

UI Tax Application - - Apply for a Nebraska Employer Account Number

The screenshot displays the UIConnect website interface. On the left is a vertical navigation menu with red and white sections. The top section is red with the text 'NDOL HOME'. Below it is a white section with links: 'WORKER SERVICES', 'EMPLOYER SERVICES', 'SIDES E-RESPONSE', 'EMPLOYER GUIDE', 'OVERVIEW', 'FTP FILE SPECS', 'TAX FORMS', 'REPORT CHANGES', 'ONLINE TUTORIAL', and 'LINKS'. The bottom section is white with 'CONTACT US' and 'FAQ'. At the bottom of the menu are social media icons for Twitter, YouTube, and Facebook.

The main content area features the 'UIConnect CAT' logo and the text 'NEBRASKA DEPARTMENT OF LABOR'. Below the logo is the heading 'Welcome to UIConnect'. A paragraph explains that UICONNECT is a link to Nebraska Unemployment Insurance (UI) Programs, providing tools for UI Tax and Benefit functions, including registration for SIDES E-Response.


There are three main sections in the main content area:


- Log In to UIConnect**: A sub-section for 'Nebraska and Out of State Employers' that instructs users to enter their 10-digit Employer Account Number and password, or their Login ID and password. To the right of this text is a login form with fields for 'Employer Account Number OR Login ID Number' and 'Password', a 'LOGIN' button, and a 'Forgot Password' link.
- Apply for a Nebraska Employer Account Number**: A section for employers who do not have a ten-digit Nebraska Employer Account Number, with an 'APPLY' button. A blue arrow points to this button.
- Complete a Benefit Payment Audit**: A section for users who received a Benefit Payment Audit (Form BPC 270.08) in the mail, with a 'COMPLETE' button.

At the bottom of the main content area is an 'Important Links' section with three items: 'NEW!!! Register for SIDES E-Response through Account Login. If already registered, submit employee separation information via SIDES E-Response [here](#).', 'Report a new employee to the Nebraska State Directory of New Hires [here](#)', and a partially visible link.

After clicking the “Apply” button, the preview of information needed for registration will appear.

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In order to complete this application you will need to have all business information including but not limited to:

- **Business Names**
 - Trade Names
 - Doing Business As Names
- **All Physical Location Addresses in Nebraska**
- **Owners, Partners and Officers**
 - Names
 - Social Security Numbers
 - Addresses
- **Nebraska gross payrolls from the first date wages were paid through the current date**

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Employer:

An employer/business is required to pay unemployment insurance tax if you:

- Paid a total gross wages of \$1,500 or more to all workers in a calendar quarter in a calendar year; **OR** you had one or more individuals who provided a service for some portion of a day in 20 different weeks in a calendar year (Neb. Rev. Stat. §48-603(1) or (2))
- Are an out-of-state employer, liable for Federal Unemployment Insurance Tax (FUTA) with workers in Nebraska. (Neb. Rev. Stat. §48-603 (7)(a))


STEP 1:

The application is a three-step process.

* **Required Fields** – Error messages will identify incomplete fields and stop the user from advancing to next step.

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APPLICATION FOR UNEMPLOYMENT INSURANCE ACCOUNT NUMBER

STEP 1 STEP 2 STEP 3

Organization Name, Address, etc.

*Legal Name (Individual, Partnership, Corporation, LLC Name) Attention
Employer One HR

Trade Name (Doing Business As - List All Names) SAVE
Employer

*Mailing Address *Phone Number Business Website
123 A St 402-555-1234

*City *State *Zip Code Plus 4
City NEBRASKA 68888

*The physical location of this business in Nebraska is: select one

The same as the mailing address above

No physical location in Nebraska - please explain

Different from mailing address, click on ADD to provide ALL physical addresses ADD

If Out of State employer, are services of workers performed in Nebraska? Yes No

*Are you an employee leasing company/PEO? Yes No

If yes, your client's Nebraska workers and wages must be reported under their established Nebraska Unemployment Insurance account or you must complete this application with your client's information to establish an account in Nebraska.

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STEP 2:

Employer Organization Selection:

- Individual/Sole proprietor
- Partnership
- Corporation
- Limited Liability Company (LLC)
- Non-Profit organization – Not 501(c)(3)

Under Organization Information, an employer can choose up to two Organization types for correct liability status. Screens will change according to organization selected.

Notice that text boxes are available to complete for business activity and services performed. This detail is necessary to assist in determining tax rates and industry type.

