STATE OF NEBRASKA
DEPARTMENT OF LABOR
UNEMPLOYMENT INSURANCE
P O BOX 94600
LINCOLN NEBRASKA 68509-4600
PHONE 402.471.9898 / FAX 402.471.9994

YR	QTR

Employer Tax Account No.

Federal I. D. No.

WAGE REPORT UI - 11W

File at dol.nebraska.gov/UIConnect

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Report gross quarterly wages paid to each worker.
INCLUDE 401K plan. DOES 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**.

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