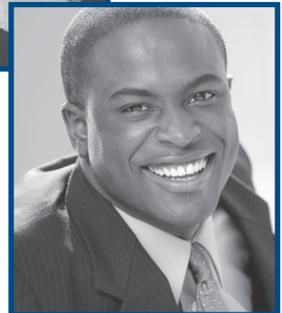


The Employer's Guide to

UNEMPLOYMENT INSURANCE

www.dol.nebraska.gov



NEBRASKA
DEPARTMENT OF LABOR

Revised March 2011

Information contained in this booklet is accurate and complete at the time of printing. For the most current version an Adobe Acrobat PDF is on our website: www.dol.nebraska.gov.

Equal Opportunity Employer/Program
Auxiliary aids and services are available upon
request to individuals with disabilities
TDD: 1.800.833.7352, Lincoln 402.471.9898
ui1690010-05



TO NEBRASKA EMPLOYERS

This Employer's Guide has been prepared with the most current information available regarding the unemployment insurance program. This program involves unemployment taxes and unemployment benefits. Some of the key components to these two programs include:

TAX	Page
Who is a liable employer?	9
Definition of employment and exemptions	13
Wages defined.....	15
Predecessor/successor transfer of accounts	21
Tax rate setting process	23
BENEFITS	
Base period	25
Employer benefit charging	27
Benefit disqualification	28

By using **uiconnect.ne.gov**, employers can file and pay their quarterly unemployment insurance tax and wage reports and respond to benefit separation notices (Form **350**) in a timely manner.

Catherine D. Lang

Catherine D. Lang
Commissioner of Labor

CHECKLIST FOR A NEW BUSINESS

Regarding Employment Taxes

Contact the Internal Revenue Service to obtain a Federal Employer Identification Number and a free packet entitled “*Your Business Tax Kit*”.

For Details on the following categories and contact information:

Internal Revenue Service

1616 Capitol Ave
Ste 440 MS 5410
Omaha, NE 68102
Tax questions: 800.829.1040
Forms/brochures: 800.829.3676
Web Page: www.irs.gov

Nebraska Department of Revenue

301 Centennial Mall South
P.O. Box 94818
Lincoln, NE 68509-4818
402.471.2971
800.742.7474
Web Page: www.revenue.ne.gov

Workers’ Compensation Insurance Requirements

Workers Compensation Court

P.O. Box 98908
State Capitol Building
Lincoln, NE 68509-8908
Web Page: www.wcc.ne.gov
402.471.6468

New Hire Reporting

Nebraska State Directory of New Hires
P.O. Box 144013
Austin, TX 78714-4013
888.256.0293
Web Page: www.ne-newhire.com

Contractor Registration State of Nebraska

Department of Labor
550 South 16th Street, 3rd floor
Lincoln, NE 68508
402.471.2239
Fax: 402.471.5039
Web Page: www.dol.nebraska.gov

State of Nebraska Department of Labor Unemployment Insurance

550 South 16th
P.O. Box 94600
Lincoln, NE 68509-4600
402.471.9935
TDD: 800.833.7352
Web Page: uiconnect.ne.gov

To determine what laws, ordinances and regulations cover your business, check with the following:

To register state trade names, trademarks, and corporation names, contact:

Secretary of State

P.O. Box 94608
State Capitol, Suite 2300
Lincoln, NE 68509-1608
Corporation Division: 402.471.4079
Rules & Regulations: 402.471.2385
Web Page: www.sos.ne.gov

For current registered federal and state(s) trademarks, contact:

Existing Business

Assistance Division:
402.471.3782

Nebraska Department of Economic Development

P.O. Box 94666
301 Centennial Mall South
Lincoln, NE 68509-4666
402.471.3111
800.426.6505
Web Page: www.economic.nebraska.gov

For details on state and local tax incentives and requirements, contact:

Nebraska Department of Revenue

301 Centennial Mall South
P.O. Box 94818
Lincoln, NE 68509-4818
402.471.2971
800.742.7474
TDD: 402.741.5740
Web Page: www.revenue.ne.gov

For details on labor laws and wage and hour information, contact:

State of Nebraska

**Department of Labor
Office of General Counsel**

P.O. Box 95024
301 Centennial Mall South
Lincoln, NE 68609-5024
402.471.4711
Web Page: www.dol.nebraska.gov

Certain businesses and occupations require licenses, permits or certificates. Each business should check city, county and state regulations to ensure that it is meeting all licensing requirements.

TABLE OF CONTENTS

TAX

Employer Liability

Who Is A Liable Employer?.....	9
Application For An Unemployment Insurance Account Number.....	9
How Is Liability Established?	9
Period Of Liability	10
Employers Report On Change Of Ownership	10
Addresses	10
Termination Of Liability.....	11
Contributory vs. Reimbursable	11
Changing Financing Methods.....	12
Employee Leasing	12

Employment and Wages

What Is Employment?	13
Independent Contractors (Contract Labor).....	14
Wages Defined.....	15
Required Records.....	16

Reporting And Paying Unemployment Insurance Combined Tax

New Employer Rates.....	17
Taxable Wage Base	17
Computing Combined Tax Due	18
Quarterly Wage Reports.....	19
Electronic Reporting and Payment—UIConnect®	19
Interest On Delinquent Combined Tax.....	20
Penalty On Delinquent Combined Tax And Wage Reports	20
Claims For Adjustment Or Refund.....	20
State Unemployment Insurance Tax.....	20
Contractor Certification As To Combined Tax Status	21
Annual Federal Unemployment Tax Returns.....	21

Transfer of Experience

What Is A Transfer	21
How To Apply For A Transfer	22
Controlling Abusive Transfer Practices	22

Experience Rating

Introduction	22
New Employer Rate.....	22
Experienced Employer Rates.....	23
The Rate Setting Process.....	23
Voluntary Contributions And Combined Tax Rate Notices	23
Reporting Units	23

Multi-State Employment

Localized Workers.....24
Multi-State Workers.....24
Foreign Services24

BENEFITS

The Benefit Claims Process

Initial Claim For Benefits.....25
Benefit Year.....25
Base Period/Alternate Base Period25
Employment Involved On A Claim26
Claim Renewal And Additional Employment26
Request To Employer For Separation Information26
Notice Of Claim Filed26
Request for Wage Information.....26

Benefit Payment Amounts

Minimum Earnings For Eligibility.....27
Weekly Benefit Amount.....27
Maximum Benefits Payable.....27
Employer Benefit Charges.....27

Requirements For Benefit Eligibility

Unemployed Or Partially Unemployed28
Able To Work.....28
Available For Work28
Waiting Week28

Benefit Disqualification

Voluntary Quit29
Discharge For Ordinary Misconduct.....29
Discharge For Gross Misconduct29
Refusal Of Suitable Work.....29
Labor Dispute.....30
Student30
Receipt Of Other Payments30
Educational Institution Employees And Athletes30

Appeals.....30

PROGRAM INTEGRITY

Program And Trust Fund.....31
Benefit Payment Control31

TABLE OF CONTENTS

Internal Security	31
Benefits Accuracy Measurement	32
Tax Performance System	33
THE NEBRASKA WORKER TRAINING PROGRAM	33
DEPARTMENT OF LABOR CAREER CENTERS	34
DIRECTORY	
Directory Of Tax Representatives	36
APPENDIX	
Application For An Unemployment Insurance	
Account Number UI Form 1 (via uiconnect.ne.gov).....	37
Application For An Unemployment Insurance	
Account Number—front UI Form 1	38
Application For An Unemployment Insurance	
Account Number—back UI Form 1.....	39
Filing Combined Tax and Wage Report (via uiconnect.ne.gov)	40
Combined Tax Report UI-11T	41
Combined Wage Report UI-11W.....	42
Notice Of Change	43
Predecessor Report On Change Of Ownership UI-Form 37	44
Statement Of Benefit Charges UI-87A.....	45
Reimbursable Benefit Charge Billing UI-87R.....	46
Delinquent Statement UI-25.....	47
Combined Tax Rate Notice UI-128A.....	48
Application For Contribution Refund UI-26	49
Notice Of Adjudicator's Determination UI-410	50
Request For Separation Information UI-350	51
Notice Of New Unemployment Claim UI-359.....	52
Unemployment Insurance Benefit Payment Audit Form	
BPC 270.08—Page 1	53
Unemployment Insurance Benefit Payment Audit Form	
BPC 270.08—Page 2	54
Request for Wage Information UI-311.....	55

This pamphlet is provided for informational purposes only. It does not have the force of law, rule or regulation.

EMPLOYER LIABILITY

Who Is A Liable Employer?

A liable employer is an individual or type of organization including any partnership, association, trust, estate, corporation, limited liability company or governmental agency who employs people and meets the coverage provisions of the Nebraska Employment Security Law. *Neb. Rev. Stat.* § 48-603

A "contributory employer" is a liable employer who is required to pay quarterly combined tax which consists of contributions and state unemployment insurance tax on wages at the applicable combined tax rate. *Neb. Rev. Stat.* § 48-649

A "reimbursable employer" is a liable employer who elects to make payments in lieu of combined tax. Such an employer is required to reimburse the agency for benefits paid to former employees. The reimbursing employer option is available only to governmental entities and non-profit organizations with a 501 (c)(3) IRS exempt status. *Neb. Rev. Stat.* § 48-649 (7)

Application For An Unemployment Insurance Account Number

Every employer who begins operations in this state and employs a person or persons is required to file an Application For An Unemployment Insurance Account Number, (UI Form 1) even though such an employer may not be liable to the Law. (See appendix for form). *Neb. Rev. Stat.* § 48-612. Upon receipt of the completed form, a determination of the employer's liability will be made. An appeal for review from the liability determination may

be made to the Commissioner of Labor within thirty days from the date of mailing of such a determination. *Neb. Admin. Code* 220, Chapter 12

You can get an application for an unemployment insurance account by calling 402.471.9935. You may also register for an account at uiconnect.ne.gov. (See Appendix).

How Is Liability Established?

An employer becomes liable under the following circumstances:

Neb. Rev. Stat. § 48-603

General business employers:

1. Employs one or more persons in covered employment on a day in twenty different calendar weeks in a calendar year (such weeks need not be consecutive).
2. Has paid gross wages for employment in the total sum of \$1,500 or more in any calendar quarter in a calendar year.
3. Acquired the organization, trade or business, or substantially all the assets thereof, of another employer which at the time of acquisition was an employer subject to the Law.
4. Acquired the organization, trade or business, or substantially all the assets thereof, of another employer, not subject to the Law, and which if subsequent to such acquisition it were treated as a single unit with such other employer, who had in its employ one or more persons on a day in twenty different calendar weeks in a calen-

dar year, or had paid gross wages of \$1,500 or more in a calendar quarter.

5. An employer not otherwise subject who has employment in this state and is liable under the provisions of the Federal Unemployment Tax Act (FUTA). *Neb. Rev. Stat.* § 48-603 (7)

Employers of domestic (household) workers:

With respect to services performed in domestic services in a private home, on the farm, local college club or local chapter of a college fraternity or sorority if the employer has paid cash wages of \$1,000 or more in any calendar quarter in a calendar year. *Neb. Rev. Stat.* § 48-604 (4)

Employers of agricultural workers:

1. With respect to services performed in agricultural employment for an employer if such employer employs ten or more workers on a day in twenty different calendar weeks in a calendar year. *Neb. Rev. Stat.* § 48-604 (4)
2. With respect to services performed in agricultural employment for an employer who has paid cash wages of \$20,000 or more in a calendar quarter in a calendar year. *Neb. Rev. Stat.* § 48-604 (4)

Nonprofit organizations (501(c)(3))

For services performed for an organization that is exempt under Section 501 (c)(3) of the Internal Revenue Code and has had in its employ four or more individuals for some portion of a day in each of twenty different calendar weeks,

whether or not such weeks were consecutive, within a calendar year (these organizations have the option to become liable on a reimbursable basis). *Neb. Rev. Stat.* § 48-604 (4)

Governmental entities:

With respect to any services performed in the employ of this state or any of its instrumentalities, or any political subdivision thereof. (These employers have the option to become liable on a reimbursable basis.) *Neb. Rev. Stat.* § 48-649 (7)

Voluntary Election:

Employing units not meeting the foregoing conditions, may elect to cover workers for unemployment insurance upon approval by the Commissioner of Labor. Such election will include all employment during the calendar year and will continue to be in effect for at least two complete calendar years. *Neb. Rev. Stat.* § 48-661 (3)

Period Of Liability

Liability of an employer is determined on a calendar year basis. This means that if an employer becomes liable during any calendar quarter, they are liable for the entire year and the following year. *Neb. Rev. Stat.* § 48-661. Combined tax is due for wages paid for the entire year up to the taxable wage base for the year.

