Applying for an Account Number

A Step-by-Step Guide



Getting Started

Go to dol.nebraska.gov/UIConnect.

From the home page, click on the "Apply" button under New Accounts.



WORKER SERVICES EMPLOYER SERVICES

SIDES E-RESPONSE EMPLOYER GUIDE OVERVIEW FTP FILE SPECS TAX FORMS REPORT CHANGES ONLINE TUTORIAL

> CONTACT US FAQ







UIConnect

Welcome to UlConnect

UICONNECT is your link to Nebraska Unemployment Insurance (UI) Programs. This website provides employers the tools and resources needed to conduct UI Tax and Benefit functions. including registration for SIDES E-Response.

Log In to UIConnect

Nebraska and Out of State Employers

Enter your 10 digit Employer Account Number and password.

Enter your Login ID and password.



Apply for a Nebraska Employer Account Number

If you employ one or more persons in Nebraska and you do not have a ten (10) digit Nebraska Employer Account Number, click on Apply to complete an application for an Unemployment Insurance Account Number.



Complete a Benefit Payment Audit

If you received a Benefit Payment Audit (Form BPC 270.08) in the mail, click on COMPLETE to register for a Login ID, sign into your account and submit the audit.

Short Time Compensation Program(STC)

If you are a Nebraska liable employer or a Third Party Administrator of a Nebraska liable employer and would like to apply for STC, modify or terminate an STC plan, or submit a weekly certification, use the buttons to the right.

To file your weekly certification, click on link to the right



Short Time Compensation Apply/Modify/Terminate COMPLETE **Weekly Certification** COMPLETE

Important Links

NEW!!! Log in to UIConnect to register for SIDES E-Response. Already registered? Submit employee separation information or view eligibility determination documents via SIDES E-Response here.

Report a new employee to the Nebraska State Directory of New Hires here.

Report Unemployment Insurance Fraud here.

Required Information

Before proceeding with the application, make sure that you have the information needed to complete the application.

Once you have gathered the necessary information, proceed to the next screen.

In order to complete this application you will need to have all business information including but not limited to:

- Business Names
 - o Trade Names
 - o Doing Business As Names
- All Physical Location Addresses in Nebraska
- · Owners, Partners and Officers
 - Names
 - o Social Security Numbers
 - Addresses
- Nebraska gross payrolls from the first date wages were paid through the current date
- . UI Tax Contact for employer account and quarterly tax filing
 - o Name
 - Email Address
 - Phone Number
- UI Benefits Contact for employee separation information
 - Name
 - o Email Address
 - o Phone Number
- . UI Benefits Contact for earnings verification information
 - Name
 - o Email Address
 - Phone Number



CONTINUE



Good Life. Great Connections.

Step 1: Business Information

Fill in the fields about your organization's name, address, contact information, and physical location and answer the questions show on the screen, then proceed to step two.

* Required Fields – Error messages will identify incomplete fields and stop the user from advancing to the next step

	STEP 1	STEP 2	STEP 3		
Organization Name, Address, etc.					
Legal Name Individual, Partnership, Corporation, LLC I	lame)	Attention			
Employer One		HR			
rade Name Doing Business As - List All Names)					
Employer		SAVE			
Mailing Address		*Phone Number	Business W	/ebsite	
23 A St		402-555-1234			
City		*State		*Zip Code	Plus
City		NEBRASKA	~	68888	
he physical location of this business in N	— e braska is: se	elect one			
The same as the mailing address above	e				
No physical location in Nebraska - plea	se explain				
Different from mailing address, click o	n ADD to prov	ide ALL physical address	ADD		
If Out of State employer, are services of workers performed in Nebraska?			O Yes O	No	
*Are you an employee leasing company/PEO?			O Yes 💿	No	
yes, your client's Nebraska workers and v surance account or you must complete th					
CANCEL		NEXT STEP			



Good Life. Great Connections.

Step 2: Employer Organization Selection

Under Organization Information, an employer can choose up to two Organization types for correct liability status. Screens will change according to organization selected.

Notice that text boxes are available to complete for business activity and services performed. This detail is necessary to assist in determining tax rates and industry type.

