

NJ-2450

**EMPLOYEE'S CLAIM FOR CREDIT
FOR EXCESS UI/WF/SWF, DISABILITY INSURANCE, AND/OR
FAMILY LEAVE INSURANCE CONTRIBUTIONS FOR CALENDAR YEAR 2013**

Claimant Social Security No. <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	Name: <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
Note on Joint NJ-1040 Return: Each spouse/CU partner must file a separate form when claiming a refund for excess contributions.	Address: <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
	City, State, Zip Code: <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>

To establish a right to this credit, claimants are required to complete the items below (information is to be transcribed from W-2 forms enclosed with your New Jersey State Income Tax return). Any items not substantiated by a W-2 or any information that is incomplete will cause the claim to be rejected. The amount withheld for the Unemployment Insurance/Workforce Development/Supplemental Workforce Funds, disability insurance, and the amount of Family Leave Insurance withheld must be reported separately on all W-2 statements.

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.	131.33	111.24	30.90
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 \$131.33 for N.J. UI/WF/SWF and/or in excess of \$111.24 for NJ Disability Insurance and/or in excess of \$30.90 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: _____