

Record no

## ACCOUNT OF BUSINESS ACTIVITIES TO THE TE OFFICE (LIMITED LIABILITY COMPANY)

### SECTION A

#### Applicant

Applicant's name	Personal identity code
------------------	------------------------

You must submit an account of your business activities to the TE Office (Employment and Economic Development Office) to determine your right to unemployment security.

There is room for a free-form account at the end of the form. If you have several enterprises, you must fill in a form for each separate enterprise.

In the unemployment security system, working in a family business can also be seen as conducting business activities. "Family member" refers to married spouses or persons in a registered partnership. In addition, family members include cohabiting partners and relatives in a direct ascending or descending line who live in the same household.

The TE Office will ask you for more information if necessary. The TE Office may also require that you submit accounts to confirm the information you have provided.

#### 1. Basic information

1.1 Company name	1.2 Business ID
1.3.1 Address	
1.3.2 Postal code	1.3.3 Postal district
1.4 telephone number	1.5 WWW address

#### 2. Entrepreneurship

2.1 Do you work or have you worked in the limited liability company mentioned in section 1.1	
2.1.1 <input type="checkbox"/> Yes, I work or have worked without being in an employment relationship	
2.1.2 <input type="checkbox"/> Yes, I work or have worked in an employment relationship	
2.1.3 <input type="checkbox"/> No	
2.2 Have you taken out or have you been obliged to take out entrepreneur's pension insurance (YEL)?	
2.2.1 <input type="checkbox"/> Yes	2.2.2 <input type="checkbox"/> No

#### 3. Intermediary and offshore companies

Do you work or have you ever worked in another company that is wholly or partly owned by the limited liability company mentioned in section 1.1?	
3.1.1 <input type="checkbox"/> No	
3.1.2 <input type="checkbox"/> Yes. Name of company _____	
In this question, intermediate company refers to the limited liability company whose information you are providing here. If you selected "Yes", submit an account (e.g. a list of shareholders) to the TE Office on the share of ownership or authority in the company in which you have worked.	
Do you or your family members have shares or authority, or have you had shares or authority in a company that owns all or part of the limited liability company mentioned in section 1.1?	
3.2.1 <input type="checkbox"/> No	
3.2.2 <input type="checkbox"/> Yes. Name of company: _____	
If you selected "Yes", submit an account (e.g., a list of shareholders) to the TE Office on the share of ownership or authority in the company you mentioned (the offshore company) in the limited liability company whose information you are filling in here.	

3.3 If you or a member of your family have ever owned an offshore company wholly or partly but have waived ownership or authority, please explain the changes and indicate the end date of the ownership or authority.

#### 4. Share of ownership and authority in the company

4.1 Do you own or have you owned shares in the company?

Yes  No

4.1.1. Your ownership of the company

4.1.1.1 Number of shares you own

4.1.2 Total number of shares in the company

4.1.2 Are there types of shares in the company with different numbers of votes?

Yes

4.1.2.1 Number of votes produced by the shares you own \_\_\_\_\_

4.1.2.2 Total number of votes in the company shares \_\_\_\_\_

No

4.2 Does your family member own or has your family member owned shares in the company?

Yes  No

##### 4.2.1 Your family members' share of ownership in the company

(If there is more than one of these family members, fill in the rest on the back of the form if necessary.)

Family member's name: \_\_\_\_\_

Family member's address \_\_\_\_\_

Family relationship

Married spouse or registered partnership

Cohabiting partner

Child, adoptive child or grandchild living in the same household

Parent or grandparent living in the same household

Other, specify \_\_\_\_\_

I and the person with whom I am married or in a registered partnership do not have shared finances and we are living in separate households due to the relationship failing (TE Office will check the Population Register to find out the start date of the separation)

