

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 1**

Official Use Only		
Employer Number		
Liable Number		
Predecessor Liable Number		
Liable/Merge Date	Qualify YRQ	Reviewer

**APPLICATION FOR AN  
 UNEMPLOYMENT INSURANCE  
 TAX ACCOUNT NUMBER**

**COMPLETE ALL ITEMS**  
 (NAC 220, Chapter 12)  
 or register at [dol.nebraska.gov/UIConnect](http://dol.nebraska.gov/UIConnect)

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 Tax Account Number		Business Website	
6. Type of Organization <input type="checkbox"/> Individual <input type="checkbox"/> Governmental <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company (LLC) Taxed as: <input type="checkbox"/> Corporation <input type="checkbox"/> Single Member (LLC) ___ State of Incorporation <input type="checkbox"/> Partnership (LLC) (i.e. NE, IA, WY) <input type="checkbox"/> Corporation (LLC) <input type="checkbox"/> Other specify _____		7. Do you hold an exemption from Federal Income Taxes as a non-Profit Organization described under section 501 (c)(3) of the IRS Code? <input type="checkbox"/> Yes <input type="checkbox"/> No  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 remuneration):	
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. §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? If yes, you must complete 16-24 on the reverse side. If no, skip to number 25 on the reserve side. <input type="checkbox"/> Yes <input type="checkbox"/> No

**Also Complete Reverse Side**

16. Indicate nature of transaction		<input type="checkbox"/> Purchase of existing business	<input type="checkbox"/> Reorganization of existing business	<input type="checkbox"/> Lease	Date of Acquisition
		<input type="checkbox"/> Incorporation of existing business	<input type="checkbox"/> Merger with existing business	<input type="checkbox"/> Other	
17. Previous Owner's Legal Business or Individual Name		DBA or Trade Name, if different from Legal Name			
18. Previous Owner's Address (Street, City, State, Zip Code)				Contact Name	
				Phone Number	
19. Previous Owner's Unemployment Insurance Tax Account Number			Previous Owner's Federal Identification Number		
20. Did you acquire ALL or PART of the business? (Acquisition of one of several locations in Nebraska is considered PART of the business) If you reorganized PART of the Nebraska business named in number 17, provide explanation:					<input type="checkbox"/> ALL <input type="checkbox"/> PART
21. 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
22. Are you hiring the previous owner's Nebraska workers?					<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 20th 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 (including officers) 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 20th week
OR did you have a gross payroll in the amount of \$20,000 (including officers) 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 20th 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 worker is paid benefits. The expenses may be 26 times the worker's weekly benefit amount.	

**UI Benefits Contact for Worker/Employee Separations:**

Name (please print)	Title
Email Address	Phone Number

**UI Benefits Contact for Earning Verifications:**

Name (please print)	Title
Email Address	Phone Number

**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
Email Address	Phone Number
Signature	Date