

NOTICE OF APPEAL (TAX)
Nebraska Appeal Tribunal

Name of Employer Business Address City, State, ZIP Telephone/Fax	
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Employer Account No.	
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PLEASE INDICATE THE REASON FOR APPEALING THE TAX ADMINISTRATOR'S DETERMINATION
 You may check one or more boxes below. If you are unsure, please check "other" and list reason for appeal.

The Employer believes the tax rate assigned was not correctly computed;

The Employer believes individual(s) determined to be employees meet the statutory exemption for independent contractors provided by Neb. Rev. Stat §48-604-(5);

A transfer of Employer's experience account from a predecessor to a sucessor was incorrectly approved or denied;

The Employer has been incorrectly classified as working in the construction industry; OR

Other:

Please attach a copy of the Tax Adjudicator's Determination with the Notice of Appeal.
 For more information, please visit the Tribunal's website at <http://dol.nebraska.gov/Appeals>.

Attorney/Rep. Name Company/Firm Name Business Address City, State, ZIP Telephone/Fax	
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Signature of Employer or Authorized Agent:	_____	_____
	Signature	Date

DO NOT ENTER INFORMATION BELOW	FOR TRIBUNAL USE ONLY
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Date of Determination:		
Appeal timely filed?	Yes No	
Received by (initials):		
Judge Assigned:		
Docket Number:		

Please return the Notice of Appeal to: Nebraska Appeal Tribunal, P.O. Box 98941, Lincoln, NE 68509.
 You may also fax this to the Tribunal at (402) 471-1734.