

Name(s) as shown on Form NJ-1040

Social Security Number

**Form NJ-2450****Employee's Claim for Credit For Excess UI/WF/SWF,  
Disability Insurance, and/or Family Leave  
Insurance Contributions for Calendar Year 2025****2025**

To claim this credit, you must complete the items below using the information from your W-2 forms. Enclose this form and the W-2s 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 unemployment insurance/workforce development partnership fund/supplemental workforce fund, disability insurance, and family leave insurance must be reported separately on all W-2 statements.

**Note on Joint NJ-1040 return:** Each spouse/CU partner must file a separate Form NJ-2450 when claiming a refund for excess contributions.

Claimant Name: \_\_\_\_\_ Claimant SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**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, enter 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.	*If additional space is required, enclose a rider and enter the total on this line.			
2.	Total Deducted. Add lines 1A through 1F. Enter here.			
3.	Correct UI/WF/SWF, Disability Insurance, and/or Family Leave Deductions.	184.02	380.42	545.82
4.	Subtract line 3 column A from line 2 column A. Enter on line 59 of the NJ-1040.			
5.	Subtract line 3 column B from line 2 column B. Enter on line 60 of the NJ-1040.			
6.	Subtract line 3 column C from line 2 column C. Enter on line 61 of the NJ-1040.			

I hereby apply for a credit for worker contributions deducted in excess of \$184.02 for NJ UI/WF/SWF and/or in excess of \$380.42 for NJ Disability Insurance and/or in excess of \$545.82 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: \_\_\_\_\_