WITTE	1 O. DIVISION OF EMPLOTE	R ACCOUNTS, WORKER REPU	ND UNIT 2011, FO BOX 9	IU, IKENION,	NEW JERSET 08023-0910	
UC-9A (R-01-28-12) State of New Jersey Department of Labor and Workforce Development DIVISION OF EMPLOYER ACCOUNTS		SOCIAL SECURITY NUMBER:  EMPLOYEE'S NAME:				
FOR THE CALEN	IDAR YEAR 2011	CITY, STATE AND ZIP CODE:				
PLEASE READ THE	E INSTRUCTIONS (	CAREFULLY ON T	THE REVERSE	BEFORE	E COMPLETING THIS C	CLAIM
Insurance, in excess of \$12 reason of having received w employer certifications of w	of worker contributions in .58 for New Jersey Workfo vages from two or more emvages and deductions for No	rce Development Partners ployers during the above of ew Jersey Unemployment	w Jersey Unemployme hip Fund and in exces alendar year and in su Insurance, Family Le	ent Insurance s of \$148.00 apport there ave Insurance	e, in excess of \$17.76 for Family 0 for New Jersey Disability Insurator, submit the following statements, Workforce Development Particular as a credit toward my New	ance by nt of nership
Date	Sig	gnature	EADAMAGG		Telephone No.	
EMPI OV	ER'S NAME	STATEMENT OF	EARNINGS AND STATE		WACEC	1
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MAKE SUI	RE THAT <u>ALL</u> CERT	(Use additional shee FIFICATIONS ARE		FORE FI	LING YOUR CLAIM	1
		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 2011 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 for m 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 "2011", 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, 2012, 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 ON E 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.