101	817 - 335-5111		SAN ANTONIO	9205	78285	512 - 222-8484
Galveston	149	77550	713 - 763-8571		Sherman	1057	75090	214 - 893-1111
Garland	570	75040	214 - 276-8361		Temple	3188	76501	817 - 773-5266
Grand Prairie	897	75050	214 - 262-3585			(So. Sta.)		
Harlingen	271	78550	512 - 423-9266		Texarkana	241	75501	214 - 794-4163
Hillsboro	644	76645	817 - 582-5221		Texas City	1350	77590	713 - 948-2571
HOUSTON	2262	77001	713 - 224-4211		Tyler	4380	75701	214 - 593-6461
Killeen	V	76541	817 - 526-4124		Victoria	2149	77901	512 - 575-4794
Laredo	702	78040	512 - 723-8261		Waco	2300	76703	817 - 754-5421
					Wichita Falls	2491	76307	817 - 322-5481

TEXAS EMPLOYMENT COMMISSION, AUSTIN, TEXAS 78778
Instructions for Preparation of Status Report, Form C-1

Item 1. Check whether the type of organization is individual, partnership, corporation, estate or other, such as association, joint venture, trust, etc. Complete item (b) if organization is a corporation.

Item 2. Enter the street address where records and payrolls are kept. Enter street or P. O. Box address to which forms for reports, notices and correspondence should be mailed by the Commission. Show "Zip Code" in space provided.

Item 3. Enter the name(s) of the person(s) who own(s) the business(es) for which this report is being prepared; that is, the name(s) of the actual owner(s) of the business(es) and not the trade name. Write the name(s) of owner(s), officials, or officers, their social security numbers, their titles and their residence addresses in the spaces provided.

Item 4. If your answer is "yes," please attach a copy of your letter of exemption from Internal Revenue Service.

Item 5. Report the name under which operated and location of each separate Texas establishment operated by this employing unit and the nature of business or activity carried on at each if the nature of business at each differs. If the business activity is carried on in a large number of similar units, such as gasoline stations, telegraph offices, chain stores, or chain theatres, and if one trade name is uniformly used for all establishments, list each town in which such establishments are located; and if more than one such establishment is located in a given town, the number of such establishments should appear in parenthesis beside the name of the town. In reporting the nature of business for each establishment, the following are examples: store, warehouse, administrative office, factory, etc. If factories are maintained at different locations manufacturing different products, then list the principal products manufactured at each location. Also show the usual number employed in each separate establishment. Attach to the status report an additional sheet if sufficient space is not provided under Item 4.

Item 6. Describe fully the nature of this employing unit's activity or business in Texas with special reference to the following:

- a. If any establishment is engaged in trade, state whether the business is a wholesaler, wholesaler on commission basis, wholesale branch of a manufacturing firm, retailer, wholesaler and retailer, or other.
- b. If any establishment is engaged in construction or contracting, state clearly the kind of construction work it ordinarily does; for example, concrete paving, shipbuilding, building, etc. If "building," give kind of building, e.g., houses, bridges, office building, etc.
- c. If any establishment engages in a number of activities such as manufacturing, wholesaling, retailing, etc., at the same location, describe them in the order of importance.

Item 7. List the principal products, in the order of their importance, manufactured in Texas. If any establishment is engaged in trade, show the type of product traded in; such as, groceries, hardware, furniture, clothing, etc. Attach an additional sheet if necessary, and show relative importance in percentage.

Item 8. Enter the earliest dates on which services were performed and wages paid in Texas for this employing unit by any individual in "employment" (as defined in Section 19(g) of the Act.)

Item 9. If the employing unit submitting this report acquired Texas organization, trade, or business, or business assets in Texas from a predecessor, please answer parts (a) and (b).

Item 10. If this particular employing unit has previously been assigned a Texas employer account number, please answer Item 9(b), and if the account has been closed temporarily during a period of no employment, enter in Item 9(c) the date on which employment was resumed.

Item 11, 12 and 13. Answer the questions and supply the information printed in each of these items.

