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

Employer Account No.

Federal I.D. No.

WAGE REPORT UI -11W

File electronically at **uiconnect.ne.gov**

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

Page _____ of _____

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

Social Security Number			Employee's Name	Gross wages paid each covered employee in this quarter	
000	00	0000	Last Name, 1st Initial, 2nd Initial	Dollars	Cents
			TOTAL OF THIS PAGE		
			TOTAL OF ALL PAGES		

Print Preparer's Name Phone Number Date