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APPLICATION FOR UNEMPLOYMENT INSURANCE ACCOUNT NUMBER

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*Federal Identification Number
47-7777777 OR
 Check here if Applied For

*Date You First Paid Wages in **Nebraska**
01/01/2015 (mm/dd/yyyy) ←

*Are you liable for the payment of Federal Unemployment Taxes(FUTA)? Yes No

*Organization Information ←

Individual/Sole Proprietor
 Partnership
 Corporation
 Limited Liability Company (LLC)
Taxed As: Single Member(LLC)
 Partnership(LLC)
 Corporation(LLC)

Non-Profit Organization - 501(c)(3)
 Non-Profit Organization - not 501(c)(3)
 Governmental
 Domestic
 Agriculture

*Identification of Owners, Partners, and Officers

*Social Security	*First Name	Middle Initial	*Last Name	Title	*Address
000-00-0001	Officer		One	CEO	132 A St. City, NE
000-00-0002	Officer		Two	President	123 A St. City, NE

ADD MORE

This information is critical to determine your tax rate.

*Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing, etc)
Construction.

*Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service, Health Care, Grain, Livestock, Roofing, Landscaping, Auto Parts, Computer Software, etc)
Construct new homes.

*Did you acquire the business of a predecessor? Yes No

CANCEL **PREVIOUS STEP** **NEXT STEP**

STEP 3:

“First Paid Wages” obtained from Step 2 and “Wages Paid” boxes begin with that corresponding quarter.

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APPLICATION FOR UNEMPLOYMENT INSURANCE ACCOUNT NUMBER

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Wage Information

For the following question, include both full and part-time workers, corporate officers, students, and salespersons. If operating as a sole proprietorship, do not include wages paid to the owner, the owner's 1) spouse, 2) children under the age of 21, 3) mother, or 4) father. If operating as a partnership, do not include wages paid to the partners.

Enter your Nebraska gross payrolls for the quarters listed below. Show only wages paid for work performed solely or primarily in Nebraska.
First Paid Wages: 01/01/2015

2015	Wages Paid
*Qtr 1	<input type="text" value="1000.00"/>
*Qtr 2	<input type="text" value="1500.00"/>
Projected Wages Qtr 3	<input type="text" value="1500.00"/>
Projected Wages Qtr 4	<input type="text"/>

Have you had 1 or more full or part-time workers for 20 weeks or more in any calendar year? Yes No

If yes, what is the first day of 20th week?
(mm/dd/yyyy)

Contact Information

*Name	Title	*Phone Number	*Email Address
<input type="text" value="John Doe"/>	<input type="text" value="Accountant"/>	<input type="text" value="402-555-1234"/>	<input type="text" value="email@email.com"/>

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Confirmation to be printed for employer records.

An email confirmation will be sent to you.

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APPLICATION FOR UNEMPLOYMENT INSURANCE ACCOUNT NUMBER

Application Confirmation. - [Click here to Print](#) 

Congratulations **John Doe** of **Employer One**! You have completed your application for a Nebraska Department of Labor - Unemployment Insurance Employer Account Number. You will receive an email immediately at **email@email.com** to confirm your submission. If necessary, a representative from our office will contact you to review your application. *Thank you for using UICONNECT.*

Employer Account Registration

.....

Organization Name, Address, etc.

Legal Name: Employer One
Trade Name: Employer
Attention: HR
Mailing Address: 123 A St
Phone Number: 402-555-1234
City: City
State: NE
Zip Code: 68888
Zip +4:
Business Website:

Physical Location(s)

Physical location is the same as the mailing address.

.....

Identification of Owners, Partners, and Officers

Social Security Number	First Name	Middle Initial	Last Name	Title	Address
000-00-0001	Officer		One	CEO	123 A St, City, NE
000-00-0002	Officer		Two	President	123 A St, City, NE

.....

Organization Information

Organization Type 1: Corporation(LLC)
Organization Type 2:
Federal ID Number: 477777777
Date First Paid Wages: 01/01/2015

.....

Miscellaneous Company Information

Liable for FUTA?: Y
PEO/Leasing Company?: N
If Out of State employer, are services of workers performed in Nebraska?:
Nature of Business: Construction.

Domestic Employer (Household):

A domestic employer is required to pay unemployment insurance tax if you:

- Paid total cash wages of \$1,000 or more in a calendar quarter in a calendar year. (Neb. Rev. Stat. §48-603(4)(d))

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Organization Name, Address, etc.

*Legal Name (Individual, Partnership, Corporation, LLC Name) Attention
Domestic Employer

Trade Name (Doing Business As - List All Names)
Household Employer

*Mailing Address *Phone Number Business Website
132 Domestic St 402-555-7895

*City *State *Zip Code Plus 4
City NEBRASKA 68511 7777

*The physical location of this business in Nebraska is: select one

- The same as the mailing address above
- No physical location in Nebraska - please explain
- Different from mailing address, click on ADD to provide ALL physical addresses

If Out of State employer, are services of workers performed in Nebraska? Yes No

*Are you an employee leasing company/PEO? Yes No

If yes, your client's Nebraska workers and wages must be reported under their established Nebraska Unemployment Insurance account or you must complete this application with your client's information to establish an account in Nebraska.