Item 14. Please answer the questions and attach a statement, if necessary, to show the (1) usual number of United States citizens performing services outside the United States (other than in Canada or in the Virgin Islands) and (2) where (outside of the United States) such services are performed. See "Foreign Service" on the reverse side of these instructions.

Item 15. In this item designate the year or years in which this employing unit was a liable employer under the Federal Unemployment Tax Act either by reason of the number of its employees in Texas alone, or by reason of the total number of employees in all states combined.

Item 16. Please enter your Federal Employer Identification number in the space provided.

Item 17. If the employing unit is not otherwise subject to the Act and desires to voluntarily elect to become subject for a minimum of two years, and thus give its employees unemployment insurance coverage, answer "yes." Further details regarding voluntary coverage will be furnished, if requested.

Item 18. The Status Report must be signed by the owner, a partner, officer or authorized official.

SUMMARY OF CERTAIN SECTIONS OF THE TEXAS UNEMPLOYMENT COMPENSATION ACT

EMPLOYING UNIT. Any individual or type of organization, including but not limited to any partnership, association, trust, estate, joint-stock company, insurance company, or corporation, whether domestic or foreign, or the receiver, trustee in bankruptcy, trustee or successor thereof, or the legal representative of a deceased person, which has or, subsequent to January 1, 1936, had in its employ one (1) or more individuals performing services for it within this State (See Section 19(c).)

(O V E R)

EMPLOYER. A. (See Section 19(f).)

1. Beginning January 1, 1956, an employing unit which had four or more individuals in employment for some portion of a day, but not necessarily simultaneously, in each of 20 different calendar weeks during 1956, or any later calendar year.

Beginning January 1, 1972, any employing unit, other than one to which paragraph (3) or (6) below is applicable, which during any calendar quarter in the current calendar year or the preceding calendar year paid wages of One Thousand Five Hundred Dollars (\$1,500) or more, or on each of some twenty (20) days during the current calendar year or during the preceding calendar year, each day being in a different calendar week, employed at least one (1) individual in employment for some portion of the day;

2. Any individual or employing unit which acquired the organization, trade, or business, or substantially all of the assets thereof, of another which at the time of such acquisition was an employer subject to this Act;

3. Beginning January 1, 1972, any employing unit which is a nonprofit organization as described in Section 501(c)(3) of the Internal Revenue Code of 1954 which is exempt from income tax under Section 501(a) of such Code and which on each of some twenty (20) days during the current calendar year or during the preceding calendar year, each day being in a different calendar week, employed four (4) or more individuals in employment for some portion of the day;

4. Any employing unit which has elected to become an employer under Section 8 of this Act;

5. Any employing unit which is liable for the payment of taxes under the Federal Unemployment Tax Act for the current calendar year;

6. Beginning January 1, 1972, a hospital or an institution of higher education (or a group of such organizations) located in this State and operated by this State or by this State and one (1) or more other states or by an instrumentality thereof for which services are performed which constitute employment; provided, that any such hospital or institution shall be a reimbursing employer under the provisions of Section 7-A of this Act;

7. Any employing unit not an employer by reason of any other paragraph of this subsection which, as a condition for approval of this Act for full tax credit against the tax imposed by the Federal Unemployment Tax Act, is required, pursuant to such Act, to be an "employer" under this Act.

B. (See Section 29, effective January 1, 1972.)

1. The State of Texas hereby elects, with respect to all services performed in the employ of this State or any branch or department thereof or any instrumentality thereof which is not otherwise an employer subject to this Act, to become a reimbursing employer subject to this Act, and all services performed in the employ of this State or of any branch or department or instrumentality thereof shall be deemed to constitute employment. This election does not apply to political subdivisions of this State.

EMPLOYMENT. Employment means service performed for wages or under any contract of hire, written or oral, express or implied. Any services performed by an individual for wages shall be construed to be employment subject to this Act, unless and until it is shown to the satisfaction of the Commission that such individual has been and will continue to be free from control or direction over the performance of such services, both under his contract of service and in fact. (See Section 19(g)(1).) (See Subsection 19(g)(5) for exempt services.)

