

**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 03-31-03	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 03-31-03 or 03/31/03.

Number the pages in each quarter.

(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 1st Initial 2nd Initial Last Name	Total Wages as Reported By Predecessor	Total Wages Applicable To Successor	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
LIST EMPLOYEES IN ASCENDING SOCIAL SECURITY NUMBER ORDER.				
Wages retained by predecessor		50,000.00	0.00	50,000.00
EXAMPLE				
TOTAL AND TAXABLE WAGES FOR THE QUARTER SHOULD BE ON PAGE 1.				
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	72,000.00	22,000.00	50,000.00
Total Taxable Wages for this Quarter	Allocate to Columns 4 & 5	65,000.00	18,000.00	47,000.00

Prepared By _____ Phone No. () _____ - _____