

SUBMISSION FOR PARTIAL TRANSFER OF COMPENSATION EXPERIENCE

Name and Account Number of Successor Employer (New Owner) _____

Name and Account Number of Predecessor Employer (Previous Owner) _____

The successor employer named above, having acquired a part of the organization, trade, or business of the predecessor employer named above, does hereby submit to the Texas Workforce Commission under Chapter 204, Subchapter E Section 204.085 of the Texas Unemployment Compensation Act for that compensation experience of said predecessor, which is attributable to the part of the organization, trade, or business acquired, to be treated as compensation experience of said successor.

We, the employing unit(s) involved, submit the following information and the attached Form C-83 (Wage Distribution Information) in support of our submission and as a basis for the Commission's finding:

1. Immediately prior to _____, the date of acquisition, the predecessor operated the following businesses or part of a business and no others: (Attach supplemental sheet, if more space is needed.)

Each Trade Name and Location	Nature of Business	Each First Wages Paid Date by Predecessor Division

2. The successor acquired from the predecessor and immediately after the acquisition continued to operate the following businesses or part of a business, the compensation experience attributable to which is identifiable and segregable from the total compensation experience of the predecessor: (Attach supplemental sheet, if more space is needed.)

Each Trade Name and Location	Date Acquired	Each First Wages Paid Date by Successor

3. The successor made the following changes, if any, in trade name, location or nature of business:

4. I hereby confirm that the statements made and the information given with respect to the predecessor employer in this Mandatory Submission for a partial Transfer of Compensation Experience and on the attached Form C-83(s) are true and correct and that I execute the above waiver with full knowledge of its effect.

(Predecessor's Signature: owner, partner or officer and Date)

5. I hereby confirm that the statements made and the information given with respect to the successor employing unit in this Mandatory Submission for a Partial Transfer of Compensation Experience and on the attached Form C-83(s) are true and correct.

(Successor's Signature: owner, partner or officer and Date)

IMPORTANT

Predecessor's signature is not required on this form.

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.