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Domestic Employer (Household):

STEP 2:

Domestic Employer (Household) Organization Selection:




- Domestic
- Individual/Sole proprietor
- Partnership
- Corporation
- Limited Liability Company (LLC)
- Non-Profit organization – Not 501(c)(3)

Under Organization Information, an employer can choose up to two Organization types for correct liability status. Screens will change according to organization selected.

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*Federal Identification Number OR *Date You First Paid Wages in **Nebraska** (mm/dd/yyyy)

Check here if Applied For

*Are you liable for the payment of Federal Unemployment Taxes(FUTA)? Yes No

***Organization Information**

Individual/Sole Proprietor Non-Profit Organization - 501(c)(3)
 Partnership Non-Profit Organization - not 501(c)(3)
 Corporation Governmental
 Limited Liability Company (LLC) Domestic
Taxed As: Single Member(LLC) Agriculture
 Partnership(LLC)
 Corporation(LLC)

***Identification of Owners, Partners, and Officers**

*Social Security	*First Name	Middle Initial	*Last Name	Title	*Address
000-00-0001	Owner		One		132 Domestic St, City, NI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADD MORE

This information is critical to determine your tax rate.

*Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing, etc)

*Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service, Health Care, Grain, Livestock, Roofing, Landscaping, Auto Parts, Computer Software, etc)

*Did you acquire the business of a predecessor? Yes No

CANCEL **PREVIOUS STEP** **NEXT STEP**

Domestic Employer (Household):

STEP 3:

Questions are only specific to liability requirements of Domestic (Household) Employers only.

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Domestic (Household) Employer

For the following question, include both full and part-time workers. If operating as a sole proprietorship, do not include wages paid to the owner, the owner's 1) spouse, 2) children under the age of 21, 3) mother, or 4) father. If operating as a partnership, do not include wages paid to the partners.

Enter your Nebraska gross payrolls for the quarters listed below. Show only wages paid for work performed solely or primarily in Nebraska.
First Paid Wages: 05/15/2015

2015	Wages Paid
*Qtr 2	<input type="text" value="600.00"/>
Projected Wages Qtr 3	<input type="text" value="1500.00"/>
Projected Wages Qtr 4	<input type="text" value="1500.00"/>

*For employers of **domestic (household)** help, have you paid \$1,000 or more in **cash** wages during any calendar quarter? Yes No

Contact Information

*Name	Title	*Phone Number	*Email Address
<input type="text" value="John Doe"/>	<input type="text" value="Accountant"/>	<input type="text" value="402-555-7895"/>	<input type="text" value="email@email.com"/>

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Domestic Employer (Household):

Confirmation to be printed
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An email confirmation will
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APPLICATION FOR UNEMPLOYMENT INSURANCE ACCOUNT NUMBER

Application Confirmation. - [Click here to Print](#) 

Congratulations **John Doe of Domestic Employer!** You have completed your application for a Nebraska Department of Labor - Unemployment Insurance Employer Account Number. You will receive an email immediately at **email@email.com** to confirm your submission. If necessary, a representative from our office will contact you to review your application. *Thank you for using UICONNECT.*

Employer Account Registration

Organization Name, Address, etc.

Legal Name: Domestic Employer
Trade Name: Household Employer
Attention:
Mailing Address: 132 Domestic St
Phone Number: 402-555-7895
City: City
State: NE
Zip Code: 68511
Zip +4: 7777
Business Website:

Physical Location(s)

Physical location is the same as the mailing address.

Identification of Owners, Partners, and Officers

Social Security Number	First Name	Middle Initial	Last Name	Title	Address
000-00-0001	Owner		One		132 Domestic St, City, NE

Organization Information

Organization Type 1: Individual
Organization Type 2: Domestic
Federal ID Number: Applied For
Date First Paid Wages: 05/15/2015

Miscellaneous Company Information

Liable for FUTA?: N
PEO/Leasing Company?: N


Non-Profit 501 (c)(3) Organization:

A Non-Profit 501 (c)(3) Organization/Employer is required to pay unemployment insurance tax if you:

- Had 4 or more workers for some portion of a day, in 20 different weeks in a calendar year. Proof of 501(c)(3) must be sent with this form or noted that it's applied for. (Neb. Rev. Stat. §48-604(4)(b)(ii))

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Organization Name, Address, etc.