FOREIGN SERVICE. Beginning January 1, 1972, the Act covers services performed by United States citizens outside of the United States (except in Canada and the Virgin Islands) for an "American" employer. (See Subsection 19(g)(3)(D).) (See Subsection 19(g)(3)(E) for definition of "American Employer.")

WEEK. Seven consecutive calendar days ending at midnight Saturday. (See Section 19(o) of the Act and Rule 1.)

TAXED EMPLOYERS. All employers except Reimbursing Employers (described below) are Taxed Employers. A taxed employer pays the State unemployment compensation tax quarterly on wages paid to his employees at the tax rate assigned to the employer.

REIMBURSING EMPLOYERS. A Reimbursing Employer shall pay the Commission an amount equal to the amount of regular benefits plus one-half of the amount of extended benefits paid to its former employees that are attributable to service in the employ of such employer. At the end of each quarter, the Commission shall bill each reimbursing employer for such amounts. Only the following employers are reimbursing employers:

1. The State of Texas or any branch or department or any instrumentality thereof.

2. A political subdivision of the State of Texas which has elected coverage.

3. A nonprofit organization (or group of organizations) as described in Section 501(c)(3) of the Internal Revenue Code of 1954 which is exempt from income tax under Section 501(a) of such Code and which has filed an election to pay reimbursements in lieu of paying taxes.

TAX RATE. Except for an employing unit which becomes an employer for the first time during the calendar year 1972, the beginning tax rate of a newly subject employer is 2.7%. Each employer's tax rate is 2.7% until he has four calendar quarters of compensation experience, i.e., four quarters during which his account might have been chargeable with benefits if unemployment benefits had been paid to his former employees on the basis of wage credits received from said employer. This means that ordinarily taxes are due at the 2.7% rate for six calendar quarters before an employer is eligible for an experience tax rate. (This period is seven quarters or eight quarters in some cases, depending upon the employer's liability date.)

The beginning tax rate for an employing unit which becomes an employer for the first time during 1972, other than one which first becomes an employer because of the provisions of Subsection 19(f)(2) of this Act, shall be 1.0% rather than 2.7% until such time as his account has been chargeable with benefits for four consecutive calendar quarters and an experience rate is computed for him.

TRANSFER OF COMPENSATION EXPERIENCE—EXPERIENCE RATING, Subsection 7(c)(7) of the Texas Unemployment Compensation Act contains provisions under which it is possible for a successor employing unit to become eligible to use the compensation experience of a predecessor employer for experience rating purposes. Forms to be used in making application for such compensation experience and further information regarding such transfer will be given by the Commission upon request.

SPECIAL STATUS REPORT

1. Type of Organization:

Individual	Partnership	Corporation	Estate
------------	-------------	-------------	--------

Other _____
(Specify)

(a) Firm, Organization or Corporate Name: _____

(b) If a corporation, show state in which incorporated, date of incorporation, and original name: _____

2. Business address where records and payrolls are kept: Street _____

Street or P.O. Box to which you wish your mail addressed: _____

City or Town _____ County _____ State _____ ZIP CODE _____

3. Name of Owner(s), Officials or Officers: _____

Social Security Number: _____

Title: _____

Residence Address: _____

4. Do you hold an EXEMPTION FROM FEDERAL INCOME TAXES as an organization described under SECTION 501 (c) (3) of the INTERNAL REVENUE CODE? YES _____ NO _____ If "yes" please attach a copy of your exemption to this report.

5. Please list each separate establishment in Texas operated by this employing unit. (Attach list if additional space is needed.)

