

TEXAS UNEMPLOYMENT COMPENSATION ACT, LABOR CODE,  
CHAPTER 204, SUBCHAPTER E 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, Labor Code, requires the total transfer of compensation experience from a predecessor employer to a successor employer, under certain circumstances. In order to determine if this provision is applicable to you, this questionnaire must be completed and returned to the Texas Workforce Commission.

1. As of the date of acquisition, was the previous owner, or any partner(s), officers(s), shareholder(s) or other owner(s) of a legal or equitable interest of the business you acquired (the predecessor), related by blood or marriage, to you or any of the owners, partners, or shareholders of the acquiring business (the successor)?

Yes ☐

No ☐

2. If you answered "no" above, complete the following:

As of the date of acquisition, did the previous owner(s), partner(s), shareholder(s), officer(s) or other owner(s) of a legal or equitable interest hold an option to purchase such an interest in the successor business?

Yes ☐

No ☐

3. If you answered "yes" to Item 1 or 2, please indicate below the predecessor's relationship to the successor.

☐ Myself

☐ Mother

☐ Son

☐ Daughter

☐ Father

☐ Other (Specify) \_\_\_\_\_

☐ Spouse\*

☐ Son-in-law\*

☐ Daughter-in-law\*

☐ Mother-in-law\*

☐ Father-in-law\*

\*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.

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 whom a valid Written Authorization is on file with the Texas Workforce Commission).