Addresses

Each employer's account has the capability of carrying multiple addresses. For example, an employer desiring to have tax information sent to one address and the

request for benefit separation (Form 350) to another address may do so by notifying the UI Tax Section, Attn: Status Unit, Box 94600, Lincoln, NE 68509.

Termination Of Liability

Once an employer is determined liable, liability is continuous. To terminate coverage, a *General Business Employer* must not have in their employ one or more persons in 20 different weeks and not have a payroll of \$1,500 in any calendar quarter. Both conditions must be met to terminate liability. Written application to terminate must be filed on or before January 31st following such year. *Neb. Rev. Stat. § 48-661 (2)*

Nonprofit Organizations exempt under Section 501(c)(3) of the Internal Revenue Code must complete a full calendar year in which they did not employ four or more persons in twenty different calendar weeks. *Neb. Rev. Stat. § 48-661 (2)(b)*

An *Agricultural Employer* must not have in their employ 10 or more persons in 20 different weeks and did not pay cash wages of \$20,000 or more during any calendar quarter in order to terminate coverage. Both conditions must be met to terminate liability. *Neb. Rev. Stat. § 48-661 (2)(c)*

For a *Domestic Employer* to terminate coverage, a calendar year must be completed during which cash wages of \$1,000 or more were not paid in a calendar quarter. *Neb. Rev. Stat. § 48-661 (2)(d)*

When an employer no longer has persons in their employ, they cease to be liable to unemployment insurance tax and the account will be terminated one year after

employment ceases. The account must be reinstated if the employer again has employment within one calendar year after termination. If liability requirements have been reestablished, the account may be reinstated by written application if the employer again has employment within two calendar years after termination. *Neb. Rev. Stat. § 48-652 (4)*

Contributory vs. Reimbursable

Nonprofit organizations who have received a tax exemption under Section 501(c)(3) and governmental entities have the option of becoming liable to unemployment insurance on a contributory or reimbursable basis. A contributory employer pays quarterly unemployment insurance combined tax at an assigned rate based on experience. A reimbursable employer repays the agency for all benefits paid to former employees.

Before an eligible employer makes this decision, consideration should be given to the following:

Advantages Of Being A Contributory Employer

1. Expenses are limited to the amount of taxable wage base multiplied by the employer's tax rate.
2. It is easier to budget unemployment insurance expense because it is more predictable.
3. Contributory employers can receive non-charging of benefits status in some situations.
4. Contributory employers are eligible for reduced tax rates.

5. Benefit overpayments are credited to the account as soon as they are established.

Disadvantages Of Being A Contributory Employer

1. There may be some unemployment insurance expense each year even if no benefits are paid.
2. The employer must calculate and report gross, excess, and taxable wages on each quarterly combined tax report.

Advantages Of Being A Reimbursable Employer

1. If benefits are not charged to your account, the employer pays nothing for the quarter.
2. There is no need to calculate excess wages and taxable wages on quarterly combined tax report forms. Reimbursable employers will still have to file a quarterly report showing number of employees and gross wages paid as well as completing a wage report.

Disadvantages Of Being A Reimbursable Employer

1. Heavy expenses could be incurred in one quarter—up to 13 times the employee's weekly benefit amount or more.
2. Reimbursable employers cannot be granted non-charging. This means *all* benefits paid out must be reimbursed by the employer.
3. Benefit overpayments are not credited to your account until collection has been received from the claimant.

Changing Financing Methods

A nonprofit or governmental organization that has elected to become a reimbursable employer for payments in lieu of combined tax must continue to occupy such status until it files a written notice terminating its election to be reimbursable not later than thirty days prior to the beginning of the taxable year for which such termination is to be effective. *Neb. Rev. Stat. § 48-660.01 (2) (d)*

Benefits paid on subsequent claims that include any quarter within the base period that is prior to the effective date of termination of the election shall be chargeable to the reimbursable account of such employer and such employer shall continue to be liable to reimburse such benefits paid after the date of termination. *Neb. Rev. Stat. § 48-649 (6)*

If an employer elects to change from reimbursable to contributory, the employer would be liable for combined tax payments as well as potential reimbursable charges for a period of time. *Neb. Rev. Stat. § 48-649 (7)(c)*

A nonprofit or governmental organization which has been paying combined tax may change to a reimbursable basis by filing not later than 30 days prior to the beginning of any taxable year written notice of election to become a reimbursable employer. Such election is not terminable for a period of two years. *Neb. Rev. Stat. § 48-660.01 (2)*

Employee Leasing

Employee leasing companies or professional employer organizations (PEOs) are

required to report wages and pay combined tax for client workers under the account number for the client. Worksite employees are considered to be employees of the client for purposes of the Employment Security Law. *Neb. Rev. Stat. § 48-648 (3)*

EMPLOYMENT AND WAGES

What Is Employment?

The term “employment” is defined as all services or work performed in Nebraska including temporary work except those services which are *specifically exempt* as follows:

Neb. Rev. Stat. § 48-604

1. Casual labor not in the course of any employer's trade or business performed in any calendar quarter, unless the cash remuneration paid for such service is \$50 or more and such service is performed by an individual who is regularly employed by such employer to perform such service.
2. Family employment-service rendered by an individual in the employ of their son, daughter, or spouse, or a child under the age of 21 in the employ of their father or mother. This applies only to sole proprietorships and partnerships where the relationship of the family member is the same for each partner.
3. Service performed for church or an organization operated primarily for religious purposes and is operated by a church or an association of churches.
4. Service performed by a minister in the exercise of the ministry or by a member of a religious order in the exercise of the duties required by such order.
5. Service performed for 501(c)(3) nonprofit or governmental organizations by employees in a sheltered workshop if the earning capacity of such employees is impaired.
6. Service performed for 501(c)(3) nonprofit or governmental organizations as a part of an unemployment work relief or work training program assisted or financed in part by a governmental agency.
7. Services of patients in hospitals.
8. Services performed by a student or spouse in the employ of a school, college, or university; if such services are performed by a student enrolled, regularly attending classes at, and working for such school, college or university pursuant to financial assistance arrangement with such school, college, or university or by the spouse of such student provided such spouse was employed to provide financial assistance to the student enrolled in a school, college, or university.
9. Service performed by a student nurse or intern if performed as a part of a training program.
10. Services performed by a real estate or insurance agent if all such service is performed for remuneration solely by way of commission.

11. Services performed by an individual under the age of 18 in delivery or distribution of newspapers.
12. Services performed by an individual in an arrangement under which newspapers and magazines are all sold at a fixed price and the compensation is based on the retention of the excess of such price over the cost.
13. State and local governmental services performed by elected officials, members of legislative and judicial bodies, members of Army National Guard, Air National Guard, temporary employees hired for storm emergencies or similar situations, as advisory or policy making employees working eight hours or less per week.
14. Services performed at a custodial or penal institution by inmates.
15. Service performed by an owner-operator and driving a truck for a motor carrier.
16. Service performed by a home worker processing data for a business engaged in compilation of marketing data bases.
17. Service performed by an individual as a voluntary research subject who is paid on a per study basis for scientific, medical or drug related testing. This does not apply to governmental entities or organizations as described in Section 501(c)(3) of the Internal Revenue Code of 1954.
18. Services for which academic credits are given, performed by an individual who is a student enrolled in a full-time program, at a nonprofit or public school.
19. Service performed by a direct seller if engaged in the trade or business of selling or soliciting the sale of consumer products or services to any buyer on a buy-sell basis or deposit-commission basis for resale, by the buyer or any other person in the home or otherwise than in a permanent retail establishment; or engaged in the trade or business of selling or soliciting the sale of consumer products or services in the home or otherwise than in a permanent retail establishment.
20. Service performed or a participant of AmeriCorp.
21. An election official or election worker if the amount of remuneration received by the individual during the calendar year for services as an election official or election worker is less than one thousand dollars.

Independent Contractors (Contract Labor)

To consider any individual an independent contractor, it must be shown to the satisfaction of the Commissioner of Labor that:

Neb. Rev. Stat. § 48-604 (5)

- a. Such individual has been and will continue to be free from control or direction over the performance of such services, both under contract of service and in fact,

- b. Such service is either outside the usual course of the business, or such service is performed outside of all the places of business of the enterprise for which service is performed, and
- c. Such individual is customarily engaged in an independently established trade, occupation, profession, or business.

All three parts of the above must be met to be considered Contract Labor.

Wages Defined

The term “wages” means payment for services rendered for an employer who is liable to the Nebraska Employment Security Law. Wages include all payments for services including commissions, bonuses, tips, reasonable value of meals and lodging, or any other form of payment. *Neb. Rev. Stat. § 48-602 (29)*

Tips are reported to the extent they are reportable under 6053(a) of the Internal Revenue Code. Employee reports tips on Form 4070.

Payments for sickness or disabilities are reportable. This includes payments made by a third party who make an accounting to you.

Deferred payments under a 401K Plan deducted from the workers wages are reportable.

Officers of a corporation (including sub-chapter-S) who perform services and receive remuneration must be reported.

Cash value of commodities not intended for personal consumption.

Wages in lieu of money:

- a. If board, lodging or any other payment in kind considered as payment for services performed by a worker is in addition to or in lieu of (rather than a deduction from) monetary wages, the Commissioner determines or approves the cash value of such payment in kind, and the employer shall use the cash values in computing contributions due under the law. *Neb. Admin. Code 220, Chapter 2*
- b. Where a cash value for board and lodging furnished a worker is agreed upon in any contract of hire, the amount so agreed upon shall, if more than the rates prescribed herein, be deemed the value of such board and lodging. *Neb. Admin. Code 220, Chapter 3*

Excluded Wages:

- 1. Remuneration paid in excess of taxable wage base to an employee during a calendar year. The taxable wage base for 2006 is \$8000. The taxable wage base for 2007 and thereafter is \$9000. Wages paid by an employer for services performed in another state or wages paid by the predecessor employer may be used in determining wages in excess of the taxable wage base. *Neb. Rev. Stat. § 48-648.02*

2. Payments received under a workers' compensation law.
3. Directors' fees if customary and reasonable.
4. Deduction from workers' wages for benefits under a cafeteria plan (IRS Section 125).
5. Members wages under a LLC unless LLC filing as an "s" corporation.

Required Records

Every individual or organization if employing even one person is required to keep records and upon request make reports to the Office of Unemployment Insurance. *Neb. Rev. Stat. § 48-612.*

Records with respect to employment performed must be preserved for a period of not less than four calendar years after the calendar year in which the wages were paid or if not paid were due. The employer may maintain records in any manner provided the records will show:

For Each Worker

- Name and social security number
- The residence of each employee
- Place or places in which the employee's services were performed
- Date on which the employee was hired, rehired, or returned to work after temporary layoff and date separated from work

The amount of gross wages paid to the employee and the period for which paid, showing separately

1. Cash wages, including special payments
2. Reasonable cash value or remuneration in any medium other than cash

General Payroll

Beginning and ending dates of each pay period

Total amount of wages paid and total amount paid in each calendar quarter

Date in each calendar week on which there was the largest number of such workers

Neb. Admin. Code 221, Chapter 1

Each employer shall make such reports as are prescribed on forms issued and required by the Commissioner of Labor. The instructions accompanying any such report forms shall have the force and effect of regulations issued in accordance with the provisions of the Nebraska Employment Security Law. *Neb. Rev. Stat. § 48-607*

REPORTING AND PAYING UNEMPLOYMENT INSURANCE COMBINED TAX

New Employer Rates

Employers who are not eligible for experience rating are assigned a combined tax rate which will vary each year. For non-construction employers the rate will be the lesser of the state's average tax rate or 2.5%. For employers in the construction industry the combined tax rate will

be equal to the rate assigned to category 20 in the rate schedule. The rates for all 20 categories as well as the state average tax rate are determined in December each year. Employers must have reported wages in each of the two four-quarter periods ending September 30 to be eligible for experience rating. *Neb. Rev. Stat. § 48-649*

Taxable Wage Base

The taxable wage base for Nebraska unemployment insurance combined tax was \$8,000 in 2006 and \$9,000 in 2007 and

The following is an example of reporting wages for one individual paid \$2,000 per month during 2006 when the taxable wage base was \$8,000.

