



Sample AC 174.1

STATE OF NEW JERSEY DEPARTMENT OF LABOR EMPLOYMENT SECURITY AGENCY NOTICE OF EMPLOYER CONTRIBUTION RATES

This determination shall be final
if not presented in writing within
30 days (N.J.A.C. 12:16-22.2)

ABC Company

EMPLOYER ACCOUNT NO:
MAILING DATE:
FISCAL YEAR:

THIS IS NOT A BILL

UNEMPLOYMENT INSURANCE CONTRIBUTION RATE CALCULATION	
A. EMPLOYER CONTRIBUTIONS PAID FOR ALL PAST YEARS.....	00
B. BENEFITS CHARGED FOR ALL PAST YEARS.....	00
C. RESERVE BALANCE AS OF JANUARY 31, 2003.....	00
D. AVERAGE OF WAGES UPON WHICH EMPLOYER CONTRIBUTIONS FOR UNEMPLOYMENT INSURANCE HAVE BEEN PAID	
LAST 3 YEARS.....	00
LAST 5 YEARS.....	00
E. UNEMPLOYMENT TRUST FUND RATIO.....	0%
F. IF A NUMBER IS SHOWN IN THE BOX TO THE RIGHT, YOUR RATE IS NOT BASED UPON A RESERVE R4ATIO (SEE NOTE BELOW) <input type="checkbox"/>	
1. THE BASIC RATE HAS BEEN ASSIGNED BECAUSE YOU HAVE NOT BEEN SUBJECT TO THE LAW DURING SOME PERIOD OF THE LAST THREE (3) CALENDAR YEARS.	
2. YOUR RATE HAS BEEN ASSIGNED BECAUSE, DURING THE PAST THREE (3) CALENDAR YEARS, THERE HAS BEEN AT LEAST ONE (1) CALENDAR YEAR WITH RESPECT TO WHICH NO CONTRIBUTIONS WERE PAID.	
G. RESERVE RATIO.....	0%
FINAL UNEMPLOYMENT EXPERIENCE RATE.....	0%

This is a sample of New Jersey's AC-174.1 form, issued by the State of New Jersey after the close of the fiscal year, which is sent directly to employers.

Lines A through G pertain to Unemployment Insurance.

DISABILITY INSURANCE CONTRIBUTION RATE CALCULATION	
H. EMPLOYER AND WORKER DISABILITY CONTRIBUTIONS PAID FOR ALL PAST YEARS.....	0
I. DISABILITY BENEFITS CHARGED FOR ALL PAST YEARS.....	0
J. RESERVE BALANCE AS OF JANUARY 31, 2003.....	0
K. AVERAGE OF WAGES UPON WHICH EMPLOYER CONTRIBUTION FOR DISABILITY INSURANCE HAVE BEEN PAID:	
LAST 3 YEARS.....	0
LAST 5 YEARS.....	0
L. IF A NUMBER IS SHOWN IN THE BOX TO THE RIGHT, YOUR RATE IS NOT BASED UPON A RESERVE RATIO (SEE NOTE BELOW) <input type="checkbox"/>	
1. THERE WERE ONE OR MORE YEARS DURING THE LAST THREE (3) CALENDAR YEARS WITH RESPECT TO WHICH YOU PAID NO CONTRIBUTIONS TO THE DISABILITY BENEFIT FUND.	
2. YOUR EXCESS OR DEFICIT BALANCE IS \$500.00 OR LESS.	
M. EXCESS OR DEFICIT RESERVE BALANCE.....	0.0%
N. PRELIMINARY RATES:	
UNADJUSTED CURRENT YEAR.....	0.0%
UNADJUSTED PRIOR YEAR.....	0.0%
ADJUSTED CURRENT YEAR.....	0.0%
O. DISABILITY BENEFITS FUND	
RESERVE.....	0.0%
FACTOR.....	0.0%
FINAL DISABILITY INSURANCE RATE.....	0.100%
A "P" IN THE BOX TO THE RIGHT INDICATES A CONSOLIDATED RATE <input type="checkbox"/>	

This is the employer's final disability rate for TDB insurance. This rate does NOT include the employee's rate, which is typically an additional 0.50% of taxable wages.