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Account Number

Submit Completed Form to:

STATE OF NEBRASKA
DEPT OF LABOR / UNEMPLOYMENT INSURANCE
P O BOX 94600
LINCOLN, NEBRASKA 68509-4600
402.471.9898
FAX 402.471.9994
NDOL.TaxAP@nebraska.gov
Election To Make Annual Payments Of
Contributions Under The
Nebraska Administrative Code

Annual Renewal: Complete Sections 3 and 7 only if renewing election and no updates need made to account.

Renewal
I elect to renew for

(YYYY)

For Official Use
Date Filed
Examined by
Date Subject

1. Name of Organization	3. FICA Federal Identification Number
2. Address	4. Effective date of change from a quarterly to annual contributory employer
5. Place of Business	6. Principal Service Performed

7. To the Commissioner of Labor:
The undersigned hereby elects, pursuant to the terms and provisions of Title 220, Chapter 1(B) thereof, to make payments annually for Unemployment Taxes due.

I _____ certify that I will comply with the terms and provisions of Title 220, Chapter 1(B) of the Nebraska Administrative Code.
(print name)

Signature Date

Email _____

Required to send and receive future communication from Nebraska Department of Labor.

The above election is approved effective as of _____ pursuant to and in accordance with the provisions and conditions set forth in Chapter 1(B) of the Nebraska Administrative Code Title 220.

Date _____

Commissioner of Labor