

DO NOT
STAPLE

STATE OF NEBRASKA
DEPARTMENT OF LABOR
UNEMPLOYMENT INSURANCE
PO BOX 94600
LINCOLN, NE 68509-4600
PHONE: 402.471.9898
FAX: 402.471.9994

YR

QTR

Employer Tax Account No.

Federal I. D. No.

1. FOR EACH MONTH, REPORT THE NUMBER OF COVERED WORKERS WHO WORKED DURING OR RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF THE MONTH.

IF NONE, ENTER "0"

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COMBINED TAX REPORT UI-11T

File at networks.nebraska.gov

Employers with a payroll equal to or exceeding \$100,000 per year are required to file and pay electronically Neb. Rev. Stat. §48-648.

| | Dollars | Cents |
|---|---------|-------|
| 2. Gross wages paid for covered employment during the quarter (401K plans are included in gross wages) (125 cafeteria plans are NOT included) <i>Amount here must equal Total on Wage Report.</i> | \$ | |
| 3. Wages paid each individual worker in excess of taxable wage base: For 2019 and prior: Tax Categories 1-20 = \$9,000 For 2020 and after: Tax Categories 1-19 = \$9,000; Tax Category 20 = \$24,000 | \$ | |
| 4. Total Taxable Wages (subtract item 3 from item 2) | \$ | |
| 5. Your COMBINED TAX Rate is | | % |
| 6. Enter COMBINED TAX PAYMENTS DUE for this quarter. Multiply item 4 by (When this line is less than \$5.00, do not include payment.) | \$ | |
| 7. Less previous overpayment (if applicable) | \$ | |
| 8. Adjustment (Attach Explanation) | \$ | |
| 9. Total Amount Due: (Subtract 7 from 6, add or subtract 8 from that total) Make check payable to Nebraska U.C. Fund | \$ | |
| * REQUIRED | | |
| 10. | | |

* Print Preparer's Name

* Email Address

* Phone

* Date

To change address, out of business notification, selling of business, etc, use networks.nebraska.gov

THIS DOCUMENT MUST BE FILED WITH THE WAGE REPORT UI-11W