UI11A Revised 2019
STATE OF NEBRASKA
DEPARTMENT OF LABOR
UNEMPLOYMENT INSURANCE TAX
P O BOX 94600
LINCOLN NE 68509-4600
Ph; 402 471 9898 Fay: 402 471 9994

ADJUSTMENT FORM 11A

Ph: 402.471.9898 Fax: 402.471.9994								
Employer Name				Employer Tax Account Number				
AMENDMENT TO COMBINED TAX REPORT – (UI – 11T)						YR	QTI	R
If combined tax has been overpaid, a credit will be established on the account. If combined tax has been underpaid, enclose a payment for the additional combined tax due (line 9), plus interes calculated at 1.5% per month from quarterly due date.				t				
quarter	ny duo dato.		AS I	REPORTED		SHO	OULD BE	
			Do	llars	Cents	Dolla	ars	Cents
Gross wages paid for covered employment during the quarter			\$			\$		
Excess wages for 2019 and prior years = $9,000$; for 2020 and after, tax categories 1-19 = $9,000$; 3. tax category 20 = $24,000$			\$			\$		
4. Total Taxable Wages (subtract line 3 from line 2)			\$			\$		
5. Your COMBINED TAX Rate is								%
6. Enter COMBINED TAX PAYMENTS DUE for this quarter. Multiply line 4 by line 5			\$			\$		
7. Adjustment	\$			\$				
Reason for Adjustment:								
Print Preparer's Name: Phone Date								
ADJUSTMENT FORM 11A								
AMENDMENT TO WAGE REPORT – (UI – 11W)								
Employer Tax Account Number								
If gross wages were changed in the SHOU that require corrections. Social security no			riduals					
						YR QTR		R
SOCIAL SECURITY NUMBER			G	ROSS WAGES PAID EACH COVERED WORKER IN THIS QUARTER				
AS REPORTED SHOULD BE Worker's Name OOO 000 000 000 000 000 Last Name, 1st Initial, 2nd Init				AS REPORTED			SHOULD BE	
000 00 0000 000 00 0000	Last Name, 1st	t Initial, 2nd Initia	1	Dollars	Ce	nts D	ollars	Cents
						_		
					\perp			
					\perp			
Reason for Adjustment:					-			
Print Preparer's Name: Phone						Date		