



ADMINISTRATIVE OFFICE
45 SOUTH FRUIT STREET
CONCORD, NH 03301-4857



GEORGE N. COPADIS, COMMISSIONER
RICHARD J. LAVERS, DEPUTY COMMISSIONER

Greetings!

You are receiving this email because you filed a claim for unemployment and indicated that you were self-employed. In order to process your claim for unemployment we will need you to complete the attached form and email it back to us at Self-employment@nhes.nh.gov **within 48 hours.**

This is the **only** contact you will receive in an effort to collect this information. If you have been contacted by this department and have already provided this information you do not need to respond to this request. Due to the extremely high claim volume, we will not call each individual for this information.

Please be sure to include your full name and the last four digits of your social security number. Please do **not** provide your full Social Security number on this form. The Department may require a copy of related documents at a later date to verify the information you provide.

Remember, filing for benefits is a two-step process. You must file a continued claim each and every Sunday for each week you are unemployed and wish to file for benefits.

Please call our established Hot Line, **603-271-7700**, if you have additional questions.

Sincerely,
Unemployment Compensation Bureau
New Hampshire Employment Security
45 South Fruit Street
Concord, NH 03301

NHES is a proud member of America's Workforce Network and NH Works. NHES is an Equal Opportunity Employer and complies with the Americans with Disabilities Act. Auxiliary Aids and Services are available on request of individuals with disabilities

Telephone (603) 224-3311 Fax (603) 228-4145 TDD/TTY Access: Relay 1-800-735-2964 Web site: www.nhes.nh.gov



REQUEST FOR NET PROFIT AMOUNT(S)

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

DATE: _____

CLAIMANT
NAME: _____

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;

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:

MY NET PROFIT (LOSS) FOR 2019: _____

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.**

Person Completing this form

DATE

TELEPHONE NUMBER

EMAIL ADDRESS