4.2.1.1 Number of shares owned by family members

4.2.1.2 Total number of shares in the company

4.2.2 Are there types of shares in the company with different numbers of votes?

Yes

4.2.2.1 Number of votes produced by shares owned by a family member \_\_\_\_\_

4.2.2. Total number of votes in the company shares \_\_\_\_\_

No

4.3 Does the company own or has it owned its own shares?

Yes  No

4.3.1.1 Number of the company's shares owned by the company itself

4.3.1.2 Total number of shares in the company

4.3.1.3 Number of shareholders in the company (persons or other shareholders)

4.3.2 Are there types of shares in the company with different numbers of votes?

Yes

4.3.2.1 Number of votes produced by shares owned by the company itself \_\_\_\_\_

4.3.2.2 Total number of votes in the company shares \_\_\_\_\_

4.3.2.3 Number of shareholders in the company (persons or other shareholders) \_\_\_\_\_

No

4.4 If there have been changes in the share of ownership or authority, explain the changes and state the date of the change or termination of ownership or authority here.

### 5. Position in companies

5.1 In the company, are you acting or have you acted as

5.1.1  Yes  No Managing director

5.1.2  Yes  No Chair or member of the board

5.1.3  Yes  No Deputy board member

5.1.4  Yes  No Other similar position,

specify: \_\_\_\_\_

5.2 How many times has the board met in the past year?

5.3 How many times have you attended the company's board meeting as a deputy member in the past year?

5.4 Has your position in the company changed? State how and since when.

## SECTION B

### 6. Starting business activities

6.1 Are you starting new business activities or resuming previous business activities that were suspended?

Yes  No

If you have started or resumed your business activities while unemployed, select "Yes", even if the business activities have already been concluded. If you have already provided the TE Office with an account on starting business activities, select "No".

6.1.1 Are or were there for any preparations for starting business activities and when do or did they start?

6.1.1.1  Yes, preparations started or will start \_\_\_\_\_

6.1.1.2  No, there are nor were no preparations for starting business activities.

6.1.2 What kind of preparations were or are involved with starting the business activities (e.g. renting or renovating premises, various marketing measures, etc.)?

6.2 When did or does the company's production and financial/economic activities start?

6.2.1  Activities started or will start \_\_\_\_\_

6.2.2  Activities have not started yet and there is no set date.

6.3 Is or has the company been entered in the VAT Register?

6.3.1  Yes, from \_\_\_\_\_

6.3.2  No

6.4 Is or has the company been entered in the Prepayment Register?

6.4.1  Yes, from \_\_\_\_\_

6.4.2  No

6.5 Is or has the company been entered in the Tax Administration's Employer Register?

6.5.1  Yes, from \_\_\_\_\_

6.5.2  No

### 7. Work history and studying during business activities

7.1 During your business activities, have you worked in unrelated paid employment?

Yes  No

Employer	Work started (date)	Work ended (date)	Employment relationship is ongoing	Working hours (hrs/week)
			<input type="checkbox"/>	

7.2 Have you studied full-time during your business activities?

Yes  No

Name of educational institution	Studies started	Studies ended	I have not yet completed my studies
			<input type="checkbox"/>
			<input type="checkbox"/>

7.3 Have you conducted other activities during business activities that you consider to indicate that your business activities do not prevent you from accepting full-time work?

