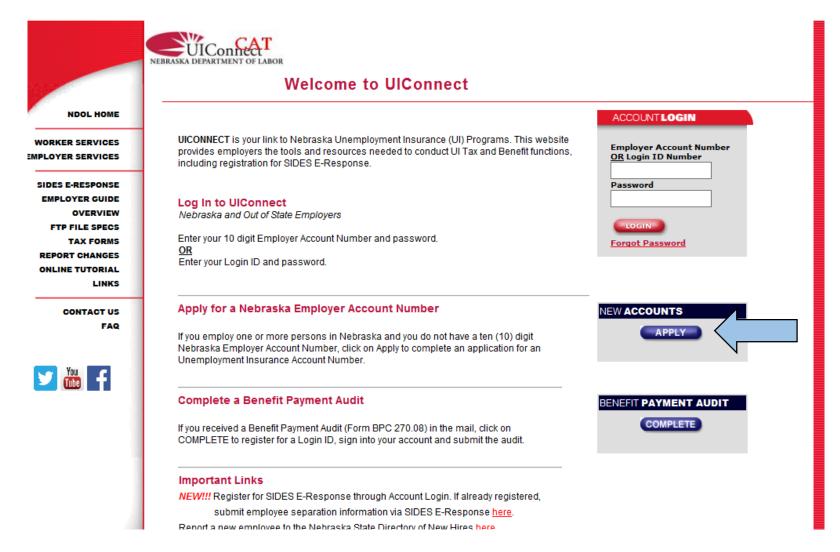
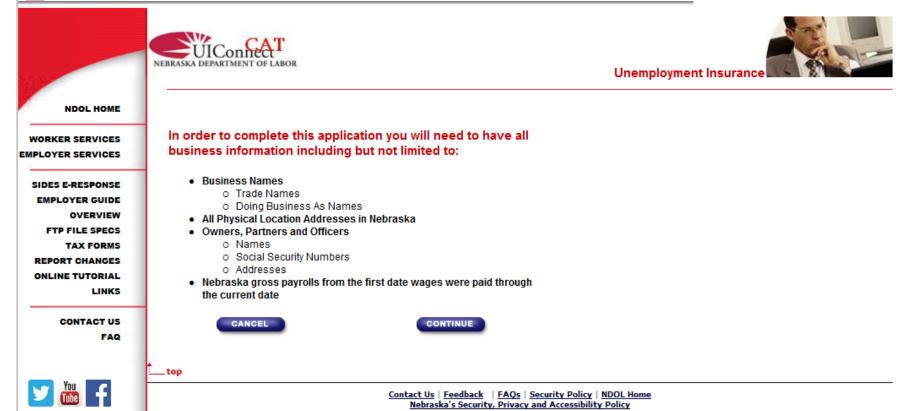
UI Tax Application - - Apply for a Nebraska Employer Account Number





Official Nebraska Government Website

After clicking the "Apply" button, the preview of information needed for registration will appear.

©2009 Nebraska Department of Labor. All rights reserved.

Employer:

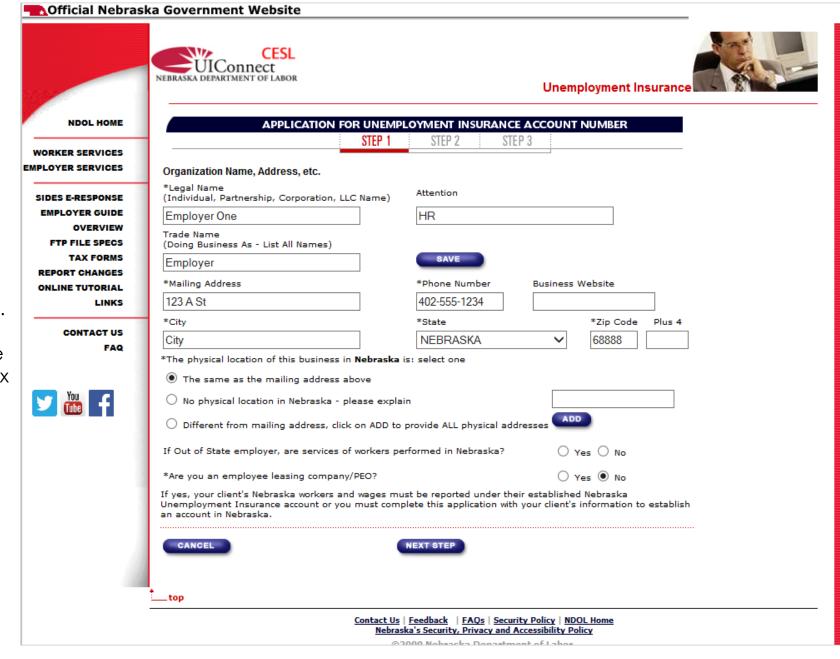
An employer/business is required to pay unemployment insurance tax if you:

- Paid a total gross wages of \$1,500 or more to all workers in a calendar quarter in a calendar year; **OR** you had one or more individuals who provided a service for some portion of a day in 20 different weeks in a calendar year (Neb. Rev. Stat. §48-603(1) or (2))
- Are an out-of-state employer, liable for Federal Unemployment Insurance Tax (FUTA) with workers in Nebraska. (Neb. Rev. Stat. §48-603 (7)(a))

STEP 1:

The application is a three-step process.

* **Required Fields** – Error messages will identify incomplete fields and stop the user from advancing to next step.



