STATE OF NEBRASKA
DEPARTMENT OF LABOR
UNEMPLOYMENT INSURANCE TAX
P.O. Box 94600
Lincoln, NE 68509-4600
Phone: 402.471.9898
Fax: 402.471.9994

UI Form 26

Official Use Only	
Employer Tax Account No.	Federal I.D. No.

- ☐ Account inactive
- ☐ Too large for use in a reasonable time
- ☐ Employer determined non-subject
- ☐ Approved by Tax Administrator
- ☐ Other _____

Claim #

APPLICATION FOR COMBINED TAX REFUND

In accordance with Neb. Rev. Stat. §48-660, application is hereby made for a refund in the amount of $

_____	_____	_____
Printed Name	**Authorized Signature**	**Phone Number**

Indicate mailing address below if different from address shown above:

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

Treasurer hereby approves the claim as requested.

_____	_____
Treasurer, UI Trust Fund	**Date**

Additional account information can be located at dol.nebraska.gov/UIConnect

Allow 6-8 weeks to receive refund.