

UC-9 (R -2-09) State of New Jersey Department of Labor and Workforce Development DIVISION OF EMPLOYER ACCOUNTS EMPLOYER'S CLAIM FOR CREDIT OR REFUND BY REASON OF ERRONEOUS PAYMENT OF CONTRIBUTIONS	EMPLOYER'S NAME AND ADDRESS EIN
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No credit or refund can be allowed unless application therefore has been made <u>within two years</u> after the calendar year in which the contributions under consideration were erroneously paid to this Agency	AMOUNT OF THE CLAIM				
	UNEMPLOYMENT	DISABILITY	WORKFORCE	FAMILY LEAVE INS (FLI)	TOTAL
	EMPLOYER				
	WORKER				
TOTAL					

BASIS OF REFUND REQUEST

WERE THE ERRONEOUSLY PAID WORKERS' CONTRIBUTIONS DEDUCTED FROM WORKERS' WAGES? Yes No

IF DEDUCTED, HAVE SUCH CONTRIBUTIONS BEEN REFUNDED TO THE WORKERS' ENTITLED THERETO? Yes No

LIST BELOW ONLY THE EMPLOYEES' WAGES THAT ARE BEING CORRECTED

Social Security Number	Employee Name	QUARTER ENDED		Difference in Excess Wages	Difference in Taxable Wages
		Previously Reported Wages	Correctly Reported Wages		
TOTAL					

IF THE SPACE ABOVE IS INSUFFICIENT, YOU MAY ATTACH ADDITIONAL SHEETS OF PAPER WITH THE SAME HEADINGS.

IMPORTANT: Section 43:21-16(b)(1) of the New Jersey Unemployment Compensation Law provides penalties for false statements or misrepresentations made to avoid or reduce any contributions required from an employing unit.

STATE OF _____ COUNTY OF _____ Subscribed and sworn before me this _____ day of _____ 20____ _____ Notary Public	I affirm that the foregoing statements are complete and true; that this Claim is just and correct and should be allowed; and that the wages on which refund is claimed were reported as taxable and contributions paid thereon to the New Jersey Employment Security Agency. Signature _____ Official Position _____ Telephone No. _____
REFUND \$ _____	APPROVED BY: _____

COMPLETION INSTRUCTIONS FOR UC-9

General Instructions

The UC-9 must be completed to claim credit or refund by reason of erroneous payment of contributions - UI, DI, WF and FLI.

The New Jersey Unemployment Compensation Law (43: 21-14(f)) establishes a two-year Statute of Limitations for refunding any payments, even if the payment was remitted in error.

In addition, the quarterly reports - NJ927 and WR30 - must be amended on-line to reflect any reduction in gross and/or taxable wages. The amended forms are located on-line at:

https://www1.state.nj.us/TYTR_BusinessFilings/jsp/common/Login.jsp?processType=RETURN.

A refund check will be issued after all reports and form(s) have been submitted and audited. A refund check can not be issued if outstanding liability or reporting delinquencies exist on the account. A credit will be established and applied to the outstanding liability.

Specific Instructions

1. The UC-9 must include the following information:

- a. Employer's Name, Address and Employer Identification Number (EIN).
- b. Amount of the claim. Each cell must be completed.
- c. Basis of Refund Request: State a detailed explanation for correction.
- d. The quarter in which the erroneous payment occurred. If more than one quarter is to be corrected, a separate UC-9 must be completed. However, only one form must be notarized as long as all corrected quarters are attached and submitted at the same time.
- e. Employee Social Security Number and Employee Name. Please list only the employees whose wages are being corrected and the appropriate figure in each of the columns.
- f. Worker contributions will not be included in your refund, unless you have reimbursed your employee(s) for any deductions made from their wages in error. Please be certain to mark the appropriate blocks on the form.
- g. Difference (increase (+) or decrease (-)) in excess wages as reported on the amended NJ-927.
- h. Difference (increase (+) or decrease (-)) in taxable wages as reported on the amended NJ-927.

2. The UC-9 must be signed, dated, notarized and returned to: NJLWD, Division of Employer Accounts, Refund Unit, PO Box 910, Trenton, NJ 08625-0910.