*Legal Name (Individual, Partnership, Corporation, LLC Name) Attention

Trade Name (Doing Business As - List All Names)

*Mailing Address *Phone Number Business Website

*City *State *Zip Code Plus 4

*The physical location of this business in **Nebraska** is: select one

The same as the mailing address above

No physical location in Nebraska - please explain

Different from mailing address, click on ADD to provide ALL physical addresses

If Out of State employer, are services of workers performed in Nebraska? Yes No

*Are you an employee leasing company/PEO? Yes No

If yes, your client's Nebraska workers and wages must be reported under their established Nebraska Unemployment Insurance account or you must complete this application with your client's information to establish an account in Nebraska.

Non-Profit 501(c)(3) Organization:

STEP 2:

Screens will change according to organization selected.

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APPLICATION FOR UNEMPLOYMENT INSURANCE ACCOUNT NUMBER


STEP 1 **STEP 2** STEP 3

*Federal Identification Number: 55-5555555 OR *Date You First Paid Wages in **Nebraska**: 01/01/2014 (mm/dd/yyyy)

Check here if Applied For

*Are you liable for the payment of Federal Unemployment Taxes(FUTA)? Yes No

***Organization Information**

Individual/Sole Proprietor Non-Profit Organization - 501(c)(3) 

Partnership Non-Profit Organization - not 501(c)(3)

Corporation Governmental

Limited Liability Company (LLC) Domestic

Taxed As: Single Member(LLC) Agriculture

Partnership(LLC)

Corporation(LLC)

***Identification of Owners, Partners, and Officers**

*Social Security	*First Name	Middle Initial	*Last Name	Title	*Address
000-00-0001	Officer		One	CEO	11 C St, City, Washington
000-00-0002	Officer		Two	President	11 C St, City, Washington

ADD MORE

This information is critical to determine your tax rate.

*Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing, etc)

Service

*Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service, Health Care, Grain, Livestock, Roofing, Landscaping, Auto Parts, Computer Software, etc)

Job search services.

*Did you acquire the business of a predecessor? Yes No

Non-Profit 501(c)(3) Organization:

STEP 3:

Questions are specific to liability requirements of Non-Profit Organizations – 501(c)(3) only.

“Attach Document” option allows users to attach required IRS exemption letter.




Employers are given the option of choosing to be a contributory or a reimbursable employer.

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Non-Profit Organization
For the following question, include both full and part-time workers, corporate officers, students, and salespersons.

Enter your Nebraska gross payrolls for the quarters listed below. Show only wages paid for work performed solely or primarily in Nebraska.
First Paid Wages: 01/01/2014

2014	Wages Paid	2015	Wages Paid
*Qtr 1	<input type="text" value="2500.00"/>	*Qtr 1	<input type="text" value="2500.00"/>
*Qtr 2	<input type="text" value="2500.00"/>	*Qtr 2	<input type="text" value="2500.00"/>
*Qtr 3	<input type="text" value="2500.00"/>	Projected Wages Qtr 3	<input type="text" value="2500.00"/>
*Qtr 4	<input type="text" value="2500.00"/>	Projected Wages Qtr 4	<input type="text" value="2500.00"/>

You must provide a copy of your 501(c)(3) exemption letter from the IRS. If unable to attach a copy of your exemption letter, please fax to 402-471-9994.

Attach Document:

*Is your organization primarily operating for religious purposes? Yes No

*Did your organization employ four (4) or more persons in twenty (20) weeks during any calendar year including full and part time workers in **Nebraska**? Yes No

If yes, what is the first day of the 20th week? (mm/dd/yyyy)

If you are required to pay unemployment, select the payment option you prefer:

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 expense each year even if no benefits are paid.

Reimbursable Employer. As a reimbursable employer, you are still required to file quarterly tax and wage reports. Expenses are incurred only when a former employee is paid benefits. The expenses may be 26 times the employee's weekly benefit amount.

Contact Information

*Name Title *Phone Number *Email Address

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Non-Profit 501(c)(3) Organization:

Confirmation to be printed for employer records.

An email confirmation will be sent to you.

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Application Confirmation. - [Click here to Print](#)

Congratulations **John Doe** of **Non-Profit Employer**! You have completed your application for a Nebraska Department of Labor - Unemployment Insurance Employer Account Number. You will receive an email immediately at **email@email.com** to confirm your submission. If necessary, a representative from our office will contact you to review your application. *Thank you for using UICONNECT.*

Employer Account Registration

Organization Name, Address, etc.

Legal Name: Non-Profit Employer
Trade Name:
Attention:
Mailing Address: 501 C St
Phone Number: 402-555-8520
City: City
State: WA
Zip Code: 99999
Zip +4:
Business Website:
Physical Location(s)
Works from home.