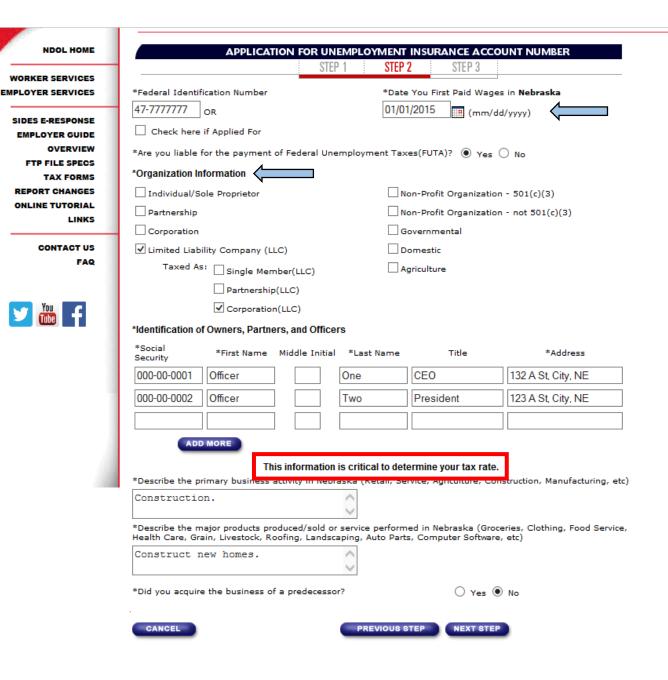
STEP 2:

Employer Organization Selection:

- Individual/Sole proprietor
- Partnership
- Corporation
- Limited Liability Company (LLC)
- Non-Profit organization Not 501(c)(3)

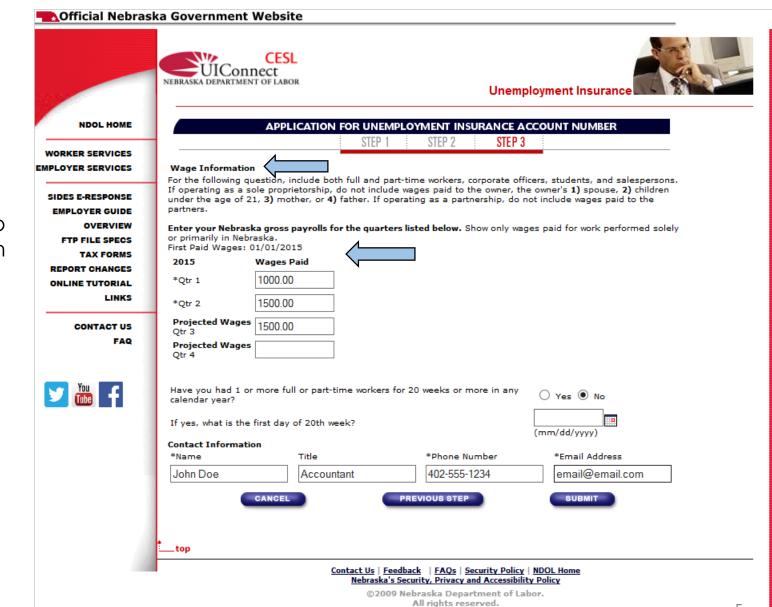
Under Organization Information, an employer can choose up to two Organization types for correct liability status. Screens will change according to organization selected.

Notice that text boxes are available to complete for business activity and services performed. This detail is necessary to assist in determining tax rates and industry type.



STEP 3:

"First Paid Wages" obtained from Step 2 and "Wages Paid" boxes begin with that corresponding quarter.



Confirmation to be printed for employer records.

An email confirmation will be sent to you.

NDOL HOME

WORKER SERVICES EMPLOYER SERVICES

SIDES E-RESPONSE **EMPLOYER GUIDE** OVERVIEW FTP FILE SPECS TAX FORMS REPORT CHANGES ONLINE TUTORIAL LINKS

> **CONTACT US** FAQ







APPLICATION FOR UNEMPLOYMENT INSURANCE ACCOUNT NUMBER

Application Confirmation. - Click here to Print

Congratulations John Doe of Employer One! You have completed your application for a Nebraska Department of Labor - Unemployment Insurance Employer Account Number. You will receive an email immediately at email@email.com to confirm your submission. If necessary, a representative from our office will contact you to review your application. Thank you for using UICONNECT.

Employer Account Registration

Organization Name, Address, etc.

Legal Name: Employer One Trade Name: Employer Attention: Mailing Address: 123 A St 402-555-1234 Phone Number: City: City State: NE 68888 Zip Code:

Zip +4:

Business Website:

Physical Location(s)

Physical location is the same as the mailing address.

Identification of Owners, Partners, and Officers

Social Security Number	First Name	Middle Initial	Last Name	Title	Address
000-00-0001	Officer		One	CEO	123 A St, City, NE
000-00-0002	Officer		Two	President	123 A St, City, NE

Organization Information

Organization Type 1: Corporation(LLC)

Organization Type 2:

Federal ID Number: 477777777 01/01/2015 Date First Paid Wages:

Miscellaneous Company Information

Liable for FUTA?: Ν PEO/Leasing Company?:

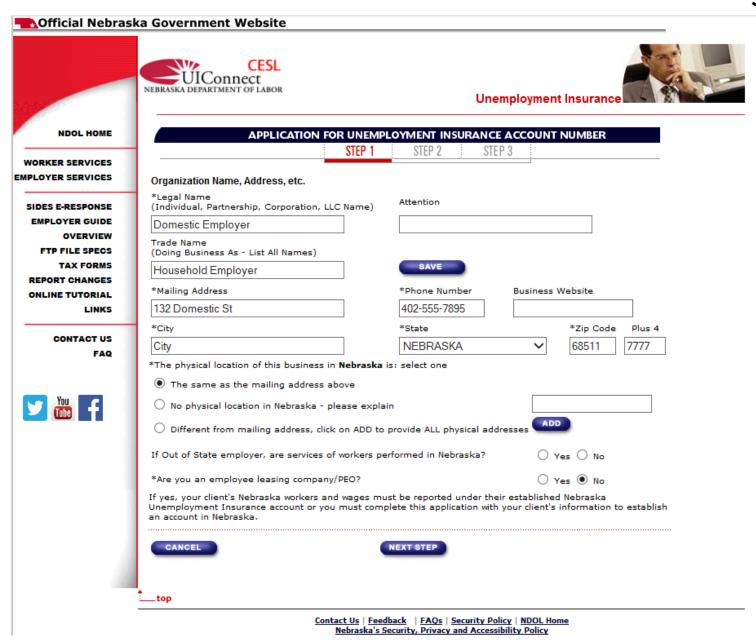
If Out of State employer, are services of workers performed in Nebraska?:

Nature of Business: Construction.

A domestic employer is required to pay unemployment insurance tax if you:

- Paid total cash wages of \$1,000 or more in a calendar quarter in a calendar year. (Neb. Rev. Stat. §48-603(4)(d))

STEP 1:

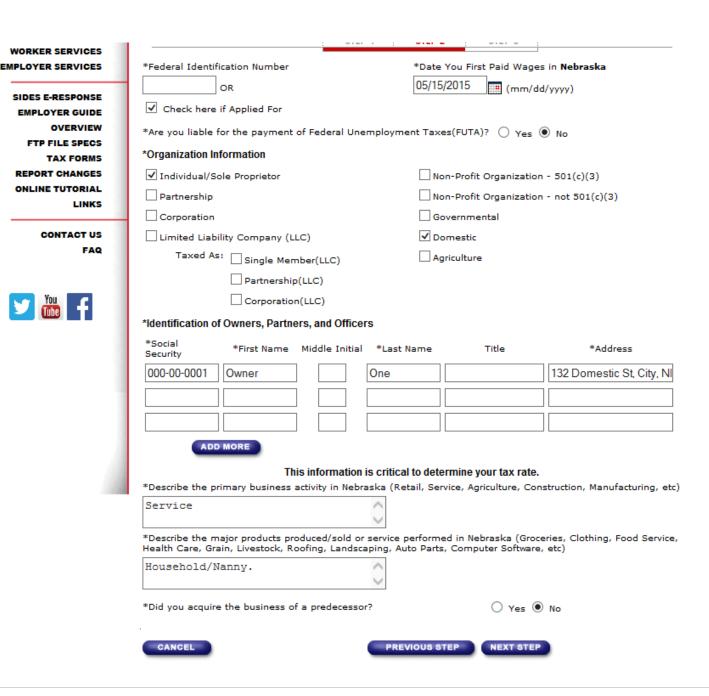


STEP 2:

Domestic Employer (Household) Organization Selection:

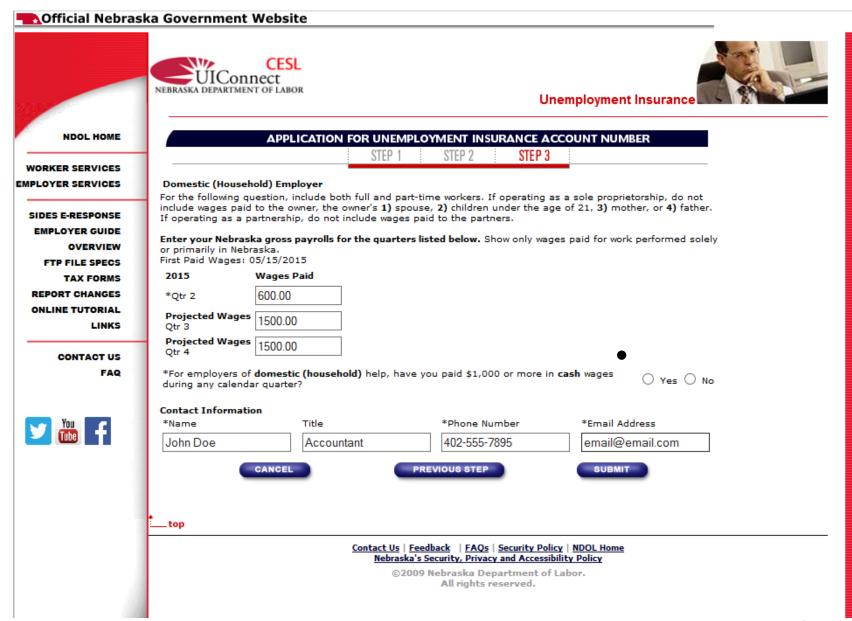
- Domestic
- Individual/Sole proprietor
- Partnership
- Corporation
- Limited Liability Company (LLC)
- Non-Profit organization Not 501(c)(3)

Under Organization Information, an employer can choose up to two Organization types for correct liability status. Screens will change according to organization selected.



STEP 3:

Questions are only specific to liability requirements of Domestic (Household) Employers only.



