

**EMPLOYEE'S CLAIM FOR CREDIT  
FOR EXCESS UI/WF/SWF, DISABILITY INSURANCE, AND/OR  
FAMILY LEAVE INSURANCE CONTRIBUTIONS FOR CALENDAR YEAR 2017**

Claimant Social Security No.  _____	Name:  _____
<b>Note on Joint NJ-1040 Return:</b> Each spouse/CU partner must file a separate form when claiming a refund for excess contributions.	Address:  _____  City, State, Zip Code:  _____

To claim this credit, claimant must complete the items below (report the requested information from the W-2 forms and enclose the W-2s with their New Jersey State Income Tax return). We will reject claims that have:

- incomplete information; or
- items that are no substantiated by a W-2; or
- W-2 statements that do not separately report the amount withheld for the Unemployment Insurance/Workforce Development/Supplemental Workforce Fund, disability insurance, and the amount of Family Leave Insurance.

**TAKE ALL INFORMATION FROM YOUR W-2 FORMS.**

If the amount deducted by any one employer exceeds the maximum for either UI/WF/SWF, disability insurance, or Family Leave Insurance, insert the maximum in the appropriate Column(s) and contact that employer for a refund of the balance of the deduction.

		COLUMN A UI/WF/SWF DEDUCTED	COLUMN B DISABILITY INSURANCE DEDUCTED	COLUMN C FAMILY LEAVE INSURANCE DEDUCTED
1A.	Employer's Name: _____ Fed. Emp. I.D. #: _____ Private Plan #: _____ Wages: _____			
B.	Employer's Name: _____ Fed. Emp. I.D. #: _____ Private Plan #: _____ Wages: _____			
C.	Employer's Name: _____ Fed. Emp. I.D. #: _____ Private Plan #: _____ Wages: _____			
D.	Employer's Name: _____ Fed. Emp. I.D. #: _____ Private Plan #: _____ Wages: _____			
E.	Employer's Name: _____ Fed. Emp. I.D. #: _____ Private Plan #: _____ Wages: _____			
F.	Employer's Name: _____ Fed. Emp. I.D. #: _____ Private Plan #: _____ Wages: _____			
G.	*If additional space is required, enclose a rider and enter the total on this line.			
2.	Total Deducted: Add Lines 1A through 1G. Enter here.			
3.	Correct UI/WF/SWF, Disability Insurance, and/or Family Leave Deductions.	142.38	80.40	33.50
4.	Deduct Line 3 Col. A from Line 2 Col. A. Enter on Page 3, Line 52 of the NJ-1040.			
5.	Deduct Line 3 Col. B from Line 2 Col. B. Enter on Page 3, Line 53 of the NJ-1040.			
6.	Deduct Line 3 Col. C from Line 2 Col. C. Enter on Page 3, Line 54 of the NJ-1040.			

I hereby apply for a credit for worker contributions deducted in excess of \$142.38 for N.J. UI/WF/SWF and/or in excess of \$80.40 for NJ Disability Insurance and/or in excess of \$33.50 for NJ Family Leave Insurance deductions by reason of having received wages from two or more employers during the above calendar year and hereby submit the following statement of wages and deductions.

Claimant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions For Obtaining A Credit for Excess  
Unemployment Insurance /Workforce Development Partnership  
Fund/Supplemental Workforce Fund,  
Disability Insurance, and/or Family Leave Insurance Contributions**

If you had **two or more employers** and you contributed more than the maximum amounts for UI/WF/SWF (\$142.38), DI (\$80.40), and/or FLI (\$33.50) you can take credit for the excess amount withheld. Complete this form and enclose it with your Income Tax return. If you are filing a joint return and both spouses/CU partners have excess contributions withheld by two or more employers, each must complete their own claim form. If this form is not enclosed with your return, we will deny your claim.

Complete Lines 1A through 1G. Do not enter more than the maximum amount for any single employer. Any amounts over the maximum that were incorrectly withheld must be refunded by that particular employer. Your W-2s must substantiate the information on these lines. Otherwise we will deny your claim.

If you need additional space because of the number of employers, enclose a list with the same information that is required on the NJ-2450. If this information is incomplete or is not enclosed, we will deny your claim.

Complete the calculations on Lines 2 through 6. Carry the amounts from Lines 4, 5 and/or 6 to the appropriate lines of your Income Tax return.

Your claim must be submitted within two years after the calendar year in which the wages were paid.

If your claim is denied by the Division of Taxation, you must refile your claim with the Department of Labor and Workforce Development on Form UC-9A, Employees Claim for Refund of Excess Contributions.

**One Employer**

If you had only one employer and that employer incorrectly withheld more than the maximum amount(s), do not complete this form. You must contact that employer for a refund.