

## WAGES/SPECIAL PROGRAMS UNIT

45 South Fruit Street PO Box 2009 Concord, NH 03302-2009



## REQUEST FOR NET PROFIT AMOUNT(S)

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

				Click or tap here to
			$D_{i}$	enter text.
CLAIMANT NAME:	Click or tap here to	o enter text.	<i>\$\$#:</i> XXX-XX	X-
☐ I am a sole pr	roprietor. My information	is from □ Line 31 of S	chedule C; □ my own	n records; or □ an estimate.
$\square$ I am a partner. My information is from $\square$ Line 14 of Schedule K-1; $\square$ my own records; or $\square$ an estimate.				
	Number of Partners is:	Click o	r tap here to enter to	ext.
My Net Pro	OFIT (LOSS) FOR 2018:	Click or tap here to enter text. <i>MyN</i>	IET <b>P</b> ROFIT (LOSS) H	Click or tap here to enter text.
For fastest processing of your claim please provide this information within 48 hours of receipt.				
If you have received a phone call from this Department and have already provided this information, there is no need to provide it again.				
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.				
Click or tap he	ere to enter text.		here to enter	Click or tap here to enter
Click or ta	Completing this form  ap here to enter text.  MAIL ADDRESS	D.	ATE	TELEPHONE NUMBER

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. NHES 0093 R-05/2014 gbi