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Summary for the year
Gross wages	\$6,000	\$6,000	\$6,000	\$6,000	\$24,000
Excess wages	\$0	\$4,000	\$6,000	\$6,000	\$16,000
Taxable wages	\$6,000	\$2,000	\$0	\$0	\$8,000

The following is an example of reporting wages for one individual paid \$2,000 per month during 2007 when the taxable wage base was \$9,000.

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Summary for the year
Gross wages	\$6,000	\$6,000	\$6,000	\$6,000	\$24,000
Excess wages	\$0	\$3,000	\$6,000	\$6,000	\$15,000
Taxable wages	\$6,000	\$3,000	\$0	\$0	\$9,000

	Months	Due date
Quarter 1	January – February – March	30-Apr
Quarter 2	April – May – June	31-Jul
Quarter 3	July – August – September	31-Oct
Quarter 4	October – November – December	31-Jan

thereafter. Employers pay unemployment insurance combined tax each year on wages of each employee up to the taxable wage base limit. All earnings above the taxable wage base are considered excess wages and are not taxed.

Computing Combined Tax Due

Once you have an active account established, your quarterly Combined Tax Report will be mailed to you automatically at the end of each calendar quarter. Each contributory employer, including domestic employers, is required to file a Combined Tax Report form UI -11T for each calendar quarter with payment of any amount due. All combined tax due is payable by the employer and is not withheld from employee wages. *Neb. Rev. Stat. § 48-648* The Combined Tax Report you receive will have your combined tax rate preprinted on the form. (See Appendix).

When you are determining the amount of combined tax to pay for any given quarter, you must calculate the excess and taxable wages for each employee. Once the employee reaches their maximum wage base for the calendar year, their remaining wages are excess wages for the remainder of the calendar year.

NOTE

Any employer who has not submitted all quarterly tax reports when rates are calculated in late November will be assigned the highest tax rate for the following year. The tax rate will be adjusted if the missing report(s) is received by December 31. Be sure to submit all reports timely—even if you are not able to pay the tax due.

Once gross, excess, and taxable wages are calculated for each employee the totals are transferred to the quarterly Combined Tax Report (lines 2,3, and 4 of the UI – 11T). Multiply taxable wages by the tax rate printed on the report and send the Combined Tax Report, Wage Report and payment so it is received by

the due dates as shown in the chart on page 17.

If a contributory employer fails to file a report, the Commissioner of Labor may assess the combined tax payable on the basis of available information and shall collect combined tax on that basis. *Neb. Rev. Stat. § 48-656*

An employer who has elected to make payments in lieu of combined tax is required to file an Employers Combined Tax Report (UI-11T) for each calendar quarter. The monthly employment data reported should be a count of all full-time and part-time workers who worked during or received pay (subject to Unemployment Insurance taxes) for the payroll period which includes the 12th of the month.

Employers with a payroll exceeding \$100,000 in either of the two previous

years is expected to file reports and pay electronically. *Neb. Rev. Stat. § 48-648*

Quarterly Wage Reports

Wage reports (Form UI-11W) are required from all types of employing entities including the private sector, nonprofit and governmental entities. Nonprofit organizations and governmental entities are required to file wage reports regardless of whether they finance their unemployment costs through the contributory method or through the reimbursement method. *Neb. Rev. Stat. § 48-648.01*

The wage report includes three items of information for each employee:

1. Social Security Number
2. Last name followed by first and middle initials
3. Total gross wages paid during the quarter

Employers using computer printouts or supplemental sheets for wage reports should format their document to replicate the UI Form 11W (See Appendix). The employer's account number, filing year, filing quarter, and page number should be included in the heading of the document.

ACCESSING UICONNECT

Go to uiconnect.ne.gov

Enter your account number and PIN number found on the UI-11T (Tax Report).

Employers with a payroll exceeding \$100,000 in either of the two previous years is expected to file reports and pay electronically. *Neb. Rev. Stat. § 48-648.01*

Electronic Reporting and Payment—UICConnect®

UICConnect® offers employers a new and better way to file and pay their quarterly unemployment insurance tax and wage reports. Employers can file online. (See Appendix). Once the employer completes an initial wage report online with the employees' names and social security numbers, this information will be retained and will not need to be reentered in following quarters. A file transfer protocol (FTP) option is available and especially convenient for larger employers. Specifications for formatting a FTP file are found on the website. Once the wage information is entered into the computer, UICConnect® will make all mathematical computations including excess wages for each employee and total tax due. At the conclusion of filing, the employer may choose to pay electronically through EFT (electronic funds transfer) or print a voucher and mail a check to the address on the voucher. Those who have used electronic filing have responded with favorable comments.

UICConnect® offers additional features including; applying for tax account number; amending reports; paying delinquencies or updating the name and address of your account. (See Appendix).

Interest On Delinquent Combined Tax

Combined tax is due on the first day and delinquent after the last day of the month following the end of the calendar quarter to which they apply. Interest will be charged on delinquent combined tax at the rate of 1.5 percent a month from the delinquent date to the date paid.

Payments in lieu of combined tax to be made by reimbursable employers are due when billed and are delinquent 30 days from the date request is made for reimbursement. Interest will be charged at the rate of 1.5 percent a month from the date payments are delinquent until paid. *Neb. Rev. Stat. § 48-655*

A delinquent statement is mailed to employers on the 15th of the month if there are any delinquent reports, tax, interest or penalties (See Appendix).

Penalty On Delinquent Combined Tax and Wage Reports

Employers will be penalized when they, or their agents, fail to file a required quarterly combined tax report and wage report by the tenth day of the second month following the quarter. The penalty assessed will be equal to 0.1% of the total gross wages paid during the quarter, but

not less than \$25 nor more than \$200. *Neb. Rev. Stat. § 48-656 (3)*

Claims For Adjustment Or Refund

If combined tax, penalty or interest is overpaid by an employer, proper adjustments with respect thereto are made in connection with subsequent combined tax by credit memorandum. If such overpayments cannot be applied within a reasonable time, the overpayment is refunded. Claims for refund should be made on Form UI26, Application For Contribution Refund and must be made within four years of such overpayment. *Neb. Rev. Stat. § 48-660 (See Appendix)*

State Unemployment Insurance Tax

SUIT (State Unemployment Insurance Tax) can be triggered on or off on an annual basis. When SUIT is triggered on, Nebraska employers pay contributions and SUIT each quarter. The total is called combined tax. The SUIT tax rate can be set anywhere between 0% and 20% of combined tax due as determined by the Commissioner of Labor each year. *Neb. Rev. Stat. § 48-649 (2)*. The SUIT portion is collected and deposited into a special reserve fund—the State Unemployment Insurance Trust Fund. This fund is to be used as a reserve to pay unemployment benefits only and will be used if needed by the Unemploy-

NOTE

Remember, the FUTA taxable wage base is \$7,000 and Nebraska's taxable wage base is \$8,000 in 2006 and \$9,000 in 2007 and after. You must calculate taxable wages based on the correct taxable wage base.

ment Trust Fund. The interest earned on the State Unemployment Insurance Trust Fund is used to fund worker training programs.

When SUI rate is zero, all combined tax paid will be considered contributions and credited to an employer's reserve balance. Employers receive credit in their reserve balance for the contribution portion of combined tax but not for the SUI portion. *Neb. Rev. Stat. § 48-652 (2)*

Contractor Certification As To Combined Tax Status

Any contractor who has completed a public contract is furnished, upon request and without cost a statement as to his or her standing with respect to combined tax, penalty, or interest due the Unemployment Compensation Fund. A Nebraska UI Form 16, Certification as to Contribution Status, will be issued if the contractor has paid all combined tax, penalty and interest due. Under the Employment Security Law, public agencies are required to withhold final settlement with contractors until such a certification is furnished. *Neb. Rev. Stat. § 48-657 (4)*

Annual Federal Unemployment Tax Returns

If an employer meets the criteria to pay combined tax, they generally are required to file a Form 940 with the IRS, this is the annual FUTA (Federal Unemployment Tax Act) return filed January 31st of each year. Domestic employers file a Schedule H with their annual 1040 to show domestic work-

ers. Employers who pay their Combined Tax timely and in full will receive maximum credit against the Federal Unemployment Tax liability. Reimbursable employers are not required to file a Federal Unemployment Tax Return.

TRANSFER OF EXPERIENCE

What Is A Transfer?

A transfer of a previous owner's (predecessor's) experience account puts the new owner (successor) into a position of receiving a "hand off" of the existing business's experience account. A transfer of a predecessor's experience account can have advantages and disadvantages for the successor. The advantages include an existing reserve balance in the account that can qualify the employer for a reduced tax rate immediately. The primary disadvantage is that the successor employer becomes liable for any benefit charges for current and former employees of the business – even those who may have separated before the business was acquired. Recent or future claims for such charges can affect the successor's combined tax rate for years. For this reason a successor must carefully consider the potential liability for current or future claims before making the application to acquire the experience account of a predecessor. *Neb. Rev. Stat. § 48-654*

A transfer of experience account can be either a full transfer if the entire business was acquired or it can be a mandatory partial transfer if the successor acquired

an identifiable and segregable portion of the predecessor's business and substantial common ownership exists between the predecessor and successor. *Neb. Rev. Stat. § 48-654.01 (1) (a)*

How To Apply For A Transfer

To apply for or reject a transfer the successor completes a Nebraska "UI Form 1–Application for an Unemployment Insurance Account Number" (See Appendix) within 120 days of the date of transfer. Generally, a successor unrelated in a business sense to the predecessor has the option of electing to accept or reject the transfer of the predecessor's experience account. The predecessor completes a Nebraska "UI Form 37–Employer's Report on Change of Ownership" (See Appendix).

An employer who acquires the organization, trade or business or substantially all the assets of another contributory employer subject to the Law shall notify the agency by registered or certified mail not later than five days prior to the date of acquisition. Unless such notice is given, the successor employer may be liable for the unpaid combined tax, penalty and interest of the predecessor. *Neb. Rev. Stat. § 48-658*

If an employer transfers its trade or business or a portion to another employer and there is substantial common ownership, management or control of the two, then the transfer of experience account is mandatory. A transfer of a business takes place when some or all of an employer's workforce moves to a

new employer continuing the trade or business with the new employer and the transferring employer no longer performs the trade or business with respect to the workers moved. *Neb. Rev. Stat. § 48-654.01 (2) (a)*

An unemployment insurance experience account will not be transferred if a business is acquired solely or primarily for the purpose of obtaining a lower combined tax rate. *Neb. Rev. Stat. § 48-654.01 (2) (b)*

The Employment Security Law includes civil and criminal sanctions for violating, attempting to violate or advising violation of appropriate experience rating practices.

EXPERIENCE RATING

Introduction

Each legal entity must have a separate experience rate account. *Neb. Rev. Stat. § 48-652 (1)*. Experience rates are calculated annually based on the account's experience with regard to their reserve balance and average taxable wage. An appeal on this rate determination may be made within thirty days of the date of the Combined Tax Rate Notice in accordance with Section 48-650 of the Nebraska Employment Security Law.

New Employer Rate

Employers who are not eligible for experience rating are assigned a combined tax rate which will vary each year. For non-construction employers the rate will be the lesser of the state's average tax rate or 2.5%. For employers in the construc-

tion industry the combined tax rate will be equal to the rate assigned to category 20 in the rate schedule. The rates for all 20 categories as well as the state average tax rate are determined in December each year. Employers must have reported wages in each of the two preceding four-quarter periods ending September 30 to be eligible for experience rating.

Experienced Employer Rates

In order to be eligible for a lower rate, an employer's account must meet two statutory standards. These standards provide that (1) benefits could have been payable from and chargeable to the account throughout the preceding one calendar year and (2) wages for employment have been paid by the employer in each of the two preceding four-calendar-qr periods. Employers who meet these two requirements are eligible for reduced combined tax rates according to the schedule in use. *Neb. Rev. Stat. § 48-649 (4)*

The Rate Setting Process

Beginning with 2006 unemployment insurance combined tax rates will be calculated and assigned according to a new process. Rates will continue to be based on each employer's individually calculated reserve ratio. However, the process of setting rates using the reserve ratios will change. The process will be driven by mathematical calculations rather than based upon a rate structure determined by the commissioner as in the past. There are no set minimum or maximum rates. Rates for the following year will be calculated and mailed during December each year.

