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>Item</th>
<th>Information</th>
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</thead>
<tbody>
<tr>
<td>1. Legal Name</td>
<td>(Individual, Partnership, Corporation, LLC Name)</td>
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<tr>
<td>2. Trade Name</td>
<td>(List all Names)</td>
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<tr>
<td>3. Mailing Address</td>
<td>(Street, City, State, Zip Code)</td>
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<td>4. Business Location</td>
<td>(Street, City, State, Zip Code)</td>
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<td>5. Previous Account Number</td>
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<td>6. Type of Organization</td>
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<td>7. Federal Exemption</td>
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<td>8. PEO/Employee Leasing</td>
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<td>9. Federal Identification Number</td>
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<td>10. Federal Unemployment Return</td>
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<td>11. First Payroll</td>
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<td>12. Owners, Partners, Officers</td>
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<td>13. Primary Business Activity</td>
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<td>14. Major Products</td>
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<td>15. Incorporation, Purchase, Leased, or Assumed</td>
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The following information will determine your tax rate

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 reserve side. Yes No

Also Complete Reverse Side
16. Indicate nature of transaction
   - Purchase of existing business
   - Incorporation 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)  Title
Email Address  Phone Number

UI Benefits Contact for Earning Verifications:

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

Form U/I F018 Rev. 05-17-2018