

TRANSFER OF COMPENSATION EXPERIENCE QUESTIONNAIRE

PREDECESSOR IDENTIFICATION	SUCCESSOR IDENTIFICATION
Employer Name _____ Address _____ City, State, ZIP _____ Account No. _____	Employer Name _____ Address _____ City, State, ZIP _____ 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. If a partial acquisition occurred, the predecessor/successor may jointly submit information regarding a partial transfer of experience.

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.

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

2. 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 hereby certify that the preceding information is true and correct, and that I am authorized to execute this Transfer of Compensation Experience Questionnaire on behalf of the Employing Unit named herein. (This report must be signed by the owner, officer, partner OR individual with a valid Written Authorization on file with the Texas Workforce Commission.)

Date of signature:
Month _____ Day _____ Year _____ Sign here → _____ Title _____

Driver's license number _____ State _____ E-mail address _____