

STATE OF NEBRASKA
 DEPARTMENT OF LABOR
 UNEMPLOYMENT INSURANCE TAX
 P O Box 94600
 LINCOLN, NE 68509-4600
 Phone: 402.471.9898
 Fax: 402.471.9994

UI Form 1

**APPLICATION FOR AN
 UNEMPLOYMENT INSURANCE
 ACCOUNT NUMBER**

Official Use Only		
Employer Number		
Liable Number		
Predecessor Liable Number		
Liable / Merge Date	Qualify YRQ	Reviewer

COMPLETE ALL ITEMS
 (Neb. Admin. Code 220. Chapter 12)
 or register electronically at uiconnect.ne.gov

1. Legal Name (Individual, Partnership, Corporation, LLC Name)			
2. Trade Name Doing Business As (List all Names)			
3. Mailing Address (Street, City, State, Zip Code)			Attention
			Phone Number
4. Business Location in Nebraska (Street, City, State, Zip Code) Attach List if Multiple Locations			Attention
			Phone Number
5. If applicable, provide previous Nebraska Unemployment Insurance Account Number		Business Website	
6. Type of Organization		7. Do you hold an exemption from Federal Income Taxes as a non-Profit Organization described under section 501 (c) (3) of the Internal Revenue Code? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Individual <input type="checkbox"/> Governmental <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company (LLC) Taxed as: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership (LLC) _____ State of Incorporation <input type="checkbox"/> Corporation (LLC) (i.e. NE, IA, WY) <input type="checkbox"/> Other specify _____		If yes, attach a copy of your exemption with this application 8. Are you a PEO/employee leasing company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a list of client companies served in Nebraska.	
9. Federal Identification Number	10. Are you required to file the Federal Unemp. Tax Return (FUTA)? <input type="checkbox"/> Yes <input type="checkbox"/> No	11. Date of first payroll in Nebraska (include officer remuneration):	
12. Enter the information for owners, partners, corporate officers, or members (if more than 3, attach list)			
Social Security Number	Full Name (First, Middle Initial, Last)	Title	Home Address (Street, City, State, Zip Code)

The following information will determine your tax rate
 (Neb. Rev. Stat. Sec. 48-649)

13. Describe the primary business activity in Nebraska. (For example: Retail, Service, Agriculture, Construction, Manufacturing, etc.)
14. Describe the major products produced/sold or service performed in Nebraska. (For example: Groceries, Clothing, Food Service, Health Care, Grain, Livestock, Roofing, Landscaping, Auto Parts, Computer Software, etc.)
15. Did you incorporate, purchase, lease or assume all or any part of an existing Nebraska business from another business entity? If yes, you must complete 16-24 on the reverse side. If no, skip to number 25 on the reverse side. <input type="checkbox"/> Yes <input type="checkbox"/> No

Also Complete Reverse Side

16. Indicate nature of transaction		<input type="checkbox"/> Purchase of existing business <input type="checkbox"/> Reorganization of existing business <input type="checkbox"/> Lease <input type="checkbox"/> Incorporation of existing business <input type="checkbox"/> Merger with existing business <input type="checkbox"/> Other		Date of Acquisition
17. Previous Owner's Legal Business or Individual Name		DBA or Trade Name, if different from Legal Name		
18. Previous Owner's Address (Street, City, State, Zip Code)			Contact Name	
			Phone Number	
19. Previous Owner's Unemployment Insurance Tax Account Number		Previous Owner's Federal Identification Number		
20. Did you acquire ALL or PART of the business? (Acquisition of one of several locations in Nebraska is considered PART of the business) If you reorganized PART of the Nebraska business named in number 17, provide explanation: <input type="checkbox"/> ALL <input type="checkbox"/> PART				
21. Are you serving the same customers and/or offering the same service or product as the previous owner? <input type="checkbox"/> Yes <input type="checkbox"/> No				
22. Are you hiring the previous owner's Nebraska workers? <input type="checkbox"/> Yes <input type="checkbox"/> No				
23. For a transfer of experience account, check one: <input type="checkbox"/> Application is hereby made for a transfer of the experience account. <input type="checkbox"/> Do not desire a transfer of the experience account. <input type="checkbox"/> Undecided. (120 days from the legal date of acquisition to make a decision.)				
24. Will the previous owner remain in business in Nebraska? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, date of last payroll.		
If yes, what is the present location of previous owner? Include address (street, city, state, zip code) and phone number, if available.			If yes, how many workers will remain with the previous owner?	
Complete the section(s) below that apply to your business in Nebraska.				
25. Since the date of first payroll in Nebraska, has your business had a total payroll of \$1,500 (including officers) or more in any calendar quarter, or do you anticipate in future quarters? <input type="checkbox"/> Yes <input type="checkbox"/> No		Specify Year / Quarter		
26. Since the date of first payroll in Nebraska, has your business had one or more workers on any part of a day, in twenty (20) different weeks, or do you anticipate in future quarters? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last date of 20th week		
27. DOMESTIC (household nature) - Since the date of first payroll in Nebraska, have you paid \$1,000 or more in cash wages in a calendar quarter, or do you anticipate in future quarters? <input type="checkbox"/> Yes <input type="checkbox"/> No		Specify Year / Quarter		
28. AGRICULTURE - Since the date of first payroll in Nebraska, did you employ ten (10) workers on some part of a day in twenty (20) different weeks during a calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last date of 20th week		
OR did you have a gross payroll in the amount of \$20,000 in a calendar quarter, or do you anticipate in future quarters? <input type="checkbox"/> Yes <input type="checkbox"/> No		Specify Year / Quarter		
29. NON-PROFIT 501 (C) (3) - Since the date of first payroll in Nebraska, did you employ four (4) or more individuals on any part of a day, in each of twenty (20) different weeks, or do you anticipate in future quarters? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last date of 20th week		
30. If you are liable and your establishment is a non-profit organization exempt under Section 501 (C) (3) of the Internal Revenue Code, or governmental, choose one: <input type="checkbox"/> 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 combined tax due each quarter. <input type="checkbox"/> Reimbursable employer: As a reimbursable employer, you are 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 employer's weekly benefit amount.				

I certify that the information provided in this report is true and correct to the best of my knowledge and belief.

**Read
&
Sign
Here**

Preparer's Name (please print)	Title
Email Address	Phone Number
Signature	Date