For more information about organization type and liability status, please read the Employer's Guide to Unemployment Insurance available on dol.nebraska.gov/UITax

	APPLICA	TION FOR U	NEMPLOYN	MENT INSU	RANCE ACC	COUNT NUMBER
		T2	EP 1	STEP 2	STEP 3	
*Federal Identific	ation Number			*Date You Fir	st Paid Wages	in Nebraska
47-7777777	OR			01/01/2018	(mm/e	dd/yyyy)
Check here it	f Applied For					
*Are you liable fo	r the payment of	Federal Unem	oloyment Taxe	s(FUTA)?	Yes O No	
Organization I	nformation					
Individual/So	le Proprietor			Non-Profi	t Organizatio	n - 501(c)(3)
Partnership				Non-Profi	t Organization	n - not 501(c)(3)
Corporation				Governm	ental	
✓ Limited Liabili	ity Company (LLC	2)		☐ Domestic		
Taxed As:	Single Memb	er(LLC)		Agricultu	re	
	Partnership(
	✓ Corporation(LLC)				
Identification o	of Owners, Parti	ners, and Offi	cers			
*Social Security	*First Name	Middle Initial	*Last Name		Title	*Address
000-00-0001	Officer		One	CEO		123 A St, City, NE
000-00-0002	Officer		Two	Preside	nt	123 A St, City, NE
		1				
ADE	MORE					
	т	his informatio	n is critical	to determine	vour tay ra	to
*Describe the pri						tion, Manufacturing, etc)
Constructio	n.		\Diamond			
*Describe the ma Care, Grain, Lives						Clothing, Food Service, Health
Construct n	ew homes.		$\hat{\mathcal{C}}$			
*Did you acquire	the business of a	predecessor?			O Yes	● No
CANCEL			PREVI	OUS STEP	NEXT ST	EP

Step 3: Wage & Contact Information

Some of the information shown on this screen may vary depending on the answers provided in Step 2.

Regardless of the selection from Step 2, you will be required to provide wage data and preferred contact information for:

- Unemployment Insurance Tax Information
- Employee Separations Information
- SIDES Earnings Verification Information

The contacts for the above information can be the same person or can be separate as necessary.

				STEP 2 STI	EP3
s a sole proprietors	estion, inclu hip, do not	include wages	paid to the o		s, students, and salespersons. If operating suse, 2) children under the age of 21, 3) a partners.
nter your Nebrask rimarily in Nebrask rst Paid Wages: 01	а	ayrolls for th	e quarters li	isted below. Show only	wages paid for work performed solely or
_	Wages Pa	id			
*Qtr 1	1000.00	000.00			
*Qtr 2	1500.00				
*Qtr 3	1500.00				
Projected Wages Otr 4	1500.00				
f yes, what is the fi Contact for Unemp Name			ion	*Phone Number	(mm/dd/yyyy) *Email Address
				*Phone Number 402-555-1234	email@email.com
ohn Doe Intact for Employee Separ		Accountant		402-555-1254	eman@eman.com
ontact for Emplo	yee sepai			act information as Une	mloyment Tax Information, click here
Name		Title		*Phone Number	*Email Address
HR Department	partment HR			402-123-4567	email@email.com
vorker files an un	employme	ent insurance	claim, a rec		nent Security Law and a separated formation and eligibility on, visit <u>nesides.com</u>
Contact for SIDES	Earnings	Verification I	1		mloyment Tax Information, <u>click here</u> se Separations Information, <u>click here</u>
^k Name	Title			*Phone Number	*Email Address
	ficer One CEO		402-789-1011	email@email.com	
Officer One					

APPLICATION FOR UNEMPLOYMENT INSURANCE ACCOUNT NUMBER

Confirmation

After submitting the application, you will be directed to a confirmation screen that you can print for your records. An email confirmation will also be sent to you.

APPLICATION FOR UNEMPLOYMENT INSURANCE ACCOUNT NUMBER

Application Confirmation. - Click here to Print

Congratulations John Doe of EMPLOYER ONE! You have completed your application for a Nebraska Department of Labor - Unemployment Insurance Employer Account Number. You will receive an email immediately at email@email.com to confirm your submission. If necessary, a representative from our office will contact you to review your application. Thank you for using UICONNECT.

Employer Account Registration

Organization Name, Address, etc.

Legal Name: EMPLOYER ONE

Trade Name:

Attention: HR

 Mailing Address:
 123 A ST

 Phone Number:
 402-555-1234

 City:
 CITY

 State:
 NE

 Zip Code:
 68888

Zip +4:

Business Website: Physical Location(s)

Physical location is the same as the mailing address.

Identification of Owners, Partners, and Officers

Organization Information

Organization Type 1: Corporation(LLC)

Organization Type 2:

 Federal ID Number:
 47777777

 Date First Paid Wages:
 01/01/2018

Miscellaneous Company Information

Liable for FUTA?: Y
PEO/Leasing Company?: N

If Out of State employer, are services of workers

performed in Nebraska?:

Nature of Business: Construction.

Principal Activity: Construct new homes.

Acquire Predecessor?: N