

(Please submit wage distribution forms for at least four years, if applicable, prior to the year of acquisition)

Date Quarter Ended 12-31-11 01-111111-0 XYZ Corp PO Box 1111 Austin TX 78704 (Successor's Name, Address and Account Number)	Page No. 1 of Pages 27 00-000000-0 ABC Corp P O Box 0001 Austin TX 78704 (Predecessor's Name, Address and Account Number)
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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

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