(A) Name Under Which Operated: _____

(B) Kind of Business or Activity: _____

(C) Location: _____

Usual Number
(D) Employed

6. Describe fully the exact nature of activity or business, in Texas, of this employing unit _____

7. List the principal products manufactured or traded in, in Texas, in the order of their importance: _____

8. (a) Show the date you first had employment in Texas: _____

(b) Show the date you first paid wages in Texas: _____

9. (a) Was business acquired from a previous owner? YES _____ NO _____ If "yes," name and present address of previous owner: _____
Date Acquired: _____(b) If you did acquire the business, were substantially all the Texas assets of the previous owner acquired? YES _____ NO _____
If only a part of the business was acquired, what part was acquired _____

10. (a) Has a Texas account number previously been assigned you by the Texas Employment Commission? YES _____ NO _____

(b) If "yes," please enter the employer's account number assigned _____ (c) If "yes," and if the account has been inactive, enter the date employment was resumed in Texas _____

11. (a) Did you have one or more individuals in employment in Texas on a day in 20 different calendar weeks during the calendar year 1971? YES _____ NO _____ During 1972? YES _____ NO _____ During 1973? YES _____ NO _____ During 1974? YES _____ NO _____

(b) If your answer is "yes" for any of the above years, please show the ending date of the 20th such week in that year: _____

(c) Have you paid wages of \$1500 or more in any quarter? YES _____ NO _____ If "yes," show ending date of the first quarter in which you paid wages of \$1500 or more: _____

12. Did you have four or more individuals in employment in Texas on a day in 20 different calendar weeks during the calendar year 1970? YES _____ NO _____ During 1971? YES _____ NO _____ If "yes," show ending date of 20th such week in the year: _____

13. If you answered "yes" to Item No. 4, did you employ four or more individuals in Texas on a day in twenty different calendar weeks during the calendar year 1971? YES _____ NO _____ During 1972? YES _____ NO _____ During 1973? YES _____ NO _____ During 1974? YES _____ NO _____ If "yes," show ending date of twentieth such week in the year: _____

14. Have you had any employees perform services for you outside the state of Texas since January 1, 1970? YES _____ NO _____

(a) If the answer is "yes," have any of the services been performed by a United States citizen as an employee outside the United States (other than in Canada or the Virgin Islands)? YES _____ NO _____

(b) If the answer in Item 14(a) is "yes," please attach a statement of the usual number of employees and where the services are performed.

15. Check each of the following years in which you were a liable employer under the Federal Unemployment Tax Act:

1970 ☐1971 ☐1972 ☐1973 ☐1974 ☐

16. Federal Employer Identification Number _____

17. If you are not subject to the Texas Unemployment Compensation Act, do you wish to become subject voluntarily under Section 8(b) of the Act for a minimum of two full calendar years? YES _____ NO _____ (If answer is "yes," forms will be forwarded to you in order that an Application for Voluntary Election of Coverage may be submitted.)

18. This report must be signed by the owner, a partner, or authorized official.

Date

By (Signature)

Title

SPECIAL STATUS REPORT

74-1776903 178 30 8299 1
CITIZENS COORDINATING COMMITTEE
FOR VOLUNTARY STUDENT TRANSFERS
1315 BRIGHT ST
CORPUS CHRISTI TX 78405

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

If the information shown above is not correct, please mark through the incorrect item and show the correct information in the space provided to the right.

DO NOT WRITE BELOW THIS LINE, BUT COMPLETE ALL ITEMS ON REVERSE SIDE

EMPL. NAME 1																					S.I.C. CODE _____ _____
EMPL. NAME 2																					"A" STATUS ON _____ BY _____
TRADE NAME 3																					AMENDED SR ON _____ BY _____
ADDRESS 4																					AMENDED SR ON _____ BY _____
ADDRESS 5																					AMENDED SR ON _____ BY _____
CITY - ST - ZIP 6																					AMENDED SR ON _____ BY _____

COUNTY CODE	TAX AREA	SUBJECT DATE (MONTH·DAY·YEAR)	FIRST TAXABLE WAGES PAID (MONTH·DAY·YEAR)	FIRST CHARGEABLE QTR (QUARTER·YEAR)	SUBJECT SECTION 19(f)	OWNERSHIP TYPE CODE	FED EMPLOYER IDENTIFICATION NO
TIME LAPSE CODE	LESS THAN YEAR – MORE THAN YEAR 1	AVERAGE NO EMPLOYEES	EXTRA POSTERS REQUESTED	PREDECESSOR S.I.C. CODE(S)	CORPORATION 1 ESTATE 4 PARTNERSHIP 2 TRUST 5 INDIVIDUAL 3 OTHER 6		

