

UC - 52 ( R - 01 - 01 - 18 )

State of New Jersey  
Department of Labor and Workforce Development  
DIVISION OF EMPLOYER ACCOUNTS  
PO Box 910  
Trenton, New Jersey 08625- 0910

**EMPLOYER CERTIFICATION OF WAGES AND DEDUCTIONS  
FOR NEW JERSEY WORKFORCE DEVELOPMENT  
PARTNERSHIP FUND, UNEMPLOYMENT, FAMILY LEAVE  
INSURANCE AND DISABILITY INSURANCE  
FOR THE CALENDAR YEAR 2017**

TO: (ENTER EMPLOYER'S NAME AND ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FROM: (Enter Worker's Name and S.S. No.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social Security No. \_\_\_\_\_

**EMPLOYER INSTRUCTIONS FOR COMPLETING UC-52**

The above-named worker is seeking a refund of excess worker contributions deducted during the calendar year of 2017 by reason of having worked for two or more employers. Section 12:16-15 of the New Jersey Administrative Code directs employers to furnish, upon request, certification of wages and deductions.

The maximum deduction authorized by Law for 2017 is \$14.24 for Workforce Development Partnership Fund, \$128.14 for Unemployment Insurance, \$80.40 for Disability Insurance and \$33.50 for Family Leave Insurance. IF YOU DEDUCTED MORE THAN THESE AMOUNTS, THE DIFFERENCE MUST BE REFUNDED BY YOU DIRECTLY TO YOUR EMPLOYEE.

Complete, where applicable, the statement of deductions (Items 1 through 9) and the statement of certification (Items 10 through 12) and return the form directly to the worker. If no deductions were made, enter "NONE" in the appropriate section.

If you are a Private Plan employer, you will be assessed your proportionate share of any excess Private Plan Disability Insurance deductions refunded from the State Disability Benefit Fund.

If you are a Private Plan employer, you will be assessed your proportionate share of any excess Private Plan Family Leave Insurance deductions refunded from the Family Leave Insurance Fund.

**STATEMENT OF DEDUCTIONS MADE FROM TAXABLE WAGES PAID IN THE ABOVE YEAR FOR  
NEW JERSEY COVERED EMPLOYMENT**

(1) TOTAL WAGES \$ \_\_\_\_\_ EXCESS OF \$33,500 \$ \_\_\_\_\_ TAXABLE WAGES \$ \_\_\_\_\_

(2) DEDUCTIONS MADE FOR FAMILY LEAVE INSURANCE (NOT TO EXCEED \$33.50) (If worker was covered under approved private plan from Family Leave Insurance, do NOT enter deduction here) \$ \_\_\_\_\_

(3) DEDUCTIONS MADE FOR NEW JERSEY WORKFORCE DEVELOPMENT PARTNERSHIP FUND (NOT TO EXCEED \$14.24) \$ \_\_\_\_\_

(4) DEDUCTIONS MADE FOR NEW JERSEY UNEMPLOYMENT INSURANCE (NOT TO EXCEED \$128.14) \$ \_\_\_\_\_

(5) DEDUCTIONS MADE FOR NEW JERSEY STATE PLAN DISABILITY INSURANCE (NOT TO EXCEED \$80.40) (If worker was covered under approved private plan for Temporary Disability Insurance, do NOT enter deduction here) \$ \_\_\_\_\_

(6) DEDUCTIONS FOR NEW JERSEY PRIVATE PLAN FOR NEW JERSEY FAMILY LEAVE INSURANCE (NOT TO EXCEED \$33.50) (Do not include deductions for additional benefits under any supplementary plan.) (If employer is required to pay all private plan costs, enter "NONE") \$ \_\_\_\_\_

(7) DEDUCTIONS FOR NEW JERSEY PRIVATE PLAN DISABILITY INSURANCE (NOT TO EXCEED \$80.40) (Do not include deductions for additional benefits under any supplementary plan.) (If employer is required to pay all private plan costs, enter "NONE") \$ \_\_\_\_\_

(8) IF YOU ANSWERED ITEM 5, AND OR 6, FILL IN THE NUMBER OF THE APPROVED PRIVATE PLAN UNDER WHICH THE DEDUCTIONS WERE MADE :

F.L.I. # \_\_\_\_\_ D.I. # \_\_\_\_\_

(Number assigned to your plan by Disability Insurance Service - See certificates of Approval, Transfer or Modification, Forms DP-5A, B or C)

(9) TOTAL DEDUCTIONS (MAXIMUM AUTHORIZED BY LAW IS \$256.28) (2) + (3) + (4) + (5) AND/OR (6) AND/OR 7 \$ \_\_\_\_\_

I certify that the foregoing statement is complete and true; that no portion of the deductions has been refunded to the employee; and that the taxable wages have been included in the contribution reports filed with the New Jersey Employment Security Agency. The employer agrees to indemnify the Employment Security Agency for any refunds made on the basis of an incorrect or untrue certification.

(10) EMPLOYER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_  
(Enter name as printed on your quarterly contribution report)

(11) SIGNATURE \_\_\_\_\_ OFFICIAL POSITION \_\_\_\_\_  
(To be signed by owner, partner, officer of the corporation or other responsible officer)

(12) EMPLOYER'S NEW JERSEY E.I.N. No \_\_\_\_\_ (if none assigned, explain on reverse side)

**SPACE BELOW RESERVED FOR OFFICE USE**

E.I.N. NO.	PLAN	STATUS
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