The new rate setting process consists of three parts. First, the target revenue for the next year is determined. This amounts to benefits paid adjusted by a factor which increases or decreases this amount based upon the health of the trust fund. Second, a state average tax rate is calculated and each of the twenty rate categories is assigned a rate as a defined percentage of the state average tax rate. Third, employers are arrayed into the twenty categories by individual reserve ratios with each of the twenty categories limited to five percent of the state's total taxable wages.

Voluntary Contributions And Combined Tax Rate Notices

Complete experience rating information will be sent to all subject employers in December of each year. This information will include the computed combined tax rate for each employer for the ensuing year. In addition, information will be furnished indicating the amount of voluntary contribution that will be required to attain the next lower rate. If the next lower rate is desired, the appropriate voluntary contribution must be made on or before January 10 for the voluntary to be applied to the current calendar year. Employers are limited to voluntary payments to reduce tax rate by one category. *Neb. Rev. Stat. § 48-649 (5)*

Reporting Units

When an employer has one Federal Identification Number, but operates two or more entities with separate liability requirements, the agency will establish a master tax account number. Each one of these separate entities (reporting

units) will have a subsidiary tax account number established under the master tax account number. This process allows for maintaining accurate labor statistics.

For experience rating purposes, the master account and all of the reporting units will be considered as one account.

A reporting unit may also be assigned to an employing entity based on the employer requesting separate reports.

MULTI-STATE EMPLOYMENT

Localized Workers

Individuals who perform all of their service for an employer within Nebraska must be reported to Nebraska, regardless of the state in which the worker resides. *Neb. Rev. Stat. § 48-604*

Individuals localized in Nebraska who occasionally perform temporary work outside of Nebraska that is incidental to their regular work should be reported to Nebraska.

Multi-state Workers

Individuals who customarily perform services for the same employer in Nebraska and one or more other states and are not "localized" (see above) are referred to as multi-state workers. These workers would be reported to Nebraska :

1. If the employee's base of operations is located in Nebraska.
2. If there is no base of operations, then the place from which the service is directed or controlled is in Nebraska.

3. If the state of coverage cannot be determined by either of the first two tests and the worker performed some service and lived in Nebraska. *Neb. Rev. Stat. § 48-604 (2)*

Foreign Services

Services performed outside the United States or Canada by a citizen of the United States for an American employer would be covered under the Nebraska Employment Security Law if:

1. The employer's principle place of business in the United States is located in Nebraska; or
2. The employer has no place of business in the United States, but:
 - a. The employer is an individual who is a resident of Nebraska; or
 - b. The employer is a corporation which is organized under the laws of Nebraska; or
 - c. The employer is a partnership or trust and the number of partners or trustees who are residents of Nebraska is greater than the number of partners who are residents of any other state; or
 - d. None of the above criteria are met but the employer has elected coverage of the foreign worker. *Neb. Rev. Stat. § 48-604 (3)*

BENEFITS

THE BENEFIT CLAIMS PROCESS

Initial Claim For Benefits

When an individual first contacts the Nebraska Claims Center by telephone or Internet to apply for Unemployment Insurance benefits, an initial claim is filed. Filing an initial claim establishes both the benefit year and the base period for that claim.

Benefit Year

The benefit year is the period during which the worker may be eligible to receive benefits payments. The benefit year begins the Sunday before the claim is filed, and runs for 52 calendar weeks. There is a maximum of 26 weeks of benefits within

a benefit year. There may be less than 26 weeks payable if a disqualification reduces the total unemployment benefit amount. If benefits are exhausted, a new initial claim may not be filed until the benefit year is over. *Neb. Rev. Stat. § 48-602 (3)*

Base Period/Alternate Base Period

The base period is the one-year period for which the worker's wages are considered in determining benefit eligibility for an initial claim. The regular base period is the first four of the last five completed calendar quarters before the claim is filed. Effective July 1, 2011, when eligibility cannot be established for a regular base period claim, the last four completed quarters will be examined as an alternate base period claim. *Neb. Rev. Stat. § 48-602 (1)*

REGULAR BASE PERIOD/ALTERNATE BASE PERIOD **

Oct Nov Dec	Jan Feb Mar **	Apr May Jun **	Jul Aug Sep **	Oct Nov Dec **	Jan Feb Mar			
	Jan Feb Mar **	Apr May Jun **	Jul Aug Sep **	Oct Nov Dec **	Jan Feb Mar **	Apr May Jun		
		Apr May Jun **	Jul Aug Sep **	Oct Nov Dec **	Jan Feb Mar **	Apr May Jun **	Jul Aug Sep	
			Jul Aug Sep	Oct Nov Dec **	Jan Feb Mar **	Apr May Jun **	Jul Aug Sept **	Oct Nov Dec

End Box in Each Row Represents Quarter Claim Filed

Shaded Area Represents Regular Base Period Quarters Used to Determine Eligibility

** Represents Alternate Base Period Quarters used to Determine Eligibility

Employment Involved On A Claim

Any employer for whom a claimant has worked since the beginning of the base period may be involved on a claim. Additionally, any period of employment the worker has during the benefit year may result in that employer becoming involved. *Neb. Rev. Stat. § 48-626*

Claim Renewal and Additional Employment

A claim renewal occurs when a worker reopens an established benefit claim during a current benefit year. This follows an interruption in the claims series due to a period of employment or other reasons for ineligibility. *Neb. Admin. Code 221, Chapter 3*

Request To Employer For Separation Information

Each employer involved on a claim is sent a "Request to Employer for Separation Information," Form UI-350. (See Appendix).

This form lists the name and Social Security number of the worker who filed the claim, along with other information related to the claim. The form requests that the employer provides information about the worker's employment and separation. In order to receive potential relief from charges to their experience account in the case of a quit or discharge, employers must complete and return the form, or respond with like information through the "UI Connect" Web application, by the due date printed on the form. An employer may receive more than one "Request to Employer for Separation Information" Form for a particular

worker if that person returns to work and is separated again. More than one separation may also need to be reported on a single Request—for example, if the worker was laid off, was rehired, and then later quits or was discharged, both separations would need to be reported.

The "Request to Employer for Separation Information" Form UI-350 is mailed to the employer following a separation and is the only opportunity to provide information about the separation which could affect chargeability to the employer's account. *Neb. Admin. Code 221, Chapter 3*

Notice Of Claim Filed

When a worker files a new initial claim based on a previous period of employment for which an employer has previously received a "Notice of Adjudicator's Determination," that employer will be notified of the claim on a "Notice of Claim Filed," Form (UI-359) (See Appendix). This form notifies the employer of potential benefits payable based on the employment, and indicates whether the employer's account is chargeable as previously determined, thus the UI359 is not an appealable document. *Neb. Admin. Code 221, Chapter 3*

Request for Wage Information

Beginning July 1, 2011, if the benefits claim becomes an alternate base period claim, a form UI-311 will be mailed to the employer for the purposes of gathering base period wages. This form is mailed only if the employer has not yet reported wages of the

worker. **Responding to the UI-311 does not replace quarterly tax reporting.** If the employer fails to return the UI-311 by the due date, an affidavit statement of wages, pursuant to Neb. Rev. Stat. § 48-626 (2), will be sent to the claimant. Wages provided by the claimant, and used to establish eligibility, will be final as to amount. Any employer charges assessed will be based upon wage information provided by the claimant. It is, therefore, in the employer's best interest to respond with the requested information by the due date on form UI-311.

BENEFIT PAYMENT AMOUNTS

Minimum Earnings For Eligibility

In order to qualify for benefits, a worker must have been paid a minimum of \$3,770 from all employment during the regular/alternate base period, effective July 1, 2011. Of this minimum amount, \$800 must have been paid in one quarter and \$1,850 in another quarter. Once these minimum requirements are met, the total number of weeks payable on the claim is determined by the total wages paid in the base period. (Total payable is one-third of base wages paid, not to exceed twenty-six weeks.) *Neb. Rev. Stat. § 48-627 (5)*

Weekly Benefit Amount

Unemployment benefits are paid on a weekly basis. The amount of a worker's weekly benefit is determined by the highest quarter of base period wages. The weekly benefit amount for a claim filed is calcu-

lated as half of the worker's average weekly wage, not to exceed one-half of the state average weekly wage as determined annually. Therefore, the individual's weekly benefit amount is computed by taking the total wage amount paid to the worker in the highest quarter of their base period, divided by twenty six and rounded down to the next even dollar amount. *Neb. Rev. Stat. § 48-624*

Maximum Benefits Payable

The maximum amount of benefits payable on a claim is one third of the total of all base period wages, or twenty-six times the weekly benefit amount, whichever is less. This formula does not include the Extended Benefits which may be paid in times of extremely high unemployment. During a State Extended Benefit period, an employer may be charged for half of the maximum benefit amount. *Neb. Rev. Stat. § 48-626*

Employer Benefit Charges

Benefits paid on a claim are charged in inverse chronological order. That is, the employer who paid the most recent wages is charged for the first benefits paid, if the employer was determined chargeable. Therefore, an employer can receive charges over 1 1/2 years after the former employee worked there. When a claim includes Federal or Military employment, or employment in another State, benefits paid each week are charged on a percentage basis in the same proportion as base period wages from each employer.

BENEFITS

A contributory employer who returns a "Request to Employer for Separation Information," form (UI-350) by the due date (7 days from the date mailed to the employer) may qualify for relief from charges. To qualify for relief, the Request must provide information that the worker quit voluntarily without good cause or was discharged for misconduct and this information must result in a disqualification.

When it is determined by an adjudicator that a separation was due to one of these reasons, a 12, 13 or 14 week disqualification is imposed, and the maximum benefits payable are reduced accordingly. Nonprofit employers or government entities with reimbursable accounts cannot qualify for charging relief, even though a disqualification may be imposed. *Neb. Rev. Stat. § 48-652*
Neb. Admin. Code 221, Chapter 3

REQUIREMENTS FOR BENEFIT ELIGIBILITY

The following list shows some of the requirements a worker must meet to be eligible for benefit payments.

Unemployed Or Partially Unemployed

No benefits are payable for any week during which a worker's earnings exceed the weekly benefit amount on the claim. When a person reports earnings, 25% of their WBA is exempt and the remaining income is deducted dollar for dollar from the WBA. *Neb. Rev. Stat. § 48-625*

For example:

WBA = \$300

Earnings = \$200

25% of WBA exempt = \$75

Remaining amount of \$125
deducted from \$300.

Benefits paid = \$175.

Able To Work

Workers must be physically capable of performing work for which they are qualified by training and experience. Workers must be able to work at least four of the seven days of the benefit week. It is not necessarily required that they be able to perform the work involved in their most recent jobs. *Neb. Rev. Stat. § 48-627 (3)*

Available For Work

Workers' circumstances must be such that they are prepared to accept immediate, suitable employment with no undue restrictions. In addition, workers who are not returning to a regular employer or who do not find work through a union hiring hall must register for work and actively search for work. Workers must be available to work at least four of the seven days of the benefit week. *Neb. Rev. Stat. § 48-627 (3)*

Waiting Week

After filing a claim, the first week that is otherwise eligible for payment must be served as a waiting week. No benefits are paid for a waiting week. A week that is under disqualification cannot be used as a waiting week. *Neb. Rev. Stat. § 48-627 (4)*

BENEFIT DISQUALIFICATION

Under certain conditions, workers may be disqualified from receiving benefits for weeks that they are unemployed. Some of these conditions are listed below.

Voluntary Quit

If a worker is found to have quit a job without good cause, a disqualification is imposed for the week of the quit plus 2 or 13 weeks, as determined by an Adjudicator. In Nebraska, good cause can be established for quitting a job. *Neb. Rev. Stat. § 48-628 (1)*

These good causes are:

- Escape workplace or domestic abuse at the place of employment
- Non-work related illness or injury
- Accompany spouse to a different job or military duty station
- Employer required relocation
- Accept previously secured insured work in the construction industry
- Accept a voluntary layoff to avoid bumping another worker
- Asked to perform an illegal act by the employer
- Unlawful discrimination or workplace harassment
- Unsafe working conditions
- Equity and good conscience

Neb. Rev. Stat. § 48-628.01

Discharge For Ordinary Misconduct

If a worker is discharged from a job for misconduct, a disqualification is imposed for the week of the discharge plus 14 weeks, as determined by an Adjudicator.

