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 26

Official Use Only		
Employer Tax Account No.	x Account No. Federal I.D. No.	
Account inactive		
☐ Too large for use in a reasonable time		
Employer determined non-subject		
Approved by Tax Administrator		
Other		
Claim#		

APPLICATION FOR COMBINED TAX REFUND

In accordance with Neb. Rev. Stat. §48-660, application is hereby made for a refund in the amount of \$		
Printed Name	Authorized Signature	Phone Number
Indicate mailing address belov	v if different from address shown a	bove:
Mailing address changed to: (S	treet, City, State, Zip Code)	
Treasurer hereby approves th	ne claim as requested.	
Treasurer, UI Trust Fund		Date

Additional account information can be located at neworks.nebraska.gov

Allow 6-8 weeks to receive refund.