Identification of Owners, Partners, and Officers

Social Security Number	First Name	Middle Initial	Last Name	Title	Address
000-00-0001	Officer		One	CEO	501 C St, City, Washington
000-00-0002	Officer		Two	President	501 C St, City, Washington

Organization Information

Organization Type 1: 501c3
Organization Type 2:
Federal ID Number: 55555555
Date First Paid Wages: 01/01/2014

Miscellaneous Company Information

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Governmental Entity:

A Government Organization/Employer is required to pay unemployment insurance tax if you:

- Any worker/employee, at any time, other than Elected Officials. (Neb. Rev. Stat. §48-604(4))

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STEP 1 STEP 2 STEP 3

Organization Name, Address, etc.

*Legal Name (Individual, Partnership, Corporation, LLC Name) Attention

Government Employer HR

Trade Name (Doing Business As - List All Names)

SAVE

*Mailing Address *Phone Number Business Website

123 G St 402-777-5555

*City *State *Zip Code Plus 4

City NEBRASKA 68885

*The physical location of this business in **Nebraska** is: select one

The same as the mailing address above

No physical location in Nebraska - please explain

Different from mailing address, click on ADD to provide ALL physical addresses

ADD

Physical Location

*Address *Phone Number

County Rd 402-777-2222

*City *State *Zip Code Plus 4

City NEBRASKA 85611

SAVE

If Out of State employer, are services of workers performed in Nebraska? Yes No

*Are you an employee leasing company/PEO? Yes No

If yes, your client's Nebraska workers and wages must be reported under their established Nebraska Unemployment Insurance account or you must complete this application with your client's information to establish an account in Nebraska.

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Governmental Entity:

STEP 2:

Screens will change according to organization selected.

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*Federal Identification Number: 88-8888888 OR *Date You First Paid Wages in **Nebraska**: 01/03/2011 (mm/dd/yyyy)

Check here if Applied For

*Are you liable for the payment of Federal Unemployment Taxes(FUTA)? Yes No

*Organization Information

Individual/Sole Proprietor Non-Profit Organization - 501(c)(3)

Partnership Non-Profit Organization - not 501(c)(3)

Corporation Governmental

Limited Liability Company (LLC) Domestic

Taxed As: Single Member(LLC) Agriculture

Partnership(LLC)

Corporation(LLC)

*Identification of Owners, Partners, and Officers

*Social Security	*First Name	Middle Initial	*Last Name	Title	*Address
000-00-0003	Officer		One	CEO	123 G St. City, NE

ADD MORE

This information is critical to determine your tax rate.

*Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing, etc)

Service.

*Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service, Health Care, Grain, Livestock, Roofing, Landscaping, Auto Parts, Computer Software, etc)

Maintain country roads.

*Did you acquire the business of a predecessor? Yes No

CANCEL **PREVIOUS STEP** **NEXT STEP**

Governmental Entity:

STEP 3:

Questions are specific to liability requirements of Governmental Entities only.

Since "First Paid Wages" date is 01/02/2012, four years of wage boxes are required to be completed.

Official Nebraska Government Website

UIConnect
NEBRASKA DEPARTMENT OF LABOR

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APPLICATION FOR UNEMPLOYMENT INSURANCE ACCOUNT NUMBER

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Governmental
For the following question, include both full and part-time workers.

Enter your Nebraska gross payrolls for the quarters listed below. Show only wages paid for work performed solely or primarily in Nebraska.
First Paid Wages: 01/03/2011

2011 Wages Paid	2012 Wages Paid	2013 Wages Paid	2014 Wages Paid	2015 Wages Paid
*Qtr 1: 1500.00	*Qtr 1: 2000.00	*Qtr 1: 4000.00	*Qtr 1: 8000.00	*Qtr 1: 10000.00
*Qtr 2: 1500.00	*Qtr 2: 2000.00	*Qtr 2: 4000.00	*Qtr 2: 8000.00	*Qtr 2: 10000.00
*Qtr 3: 1500.00	*Qtr 3: 2000.00	*Qtr 3: 4000.00	*Qtr 3: 8000.00	Projected Wages Qtr 3: 10000.00
*Qtr 4: 1500.00	*Qtr 4: 2000.00	*Qtr 4: 4000.00	*Qtr 4: 8000.00	Projected Wages Qtr 4: 10000.00

If you are required to pay unemployment, select the payment option you prefer:

- 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 expense each year even if no benefits are paid.
- Reimbursable Employer.** As a reimbursable employer, you are still required to file quarterly tax and wage reports. Expenses are incurred only when a former employee is paid benefits. The expenses may be 26 times the employee's weekly benefit amount.

Contact Information

*Name: John Doe Title: Accountant *Phone Number: 402-888-7772 *Email Address: email@email.com

CANCEL **PREVIOUS STEP** **SUBMIT**

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Governmental Entity:

Confirmation to be printed for employer records.

An email confirmation will be sent to you.