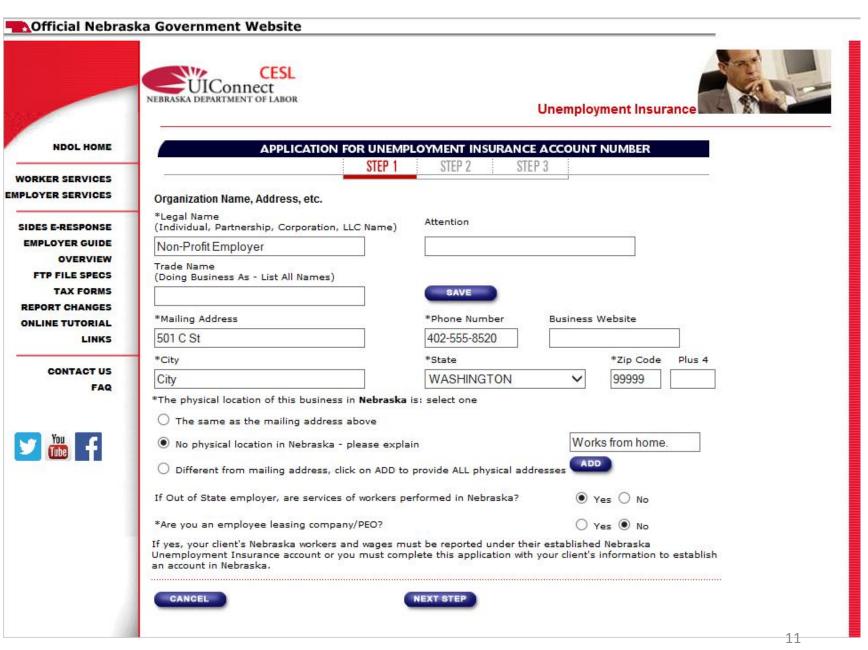
Confirmation to be printed for employer records.

An email confirmation will be sent to you.



A Non-Profit 501 (c)(3) Organization/Employer is required to pay unemployment insurance tax if you:

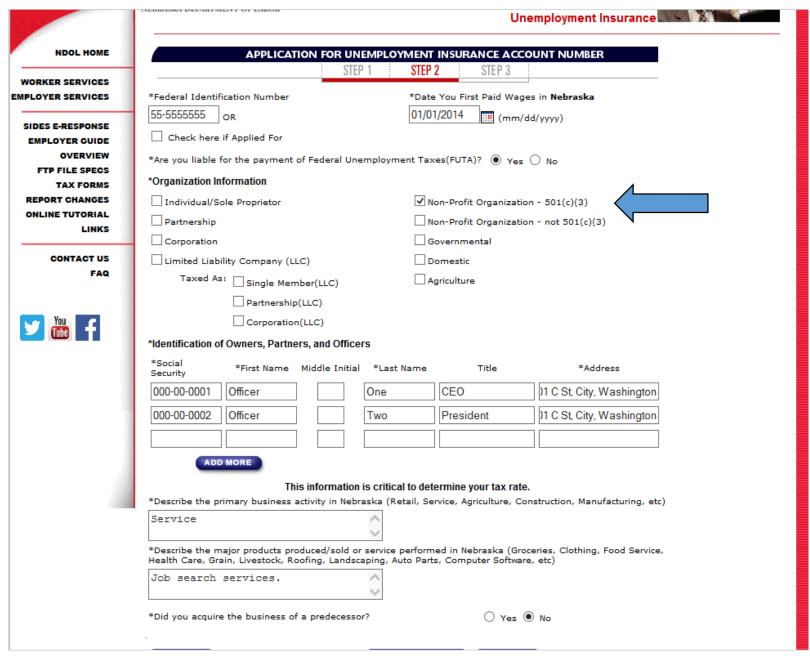
- Had 4 or more workers for some portion of a day, in 20 different weeks in a calendar year. Proof of 501(c)(3) must be sent with this form or noted that it's applied for. (Neb. Rev. Stat. §48-604(4)(b)(ii))



Non-Profit 501(c)(3) Organization:

STEP 2:

Screens will change according to organization selected.



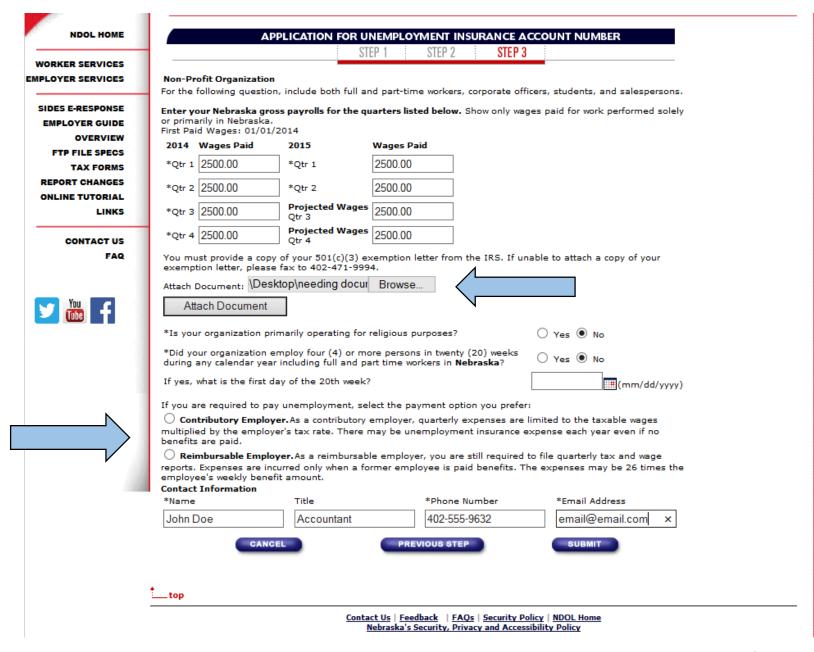
Non-Profit 501(c)(3) Organization:

STEP 3:

Questions are specific to liability requirements of Non-Profit Organizations – 501(c)(3) only.

