DO NOT STAPLE

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

YR	QTR
Employe	er Account No.
Feder	al I. D. No.

1. FOR EACH MONTH, REPORT THE NUMBER OF COVERED WORKERS WHO WORKED DURING OR RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF THE MONTH.

IF NONE, ENTER "0"

## **COMBINED TAX REPORT UI-11T**

ile at dol.nebraska.gov and click UIConnect		

Employers with a payroll equal to or exceeding \$100,000 per year are required to file and pay electronically. Neb. Bey. Stat. Sec. 48-648

	1945. The v. Otat. Occ. 40-040	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)  Amount here must equal Total on Wage Report.	\$	
3.	Wages paid each individual employee in excess of: \$9,000 (See instructions on back)	\$	
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

Date

To change address, out of business notification, selling of business, etc, use dol.nebraska.gov and click UIConnect.

THIS DOCUMENT MUST BE FILED WITH THE WAGE REPORT UI -11W

STATE OF NEBRASKA DEPARTMENT OF LABOR UNEMPLOYMENT INSURANCE P O BOX 94600 LINCOLN, NEBRASKA 68509-4600 PHONE: 402.471.9898 FAX 402.471.9994

## File at dol.nebraska.gov and click UIConnect

## **WAGE REPORT UI-11W**

 Employe	r Acco	ount No.	
 Federa	II D	No	
 10001			

QTR

YR

Report gross quarterly wages paid to each employee. INCLUDE 401K plan. DO NOT include Section 125 Cafeteria plan. Total of all pages reported must equal Line 2 Gross Wages on Combined Tax Report.

Page \_\_\_\_\_ of \_\_\_\_

## THIS DOCUMENT MUST BE FILED WITH THE COMBINED TAX REPORT UI-11T

Social Security Number		Social Security Number Employee's Name		Gross wages paid each covere employee in this quarter	
000	00	0000	Last Name, 1st Initial, 2nd Initial	Dollars	Cents
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repared	d By:		Phone	Date	

UI-11W Revised 12-17-2012