STATE OF NEBRASKA DEPARTMENT OF LABOR UNEMPLOYMENT INSURANCE P O BOX 94600 LINCOLN, NEBRASKA 68509-4600 PHONE 402.471.9898 FAX 402.471.9994

YR	_	QTR
Employ	er Acc	ount No.
Fed	eral I.D). No.

WAGE REPORT UI-11W

File electronically at <u>uiconnect.ne.gov</u>

Report gross quarterly wages paid to each employee. <u>INCLUDE 401K plan.</u> <u>DO NOT include Section 125 cafeteria plan.</u> Total of all pages reported must equal Line 2 Gross Wages on Combined Tax Report.

THIS DOCUMENT MUST BE FILED WITH THE COMBINED TAX REPORT UI -11T

Social Security Number		ecurity ber	Employee's Name	Gross wages paid each covered employee in this quarter	
000	00	0000	Last Name, 1st Initial, 2nd Initial	Dollars	Cents
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Print Preparer's Name Phone Number Date