"Attach Document" option allows users to attach required IRS exemption letter.

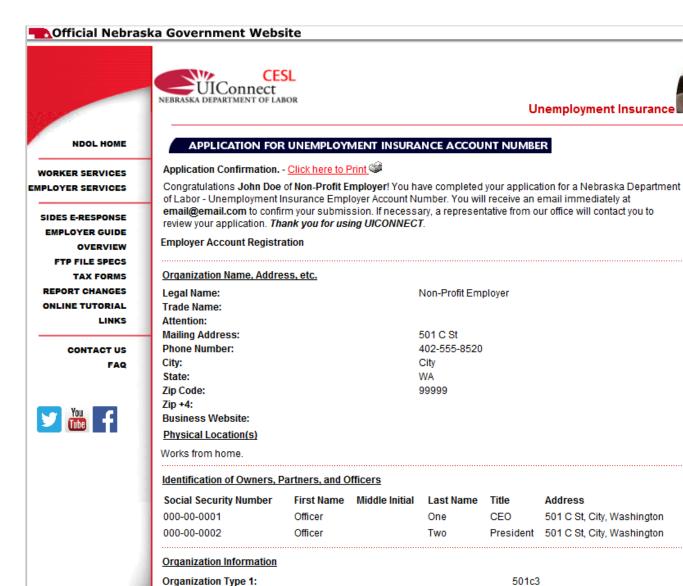
Employers are given the option of choosing to be a contributory or a reimbursable employer.



Non-Profit 501(c)(3) Organization:

Confirmation to be printed for employer records.

An email confirmation will be sent to you.



Organization Type 2: Federal ID Number:

Date First Paid Wages:

Miscellaneous Company Information

55555555

01/01/2014

Governmental Entity:

STEP 1:

A Government Organization/Employer is required to pay unemployment insurance tax if you:

- Any worker/employee, at any time, other than Elected Officials. (Neb. Rev. Stat. §48-604(4))

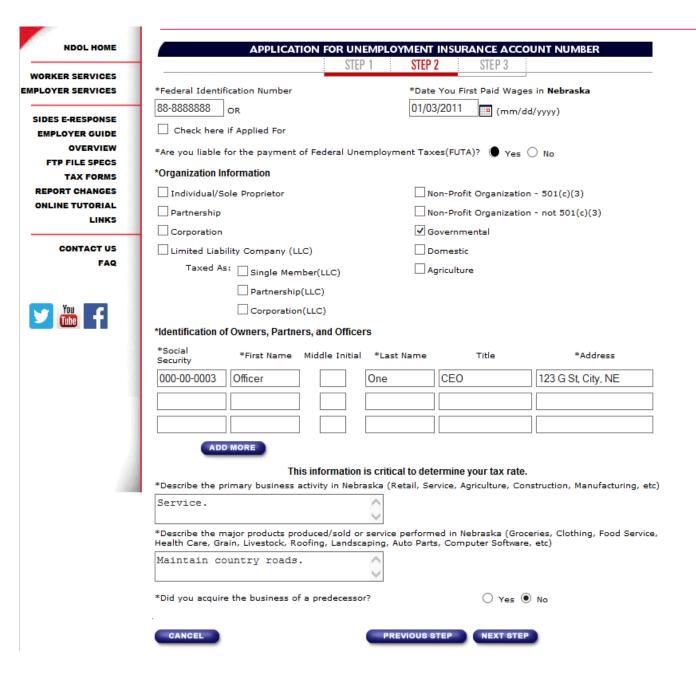


	APPLICATION I		DYMENT INSURANCE		NUMBER	
		STEP 1	STEP 2 ST	TEP 3		
Organization	Name, Address, etc.					
*Legal Name (Individual,	e Partnership, Corporation, I	LLC Name)	Attention			
Governmen	nt Employer		HR			
Trade Name (Doing Busin	ess As - List All Names)					
			SAVE			
*Mailing Add	ress		*Phone Number	Business \	Website	
123 G St			402-777-5555			
*City			*State		*Zip Code	Plus 4
City			NEBRASKA	~	68885	
*The physica	l location of this business	in Nebraska is	: select one			
O The sam	ne as the mailing address	above				
O No physi	ical location in Nebraska -	please explain				
Different physical add	t from mailing address, cli resses	ck on ADD to pr	rovide ALL	D		
	Physical Location					
	*Addres	55		*Phone Num 402-777-2222		
	County Rd *City		 *State		*Zip Code	Div 4
	City		NEBRASKA		85611	Plus 4
	City		INEDITASIA	•	03011	
					SAVE	
If Out of Sta Nebraska?	te employer, are services	of workers perf	ormed in	Yes O No		
*Are you an	employee leasing compar	ny/PEO?	0	Yes No		
	lient's Nebraska workers a ent Insurance account or yo Nebraska.					o establis
CANCEL			EVT OTED			
CANCEL	•		EXT STEP			
_top						
•			adhada EAOa Sassa	u n b terre-		

Governmental Entity:

STEP 2:

Screens will change according to organization selected.

