Mail To:
Cashier - Texas Workforce Commission
P.O. Box 149037
Austin, TX 78714-9037
512.463.2731
www.texasworkforce.org

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 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 Employee's Social Security Number (in numerical order)	2 Employee's Name 1st Initial 2nd Initial Last Name	3 Total Wages as Reported By Predecessor	4 Total Wages Applicable To Successor	5 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.

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

C-83 (030706)