- ☐ APPROVED VOLUNTARY ELECTION UNDER SECTION 8 (b) (5)
☐ APPROVED VOLUNTARY ELECTION UNDER SECTION 8 (b) (5) AND (6)
☐ BY ACQUISITION OF ESTABLISHED ACCOUNT(S)
☐ JOINT APPLICATION FOR ☐ TOTAL ☐ PARTIAL TRANSFER FROM

ACQ. DATE _____ ☐ APPROVED ☐ DENIED () ☐ NOT FILED

ACQ. DATE _____ ☐ APPROVED ☐ DENIED () ☐ NOT FILED

☐ PREVIOUSLY SUBJECT UNDER # _____

EMPLOYER'S LIABILITY NOTICE, C-64 CARD AND LABELS PROOFED BY _____

☐ NO WAGES PAID FROM _____ TO _____; FROM _____ TO _____; FROM _____ TO _____

STATUS _____
SECTION _____
COMMENTS: _____

QTRS. OF REPORT LIABILITY
(FROM OLDEST TO NEWEST)

[illegible]

SPECIAL STATUS REPORT

1. Type of Organization:

<i>Individual</i>		<i>Partnership</i>		<i>Corporation</i>		<i>Estate</i>	
-------------------	--	--------------------	--	--------------------	--	---------------	--

 Other _____
(Specify)
- (a) Firm, Organization or Corporate Name: _____
- (b) If a corporation, show state in which incorporated, date of incorporation, and original name: _____
2. Business address where records and payrolls are kept: Street _____
Street or P.O. Box to which you wish your mail addressed: _____
City or Town _____ County _____ State _____ ZIP CODE _____
3. Name of Owner(s), Officials or Officers: _____ Social Security Number: _____ Title: _____ Residence Address: _____

4. Do you hold an EXEMPTION FROM FEDERAL INCOME TAXES as an organization described under SECTION 501 (c) (3) of the INTERNAL REVENUE CODE? YES _____ NO _____ If "yes" please attach a copy of your exemption to this report.
5. Please list each separate establishment in Texas operated by this employing unit. (Attach list if additional space is needed.)
- | (A) Name Under Which Operated: | (B) Kind of Business or Activity: | (C) Location: | Usual Number
(D) Employed |
|--------------------------------|-----------------------------------|---------------|------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
6. Describe fully the exact nature of activity or business, in Texas, of this employing unit _____

7. List the principal products manufactured or traded in, in Texas, in the order of their importance: _____

8. (a) Show the date you first had employment in Texas: _____
(b) Show the date you first paid wages in Texas: _____
9. (a) Was business acquired from a previous owner? YES _____ NO _____ If "yes," name and present address of previous owner: _____
Date Acquired: _____
(b) If you did acquire the business, were substantially all the Texas assets of the previous owner acquired? YES _____ NO _____
If only a part of the business was acquired, what part was acquired _____
10. (a) Has a Texas account number previously been assigned you by the Texas Employment Commission? YES _____ NO _____
(b) If "yes," please enter the employer's account number assigned _____ (c) If "yes," and if the account has been inactive, enter the date employment was resumed in Texas _____
11. (a) Did you have one or more individuals in employment in Texas on a day in 20 different calendar weeks during the calendar year 1971? YES _____ NO _____ During 1972? YES _____ NO _____ During 1973? YES _____ NO _____ During 1974? YES _____ NO _____
(b) If your answer is "yes" for any of the above years, please show the ending date of the 20th such week in that year: _____
(c) Have you paid wages of \$1500 or more in any quarter? YES _____ NO _____ If "yes," show ending date of the first quarter in which you paid wages of \$1500 or more: _____
12. Did you have four or more individuals in employment in Texas on a day in 20 different calendar weeks during the calendar year 1970? YES _____ NO _____ During 1971? YES _____ NO _____ If "yes," show ending date of 20th such week in the year: _____
13. If you answered "yes" to Item No. 4, did you employ four or more individuals in Texas on a day in twenty different calendar weeks during the calendar year 1971? YES _____ NO _____ During 1972? YES _____ NO _____ During 1973? YES _____ NO _____ During 1974? YES _____ NO _____ If "yes," show ending date of twentieth such week in the year: _____
14. Have you had any employees perform services for you outside the state of Texas since January 1, 1970? YES _____ NO _____
(a) If the answer is "yes," have any of the services been performed by a United States citizen as an employee outside the United States (other than in Canada or the Virgin Islands)? YES _____ NO _____
(b) If the answer in Item 14(a) is "yes," please attach a statement of the usual number of employees and where the services are performed.
15. Check each of the following years in which you were a liable employer under the Federal Unemployment Tax Act:
1970 ☐ 1971 ☐ 1972 ☐ 1973 ☐ 1974 ☐
16. Federal Employer Identification Number _____
17. If you are not subject to the Texas Unemployment Compensation Act, do you wish to become subject voluntarily under Section 8(b) of the Act for a minimum of two full calendar years? YES _____ NO _____ (If answer is "yes," forms will be forwarded to you in order that an Application for Voluntary Election of Coverage may be submitted.)
18. This report must be signed by the owner, a partner, or authorized official.