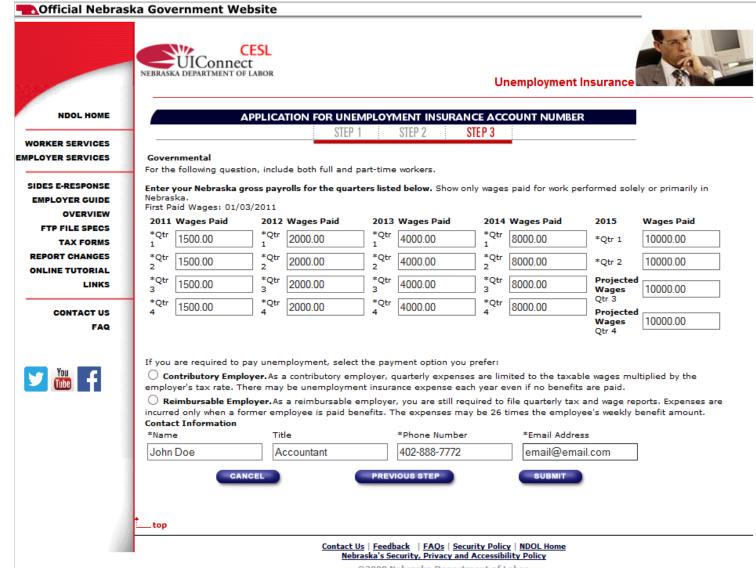


Governmental Entity:

STEP 3:

Questions are specific to liability requirements of Governmental Entities only.

Since "First Paid Wages" date is 01/02/2012, four years of wage boxes are required to be completed.



©2009 Nebraska Department of Labor. All rights reserved.

An email confirmation will be sent to you.

NDOL HOME

WORKER SERVICES EMPLOYER SERVICES

SIDES E-RESPONSE EMPLOYER GUIDE OVERVIEW **FTP FILE SPECS** TAX FORMS REPORT CHANGES ONLINE TUTORIAL LINKS

> **CONTACT US** FAQ







NEBRASKA DEPARTMENT OF LABOR





APPLICATION FOR UNEMPLOYMENT INSURANCE ACCOUNT NUMBER

Application Confirmation. - Click here to Print W

Congratulations John Doe of Government Employer! You have completed your application for a Nebraska Department of Labor - Unemployment Insurance Employer Account Number. You will receive an email immediately at email@email.com to confirm your submission. If necessary, a representative from our office will contact you to review your application. Thank you for using UICONNECT.

Employer Account Registration

Organization Name, Address, etc.

Legal Name: Government Employer

Trade Name:

Attention: HR 123 G St Mailing Address: 402-777-5555 Phone Number:

City: City State: NE Zip Code: 68885

Zip +4:

Business Website:

Physical Location(s)

Address Phone Number State Zip Code County Rd 402-777-2222 City NE 85611-

Identification of Owners, Partners, and Officers

Social Security Number First Name Middle Initial Last Name Address

000-00-0003 Officer One CEO 123 G St, City, NE

Organization Information

Organization Type 1: Governmental

Organization Type 2:

Federal ID Number: 88888888 Date First Paid Wages: 01/03/2011

Miscellaneous Company Information

Liable for FUTA?: PEO/Leasing Company?: Ν

If Out of State employer, are services of workers

performed in Nebraska?:

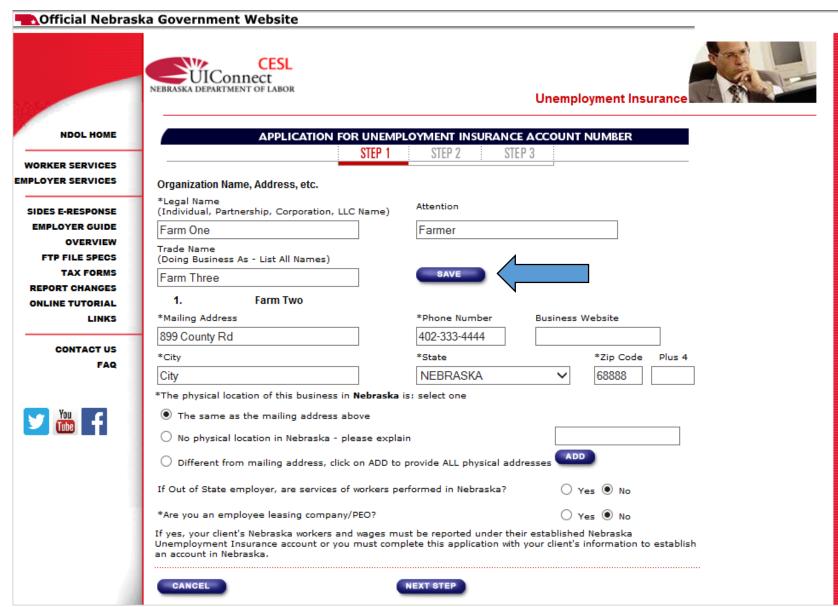
Nature of Business: Service.

An Agricultural Employer is required to pay unemployment insurance tax if you:

- Had/have 10 or more workers in some portion of a day, in each of the 20 different weeks, in a calendar year **OR** you paid total wages (in cash or commodities), to all workers, of \$20,000 or more in a calendar quarter of the calendar year. (Neb. Rev. Stat. §48-604(4)(c)(i))

STEP 1:

To add more than one trade name, click "SAVE".

