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

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			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	
	1				
Account Number			Account Number	·	
(INSTRUCTION: Distribute amounts in Col. 3 between Col. 4 and Col. 5)					
1	2	Distribute unious	3	4	5
F1	Emmlassas'a Nama	T.	-4-1	Total	Total
Employee's Social Security Number	Employee's Name 1st 2nd Last	Total Wages as Reported		Wages Applicable	Wages Retained
(in numerical order)	Initial Initial Name	By Predecessor		To Successor	By Predecessor
FOOTINGS FOR THIS PAGE					
COLUMN 3 TOTALS SHOULD EQUAL LINES 13 & 14 ON EMPLOYER'S QUARTERLY REPORT					
TOTAL WAGES	Allocate to				
FOR THIS QUARTER TOTAL TAXABLE WAGES	Columns 4 & 5				
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.