NJ-2450

EMPLOYEE'S CLAIM FOR CREDIT
FOR EXCESS UI/WF/SWF AND DISABILITY INSURANCE CONTRIBUTIONS
FOR CALENDAR YEAR 2007

Claimant Social Security No.	Name:
Note on Joint NJ-1040 Return: Each spouse/CU partner must file a separate form when claiming a refund for excess contributions.	Address:
	City, State, Zip Code:

To establish a right to this credit, claimants are required to complete the items below (information is to be transcribed from W-2 forms enclosed with your New Jersey State Income Tax return). Any items not substantiated by a W-2 or any information that is incomplete will cause the claim to be rejected. The amount withheld for the Unemployment Insurance/Workforce Development/Supplemental Workforce Funds and the amount of disability insurance withheld must be reported separately on all W-2 statements.

	TAKE ALL INFORMATION FROM YOUR W-2 FORMS. If the amount deducted by any one employer exceeds the maximum for either UI/WF/SWF or disability insurance, insert the maximum in the appropriate Column(s) and contact that employer for a refund of the balance of the deduction.	**COLUMN A** UI/WF/SWF DEDUCTED	**COLUMN B** DISABILITY INSURANCE DEDUCTED
1A.	Employer's Name: Fed. Emp. I.D. #: Private Plan #: Wages:		
B.	Employer's Name: Fed. Emp. I.D. #: Private Plan #: Wages:		
C.	Employer's Name: Fed. Emp. I.D. #: Private Plan #: Wages:		
D.	Employer's Name: Fed. Emp. I.D. #: Private Plan #: Wages:		
E.	Employer's Name: Fed. Emp. I.D. #: Private Plan #: Wages:		
F.	Employer's Name: Fed. Emp. I.D. #: Private Plan #: Wages:		
G.	*If additional space is required, enclose a rider and enter the total on this line		
2.	Total Deducted: Add Lines 1A through 1G. Enter here.		
3.	Correct UI/WF/SWF and/or Disability Insurance Deductions.	113.06	133.00
4.	Deduct Line 3 Col. A from Line 2 Col. A. Enter on Page 3, Line 51 of the NJ-1040.		
5.	Deduct Line 3 Col. B from Line 2 Col. B. Enter on Page 3, Line 52 of the NJ-1040.		

I hereby apply for a credit for worker contributions deducted in excess of $113.06 for N.J. UI/WF/SWF and in excess of $133.00 for N.J. Disability Insurance by reason of having received wages from two or more employers during the above calendar year and hereby submit the following statement of wages and deductions.

Claimant's Signature: _____ Date: _____