

**PANDEMIC UNEMPLOYMENT ASSISTANCE (PUA)
BUSINESS AND EARNINGS STATEMENT**

Return completed form and supporting documents by uploading to Claimant Portal or faxing to (208) 780-5130.

NAME (FIRST LAST):				
DATE FIRST AFFECTED BY PANDEMIC:	CLAIMANT ID:			
DID YOU OR YOUR BUSINESS <u>ISSUE</u> ANY 1099-MISC FORMS IN 2018 OR 2019? 2018 <input type="checkbox"/> Yes <input type="checkbox"/> No 2019 <input type="checkbox"/> Yes <input type="checkbox"/> No DID YOU OR YOUR BUSINESS <u>RECEIVE</u> ANY 1099-MISC FORMS IN 2018 OR 2019? 2018 <input type="checkbox"/> Yes <input type="checkbox"/> No 2019 <input type="checkbox"/> Yes <input type="checkbox"/> No DID YOU OR YOUR BUSINESS FILE INCOME TAX RETURNS IN 2018 OR 2019? 2018 <input type="checkbox"/> Yes <input type="checkbox"/> No 2019 <input type="checkbox"/> Yes <input type="checkbox"/> No DID YOU RECEIVE A W-2 IN 2018 OR 2019? 2018 <input type="checkbox"/> Yes <input type="checkbox"/> No 2019 <input type="checkbox"/> Yes <input type="checkbox"/> No				
How many hours per week did you work for the business in 2019? _____ Check all months you worked in 2019: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sept <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec				
BUSINESS NAME:	BUSINESS ADDRESS (STREET, CITY, STATE, ZIP):			
BUSINESS PHONE:				
TAX I.D. NUMBER:	NUMBER OF WORKERS AT THE BUSINESS: Prior to Pandemic: _____ During Pandemic: _____			
OWNERSHIP TYPE: <input type="checkbox"/> Sole Proprietorship (Federal Form Schedule C) <input type="checkbox"/> Partnership (Federal Form 1065) <input type="checkbox"/> C Corporation (Federal Form 1120) <input type="checkbox"/> S Corporation (Federal Form 1120S) <input type="checkbox"/> Limited Liability Company (LLC) filing as: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Other:				
DATE BUSINESS BEGAN IN IDAHO: _____ STATE(S) WHERE BUSINESS WAS REGISTERED: _____ IS WORK PERFORMED IN ANY OTHER STATE(S)? <input type="checkbox"/> Yes – If yes, list state(s): _____ <input type="checkbox"/> No				
LIST ALL INDIVIDUAL OWNERS OF THE BUSINESS (ATTACH ADDITIONAL PAGE IF NECESSARY)				
NAME (FIRST LAST)	ADDRESS	PHONE	TITLE	PERCENT OWNERSHIP
At the time of the pandemic, was this self-employment your primary occupation and primary means of livelihood? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain.				
What methods, other than word of mouth, have you used to advertise your business in Idaho? (i.e. website, business cards, other marketing material, etc.)				
Does your work require special licensing or are you required to work under a licensed individual? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what license is necessary?				

Do you own, lease, or maintain an office or building for the business? Yes No
 If yes, list street address (Street, City, State, ZIP) if different from address on page one.

How many separate clients did your business perform services for in 2019?

During the last two years, have you paid \$1,500 or more in contract labor or wages during any calendar quarter? Yes No

What were your gross receipts or sales (before expenses) during 2019? \$ _____
 List your recurring monthly expenses:

RENT/MORTGAGE	\$	EMPLOYEE WAGES	\$
CONTRACT LABOR	\$	MONTHLY LIVING EXPENSES	\$

Have you closed your business due to the pandemic? Yes No Date of Business Closure: _____
 If closed, is the business closure permanent or temporary? Permanent Temporary
 If closed temporarily, when do you expect to resume business operations? _____

Do you have any occupation other than this self-employment? Yes - If yes, complete below. No
 OCCUPATION: _____
 WEEKLY HOURS: _____ WEEKLY GROSS WAGES: _____
 EFFECT OF PANDEMIC ON THIS OCCUPATION:

Additional Comments:

CLAIMANT ACKNOWLEDGMENT (FAILURE TO SIGN COULD RESULT IN A DELAY OR DENIAL OF BENEFITS)

I understand that making this self-certification is under penalty of perjury. I acknowledge that my claim may be audited up to three years after being filed, which includes verification with other federal and state information. If I make a false statement or willfully withhold information that is necessary to determine my eligibility, I may be required to pay back any benefits along with penalties and interest and will become ineligible for additional unemployment insurance benefits. I may also be subject to state and federal prosecution.

CLAIMANT SIGNATURE: _____ DATE: _____

CLAIMANT CERTIFICATION (FAILURE TO SIGN COULD RESULT IN A DELAY OR DENIAL OF BENEFITS)

I hereby self-certify that my answers to the above questions are true and correct, and that I am able and available for work, but cannot work due to the COVID-19 Coronavirus public health emergency. I understand that it is MY responsibility to get clarification on the information being requested by the Department if I am uncertain of what is being asked.

CLAIMANT SIGNATURE: _____ DATE: _____