NEBRASKA DEPARTMENT OF LABOR




Unemployment Insurance 

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APPLICATION FOR UNEMPLOYMENT INSURANCE ACCOUNT NUMBER

Application Confirmation. - [Click here to Print](#) 

Congratulations **John Doe** of **Government Employer**! You have completed your application for a Nebraska Department of Labor - Unemployment Insurance Employer Account Number. You will receive an email immediately at **email@email.com** to confirm your submission. If necessary, a representative from our office will contact you to review your application. *Thank you for using UICONNECT.*

Employer Account Registration

Organization Name, Address, etc.

Legal Name: Government Employer
Trade Name:
Attention: HR
Mailing Address: 123 G St
Phone Number: 402-777-5555
City: City
State: NE
Zip Code: 68885
Zip +4:
Business Website:
Physical Location(s)

Address	Phone Number	City	State	Zip Code
County Rd	402-777-2222	City	NE	85611-

Identification of Owners, Partners, and Officers

Social Security Number	First Name	Middle Initial	Last Name	Title	Address
000-00-0003	Officer		One	CEO	123 G St, City, NE

Organization Information

Organization Type 1: Governmental
Organization Type 2:
Federal ID Number: 888888888
Date First Paid Wages: 01/03/2011

Miscellaneous Company Information

Liabale for FUTA?: Y
PEO/Leasing Company?: N
If Out of State employer, are services of workers performed in Nebraska?:
Nature of Business: Service.

Agricultural Employer:

An Agricultural Employer is required to pay unemployment insurance tax if you:

- Had/have 10 or more workers in some portion of a day, in each of the 20 different weeks, in a calendar year **OR** you paid total wages (in cash or commodities), to all workers, of \$20,000 or more in a calendar quarter of the calendar year. (Neb. Rev. Stat. §48-604(4)(c)(i))

STEP 1:

To add more than one trade name, click "SAVE".

Official Nebraska Government Website

UIConnect
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APPLICATION FOR UNEMPLOYMENT INSURANCE ACCOUNT NUMBER

STEP 1 STEP 2 STEP 3

Organization Name, Address, etc.

*Legal Name (Individual, Partnership, Corporation, LLC Name) Attention
Farm One Farmer

Trade Name (Doing Business As - List All Names)
Farm Three

SAVE

1. Farm Two

*Mailing Address *Phone Number Business Website
899 County Rd 402-333-4444

*City *State *Zip Code Plus 4
City NEBRASKA 68888

*The physical location of this business in Nebraska is: select one

The same as the mailing address above

No physical location in Nebraska - please explain

Different from mailing address, click on ADD to provide ALL physical addresses

ADD

If Out of State employer, are services of workers performed in Nebraska? Yes No

*Are you an employee leasing company/PEO? Yes No

If yes, your client's Nebraska workers and wages must be reported under their established Nebraska Unemployment Insurance account or you must complete this application with your client's information to establish an account in Nebraska.

CANCEL NEXT STEP

Agricultural Employer:

STEP 2:

Agricultural Employer Organization Selection:

- Agriculture
- Individual/Sole proprietor
- Partnership
- Corporation
- Limited Liability Company (LLC)

Screens will change according to organization selected.

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STEP 1 **STEP 2** STEP 3

*Federal Identification Number: 44-4444444 OR *Date You First Paid Wages in Nebraska: 01/05/2006 (mm/dd/yyyy)

Check here if Applied For

*Are you liable for the payment of Federal Unemployment Taxes(FUTA)? Yes No

*Organization Information

Individual/Sole Proprietor Non-Profit Organization - 501(c)(3)

Partnership Non-Profit Organization - not 501(c)(3)

Corporation Governmental

Limited Liability Company (LLC) Domestic

Taxed As: Single Member(LLC) Agriculture

Partnership(LLC)

Corporation(LLC)

*Identification of Owners, Partners, and Officers

*Social Security	*First Name	Middle Initial	*Last Name	Title	*Address
000-00-0001	Officer		One	Farmer	City, NE
000-00-0002	Officer		Two	Partner	City, NE
000-00-0003	Officer		Three	Partner	City, NE

ADD MORE

This information is critical to determine your tax rate.

*Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing, etc)

Agriculture.

*Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service, Health Care, Grain, Livestock, Roofing, Landscaping, Auto Parts, Computer Software, etc)

Cattle and Corn.

*Did you acquire the business of a predecessor? Yes No





Agricultural Employer:

STEP 3:

Questions are specific to liability requirements of Agricultural Employers only.

Note that First Paid Wages date is 01/05/2006 and the wage boxes start at 1st quarter of 2011. From date of registration, our system requires wages back four years plus current year.





Unemployment Insurance

APPLICATION FOR UNEMPLOYMENT INSURANCE ACCOUNT NUMBER

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Agriculture

For the following question, include both full and part-time workers, corporate officers, students, and salespersons. If operating as a sole proprietorship, do not include wages paid to the owner, the owner's 1) spouse, 2) children under the age of 21, 3) mother, or 4) father. If operating as a partnership, do not include wages paid to the partners.

