WAGE DISTRIBUTION SECTION OF

JOINT APPLICATION FOR PARTIAL TRANSFER OF COMPENSATION EXPERIENCE

(Please submit wage distribution forms for at least four years, if applicable, prior to the year of acquisition.)

Date Quarter Ended			Page No. of	f Pages	Audited by (AE Number)
Successor's Name			Predecessor's Name		
Address			Address		
City State Zip Code			City State Zip Code		
Account Number			Account Number		
(INSTRUCTION : Distribute amounts in Col. 3 between Col. 4 and Col. 5)					
1	2		3	4	5
Employee's Social Security Number (in numerical order)	Employee's Name 1 st 2 nd Last Initial Initial Name	Total Wages as Reported By Predecessor		Total Wages Applicable To Successor	Total Wages Retained By Predecessor
FOOTINGS FOR THIS PAGE					
COLUMN 3 TOTALS SHOULD EQUAL LINES 13 & 14 ON EMPLOYER'S QUARTERLY REPORT					
TOTAL WAGES FOR THIS QUARTER	Allocate to Columns 4 & 5				
TOTAL TAXABLE WAGES FOR THIS QUARTER	Allocate to Columns 4 & 5				
Prepared By	Phone No. ()	Ext		l	

Individuals may receive, review and correct information that TWC collects about the individual by emailing to mailto:open.records@twc.state.tx.us or writing to TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001.