Date

By (Signature)

Title

SPECIAL STATUS REPORT

74-1776903 178.30 8299 1
CITIZENS COORDINATING COMMITTEE
FOR VOLUNTARY STUDENT TRANSFERS
1315 BRIGHT ST.
CORPUS CHRISTI TX 78405

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

If the information shown above is not correct, please mark through the incorrect item and show the correct information in the space provided to the right.

DO NOT WRITE BELOW THIS LINE, BUT COMPLETE ALL ITEMS ON REVERSE SIDE

EMPL. NAME 1																					S.I.C. CODE _____ _____
EMPL. NAME 2																					"A" STATUS ON _____ BY _____
TRADE NAME 3																					AMENDED SR ON _____ BY _____
ADDRESS 4																					AMENDED SR ON _____ BY _____
ADDRESS 5																					AMENDED SR ON _____ BY _____
CITY- ST-ZIP 6																					AMENDED SR ON _____ BY _____

COUNTY CODE	TAX AREA	SUBJECT DATE (MONTH·DAY·YEAR)	FIRST TAXABLE WAGES PAID (MONTH·DAY·YEAR)	FIRST CHARGEABLE QTR. (QUARTER·YEAR)	SUBJECT SECTION 19 (f)	OWNERSHIP TYPE CODE	FED EMPLOYER IDENTIFICATION NO
TIME LAPSE CODE	LESS THAN YEAR – MORE THAN YEAR 1	AVERAGE NO EMPLOYEES	EXTRA POSTERS REQUESTED	PREDECESSOR S I C CODE(S)		CORPORATION 1 ESTATE 4 PARTNERSHIP 2 TRUST 5 INDIVIDUAL 3 OTHER 6	

- ☐ APPROVED VOLUNTARY ELECTION UNDER SECTION 8 (b) (5)
☐ APPROVED VOLUNTARY ELECTION UNDER SECTION 8 (b) (5) AND (6)
☐ BY ACQUISITION OF ESTABLISHED ACCOUNT(S)
☐ JOINT APPLICATION FOR ☐ TOTAL ☐ PARTIAL TRANSFER FROM

ACQ. DATE _____ ☐ APPROVED ☐ DENIED () ☐ NOT FILED

ACQ. DATE _____ ☐ APPROVED ☐ DENIED () ☐ NOT FILED

☐ PREVIOUSLY SUBJECT UNDER # _____

EMPLOYER'S LIABILITY NOTICE, C-64 CARD AND LABELS PROOFED BY _____

☐ NO WAGES PAID FROM _____ TO _____; FROM _____ TO _____; FROM _____ TO _____

STATUS _____
SECTION _____
COMMENTS: _____

QTRS. OF REPORT LIABILITY
(FROM OLDEST TO NEWEST)

[illegible]