Yes, specify \_\_\_\_\_

No

## 8. Ending business activities

8.1 Has a court made a decision to declare the company bankrupt?

8.1.1  Yes. I am applying for unemployment benefit from the date of bankruptcy at the earliest.

8.1.2  Yes. However, I am applying for unemployment benefit as a jobseeker for a period before the bankruptcy.

The company was declared bankrupt (date) \_\_\_\_\_

8.1.3  No

8.2 Has the company been placed into liquidation?

8.2.1  Yes. I am applying for unemployment benefit from the date of liquidation at the earliest.

8.2.2  Yes. However, I am applying for unemployment benefit as a jobseeker for a period before the liquidation.

Company was placed into liquidation (date) \_\_\_\_\_

8.2.3  No

8.3 Are you acting or have you acted as a liquidator in the company?

8.3.1  Yes

from \_\_\_\_\_ to \_\_\_\_\_

8.3.2  No

8.4 Have the company's production and financial/economic activities ended?

8.5 Have the company's production and financial/economic activities ended?

8.5.1  Yes

End date is: \_\_\_\_\_

8.5.2  No

8.6 Have you terminated your YEL insurance?

8.6.1  Yes

insurance coverage end date is \_\_\_\_\_

8.6.2  No

8.6.3  I have not had YEL insurance.

8.7 Is or has the company been entered in the Prepayment Register?

8.7.1  Yes, the company is entered in the Prepayment Register

8.7.2  Yes, but a notification of termination has been submitted to the Prepayment Register on \_\_\_\_\_

8.7.3  No

8.8 Is or has the company been entered in the Tax Administration's Employer Register?

8.8.1  Yes, the company is entered in the Employer Register

8.8.2  Yes, but a notification of termination has been submitted to the VAT Register on \_\_\_\_\_

8.8.3  No

8.9 Is or has the company been entered in the VAT Register?

8.9.1  Yes, the company is entered in the VAT Register.

8.9.2  Yes, but a notification of termination has been submitted to the VAT Register on \_\_\_\_\_

8.9.3  No

8.10 In your own words, describe the end of the company's production and financial/economic activities.

**9. Stopping working personally in a situation where business activities may continue**

9.1 Have you personally stopped working at the company even if the company continues to operate?

9.1.1  Yes, stopped working \_\_\_\_\_

9.1.2  No

9.2 Have you stopped working at the company due to a material decrease in your work ability?

Yes  No

9.2.1 Have you received the maximum period of sickness allowance?

9.2.1.1  Yes, the last day of sickness allowance was \_\_\_\_\_

9.2.1.2  No

This question concerns sickness allowance ending due to reaching the end of the maximum period. If your entitlement to sickness allowance has ended for any other reason, select "No".

9.2.2 Do you have a medical report stating that your disability is ongoing?

9.2.2.1  Yes 9.2.2.2  No

9.2.3 Is your disability pension application pending or rejected?

9.2.3.1  Yes 9.2.3.2  No

9.3 Indicate whether the following conditions match your situation.

9.3.1 Do you work under a commission contract with the same client or clients in a way specified by them?

Yes 9.3.2 Number of clients is: \_\_\_\_\_

No

9.3.3 Do you have a permanent place of business? (A separate workspace at home is not considered the kind of place of business intended here.)

Yes  No

9.3.4 Have you employed people in an employment relationship over the past year before registering as a jobseeker?

Yes  No

9.3.5 Have all your commission contracts ended?

Yes  No

Commissioned by	Work started	Work ended	Work is ongoing	Multiple periods of work for same client
			<input type="checkbox"/>	<input type="checkbox"/>

Enter here your commission contracts for the past year. If you have not had any commissions during this period, enter the details of the last commission. If you have delivered several commissions to a client, enter the details of the latest commission and select "Multiple periods of work for same client".

9.3.6 Explain what the low number of commissions is due to (e.g. low demand or established practices in the sector).

If you have employees in an employment relationship, explain their work duties and the duration of their employment relationships in the past year.

9.4 How long is it possible to carry out business activities on average during a year due to natural conditions?

- Up to six months  
 More than six months

9.5 Explain the natural conditions and other relevant factors affecting the business activities (e.g. seasonal fluctuations in the amount of external labour). What is the typical annual operating period of the company?

### 10. End of the employment of entrepreneur's family member

10.1 In the previous two years, have you held at least 15% of the company's share capital or voting rights produced by shares in the family company this account concerns?

