Fax number:
312-793-6296

SCHEDULE B
Allocation of Worker's Quarterly Taxable Wages for Quarter Ending _____

We, the undersigned, do hereby certify that the information given below and on any additional pages 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 1507B of the Illinois Unemployment Insurance Act.

TRANSFEREE
Employer Account No. _____

Business Name _____

Signed By _____

Official Title _____

Date Signed _____

TRANSFEROR
Employer Account No. _____

Business Name _____

Signed By _____

Official Title _____

Date Signed _____

Worker's Social Security Account Number	Name of Worker	Worker's Wages Reported by **PREDECESSOR**			Worker's TAXABLE Wages Attributable to **TRANSFEREE**	Balance (if any) of Worker's TAXABLE Wages Attributable to **TRANSFEROR**
		TOTAL Wages	EXCESS Wages (over $)	TAXABLE Wages		
1	2	3	4	5	6	7
8. Totals for this page						
9. Totals for All pages THIS quarter						