MAIL	TO: DIVISION OF EMPLOYER AC	COUNTS	S, WORKER REFUND UNIT, PO	) BOX 910, TRENTON, NEW JEF	RSEY 0862	25-0910		
UC-9A (R-01-01-18) State of New Jersey			SOCIAL SECURITY NUMBER					
Department of Labor and	•							
DIVISION OF EMPLOYER ACCOUNTS		EMP	EMPLOYEE'S NAME					
EMPLOYEE'S CLAIM FOR REFUND								
OF EXCESS CONTRIBUTIONS		STRI	STREET ADDRESS					
FOR THE CALENDAR YEAR 2022			CITY, STATE AND ZIP CODE					
PLEASE READ THE	E INSTRUCTIONS C	ARE	EFULLY ON TH	E REVERSE BEF	ORE	E COMPLETING THIS CI	LAIM	
		rem	ENT OF REFUN	ID CLAIMANT				
Insurance, in excess of \$16 reason of having received v employer certifications of v	of worker contributions in ex .92 for New Jersey Workford wages from two or more emp wages and deductions for New	cess of the Dev loyers w Jerse	of \$152.24 for New Jer relopment Partnership I during the above caler ey Unemployment Insu	sey Unemployment Inst Fund and in excess of \$2 andar year and in support Irance, Family Leave In	212.66 t thereonsurance	in excess of \$212.66 for Family I for New Jersey Disability Insurance of, submit the following statement of e, Workforce Development Partner and as a credit toward my New Jersey.	ce by of rship	
Date Signature Telephone No.						Telephone No.		
		<u>STA</u>	TEMENT OF EA	ARNINGS				
EMPLOY	ER'S NAME		CITY ANI	O STATE		WAGES		
					\$			
					<u> </u>			
					<u> </u>			
MAKE SURE	E THAT <u>ALL</u> CERTI	•	Use additional sheets, if ATIONS ARE A	• ,	RE F	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 Disability Insurance from your 2022 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 Workforce Development Partnership Fund, Unemployment, Temporary Disability Insurance and Family Leave 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, 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, 2023, 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 for 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 ON E EMPLOYER EXCEEDS THE M AXIMUM 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.