- 10.1.1  Yes                      10.1.2  No

10.2 In the previous two years of the company this account concerns, have you acted as

10.2.1 Managing director?

- Yes                       No

10.2.2 Chair or member of the board?

- Yes                       No

10.2.3 Deputy board member?

- Yes                       No

10.2.4 Other similar position?

- Yes, specify: \_\_\_\_\_  
 Ei

10.3 How long have you worked in the company during the two years preceding the end of your employment?

- 10.3.1  Up to 6 months  
10.3.2  More than six months  
10.3.3  Not at all

Previously during:

\_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_

10.4 Is your work in the family business solely due to participating in the TE Office's services or on-the-job training?

- 10.4.1  Yes                      10.4.2  No

10.5 Did your employment end due to one of the following? (Select the appropriate option.)

- 10.5.1  Discontinuation of a line of production  
10.5.2  Changing the entire line of production or operation of the company  
10.5.3  Discontinuation or outsourcing of activities that previously were your source of employment

10.5.4  Other similar reason, specify: \_\_\_\_\_

10.5.5  None of the above

10.6 Have you been laid off for production-related or financial reasons?

- Yes                       No

Lay-off starts or started \_\_\_\_\_ - \_\_\_\_\_

LomautuLay-off ends \_\_\_\_\_ - \_\_\_\_\_

End date is an estimate

10.6.1 Over the past year, has the company dismissed or laid off an employee who is not your family member for financial production-related reasons?

- 10.6.1.1  Yes                      10.6.1.2  No

10.6.2 Are you insured otherwise than as specified in the Self-Employed Persons' Pension Act or the Farmers' Pensions Act?	
10.6.2.1 <input type="checkbox"/> Yes	10.6.2.2 <input type="checkbox"/> No
10.7.1 Has your work and payment of salary ended due to a fire, natural disaster or similar cause faced by the company, but you have not been laid off?	
10.7.1.1 <input type="checkbox"/> Yes	10.7.1.2 <input type="checkbox"/> No
10.7.1 Is there at least one other employee in the company who is in the same situation as you and who is not your family member?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.7.2 Are you insured otherwise than as specified in the Self-Employed Persons' Pension Act or the Farmers' Pensions Act?	
10.7.2.1 <input type="checkbox"/> Yes	10.7.2.2 <input type="checkbox"/> No
10.8 Has your employment ended at the company due to a permanent decline of the preconditions for business activities?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you selected "Yes", provide the TE Office with a copy of the last two profit and loss accounts and balance sheets in the company's financial statements. If the company's situation has deteriorated since the end of the previous financial year, submit another calculation to the TE Office on the amount of income generated by the business activities. The calculation must indicate how much income the company generates per person in its employment.	
10.8.1 Are there people working in the company who are not the entrepreneur's family members?	
10.8.1.1 <input type="checkbox"/> Yes	10.8.1.2 <input type="checkbox"/> No
10.8.2 Indicate the reasons why you no longer work at the company.	

### 11. Information on the nature of the business activities

11.1 Provide information about the company's activities and your work tasks in the company.
11.2 Explain to what extent the business activities provide you with work (for example the number of hours a day, what time the activities take place etc.). If the situation has changed, also explain how.
11.3 Explain how binding the business activities are. (For example, how quickly you can accept an offered job despite the business activities, etc.)



## SECTION C

### 12. More information about other matters related to the business activities

More information about other matters related to the business activities (for example information on applying for a start-up grant)?

### 13. Seeking full-time work

Are you seeking and ready to accept full-time work? (Select the appropriate option.)

13.1  Yes.

13.2  No.

13.3  Not during my business activities.

13.4  No. I receive partial disability pension and am applying for part-time work.

Seeking full-time employment is a prerequisite for receiving unemployment security. The requirement also applies to laid-off employees, for example. If you receive partial disability pension, you only need to seek part-time work.

### 14. Signature

When submitting this account to the TE Office, I assure that the information is correct.

Place and date

Signature

Name in print

Please note: The TE Office will issue a labour policy statement to the payer of the unemployment benefit on the impact of the business activities on your right to receive unemployment security, primarily until further notice. You have the duty to notify the TE Office of any changes in the business activities. Such changes may for example include the expansion of business activities and the resumption of work or business activities as a whole.