In cases of misconduct, the burden of

proof is on the employer. The employer must show that the worker was discharged for acts or omissions that: 1) damaged the employer's interests in relation to the employment, 2) the worker knew or reasonably should have known were contrary to the employer's interests, and 3) were willful or within the worker's control. Maximum benefits payable are also reduced when a disqualification is imposed for a discharge for ordinary misconduct. In addition to the 14 week disqualification, if a worker is discharged for being under the influence of alcohol or drugs while at work or on the work site, all wage credits earned as a result of that employment will be cancelled. *Neb. Rev. Stat. § 48-628 (2)*

Discharge For Gross Misconduct

If a worker is discharged for gross misconduct, all benefits payable based on wages earned before the date of discharge for such misconduct are cancelled. Gross misconduct is an act or omission that is willful and flagrant or unlawful. Examples might be theft or assault connected with the employment. *Neb. Rev. Stat. § 48-628 (2)*

Refusal Of Suitable Work

If a worker refuses suitable work, a disqualification is imposed for the week of the refusal plus twelve weeks, as determined by an Adjudicator. There must be a bona fide offer of work by an employer, or referral to work by Employment Services. Suitability is determined by considering the worker's training and experience and the conditions in the labor market. *Neb. Rev. Stat. § 48-628 (3)*

PROGRAM INTEGRITY

Labor Dispute

In general, workers are disqualified for weeks that they are unemployed due to work stoppage which results from a labor dispute. There are a number of special conditions which can affect the application of this disqualification to a particular case. *Neb. Rev. Stat. § 48-628 (4)*

Student

Full-time students regularly attending classes are disqualified from benefits unless they were also students at the time that they earned the majority of the wages in the base period of their claim. This disqualification does not apply to a student enrolled in a program of training which has been approved by the Commissioner of Labor. *Neb. Rev. Stat. § 48-628 (7)*

Receipt Of Other Payments

Certain types of payments are disqualifying or deductible from benefit payments. Such payments include vacation, holiday, bonus, severance, sick, or pension payments from an employer, and Worker's Compensation. *Neb. Rev. Stat. § 48-628 (5)*

Educational Institution Employees And Athletes

Employees of an educational institution are disqualified from receiving benefits based on their school employment during periods of unemployment between regular school terms if they have a contract or reasonable assurance of such employment for the next regular term. A similar disqualification applies to professional athletes between sports seasons. *Neb. Rev. Stat. § 48-628 (8)*

APPEALS

A written determination issued by an Adjudicator concerning a question of benefit eligibility or charging of an employer's account may be appealed by an employer. An appeal must be in writing, must state that the determination is being appealed, and must be delivered and received within twenty days from the date the determination was mailed. The appeal should be addressed to the Claim Center shown on the determination. It must include the name and social security number of the worker, the employer's name and address, (if appropriate), and must state the claimant employer's reason for believing that the determination is in error. *Neb. Rev. Stat. § 48-634*

You may request a reconsideration and possible redetermination based on new information if provided either prior to or in conjunction with your appeal. Requesting a reconsideration of the determination will not delay or extend the statutory 20 day filing requirement for your appeal. *Neb. Rev. Stat. § 48-631*

Appeals will be heard before the Nebraska Appeal Tribunal which is an independent appeal authority. The employer, the claimant and the Commissioner of Labor are parties to each appeal. Each party may appear, present evidence, and cross examine opposing witnesses. Questions about the appeal process should be directed to the Nebraska Appeal Tribunal. *Neb. Rev. Stat. § 48-635*

PROGRAM INTEGRITY

Program And Trust Fund

Making every effort to assure that all laws, rules, regulations and policies are followed in all areas of the Office of Unemployment Insurance of the Nebraska Workforce Development, Department of Labor is a normal part of daily operations. In spite of best efforts, situations and actions occur which through error or deliberate intention, the laws, rules, regulations, or policies are circumvented. In order to prevent, detect, and correct these situations, the Office of Unemployment Insurance maintains program and quality control operations. The components are Benefits Accuracy Measurement Unit, Benefit Payment Control Unit, Internal Security Unit, and Tax Performance System Unit, which gives a four-pronged approach to the accomplishment of the primary mission which is protecting the integrity of the Unemployment Insurance Program and Trust Fund.

Benefit Payment Control

The mission of the Benefit Payment Control Unit (BPCU) is to ensure the correctness of Unemployment Insurance benefit payments and the integrity of the Unemployment Insurance Trust fund through the prevention, detection, prosecution, and collection of benefit overpayments.

To accomplish this mission, several overpayment detection methods are utilized. Our main focus is on two computerized cross match systems which match benefit payments against the quarterly wage and new hire reports submitted by Nebraska employers and a nationwide crossmatch system.

Whenever a potential conflict of benefits paid and earnings reported or new hire information is detected through automated matches, an audit form is mailed to the employer involved requesting a breakdown of wages. The fact that an audit is mailed does not necessarily mean the employer to whom the audit is sent is being charged for benefits paid. An overpayment can not be determined until the earnings information provided by the employer on the audit form can be compared to the benefits actually paid. Please read the instructions on the audit form carefully before completing the information requested. (See Appendix)

Any information you, as an employer or as a private individual, have concerning persons who are drawing or attempting to draw Unemployment Insurance benefits to which they may not be entitled (particularly if they are employed while drawing benefits) can and should be reported to personnel at the nearest Nebraska Workforce Development, Department of Labor office or the Benefit Payment Control Unit at the address on the back of this handbook. BPCU telephone number is 402.471.2865. Our e-mail address is benoverpay@dol.state.ne.us.

Internal Security

The Internal Security Unit is charged with the responsibility of protecting the Office of Unemployment Insurance assets, including the Unemployment Insurance Trust Fund by the prevention, detection and investigation of fraud, waste and abuse outside the scope of the Benefit Payment Control operations. Any information

concerning fraud, waste or abuse not involving Unemployment Insurance claimants should be provided to the Internal Security Unit at the address listed on the back of this manual. Unit phone number is 402.471.9986. Source and information provided is held in strict confidence in accordance with the Nebraska State Employment Security Law and the Privacy Act of 1974.

Benefits Accuracy Measurement

Nebraska participates in a national information system to identify the type and cause of Unemployment Insurance benefit payment errors. The Benefits Accuracy Measurement Unit (BAM) randomly selects for audit a specific number of claims each week. A team of qualified investigators verify all data with employers, claimants, and other sources to determine correctness of benefit payments. Areas investigated include, but are not limited to, base period wages reported by employers, the reasons for separation or reduction in

working hours, and whether the claimant's activity is of the nature and type which meets work search expectations. Based on findings in these cases the number, type, and cause of benefit payment errors can be projected into the total number of weeks paid to determine a correct payment rate. Additionally, audits of denied benefits are conducted using the same methodologies.

The data accumulated by the BAM Unit is beneficial to the Department of Labor in determining if operational corrective actions or program enhancements are necessary for the most effective and efficient administration of the Unemployment Insurance system, and for maintaining the integrity of the Unemployment Insurance Trust Fund.

Tax Performance System

The Tax Performance System (TPS), formerly Revenue Quality Control, implemented by the Office of Unemployment Insurance is a federally mandated program intended to assist state administrators in

improving Unemployment Insurance (UI) Tax operations. The program monitors the federally mandated computed measures for Cashiering, Collections, Report Delinquency and Status tax functions. These computed measurers provide the state with statistical analysis of the tax system.

TPS is designed as a cost effective means of evaluating UI Tax operations. TPS measures the timeliness, completeness, and accuracy of primarily internal functions, (status, cashiering, report delinquency, collections, field audits, and account maintenance), performed by the UI Tax operation.

The Nebraska Worker Training Program

The Nebraska Worker Training Program provides grants to employers to help train, retrain, or upgrade skills of existing Nebraska workers. Any private, for profit employer who contributes to the State

Unemployment Insurance Trust Fund (SUIT) is eligible. Reimbursable employers may participate if partnered in a consortia with contributory employers provided a significant percentage of those being trained come from contributory employers.

Training grants are awarded quarterly on a competitive basis to employers. Employers provide matching contributions such as employee wages, equipment or space rental. Employers determine the training needed and propose training providers. A few examples of past proposals include:

- Diagnostics and repairs

- Safety

- Apprenticeship training

- Lean manufacturing

- Team leadership

Applications and grant closeout consist of simple one page outlines. Draft applications may be faxed for review up until their deadlines. Technical assistance is available upon request. You can receive additional information by contacting your local Nebraska Department of Labor Career Center or calling the program office directly at 402.471.9977.

Nebraska Department of Labor offers a range of services that help you compete in a changing marketplace. We offer the tools and services to help your business succeed.

Workforce Services

The Nebraska Department of Labor system provides services to businesses through 17 Career Centers across the state and through online resources available at www.dol.nebraska.gov.

The following are highlights of just some of the resources designed to assist you with your employment and training needs.

NEworks

Post jobs and search resumes 24/7. This online resource offers businesses the opportunity to design customized job descriptions that will attract employees with the skills you need. You can also search an ever growing database of resumes. www.networks.nebraska.gov

Recruiting and Referral Services

When you post your job order with us, our skilled and professional staff will assist you in the job application, interviewing and background check processes. Learn how you can customize these services for your local business needs by calling your local Department of Labor Career Center. Our staff can also collect applications and perform background checks for a small fee.

Job Training Resources

The following services are available to help train workers for the skills that your business needs. Our job training services help you recruit and retain a quality workforce.

On-the-Job Training

Individuals are simultaneously hired and trained by the employer. The employer may receive reimbursement of training costs up to 50%.

Vocational Training

Classroom training is provided in high-demand occupations through local community colleges, universities and private training institutions whose coursework meets eligibility criterion.

Work Experience

This is designed for new or returning entrants to the labor market. Individuals participate in short-term work assignments, job shadowing or internships with public and private entities.

Education Services

NEworks offers a comprehensive, online listing of training providers, programs and demographic information for the entire state. The easy to use, searchable interface provides the field of study each training provider offers by occupation title.

Layoff Assistance

We offer retraining opportunities and job placement assistance tailored to the needs of businesses and the laid-off employees. The Rapid Response unit can help a business successfully manage a mass layoff. If the layoff is the result of foreign competition, additional training assistance may be available. To learn more about these and other services, call: 402.471.9878

NEBRASKA DEPARTMENT OF LABOR CAREER CENTERS

ALLIANCE

302 Box Butte Ave.
308.763.2935

BEATRICE

5109 W. Scott Rd., Ste. 413
402.223.6060

COLUMBUS

3020 18th St., Ste. 1
402.564.7160

FREMONT

METRO Community College
835 N. Broad St., Ste. 102
402.727.3250

GRAND ISLAND

1306 West 3rd St.
308.385.6300

HASTINGS

Landmark Center,
2727 W. 2nd St., Ste. 338
402.462.1867

LEXINGTON

1308 N. Adams
308.324.2064

LINCOLN

1010 'N' St.
402.471.2275

NEBRASKA CITY

917 Wildwood Lane, Ste. J
402.873.3384

NORFOLK

105 E. Norfolk Ave., Ste. 100
402.370.3430

NORTH PLATTE

306 East 6th, Suite 140
308.535.8320

OMAHA

F Street Career Center
5717 F St.
402.595.3000

SCOTTSBLUFF

1930 E 20th Place, Ste. 200
308.632.1420

SIDNEY

844 Greenwood
308.254.6937

YORK

510 Lincoln Ave.
402.362.5891

DIRECTORY OF TAX REPRESENTATIVES

There are qualified staff Tax Representatives to answer your inquiries regarding unemployment insurance tax problems. Inquiries may be directed to the following:

GRAND ISLAND

Larry Rudolf

1306 West Third (68801)

Phone: 308.385.6327

Fax: 308.385.6081

OMAHA

Eric Robinson

Gerald Britt, Jr.

