

**WAGE DISTRIBUTION INFORMATION  
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 12-31-11	Page No. 1 of Pages 27
01-111111-0 XYZ Corp PO Box 1111 Austin TX 78704  (Successor's Name, Address and Account Number)	00-000000-0 ABC Corp P O Box 0001 Austin TX 78704  (Predecessor's Name, Address and Account Number)

**Show ending date as 12-31-11 or 12/31/011**

**Number the pages in each quarter.**

(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
010-123-5678	J W Smith	10,000.00	10,000.00	0.00
211-987-8756	A B Jones	12,000.00	12,000.00	0.00
<b>LIST EMPLOYEES IN ASCENDING SOCIAL SECURITY NUMBER ORDER.</b>				
Wages retained by predecessor		50,000.00	0.00	50,000.00
<b>EXAMPLE</b>				
<b>TOTAL AND TAXABLE WAGES FOR THE QUARTER SHOULD BE ON PAGE 1.</b>				
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	<b>72,000.00</b>	<b>22,000.00</b>	<b>50,000.00</b>
Total Taxable Wages for this Quarter	Allocate to Columns 4 & 5	<b>65,000.00</b>	<b>18,000.00</b>	<b>47,000.00</b>

Prepared By \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_ - \_\_\_\_\_