MAIL TO: Division of Employer Accounts, worker refund unit "2009", PO Box 910, Trenton, New Jersey 08625-0910

UC-9A (R-01-10) State of New Jersey Department of Labor and Workforce Development DIVISION OF EMPLOYER ACCOUNTS EMPLOYEE'S CLAIM FOR REFUND OF EXCESS CONTRIBUTIONS	SOCIAL SECURITY NUMBER:
	EMPLOYEE'S NAME:
	STREET ADDRESS:
FOR THE CALENDAR YEAR 2009	CITY, STATE AND ZIP CODE:
PLEASE READ THE INSTRUCTIONS CA	AREFULLY ON THE REVERSE BEFORE COMPLETING THIS CLAIM

STATEMENT OF REFUND CLAIMANT

I hereby apply for a refund of worker contributions in excess of \$110.54 for New Jersey Unemployment Insurance, in excess of \$26.01 for Family Leave Insurance, in excess of \$12.28 for New Jersey Workforce Development Partnership Fund and in excess of \$144.50 for New Jersey Disability Insurance by reason of having received wages from two or more employers during the above calendar year and in support thereof, submit the following statement of employer certifications of wages and deductions for New Jersey Unemployment Insurance, Family Leave Insurance, Workforce Development Partnership Fund and Disability Insurance. In addition, I have either been determined ineligible or have not applied for this refund as a credit toward my New Jersey Gross Income Tax.

Date	5	ignature		Telephone No.	
		STATEMENT OF E	CARNINGS		
EMPLO	OYER'S NAME	CITY A	ND STATE	WAGES	
			\$		
MAKE S	SURE THAT <u>ALL</u> CEF	(Use additional sheet ATIFICATIONS ARE 4	s, if necessary) ATTACHED BEFORE	FILING YOUR CLAIM	
		FOR INTERNAL			
U.I. Refund	F.L.I. Refund	W.F. Refund	D. I. Refund	Total Refund	

INSTRUCTIONS FOR COMPLETING UC-9A AND OBTAINING EMPLOYER CERTIFICATIONS <u>COMPLETING UC-9A REFUND FORM</u>

- 1. TYPE or PRINT* your Social Security Number and your exact name and address at the top of the claim.
- 2. SIGN and DATE the refund claim.
- 3. TYPE or PRINT the exact name and location of all your employers who made deductions for New Jersey Family Leave Insurance, Workforce Development Partnership Fund, Unemployment and Disability Insurance from your 2009 wages and state the total amount of wages from which the deductions were made.

*LEGIBLE INFORMATION WILL ENSURE PROPER REIMBURSEMENT

OBTAINING CERTIFICATIONS

Your refund claim <u>must</u> also be accompanied by a certification of the deductions made by <u>each</u> of your employers listed on your claim.

Certification of your wages and deductions can be obtained through one of the following:

1. Have your employer complete form UC-52, "Employer Certification of Wages and Deductions for New Jersey Family Leave Insurance, Workforce Development Partnership Fund, Unemployment and Disability Insurance."

OR

2. Furnish a copy of your W-2 Tax Statement <u>provided</u> the form shows the amounts withheld as worker contributions for New Jersey Family Leave Insurance, Workforce Development Partnership Fund, Unemployment and Disability Insurance.

Mail the completed original UC-9A form together with <u>ALL</u> of your employer certifications to the Division of Employer Accounts, Worker Refund Unit "2009", P. O. Box 910, Trenton, New Jersey 08625-0910.

After your claim has been received it will be audited and verified. However, no refunds will be issued prior to August 30, 2010 as claims must be cross matched with Gross Income Tax records to avoid the possibility of issuing duplicate credits and/or refunds. Please allow 6-8 weeks processing time.

If you have any questions concerning your claim you may write to the above address or call (609)633-6400. In communicating with this Agency concerning your claim, be sure to refer to your Social Security Number.

NOTE: IF THE AMOUNT DEDUCTED BY ANY ONE EMPLOYER EXCEEDS THE MAXIMUM FOR EITHER NEW JERSEY FAMILY LEAVE INSURANCE, WORKFORCE DEVELOPMENT PARTNERSHIP FUND, UNEMPLOYMENT OR DISABILITY INSURANCE, YOU SHOULD CONTACT THAT EMPLOYER FOR A REFUND OF THE BALANCE OF THE DEDUCTION.