Merry Hinton

Mark Schumacher

Tom Zadina

Monty McClean

Patty Stamps

Earline Jackson, U.I. Field Supervisor

1313 Farnam Street-Rm 200 (68102)

Phone: 402.595.3089

Fax: 402.595.3114

HASTINGS

Jayne Van Emmerik

Landmark Center

2727 W. 2nd St. (68901)

Phone: 402.462.1871

Fax: 402.462.1896

LINCOLN

Walter Malson

Kelly Slama

Roger Sluka

Trish Heimann

Lori Enstrom

Jim Kubovy, U.I. Field Manager

550 South 16th St.

P.O. Box 94600 (68509)

Phone: 402.471.9835

Fax: 402.471.9994

TDD: 800.833.7352

NORFOLK

Doug Shelton

Steve Furby

105 East Norfolk Ave., Suite 100 (68701)

Phone: 402.370.4408 (Doug)

Phone: 402.370.4409 (Steve)

Fax: 402.370.4414

NORTH PLATTE

Mike Rich

Liz Evans

306 E. 6th St., Suite 160 (69101)

Phone: 308.535.8177 (Mike)

Phone: 308.535.8337 (Liz)

Fax: 308.535.8085

SCOTTSBLUFF

Barb Fritzler

1930 E 20th Place, Ste. 200 (69361)

Phone: 308.632.1411

Fax: 308.632.1414

For inquiries covering claims or claims processed call:
402.458.2500

Application For An Unemployment Insurance Account Number UI Form 1 (via uiconnect.ne.gov)

The screenshot shows a Windows Internet Explorer browser window displaying the uiconnect.ne.gov website. The browser's address bar shows the URL https://uiconnect.ne.gov/uiconnect/center.cfm. The website header includes the text "Official Nebraska Government Website" and the logo for "NEBRASKA WORKFORCE DEVELOPMENT EMPLOYER SERVICES". The main content area is titled "Unemployment Insurance" and features a navigation menu with options: "MESSAGE BOARD", "ACCOUNT SERVICES", "REPORT CENTER", and "BENEFIT CENTER". A large grey box on the right side of the page is titled "ACCOUNT LOGIN" and contains fields for "Account Number" and "PIN Number", along with "REGISTER" and "LOGIN" buttons. A black arrow points to the "REGISTER" button. Below the "ACCOUNT LOGIN" box, there is a section titled "NEW TO THE SITE" with a "TAKE THE TOUR" button. The left sidebar contains various links such as "HOME", "WORKER SERVICES", "EMPLOYER SERVICES", and "YOUR WORKFORCE TEAM INFORMATION".

The purpose of this web page (uiconnect.ne.gov) is to allow the user to file for an Unemployment Insurance Tax account number by clicking on the REGISTER button under NEW ACCOUNTS.

Application For An Unemployment Insurance Account Number UI Form 1 (Front)

STATE OF NEBRASKA DEPARTMENT OF LABOR UNEMPLOYMENT INSURANCE TAX PO BOX 94600 LINCOLN, NE 68509-4600 Phone: 402.471.9898 Fax: 402.471.9994				Official Use Only File Locator Number Liability Number Predecessor Liability Number <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Liability/merge date</td> <td style="width: 33%;">Quality Yr/Qtr</td> <td style="width: 33%;">Reviewer</td> </tr> </table>		Liability/merge date	Quality Yr/Qtr	Reviewer
Liability/merge date	Quality Yr/Qtr	Reviewer						
APPLICATION FOR AN UNEMPLOYMENT INSURANCE ACCOUNT NUMBER COMPLETE ALL ITEMS (Neb. Admin. Code 220, Chapter 12) or register electronically at uiconnect.ne.gov								
1. Legal Name (Individual, Partnership, Corporation, LLC Name)								
2. Trade Name Doing Business As (List all Names)								
3. Mailing Address (Street, City, State, Zip Code)					Attention			
					Phone Number			
4. Business Location in Nebraska (Street, City, State, Zip Code) Attach List if Multiple Locations								
					Attention			
					Phone Number			
5. If applicable, provide previous Nebraska Unemployment Insurance Account Number				Business Website				
6. Type of Organization			7. Do you hold an exemption from Federal Income Taxes as a Non-Profit Organization described under section 501 (C) (3) of the Internal Revenue Code? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation State of Incorporation (i.e. NE, IA, WY)			<input type="checkbox"/> Governmental <input type="checkbox"/> Limited Liability Company (LLC) Taxed as: <input type="checkbox"/> Partnership (LLC) <input type="checkbox"/> Corporation (LLC) Other (specify) _____					
			If yes, attach a copy of your exemption with this application. 8. Are you a PEO/employee leasing company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a list of client companies served in Nebraska.					
9. Federal Identification Number		10. Are you required to file the Federal Unemployment Tax Return (FUTA)? <input type="checkbox"/> Yes <input type="checkbox"/> No		11. Date of first payroll in Nebraska (include officer remunerations):				
12. Enter the information for owners, partners, corporate officers, or members (if more than 3, attach list)								
Social Security Number	Full Name (First, Middle Initial, Last)		Title	Home Address (Street, City, State, Zip Code)				
The following information will determine your tax rate. (Neb. Rev. Stat. Sec. 48-649)								
13. Describe the primary business activity in Nebraska. (For example: Retail, Service, Agriculture, Construction, Manufacturing, etc.)								
14. Describe the major products produced/sold or service performed in Nebraska. (For example: Groceries, Clothing, Food Service, Health Care, Grain, Livestock, Roofing, Landscaping, Auto Parts, Computer Software, etc.)								
15. Did you incorporate, purchase, lease or assume all or any part of an existing Nebraska business from another business entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must complete 16-24 on the reverse side. If no, skip to number 25 on the reverse side.								
Also Complete Reverse Side								

The purpose of this report is to provide information for this agency to determine an employer's liability or non-liability under the Nebraska Employment Security Law.
 Available on Web Page: uiconnect.ne.gov

Application For An Unemployment Insurance Account Number UI Form 1 (Back)

16. Did you acquire ALL or PART of the business? (Acquisition of one of several locations in Nebraska is considered PART of the business) <input type="checkbox"/> ALL <input type="checkbox"/> PART	
17. Indicate nature of transaction <input type="checkbox"/> Purchase of existing business <input type="checkbox"/> Reorganization of existing business <input type="checkbox"/> Lease <input type="checkbox"/> Other	Date of Acquisition
18. Previous Owner's Legal Business or Individual Name DBA or Trade Name, if different from Legal Name	
19. Previous Owner's Address (Street, City, State, Zip Code)	Contact Name
	Phone Number
20. Previous Owner's Unemployment Insurance Tax Account Number	Previous Owner's Federal Identification Number
21. If you acquired PART of the Nebraska business named in number 18, was the portion acquired clearly separate and identifiable? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide explanation of portion acquired:	
22. Are you serving the same customers and/or offering the same service or product as the previous owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
23. For a transfer of experience account, check one: <input type="checkbox"/> Application is hereby made for a transfer of the experience account. <input type="checkbox"/> Do not desire a transfer of the experience account. <input type="checkbox"/> Undecided. (120 days from the legal date of acquisition to make a decision.)	
24. Will the previous owner remain in business in Nebraska? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, date of last payroll:
If yes, what is the present location of previous owner? Include address (street, city, state, zip code) and phone number, if available.	
If yes, how many workers will remain with the previous owner?	

Complete the section(s) below that apply to your business in Nebraska.	
25. Since the date of first payroll in Nebraska, has your business had a total payroll of \$1,500 (including officers) or more in any calendar quarter, or do you anticipate in future quarters? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify Year/ Quarter
26. Since the date of first payroll in Nebraska, has your business had one or more workers on any part of a day, in twenty (20) different weeks, or do you anticipate in future quarters? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last date of 20 th week
27. DOMESTIC (Household nature) - Since the date of first payroll in Nebraska, have you paid \$1,000 or more in cash wages in a calendar quarter, or do you anticipate in future quarters? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify Year/ Quarter
28. AGRICULTURE - Since the date of first payroll in Nebraska, did you employ ten (10) workers on some part of a day in twenty (20) different weeks during a calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last date of 20 th week
OR did you have a gross payroll in the amount of \$20,000 in a calendar quarter, or do you anticipate in future quarters? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify Year/ Quarter
29. NON-PROFIT 501 (C) (3) - Since the date of first payroll in Nebraska, did you employ four (4) or more individuals, on any part of a day, in each of twenty (20) different weeks, or do you anticipate in future quarters? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last date of 20 th week
30. If you are liable and your establishment is a non-profit organization exempt under Section 501 (C) (3) of the Internal Revenue Code, or governmental, choose one: <input type="checkbox"/> Contributory employer. As a contributory employer, quarterly expenses are limited to the taxable wages multiplied by the employer's tax rate. There may be unemployment insurance combined tax due each quarter. <input type="checkbox"/> Reimbursable employer. As a reimbursable employer, you are required to file quarterly tax and wage reports. Expenses are incurred only when a former employee is paid benefits. The expenses may be 26 times the employee's weekly benefit amount.	

I certify that the information provided in this report is true and correct to the best of my knowledge and belief.

Read & Sign Here	Preparer's Name (please print)	Title
	E-mail Address	Phone Number
	Signature	Date

Filing Combined Tax and Wage Report (via uconnect.ne.gov)

NWD: Employer Services - UCONNECT - Windows Internet Explorer

https://uconnect.ne.gov/uconnect/center.cfm

File Edit View Favorites Tools Help X Convert Select

Favorites Suggested Sites Free Hotmail Web Slice Gallery

NWD: Employer Services - UCONNECT Page Safety Tools

Official Nebraska Government Website

NEBRASKA WORKFORCE DEVELOPMENT EMPLOYER SERVICES

HOME

WORKER SERVICES
EMPLOYER SERVICES
Find Workers
Worker Training
Safety Labor Laws
Job/Career Information
Unemployment Insurance
Foreign Labor
Certification
Dislocated Workers
Rights to Appeal
Overview

YOUR WORKFORCE TEAM
INFORMATION

CONTACT US
HELP
FAQ

TAKE THE TOUR
Click here to take the UConnect Tour!

Unemployment Insurance Select a Category

UCONNECT MESSAGE BOARD ACCOUNT SERVICES REPORT CENTER BENEFIT CENTER

Thank you for using UCONNECT. Having problems? Our help desk 402-471-9999 is available during normal business hours. Need to apply for an employer account number? Click "REGISTER" on the right to complete an application. "LOGIN" by entering your ten (10) digit employer account number and PIN.

ACCOUNT LOGIN

Account Number
PIN Number

LOGIN

NEW ACCOUNTS

If you need a new Employer Account Number for the State of Nebraska Unemployment Insurance tax, click on the button below.

REGISTER

NEW TO THE SITE

To see how easy it is to file your quarterly reports electronically, take a guided tour of the report filing process.

TAKE THE TOUR

SURVEYS are always welcome.

This site will LOGOFF if there has not been

The purpose of this web page (uconnect.ne.gov) is to allow the user to file the Combined Tax Report and Wage Report under ACCOUNT/LOGIN by entering the Employer's Account Number and PIN Number and clicking on the LOGIN button.

Employer's Quarterly Report Form UI-11T (Combined Tax Report)

DO NOT STAPLE	STATE OF NEBRASKA DEPARTMENT OF LABOR UNEMPLOYMENT INSURANCE P O BOX 94600 LINCOLN, NEBRASKA 68509-4600 PHONE 402.471.9898 FAX 402.471.9994	YR <input style="width: 80px; height: 40px;" type="text"/>	QTR <input style="width: 80px; height: 40px;" type="text"/>			
Employer Account No. <input style="width: 230px; height: 25px;" type="text"/>						
Federal I. D. No. <input style="width: 230px; height: 25px;" type="text"/>						
1. FOR EACH MONTH, REPORT THE NUMBER OF COVERED WORKERS WHO WORKED DURING OR RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDES THE 12 th DAY OF THE MONTH. IF NONE, ENTER "0"						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 25px;"></td> <td style="width: 33%; height: 25px;"></td> <td style="width: 33%; height: 25px;"></td> </tr> </table>						
COMBINED TAX REPORT UI – 11T File electronically at uiconnect.ne.gov						
Employers with a payroll equal to or exceeding \$100,000 per year are required to file and pay electronically. Neb. Rev. Stat. Sec. 48-648						
		Dollars	Cents			
2. Gross wages paid for covered employment during the quarter (401K plans are included in gross wages) (125 cafeteria plans are NOT included) <i>Amount here must equal Total on Wage Report</i>		\$				
3. Wages paid each individual employee in excess of: \$9,000 For 2007 and after		\$				
4. Total Taxable Wages (subtract item 3 from item 2)		\$				
5. Your COMBINED TAX Rate is			%			
6. Enter COMBINED TAX PAYMENTS DUE for this quarter. Multiply Item 4 by (When this line is less than \$5.00, do not include it in payment.)		\$				
7. Less previous overpayment (if applicable)		\$				
8. Adjustment (Attach Explanation)		\$				
9. Total Amount Due: (Subtract 7 from 6, add or subtract 8 from that total) Make check payable to Nebraska U.C. Fund		\$				
10						
Print Preparer's Name		Phone Number	Date			
To change address, out of business notification, selling of business, etc. use uiconnect.ne.gov and login, go to "Account Services".						
THIS DOCUMENT MUST BE FILED WITH THE WAGE REPORT UI-11W						

All liable employers are required to complete the above Quarterly Tax Document. This document is submitted with the Quarterly Wage Report UI-11W.