Enter your Nebraska gross payrolls for the quarters listed below. Show only wages paid for work performed solely or primarily in Nebraska.

First Paid Wages: 01/05/2006

2011 Wages Paid		2012 Wages Paid		2013 Wages Paid		2014 Wages Paid		2015 Wages Paid	
*Qtr 1	<input type="text" value="0"/>	*Qtr 1	<input type="text" value="0"/>	*Qtr 1	<input type="text" value="0"/>	*Qtr 1	<input type="text" value="0"/>	*Qtr 1	<input type="text" value="0"/>
*Qtr 2	<input type="text" value="0"/>	*Qtr 2	<input type="text" value="0"/>	*Qtr 2	<input type="text" value="0"/>	*Qtr 2	<input type="text" value="0"/>	*Qtr 2	<input type="text" value="0"/>
*Qtr 3	<input type="text" value="0"/>	*Qtr 3	<input type="text" value="0"/>	*Qtr 3	<input type="text" value="0"/>	*Qtr 3	<input type="text" value="0"/>	Projected Wages Qtr 3	
*Qtr 4	<input type="text" value="10000.00"/>	*Qtr 4	<input type="text" value="15000.00"/>	*Qtr 4	<input type="text" value="20000.00"/>	*Qtr 4	<input type="text" value="25000.00"/>	Projected Wages Qtr 4	
								<input type="text" value="0"/>	<input type="text" value="25000.00"/>

*For agriculture operations have you paid \$20,000 or more in cash wages (including officers) during any calendar quarter? Yes No

*Have you had 10 or more workers (including officers) for 20 weeks or more in any calendar year? Yes No

If yes, what is the first day of the 20th week? (mm/dd/yyyy)

Contact Information

*Name	Title	*Phone Number	*Email Address
<input type="text" value="John Doe"/>	<input type="text" value="Accountant"/>	<input type="text" value="402-333-4444"/>	<input type="text" value="email@email.com"/>

CANCEL
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Agricultural Employer:

Confirmation to be printed for employer records.

An email confirmation will be sent to you.

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APPLICATION FOR UNEMPLOYMENT INSURANCE ACCOUNT NUMBER

Application Confirmation. - [Click here to Print](#) 

Congratulations **John Doe** of **Farm One**! You have completed your application for a Nebraska Department of Labor - Unemployment Insurance Employer Account Number. You will receive an email immediately at **email@email.com** to confirm your submission. If necessary, a representative from our office will contact you to review your application. *Thank you for using UICONNECT.*

Employer Account Registration

Organization Name, Address, etc.

Legal Name: Farm One
Trade Name: Farm Two
Farm Three

Attention: Farmer
Mailing Address: 899 County Rd
Phone Number: 402-333-4444
City: City
State: NE
Zip Code: 68888
Zip +4:
Business Website:

Physical Location(s)

Physical location is the same as the mailing address.

Identification of Owners, Partners, and Officers

Social Security Number	First Name	Middle Initial	Last Name	Title	Address
000-00-0001	Officer		One	Farmer	City, NE
000-00-0002	Officer		Two	Partner	City, NE
000-00-0003	Officer		Three	Partner	City, NE

Organization Information

Organization Type 1: Partnership
Organization Type 2: Agriculture
Federal ID Number: 444444444
Date First Paid Wages: 01/05/2006

Miscellaneous Company Information

Liable for FUTA?: Y
REGULATING COMPANY?: N

Business Transfer (Acquisition):


STEP 1:

An employer/business is required to pay unemployment insurance tax if you:

- Acquired any business, organization, or trade of another employer who was subject to the unemployment tax law in Nebraska. (Neb. Rev. Stat. §48-603(3))

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Organization Name, Address, etc.

*Legal Name (Individual, Partnership, Corporation, LLC Name) Attention

Employer Two

Trade Name (Doing Business As - List All Names)

Employer

*Mailing Address *Phone Number Business Website

123 B St 402-777-7777

*City *State *Zip Code Plus 4

City NEBRASKA 68888

*The physical location of this business in Nebraska is: select one

The same as the mailing address above

No physical location in Nebraska - please explain

Different from mailing address, click on ADD to provide ALL physical addresses

If Out of State employer, are services of workers performed in Nebraska? Yes No

*Are you an employee leasing company/PEO? Yes No

If yes, your client's Nebraska workers and wages must be reported under their established Nebraska Unemployment Insurance account or you must complete this application with your client's information to establish an account in Nebraska.

