

TRANSFER OF COMPENSATION EXPERIENCE QUESTIONNAIRE

PREDECESSOR IDENTIFICATION	SUCCESSOR IDENTIFICATION
Employer Name _____	Employer Name _____
Address _____	Address _____
City, State, ZIP _____	City, State, ZIP _____
Account No. _____	Account No. _____
	Date of Acquisition _____

Chapter 204, Subchapter E of the Texas Unemployment Compensation Act requires the transfer of compensation experience from a predecessor employer to a successor employer, under certain circumstances. To determine whether this provision is applicable to you, this questionnaire must be completed and returned to TWC.

1. On the date of the acquisition, was the previous owner(s), or any partner(s), officer(s), shareholder(s), other owner(s) or a person related by blood or marriage to any of these individuals, holding a legal or equitable interest in the predecessor business, also an owner, partner, officer, shareholder, or other owner of a legal or equitable interest in the successor business?

Yes No

If yes, please indicate below the predecessor's relationship to the successor.

Myself
 Spouse*
 Mother
 Father
 Son
 Daughter
 Son-in-law*
 Daughter-in-law*
 Mother-in-law*
 Father-in-law*
 Other (Specify) _____

*Termination of a marriage by divorce or the death of a spouse terminates relationships by affinity created by that marriage unless a child of that marriage is living, in which case the marriage is treated as continuing to exist as long as a child of that marriage lives.

2. If "no," on the date of the acquisition, did the previous owner(s), partner(s), officer(s), shareholder(s), other owner(s) or a person related by blood or marriage to any of these individuals, holding a legal or equitable interest in the predecessor business, hold an option to purchase such an interest in the successor business?

Yes No

3. After the acquisition, did the predecessor continue to do any of the following:

- Own or manage the organization that conducts the organization, trade, or business?
- Own or manage the assets necessary to conduct the organization, trade, or business?
- Control through security or lease arrangement the assets necessary to conduct the organization, trade, or business?
- Direct the internal affairs or conduct of the organization, trade or business?

Yes No

If yes, describe: _____

I DECLARE that the information contained herein is true and correct to the best of my knowledge.

SIGNATURE _____ **TITLE** _____ **DATE** _____

(Must be signed by an owner, partner, officer or individual for which a valid Written Authorization is on file with the Texas Workforce Commission).

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 East 15th St., Rm. 266, Austin, TX 78778-0001.