REQUEST FOR NET PROFIT AMOUNT(S)

To process your claim, NHES must have information regarding your net profit for 2018 and 2019.

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| --- | --- |
| ***Date:*** | Click or tap here to enter text. |

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| --- | --- | --- | --- | --- | --- | --- |
|  ***Claimant Name:*** | Click or tap here to enter text. | ***SS#:*** XXX-XX- |  |  |  |  |

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| [ ]  I am a sole proprietor. My information is from [ ]  Line 31 of Schedule C; [ ]  I do not have this information available yet; |

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|  |
| [ ]  I am a partner. My information is from [ ]  Line 14 of Schedule K-1; [ ]  I do not have this information available yet; |
|  Number of Partners is: |  Click or tap here to enter text. |
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| --- | --- | --- | --- | --- | --- |
|  | ***My Net Profit (Loss) for 2019:*** | Click or tap here to enter text. |  |  |  |
|  |

**For fastest processing of your claim please provide this information within 48 hours of receipt.**

**You may be required to provide supporting documentation at a later date.**

**If you do not have 2019 Income available, you may provide it at a later date to potentially increase your benefit amount.**

**You may send this information to Wages/Special Programs Unit by:**

▪ Fax (603) 223-6137; or ▪ Email this information to Self-employment@nhes.nh.gov

CLAIMANT: I understand I need to file claims for each week of unemployment.

I understand that I may only be paid benefits for weeks that are filed timely.

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| Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |
| Person Completing this form |  | DATE |  | TELEPHONE NUMBER |
| Click or tap here to enter text. |  |  |  |  |
| EMAIL ADDRESS |  |  |  |  |