CANCEL NEXT STEP

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Business Transfer (Acquisition):

STEP 2:

Organization Selection:

- Individual/Sole proprietor
- Partnership
- Corporation
- Limited Liability Company (LLC)
- Non-Profit Organization – 501(c)(3)
- Non-Profit Organization – Not 501(c)(3)
- Governmental
- Domestic
- Agriculture




If acquiring another business, indicate on this screen.

Screens will change according to organization selected.

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*Federal Identification Number
88-8888888 OR

*Date You First Paid Wages in **Nebraska**
05/01/2015 (mm/dd/yyyy)

Check here if Applied For

*Are you liable for the payment of Federal Unemployment Taxes(FUTA)? Yes No

***Organization Information**

Individual/Sole Proprietor
 Partnership
 Corporation
 Limited Liability Company (LLC)

Non-Profit Organization - 501(c)(3)
 Non-Profit Organization - not 501(c)(3)
 Governmental
 Domestic
 Agriculture

Taxed As: Single Member(LLC)
 Partnership(LLC)
 Corporation(LLC)

***Identification of Owners, Partners, and Officers**

*Social Security	*First Name	Middle Initial	*Last Name	Title	*Address
000-00-0001	Officer		One	CEO	123 B St, City, NE

ADD MORE


This information is critical to determine your tax rate.

*Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing, etc)
Construction

*Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service, Health Care, Grain, Livestock, Roofing, Landscaping, Auto Parts, Computer Software, etc)
Construct new homes

*Did you acquire the business of a predecessor? Yes No

CANCEL **PREVIOUS STEP** **NEXT STEP**



Business Transfer (Acquisition):

STEP 3:

Questions are specific to information needed for the transfer.

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APPLICATION FOR UNEMPLOYMENT INSURANCE ACCOUNT NUMBER

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Business Acquisition Information

***Name, FEIN, Address, Phone of predecessor**

Employer One
47-7777777
123 A St
City, NE 68888
402-555-1234

***Date Acquired:**
05/01/2015 (mm/dd/yyyy)

Predecessor's Unemployment Insurance Number:

***Did you acquire ALL or PART of the business of the predecessor?**
(Acquisition of one of several locations is considered PART of the business)
 All Part

If only part of the predecessor's business was acquired, please provide explanation of portion acquired.

Bought location in City, NE only. They have 2 other locations.

***Please select how the business was acquired**

Purchase Franchise Other
 Lease Merger

***Are you serving the customers and/or offering the same service or product as the predecessor?** Yes No

***Please select one for a transfer of experience account:**

Application is hereby made for a transfer of experience account
 I/We do not desire a transfer of the experience account from the former ownership
 Undecided at this time (You have 120 days from date of acquisition to make a decision)

***Will the predecessor remain in business in Nebraska?** Yes No

If yes, what is the present location of predecessor?
Please include address and phone number if available

Same as above.

If no, date of last payroll

If yes, how many workers are staying with the predecessor?

1

Contact Information




***Name** John Doe **Title** CEO ***Phone Number** 402-666-6666 ***Email Address** email@email.com

CANCEL **PREVIOUS STEP** **SUBMIT**

Business Transfer (Acquisition):

Confirmation to be printed for
employer records.

An email confirmation will be
sent to you.

CONTACT US	Mailing Address:	123 B St				
FAQ	Phone Number:	402-777-7777				
	City:	City				
	State:	NE				
	Zip Code:	68888				
	Zip +4:					
	Business Website:					
	<u>Physical Location(s)</u>					
	Physical location is the same as the mailing address.					
	<u>Identification of Owners, Partners, and Officers</u>					
	Social Security Number	First Name	Middle Initial	Last Name	Title	Address
	000-00-0001	Officer		One	CEO	123 B St, City, NE
	<u>Organization Information</u>					
	Organization Type 1:					Corporation
	Organization Type 2:					
	Federal ID Number:					888888888
	Date First Paid Wages:					05/01/2015
	<u>Miscellaneous Company Information</u>					
	Liable for FUTA?:					Y
	PEO/Leasing Company?:					N
	If Out of State employer, are services of workers performed in Nebraska?:					
	Nature of Business:					Construction
	Principal Activity:					Construct new homes
	Acquire Predecessor?:					Y
	<u>Acquisition Information</u>					
	Name, Address, Phone of Predecessor:	Employer One 47-7777777 123 A St City, NE 68888 402-555-1234				
	Date Acquired:	05/01/2015				
	Predecessors UI Account Number:					
	Purchase All or Part:	Part				
	Explanation:	-----				
	Acquisition Type:	Purchase				
	Description:					
	Same Customers, Service, Product?:	Y				
	Transfer of Experience Choice:	Apply				
	Will Predecessor Remain in Business:	Y				
	If Yes, Location:	Same as above.				
	Number of Employees:	1				
	If No, Date of Last Payroll:					