



**BRING COMPLETED FORM TO YOUR NH LOCAL OFFICE OR MAIL COMPLETED FORM TO:
NHES Operations 45 SOUTH FRUIT STREET, CONCORD NH 03301-4857**

Name _____
Address _____
City _____ State _____ ZIP _____

Check if this is a new mailing address

SS#

--	--	--	--	--	--	--	--	--	--

FOR THE CALENDAR WEEK ENDING ON SATURDAY: ____ / ____ / ____

1. Provide the number of hours devoted to building your business, going to classes, or training for your business and/or working in your business:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Training							
Other efforts							

2. If you did not participate in all scheduled training activities and/or did not devote full-time efforts to establish your business, explain why:

3. Please provide the total gross income of your business this week: \$ _____

4. Provide the amount you took as personal income from your business this week: \$ _____

5. Do you have employee(s) other than yourself? YES NO

If yes, how many employees do you have? _____

If yes, provide the gross amount paid these employees this week: \$ _____

(Check One)
Yes **No**

6. Did you file a **Workers Compensation Claim** due to a work-related injury during the week being claimed? Yes No

7. Did you file for **Social Security Benefits** during the week being claimed? *(These include Social Security Retirement and Social Security Disability Benefits)* Yes No

8. Did you **work** any hours this week for an **employer** other than your self-employment? Yes No

9. Did you receive, or will you receive, **holiday pay** for a holiday that occurred during the week being claimed? Yes No

10. Did you receive **any monies not previously reported** to this department, other than wages for hours actually worked during the week being claimed? Yes No

CERTIFICATION: *I understand that the answers I give to the above questions may affect my rights to benefit payments. I certify that these statements are true and correct. I certify that I am not claiming or receiving benefits from any other unemployment program for the above week. I certify that I have not previously provided false information or failed to disclose information, about employment history, employment status, earnings, availability for work, or other matters concerning my eligibility for benefits. I understand the law provides penalties for false statements.*

Claimant Signature*

Date

Telephone Number

****Your claim cannot be processed without your signature. Mail the completed form to the address above.***