# Application for an Unemployment Insurance Tax Account Number

**Complete All Items**

(NAC 220, Chapter 12)

**or register at neworks.nebraska.gov**

<table>
<thead>
<tr>
<th>1. Legal Name (Individual, Partnership, Corporation, LLC Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Trade Name Doing Business As (List all Names)</td>
</tr>
<tr>
<td>3. Mailing Address (Street, City, State, Zip Code)</td>
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<tr>
<td>4. Business Location in Nebraska (Street, City, State, Zip Code)</td>
</tr>
<tr>
<td>Attach List if Multiple Locations</td>
</tr>
<tr>
<td>5. If applicable, provide previous Nebraska Unemployment Insurance Tax Account Number</td>
</tr>
<tr>
<td>6. Type of Organization</td>
</tr>
<tr>
<td>☐ Individual</td>
</tr>
<tr>
<td>☐ Partnership</td>
</tr>
<tr>
<td>☐ Corporation (LLC)</td>
</tr>
<tr>
<td>☐ Limited Liability Company (LLC) Taxed as:</td>
</tr>
<tr>
<td>☐ Single Member (LLC)</td>
</tr>
<tr>
<td>☐ State of Incorporation (i.e., NE, IA, WY)</td>
</tr>
<tr>
<td>☐ Corporation (LLC)</td>
</tr>
<tr>
<td>☐ Other specify</td>
</tr>
<tr>
<td>7. Do you hold an exemption from Federal Income Taxes as a non-Profit Organization described under section 501(c)(3) of the IRS Code?</td>
</tr>
<tr>
<td>☐ Yes ☐ No</td>
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<tr>
<td>8. Are you a PEO/employee leasing company?</td>
</tr>
<tr>
<td>☐ Yes ☐ No</td>
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<tr>
<td>9. Federal Identification Number</td>
</tr>
<tr>
<td>10. Are you required to file the Federal Unemployment Tax Return (FUTA)?</td>
</tr>
<tr>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>11. Date of first payroll in Nebraska (include officer remuneration):</td>
</tr>
<tr>
<td>12. Enter the information for owners, partners, corporate officers, or members (if more than 3, attach list)</td>
</tr>
<tr>
<td>Social Security Number</td>
</tr>
<tr>
<td>13. Describe the primary business activity in Nebraska. (For example: Retail, Service, Agriculture, Construction, Manufacturing, etc.)</td>
</tr>
<tr>
<td>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.)</td>
</tr>
<tr>
<td>15. Did you incorporate, purchase, lease or assume all or any part of an existing Nebraska business from another business entity?</td>
</tr>
<tr>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

The following information will determine your tax rate


**Also Complete Reverse Side**
16. Indicate nature of transaction:  
- Purchase of existing business  
- Reorganization of existing business  
- Lease  
- 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:  
- ALL  
- PART  

21. Are you serving the same customers and/or offering the same service or product as the previous owner?  
Yes  
No  

22. Are you hiring the previous owner’s Nebraska workers?  
Yes  
No  

23. For a transfer of experience account, check one:  
- Application is hereby made for a transfer of the experience account.  
- Do not desire a transfer of the experience account.  
- Undecided. (120 days from the legal date of acquisition to make a decision.)  

24. Will the previous owner remain in business in Nebraska?  
- Yes  
- No  
If no, date of last payroll:  
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?  
- Yes  
- 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?  
- Yes  
- 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?  
- Yes  
- No  
Specify Year / Quarter:  

28. AGRICULTURE - Since the date of first payroll in Nebraska, did you employ ten (10) workers (including officers) on some part of a day in twenty (20) different weeks during a calendar year?  
- Yes  
- No  
Last Date of 20th week:  
OR did you have a gross payroll in the amount of $20,000 (including officers) in a calendar quarter, or do you anticipate in future quarters?  
- Yes  
- 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?  
- Yes  
- 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:  
- 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.  
- Reimbursable employer:  As a reimbursable employer, you are required to file quarterly tax and wage reports. Expenses are incurred only when a former worker is paid benefits. The expenses may be 26 times the worker’s weekly benefit amount.  

UI Benefits Contact for Worker/Employee Separations:  
Name (please print):  
Email Address:  
Title:  
Phone Number:  

UI Benefits Contact for Earning Verifications:  
Name (please print):  
Email Address:  
Title:  
Phone Number:  

I certify that the information provided in this report is true and correct to the best of my knowledge and belief.  
Preparer’s Name (please print):  
Email Address:  
Signature:  
Date:  

Form UIF01B Rev. 05-17-2018