MAIL TO: DIVISION OF EMPLOYER ACCOUNTS, WORKER REFUND UNIT "2014", PO BOX 910, TRENTON, NEW JERSEY 08625-0910

UC-9A (R-03-03-15)

State of New Jersey

Department of Labor and Workforce Development

DIVISION OF EMPLOYER ACCOUNTS

EMPLOYEE'S CLAIM FOR REFUND OF EXCESS CONTRIBUTIONS

FOR THE CALENDAR YEAR 2014

SOCIAL SECURITY NUMBER:

EMPLOYEE'S NAME:

STREET ADDRESS:

CITY, STATE AND ZIP CODE:

PLEASE READ THE INSTRUCTIONS CAREFULLY ON THE REVERSE BEFORE COMPLETING THIS CLAIM

STATEMENT OF REFUND CLAIMANT

I hereby apply for a refund of worker contributions in excess of $120.49 for New Jersey Unemployment Insurance, in excess of $31.50 for Family Leave Insurance, in excess of $13.39 for New Jersey Workforce Development Partnership Fund and in excess of $119.70 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 _____ Signature _____ Telephone No. _____

STATEMENT OF EARNINGS

EMPLOYER'S NAME	CITY AND STATE	WAGES	
		$	

(Use additional sheets, if necessary)

MAKE SURE THAT ALL CERTIFICATIONS ARE ATTACHED BEFORE FILING YOUR CLAIM

FOR INTERNAL USE ONLY

U.I. Refund	F.L.I. Refund	W.F. Refund	D. I. Refund	Total Refund

INSTRUCTIONS FOR COMPLETING UC-9A AND OBTAINING EMPLOYER CERTIFICATIONS

COMPLETING UC-9A REFUND FORM

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 Disabiliy Insurance from your 2014 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 must also be accompanied by a certification of the deductions made by each 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 Workforce Development Partnership Fund, Unemployment, Temporary Disability Insurance and Family Leave Insurance."

OR

2. Furnish a copy of your W-2 Tax Statement provided 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 ALL of your employer certifications to the Division of Employer Accounts, Worker Refund Unit "2014", 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 31, 2015, 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.