



REQUEST FOR NET PROFIT AMOUNT(S)

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

DATE: Click or tap here to enter text.

**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; my own records; or an estimate.

I am a partner. My information is from Line 14 of Schedule K-1; my own records; or an estimate.

Number of Partners is: Click or tap here to enter text.

MY NET PROFIT (LOSS) FOR 2018: Click or tap here to enter text. **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.

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 here to enter text.
Person Completing this form

Click or tap here to enter
DATE

Click or tap here to enter
TELEPHONE NUMBER

Click or tap here to enter text.
EMAIL ADDRESS