Available on Web Page: uiconnect.ne.gov.

Notice of Change

UI Form 37NC

STATE OF NEBRASKA
DEPARTMENT OF LABOR
UNEMPLOYMENT INSURANCE TAX
PO BOX 94600
LINCOLN, NE 68509-4600

Phone: 402.471.9898
Fax: 402.471.9994

EMPLOYER'S NOTICE OF CHANGE

Employer Account Number

Federal Id Number

Employer Name

Return this form only if there are changes,
or submit account changes electronically at uiconnect.ne.gov

1. Change in Legal Name, Trade Name, Address and/or Federal Employer Identification Number.		
Effective Date of change:	Mailing address changed to: (Street, City, State, Zip Code)	
Legal Name changed to:		
Trade Name Doing Business As changed to:	Phone Number changed to:	Business Location changed to: (Street, City, State, Zip Code)
Additional Nebraska locations added. Attach list providing full name and address of each location.		If Federal Employer Identification Number (FEIN) has changed for any reason, complete "Change of Ownership" section 3 below.

2. Request Account to be Placed on Inactive Status.		
Closed business. Date last wages paid:	BANKRUPTCY INFORMATION-IF APPLICABLE	
Reason closed:	Bankruptcy Petition #	State/District where filed
If sold, transferred or incorporated complete "Change of Ownership" section 3.		
Operate without workers in Nebraska. Provide explanation:	Use Subcontractors. Provide names, trade names, addresses and phone numbers of each. Attach list if necessary.	
Corporate officer remunerations are wages and are reportable and taxable.		
Other. Provide explanation:		

3. Change of Ownership -- Includes sale, merger, transfer, lease, incorporation.		New FEIN:	
Type of Change	<input type="checkbox"/> Entire Business Sold	<input type="checkbox"/> Reorganization of existing business	<input type="checkbox"/> Stock Ownership Change (provide list of officers)
	<input type="checkbox"/> Incorporation of existing business	<input type="checkbox"/> Merger with existing business	<input type="checkbox"/> Other
Date of Acquisition			
Were services performed after the date of acquisition? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain			
New Owner's Legal Business or Individual Name		New Owner's DBA or Trade Name, if different from Legal Name	
New Owner's Address (Street, City, State, Zip Code)		Contact Name	
		Phone Number	
Partial Sale Only -- Explain what portion(s) of the business was acquired and the percentage of total business acquired.			
What portion of the business do you still operate?			
Will any of your workers be employed by the new owner listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many?			

I certify that the information provided in this report is true and correct to the best of my knowledge and belief.

Preparer's Name (please print)	Title	Phone Number
Signature		Date

The Notice of Change document is completed by employers notifying the department of any changes to their UI tax account.

Available on Web Page: uiconnect.ne.gov

Employer's Report On Change Of Ownership UI-Form 37 (To Be Completed By Predecessor)

STATE OF NEBRASKA DEPARTMENT OF LABOR UNEMPLOYMENT INSURANCE TAX PO BOX 94600 LINCOLN, NE 68509-4600 Phone: 402.471.9898 Fax: 402.471.9994 EMPLOYER'S REPORT ON CHANGE OF OWNERSHIP (To be completed by the previous owner)		UI Form 37 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Official Use Only</th> </tr> <tr> <td style="width: 80%;">Predecessor Liable Number</td> <td></td> </tr> <tr> <td>File Locator Number</td> <td></td> </tr> <tr> <td>Successor Liable Number</td> <td></td> </tr> <tr> <td>Termination Date</td> <td>Reviewer</td> </tr> </table>	Official Use Only		Predecessor Liable Number		File Locator Number		Successor Liable Number		Termination Date	Reviewer
Official Use Only												
Predecessor Liable Number												
File Locator Number												
Successor Liable Number												
Termination Date	Reviewer											
(Preprinted) Legal Name Trade Name Mailing Address City State Zip Code												
COMPLETE ALL ITEMS (Neb. Admin. Code 220, Chapter 6) or submit account changes electronically at uiconnect.ne.gov												
1. Type of change <input checked="" type="checkbox"/> Entire Business Sold <input checked="" type="checkbox"/> Reorganization of existing business <input checked="" type="checkbox"/> Stock Ownership Change (Provide list of officers) <input type="checkbox"/> Date of Acquisition _____ <input checked="" type="checkbox"/> Incorporation of existing business <input checked="" type="checkbox"/> Merger with existing business <input checked="" type="checkbox"/> Other _____												
2. How was the business acquired? <input checked="" type="checkbox"/> Purchase <input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/> Franchise <input checked="" type="checkbox"/> Merger <input checked="" type="checkbox"/> Other, please explain _____												
3. Did the new owner acquire the organization or assets of your business? <input type="checkbox"/> Yes <input type="checkbox"/> No												
4. Is the new owner serving the same customers and/or offering the same service or product? <input type="checkbox"/> Yes <input type="checkbox"/> No												
5. Were services performed for your business after the date of change? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain _____												
6. Will you start or acquire another business after the date of change? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain _____												
7. New Owner's Legal Business or Individual Name _____		New Owner's DBA or Trade Name, if different from Legal Name _____										
New Owner's Address (Street, City, State, Zip Code) _____		Contact Name _____ Phone Number _____										
8. Partial Sale Only – Explain what portion(s) of the business was acquired and the percentage of total business acquired. _____ _____ _____ What portion of the business do you still operate? _____												
9. Will any of your workers be employed by the new owner listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____												
10. Contact information for previous owner.												
	Contact Name _____ Phone Number _____	Mailing Address (Street, City, State, Zip Code) _____										
I certify that the information provided in this report is true and correct to the best of my knowledge and belief.												
Preparer's Name (please print) _____		Title _____ Phone Number _____										
Signature _____		Date _____										

The purpose of this report is to provide information for this agency to determine if an employer's account may be transferred to the successor.

Available on Web Page: uiconnect.ne.gov

Reimbursable Benefit Charge Billing Form UI-87R

DR

UI Form 87R

STATE OF NEBRASKA
DEPARTMENT OF LABOR
UNEMPLOYMENT INSURANCE
PO BOX 94600
LINCOLN, NE 68509-4600

Phone: 402.471.9898
Fax: 402.471.9994

**REIMBURSABLE
BENEFIT CHARGES**

This statement is for:

YR	QTR

Employer Account Number

(Preprinted)
Legal Name
Trade Name
Mailing Address
City State Zip Code

	Amounts
1. Total benefit charges this quarter (see detail listing below)	\$
2. Credit on file	\$
3. Previous balance due with interest computed to	\$
4. Remit amount due by (preprinted due date)	\$

Pay electronically at uiconnect.ne.gov or make check payable to the Nebraska U.C. Fund

DETACH HERE AND MAIL WITH REMITTANCE

KEEP FOR YOUR RECORDS

STATE OF NEBRASKA
DEPARTMENT OF LABOR
UNEMPLOYMENT INSURANCE
PO BOX 94600
LINCOLN, NE 68509-4600

Phone: 402.471.8343
Fax: 402.471.9868

**STATEMENT OF
BENEFIT CHARGES**

You have elected to reimburse the department for benefits paid to your former employees rather than make quarterly combined tax payments. As per Neb. Rev. Stat. Sec. 48-652, each employer who has elected reimbursements in lieu of contributions shall be billed and shall be liable for the amount of charges. These charges were paid by the Department of Labor based upon prior determinations of the Unemployment Insurance Benefits Unit.

	YR	QTR	Employer Account Number	
Social Security Number			Employee's Name	Benefits Paid
XXX-XX-1234				
			TOTAL	

This form is mailed at the end of each quarter to Reimbursable employers who have benefits charged against their account during the past calendar quarter. The top portion is returned with the remittance.

Delinquent Statement Form UI-25

PLEASE RETURN THIS PORTION
WITH YOUR REMITTANCE

DEPARTMENT OF LABOR
UNEMPLOYMENT INSURANCE TAX
P O BOX 94600
LINCOLN, NE 68509-4600
402.471.9898

EMPLOYER ACCOUNT NO. / FEDERAL I.D. NO.

DR

Official Use Only

If this box has no amount due see below.

DELINQUENT STATEMENT

The total amount due must arrive by to avoid additional interest.

This statement does not include amounts for transactions received after billing date of

DETACH HERE AND MAIL WITH REMITTANCE

KEEP THIS PORTION
FOR YOUR RECORDS

ITEMIZED DELINQUENT STATEMENT

Employer Account No.

File and pay electronically at ulconnect.ne.gov

YRQ	DATE RECEIVED	RATE	PAYMENTS RECEIVED APPLIED AS SHOWN			AMOUNTS DUE		
			COMBINED TAX PAID	PENALTY PAID	INTEREST PAID	COMBINED TAX	PENALTY	INTEREST

CURRENT AMOUNT DUE

MAKE CHECK PAYABLE TO: NEBRASKA UC FUND

The Delinquent Statement is mailed every month to employers who have delinquent taxes or delinquent tax/wage reports.

Combined Tax Rate Notice

Form UI-128

STATE OF NEBRASKA
DEPARTMENT OF LABOR
UNEMPLOYMENT INSURANCE
P.O. BOX 94600
LINCOLN, NEBRASKA 68509-4600
402.471.9898

COMBINED TAX RATE NOTICE

Employer Account No.	Federal I.D. No.
----------------------	------------------

DATE OF MAILING

NOTICE OF YOUR COMBINED TAX RATE FOR 2010

COMBINED TAX RATE	DECIMAL EQUIVALENT

2010 TAXABLE WAGE BASE: \$9,000.00

Combined tax rate according to Neb. Rev. Stat. Sec. 48-649, if applicable, based upon the following formula:

RESERVE BALANCE AS OF OCTOBER 31, 2009	-	AVERAGE TAXABLE PAYROLL	=	RESERVE RATIO	=	COMBINED TAX RATE
--	---	----------------------------	---	------------------	---	----------------------

1)

RESERVE BALANCE CALCULATION
Previous Reserve Balance
+ Contributions Received*
+/- Benefits Charged
+/- Adjustments
RESERVE BALANCE

3)

AVERAGE TAXABLE PAYROLL

Periods =

2)

RESERVE RATING QUARTERS	CONTRIBUTIONS RECEIVED*	BENEFITS CHARGED
4 TH Qtr 2008		
1 ST Qtr 2009		
2 ND Qtr 2009		
3 RD Qtr 2009		
TOTAL		

4)

TAX RATING PERIOD	TAXABLE PAYROLLS
2006	
2007	
2008	
2009	
TOTAL	

*Payments allocated to SUIT not credited to reserve balance.

DETAILED EXPLANATION ON REVERSE SIDE

AN APPEAL OF THIS COMBINED TAX RATE NOTICE MAY BE FILED WITHIN THIRTY DAYS OF THE DATE OF MAILING ACCORDING TO NEB. REV. STAT. SEC. 48-650 OF THE NEBRASKA EMPLOYMENT SECURITY LAW.

The purpose of this form is to inform employers of their combined tax rate for the year and if qualified offer them an opportunity to make a voluntary contribution to lower their tax rate.

Application For Contribution Refund Form UI-26

UI Form 26

STATE OF NEBRASKA
DEPARTMENT OF LABOR
UNEMPLOYMENT INSURANCE TAX
PO BOX 94600
LINCOLN, NE 68509-4600

Phone: 402.471.9898
Fax: 402.471.9994

**APPLICATION FOR
COMBINED TAX REFUND**

Official Use Only

Employer Account Number	Federal I.D. Number
<input type="checkbox"/> Account Inactive <input type="checkbox"/> Too large for use in a reasonable time <input type="checkbox"/> Employer determined non-subject <input type="checkbox"/> Other _____ <input type="checkbox"/> Approved by Tax Administrator	
Claim # _____	

(Preprinted Date)

(Preprinted)
Legal Name
Trade Name
Mailing Address
City State Zip Code

In accordance with Neb. Rev. Stat. Sec. 48-660, application is hereby made for a refund in the amount of \$ (preprinted amount).