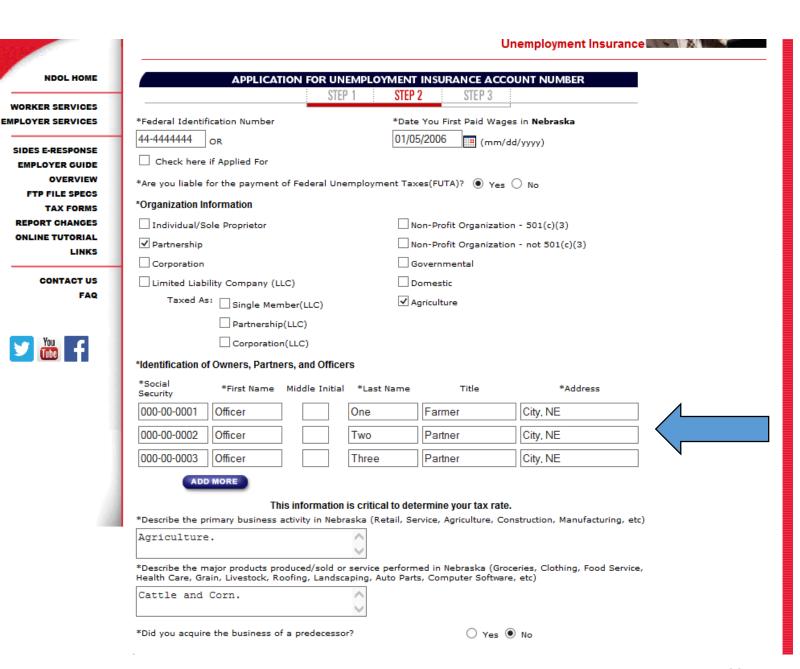


STEP 2:

Agricultural Employer Organization Selection:

- Agriculture
- Individual/Sole proprietor
- Partnership
- Corporation
- Limited Liability Company (LLC)

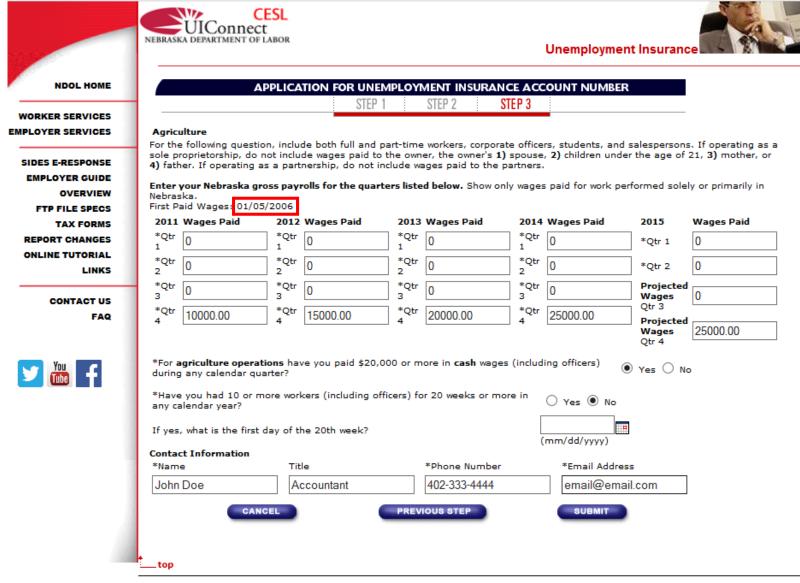
Screens will change according to organization selected.



STEP 3:

Questions are specific to liability requirements of Agricultural Employers only.

Note that First Paid Wages date is 01/05/2006 and the wage boxes start at 1st quarter of 2011. From date of registration, our system requires wages back four years plus current year.



Contact Us | Feedback | FAQs | Security Policy | NDOL Home Nebraska's Security, Privacy and Accessibility Policy

©2009 Nebraska Department of Labor. All rights reserved.

Confirmation to be printed for employer records.

An email confirmation will be sent to you.



WORKER SERVICES EMPLOYER SERVICES

> SIDES E-RESPONSE **EMPLOYER GUIDE** OVERVIEW **FTP FILE SPECS TAX FORMS** REPORT CHANGES **ONLINE TUTORIAL** LINKS

CONTACT US







APPLICATION FOR UNEMPLOYMENT INSURANCE ACCOUNT NUMBER

Application Confirmation. - Click here to Print @

Congratulations John Doe of Farm One! You have completed your application for a Nebraska Department of Labor -Unemployment Insurance Employer Account Number. You will receive an email immediately at email@email.com to confirm your submission. If necessary, a representative from our office will contact you to review your application. Thank you for using UICONNECT.

Employer Account Registration

Organization Name, Address, etc.

Legal Name: Farm One Trade Name: Farm Two Farm Three

Attention: Farmer Mailing Address: 899 County Rd Phone Number: 402-333-4444

City City: NE State: 68888 Zip Code:

Zip +4:

Business Website:

Physical Location(s)

Physical location is the same as the mailing address.

Identification of Owners, Partners, and Officers

Social Security Number	First Name	Middle Initial	Last Name	Title	Address
000-00-0001	Officer		One	Farmer	City, NE
000-00-0002	Officer		Two	Partner	City, NE
000-00-0003	Officer		Three	Partner	City, NE

Organization Information

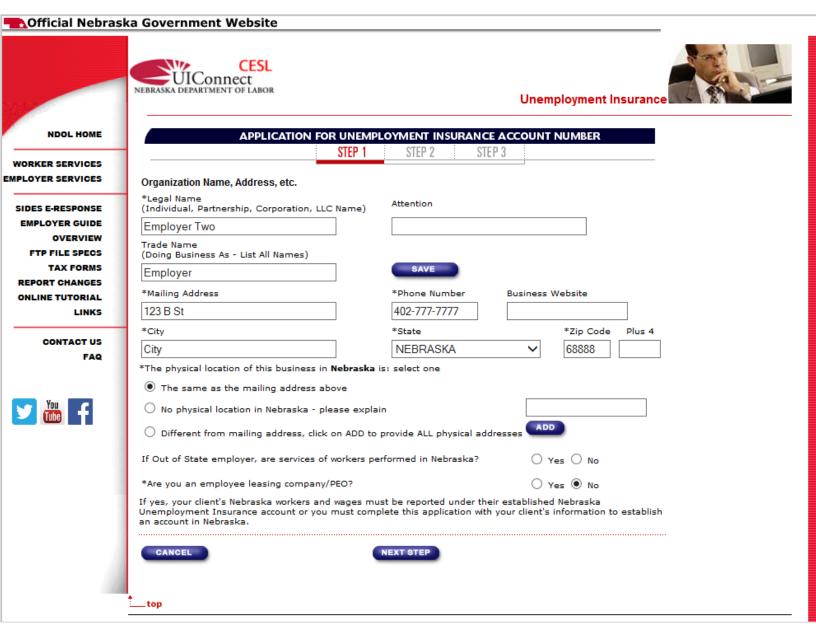
Organization Type 1: Partnership Organization Type 2: Agriculture Federal ID Number: 44444444 **Date First Paid Wages:** 01/05/2006

