



**APPLICATION FOR PARTIAL TRANSFER OF EXPERIENCE - SCHEDULE A**  
Allocation of Quarterly Taxable Wage Totals



Fax: 217-557-1948

We, the undersigned, do hereby certify that the information given below is, to the best of our knowledge, true and correct, and we submit said information as part of the Application for Partial Transfer of Experience under Section 1507 B of the Illinois Unemployment Insurance Act

**TRANSFEEE**

**TRANSFEROR**

Employer Account No. \_\_\_\_\_

Employer Account No. \_\_\_\_\_

Business Name \_\_\_\_\_

Business Name \_\_\_\_\_

Signed By \_\_\_\_\_

Signed By \_\_\_\_\_

Official Title \_\_\_\_\_

Official Title \_\_\_\_\_

Date Signed \_\_\_\_\_

Date Signed \_\_\_\_\_

1	2	3	4
<b>QUARTER ENDING</b>	<b><u>TAXABLE</u> Wages Reported by PREDECESSOR</b>	<b><u>TAXABLE</u> Wages Attributable to TRANSFEEE</b>	Balance of <b><u>TAXABLE</u> Wages Attributable to TRANSFEROR</b> (Col. 2 less Col. 3)
9-30-			
12-31-			
3-31-			
6-30-			
9-30-			
12-31-			
3-31-			
6-30-			
9-30-			
12-31-			
3-31-			
6-30-			