Printed Name

Authorized Signature
(Notarize if amount is over \$500)

Phone Number

Indicate mailing address below if different from address shown above.

Mailing address changed to: (Street, City, State, Zip Code)

State of _____)
 _____) ss.
 _____)

On this _____ day of _____, _____, _____ personally
(day) (month) (year) (person)
 appeared before me, whose identity was proved on the basis of _____
(evidence)
 to be the person whose name is subscribed on this APPLICATION FOR COMBINED TAX REFUND, and acknowledged that {he/she} executed it.

Witness my hand and official seal.

NOTARY PUBLIC
My commission expires: _____

Treasurer hereby approves the claim as requested.

Treasurer, UI Trust Fund

Date

Additional account information can be located at uiconnect.ne.gov
Allow 6-8 weeks to receive refund.

Revised 3-11

The purpose of this form is to inform employers that they have a credit balance and give them the opportunity to receive a refund.

Notice of Adjudicator's Determination Form UI-410

Nebraska Department of Labor
Office Of Unemployment Insurance

Date Mailed

Notice of Adjudicator's Determination

PHONE #
FAX #

SSN:
BYE:
ISSUE:
ADJUDICATOR:

CLAIMANT NAME:

EMPLOYER:

ACCOUNT NUMBER:

WEEKLY BENEFIT AMOUNT	MAXIMUM DOLLARS PAYABLE	TOTAL DOLLARS REDUCED	BALANCE PAYABLE

APPEAL RIGHTS

If you do not agree with this determination, you have the right to appeal. Your "Notice of Appeal" must be received within twenty (20) days from the date this determination was mailed to you. The mailing date is located in the box marked "Date Mailed" at the top of this determination. Appeals must be in writing and should be mailed to the address above or filed online at www.dol.nebraska.gov. If you do not file a timely appeal, it may still be considered timely if you can establish good cause for late filing. You may request a reconsideration and possible redetermination based on new information if provided either prior to or in conjunction with your appeal. Requesting a reconsideration of the determination will not delay or extend the statutory 20-day filing requirement for your appeal. If you have any questions, please contact the above Claims Center.

See Reverse

This form notifies the employer and applicant of the Adjudicator's Determination of Unemployment Insurance Benefit eligibility following the investigation into any contested claim.

Request For Separation Form UI 350

Nebraska Department Of Labor
Office Of Unemployment Insurance

Request to Employer for Separation Information

*** IMPORTANT ***

This form must be received at the CLAIMS
CENTER shown below by 12:00 Midnight Central
Standard Time on:

DUE DATE

RETURN ADDRESS

Nebraska Department of Labor - UI Benefits Section
P.O. BOX 94600
LINCOLN NE 68509-4600
FAX #: 402.458.2535 or 402.471.9868
Or complete online: uiconnect.ne.gov Benefit Center
Questions: please call 402.458.2500

INSTRUCTIONS: The person named below has filed a claim for Unemployment Insurance Benefits. Because you are listed as having employed the person, the information requested on this form is needed to determine eligibility. If you are a contributory employer (tax paying), your account may receive non-charging by furnishing disqualifying separation information for a voluntary quit or misconduct. (Neb. Rev. Stat. Sec §549-652) This document must be received by the above DUE DATE for consideration of non-charging. The claim will be determined based on available information if this form is not returned.

Social Security Number		Claimant's Name			
Eff. Date	Date Mailed	Employer Account No.	BYE Date	C.C. Number	

THIS FORM APPLIES TO EMPLOYMENT THIS PERSON HAD AFTER:

PLEASE COMPLETE THE INFORMATION REQUESTED IN EACH OF THE ITEMS NUMBERED 1 THROUGH 7.

If this box is marked, this person has reopened an established benefit claim. This request is your only opportunity to provide disqualifying information concerning this separation. Chargeability for any future claim based on this employment will be determined at this time in accordance with the criteria described above. (Neb. Admin. Code 221, Chapter 3)

1. First day worked _____ 2. Last day worked _____
3. Location of work _____
4. Explain why the person is no longer working for you. If the employment separation was for reasons other than **LACK OF WORK**, give details of **EACH** separation, and the separation dates if different than the last day of work above. Refer to warnings, company policy, notice periods, reasons involved, and any other relevant facts. You may attach copies of any related documents, such as a policy book, written warnings, a resignation notice, etc. If needed, continue on the back or attach an additional sheet.

5. Do you expect to recall this person to work? NO YES - Give approximate date of recall: _____
6. Show below any payment made to this person AT or AFTER the separation date.

Payment Type	Amount	Date Paid	Dates of Period Covered	
Vacation Pay	\$ _____	_____	_____ Hrs. - From _____	To _____
Severance Pay	\$ _____	_____	_____ Hrs. - From _____	To _____
Bonus	\$ _____	_____	Type _____	Usual Wage \$ _____ per _____
Company Pension	\$ _____	_____	Started _____	Company Contributed _____%
Other Payments	\$ _____	_____	Describe: _____	

7. I hereby certify that the information provided on this form is true and correct to the best of my knowledge.

Print Name: _____ Title: _____

Business Phone (_____) _____ Business Fax (_____) _____

Signature: _____ Date: _____

This form gives the employer the opportunity to provide information concerning the separation of an employee who has filed a claim for unemployment benefits. The employer can respond by using uiconnect.ne.gov—use account login, click on "Benefit Center."

Notice of New Unemployment Claim Form UI 359

Nebraska Department of Labor
Office of Unemployment Insurance

Notice of New Unemployment Claim

Date Mailed

SOCIAL SECURITY NO:

BYE:

NAME:

EFFECTIVE DATE:

Employer Notice:

Your former employee named above has filed a new claim for unemployment insurance benefits. The wages you reported as paid during the first four of the last five completed calendar quarters prior to the above EFFECTIVE DATE of the claim have been included in determining this person's benefit eligibility.

THIS NOTICE RELATES TO EMPLOYMENT WHICH STARTED _____ AND ENDED _____
You were previously given an opportunity to provide information concerning this employment separation on this person's prior unemployment insurance claim. If you then protested the claim, a Notice of Adjudicator's Determination was mailed to you at that time.

Therefore, THIS NOTICE IS INFORMATIONAL ONLY, AND IS NOT APPEALABLE, pursuant to Nebraska Employment Security Law and Regulations, 221 NAC3.

Employer Account Charging Information

WEEKLY BENEFIT	MAXIMUM PAYABLE	AMOUNT REDUCED	BALANCE PAYABLE	CHARGING STATUS	EMPLOYER ACCOUNT NUMBER

THIS IS NOT A BILL

CONTRIBUTORY ACCOUNT EMPLOYERS: If the charging status indicates CHARGEABLE, your account may be assessed charges for benefits paid up to the amount shown under BALANCE PAYABLE.

REIMBURSABLE EMPLOYERS: You may be billed for benefits paid up to the amount shown under BALANCE PAYABLE.

UNEMPLOYMENT CLAIMS OFFICE ADDRESS

PHONE #
FAX #

This form notifies the employer that a benefit claim has been filed when information concerning the worker's separation was previously requested.

Unemployment Insurance Benefit Payment Audit Form-BPC 270.08

Page 1 of 2

UNEMPLOYMENT INSURANCE DIVISION
BPC 270.08
REV.5/94

****IMPORTANT****

UNEMPLOYMENT INSURANCE BENEFIT PAYMENT AUDIT

DATE MAILED:

PLEASE COMPLETE THE REVERSE
SIDE OF THIS AUDIT FORM AS
PER THE INSTRUCTIONS BELOW
AND RETURN **WITHIN 7 DAYS**
IN THE ENCLOSED ENVELOPE.
THIS FORM MAY BE FAXED
TO (402)471-9994.

Failure to provide the requested
detailed information may result in an
in-person investigation by an agency
representative.

This Agency audits Unemployment Insurance claims by comparing benefit payments with wages reported by employers. Erroneous benefit payments, if not detected, may result in unwarranted charges to your experience account and may unfavorably affect your contribution tax rate or reimbursable charges. Receipt of this audit form does not necessarily mean you have been charged with the individual's unemployment benefits.

Information provided by employing units will be used in the proper administration of the Nebraska Unemployment Security Law subject to the restrictions of the Privacy Protection Act of 1976.

Section 48-612 of the Nebraska Employment Security Law requires an employing unit, upon request to furnish sworn or unsworn reports with respect to persons employed by it, which the Commissioner deems necessary for the effective administration of the law. In order to comply with the law, please provide the wage information necessary for the audit of this person's claim by completing the reverse side of this form.

INSTRUCTIONS FOR COMPLETION OF AUDIT FORM

THE PURPOSE OF THIS FORM IS TO DETERMINE IF THE CLAIMANT, SHOWN ON THE REVERSE OF THIS FORM, PERFORMED WORK AND THE AMOUNT OF WAGES EARNED DURING THE 7 CONSECUTIVE DAYS PRIOR TO THE BENEFIT WEEK ENDING DATES IN COLUMN 1. BENEFIT WEEKS ARE CALENDAR WEEKS AND ALWAYS END ON SATURDAY. FOR COMPARISON PURPOSES WE **MUST** HAVE THE WORK/EARNINGS INFORMATION ON THAT BASIS, REGARDLESS OF YOUR NORMAL PAY PERIOD.

COLUMN 2: FOR EACH DAY OF THE BENEFIT WEEK ENTER THE HOURS WORKED OR PAYABLE TO THE CLAIMANT, INCLUDING OVERTIME.

COLUMN 3: ENTER THE TOTAL NUMBER OF HOURS WORKED OR PAYABLE TO THE CLAIMANT.

COLUMN 4: ENTER THE GROSS AMOUNT PAID OR PAYABLE FOR THE HOURS REPORTED IN COLUMN 3.

COLUMN 5: ENTER THE DATE WAGES WERE PAID OR WILL BE PAID.

This form may be returned to you for additional information, or to clarify information already provided. If this audit is returned to you, it is for the following reason:

PAGE #1

This form is sent to an employer to obtain a breakdown of earnings to determine if an overpayment of benefits has occurred. It does not necessarily mean the employer receiving the form is being charged for benefits paid. Please read the instructions carefully before completing the form.

Form UI 311

NEBRASKA DEPARTMENT OF LABOR OFFICE OF UNEMPLOYMENT INSURANCE	RETURN ADDRESS
	Nebraska Department of Labor - UI Benefits Section P.O. BOX 94600 LINCOLN NE 68509-4600 FAX #: 402.458.2595 or 402.471.9868 Questions: please call 402.458.2500

REQUEST FOR WAGE INFORMATION	DUE DATE:
BENEFIT YEAR ENDS:	DATE MAILED:
CLAIMANT NAME:	SSN:

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The person named above has filed a claim for unemployment insurance benefits. Because our records indicate employment, we are requesting the wage information to properly determine unemployment insurance claim eligibility. This request is pursuant to Neb. Rev. Stat. §§48-612.

PLEASE ENTER GROSS WAGES PAID TO THE ABOVE CLAIMANT DURING THE PERIOD OF EMPLOYMENT LISTED BELOW:

to \$ _____

PLEASE INDICATE DATES OF EMPLOYMENT: FIRST DAY WORKED: _____
LAST DAY WORKED: _____

IF APPLICABLE, PLEASE INDICATE: VACATION PAY
 SEVERANCE/NOTICE PAY
 OTHER _____

This request does not replace quarterly tax reporting. If you fail to return by the above due date, an affidavit statement of wages, pursuant to Neb. Rev. Stat. §§48-626(2), will be sent to the claimant. Wages provided by the claimant, and used to establish eligibility, will be final as to amount. Any employer charges assessed will be based upon wage information provided by the claimant. It is, therefore, in your best interest to respond with the requested information by the above due date.

SIGNATURE _____ DATE _____

PRINTED NAME _____ PHONE NUMBER _____

TITLE _____ FAX NUMBER _____

This form is mailed to the liable employers seeking wage information for the most current quarter to determine if the claimant has qualifying alternate base period wages.



DEPARTMENT OF LABOR

550 South 16th Street

PO Box 94600

Lincoln, NE 68509-4600