Miscellaneous Company Information

Liable for FUTA?: M DEO/I cooling Company2:

An employer/business is required to pay unemployment insurance tax if you:

- Acquired any business, organization, or trade of another employer who was subject to the unemployment tax law in Nebraska. (Neb. Rev. Stat. §48-603(3))



Business Transfer (Acquisition):

STEP 2:

Organization Selection:

- Individual/Sole proprietor
- Partnership
- Corporation
- Limited Liability Company (LLC)
- Non-Profit Organization 501(c)(3)
- Non-Profit Organization Not 501(c)(3)
- Governmental
- Domestic
- Agriculture

If acquiring another business, indicate on this screen.

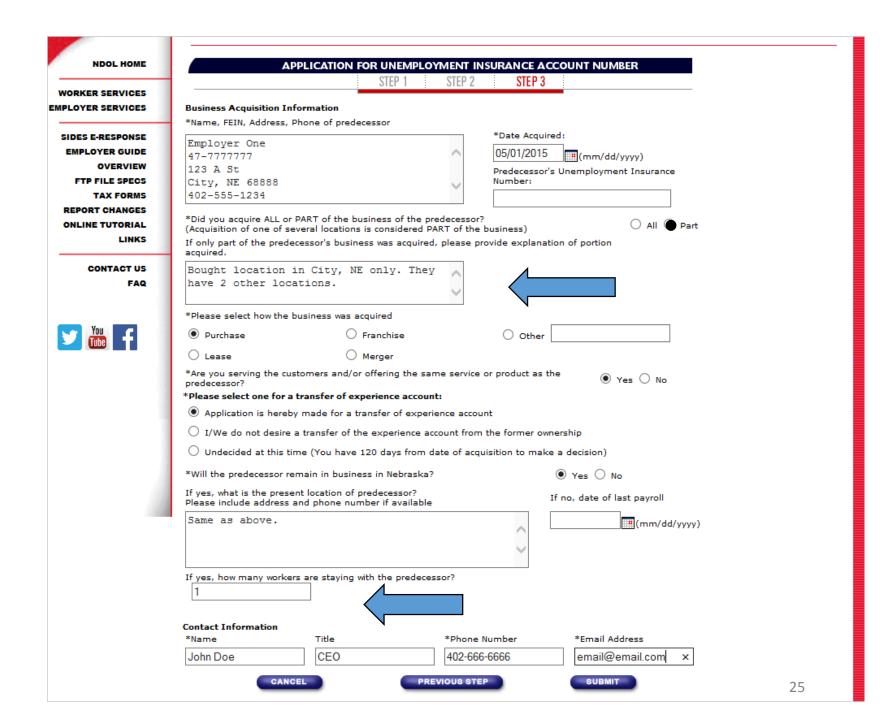
Screens will change according to organization selected.

LOYER SERVICES	*Federal Identi	fication Number		*Date	You First Paid Wag	es in Nebraska		
DES E-RESPONSE	88-8888888	OR		05/0	1/2015 (mm/	dd/yyyy)		
MPLOYER GUIDE	Check here if Applied For							
OVERVIEW	*Are you liable for the payment of Federal Unemployment Taxes(FUTA)?							
FTP FILE SPECS								
TAX FORMS	*Organization Information							
EPORT CHANGES	☐ Individual/Sole Proprietor				Non-Profit Organization - 501(c)(3)			
NLINE TUTORIAL LINKS	Partnership			□ N	Non-Profit Organization - not 501(c)(3)			
LINKS	✓ Corporation			☐ G	overnmental			
CONTACT US	Limited Liab	ility Company (L	LC)	Пр	omestic			
FAQ	Taxed A	5: Single Mer	mber(LLC)	□ A	griculture			
		Partnership	p(LLC)					
You		Corporatio	n(LLC)					
Tibe 1	*1.1 4:5: 4:							
		ck here if Applied For liable for the payment of Federal Unemployment Taxes(FUTA)?						
	*Social Security	*First Name	Middle Initial	*Last Name	Title	*Address		
	000-00-0001	Officer		One	CEO	123 B St, City, NE		
1] [] []		l [
	ADI	D MORE						
///		Th	is information	is critical to det	ermine vour tax rate	e.		
	*Describe the p				•			
	Construction	on		^				
				\checkmark				
	*Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothi Health Care, Grain, Livestock, Roofing, Landscaping, Auto Parts, Computer Software, etc)							
	Construct 1	new homes						
				~		/		
	*Did you acquir	e the business o	f a predecesso	or?	Yes	O No		
	CANCEL			PREVIOUS S	TEP NEXT STE	EP .		

Business Transfer (Acquisition):

STEP 3:

Questions are specific to information needed for the transfer.



Business Transfer (Acquisition):

Confirmation to be printed for employer records.

An email confirmation will be sent to you.

