STATE OF NEBRASKA DEPARTMENT OF LABOR UNEMPLOYMENT INSURANCE PO BOX 94600

LINCOLN, NE 68509-4600 PHONE: 402.471.9898/FAX: 402.471.9994

WAGE REPORT UI-11W

File at neworks.nebraska.gov

Employer	Tax Acco	unt No.	
Fed	deral I. D.	No.	
	30.01.1.2.		
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QTR

Report gross quarterly wages paid to each worker.

NCLUDE 401K plan. DO NOT include Section 125 Cafeteria plan. * Required (NAC. 221 Chapt. 2) Reporting of the total number of hours paid (regular, vacation & sick

rounded down to four whole numbers) and the primary job title for each worker is **OPTIONAL**.

YR

THIS DOCUMENT MUST BE FILED WITH THE COMBINED TAX REPORT - UI-11T

* Social Security Number		,	* Worker Name	* Gross wages paid each covered worker in this quarter		Hours Paid in this quarter	Primary Job Title
000	00	0000	Last Name, 1st Initial, 2nd Initial	Dollars	Cents	0000	Ex: Office Support, Cashier, Manager
			TOTAL OF THIS PAGE				
			TOTAL OF ALL PAGES			Total of all pages reported must equal Line 2 (Gross Wages) on the Combined Tax Report - UI-11T.	

* Print Preparer's Name * Email Address * Phone * Date