

Record no

ACCOUNT OF BUSINESS ACTIVITIES TO THE TE OFFICE (GENERAL PARTNERSHIP AND LIMITED PARTNERSHIP)

SECTION A

Applicant

Applicant's name	Personal identity code
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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. Working at the company

2.1 Do you work or have you worked in the company mentioned in section 1.1? 2.1.1 <input type="checkbox"/> Yes 2.1.2 <input type="checkbox"/> No
2.2 Are you or have you been a partner in a general partnership or a general partner in a limited partnership? (select the appropriate option) 2.2.1 <input type="checkbox"/> Yes, I am a partner in a general partnership or a general partner in a limited partnership. 2.2.2 <input type="checkbox"/> Yes, I have been a partner in a general partnership or a general partner in a limited partnership. 2.2.3 <input type="checkbox"/> No
2.3 You responded that you have been a partner in a general partnership or a general partner in a limited partnership. Have there been any changes in your position and, if so, what kind? Also mention the date of any changes.

3. Intermediary and offshore companies

3.1 Do you or your family members have, or have you had shares or authority in a company that is a partner in a general partnership or a general partner in a limited partnership in the company mentioned in 1.1?

3.1.1 No

3.1.2 Yes. Name of company: _____

If you selected "Yes", submit an account (e.g. a list of shareholders) to the TE Office on your and your family's share of ownership or authority over the company you mentioned.

3.2 If you or a member of your family have ever owned the mentioned 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. Authority in the company

4.1 Is or has one or more of your family members been a partner in a general partnership or a general partner in a limited partnership with no limitations on their authority defined in the partnership agreement?

4.1.1 Yes

4.1.2 No

If you selected "Yes", please provide the TE Office with a copy of the partnership agreement or another similar account indicating at least your own and your family members' authority in the company.

4.1.3 Details of the family members who are or have been partners in a general partnership or general partners in a limited partnership with no limitations on their authority defined in the partnership agreement. (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 Is or has one or more of your family members been a partner in a general partnership or a general partner in a limited partnership with limitations on their authority defined in the partnership agreement?

Yes

No

If you selected "Yes", please provide the TE Office with a copy of the partnership agreement or another similar account indicating at least your own and your family members' authority in the company.

Details of the family members who are or have been partners in a general partnership or general partners in a limited partnership with limitations on their authority defined in the partnership agreement. (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)

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

5. Position in the company

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

- Yes No Managing director
- Yes No Other similar position

specify: _____

5.2 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?

Yes, preparations started or will start _____
 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?

Activities started or will start _____
 Activities have not started yet and there is no set date.

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

Yes, from _____
 No

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

Yes, from _____
 No

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

Yes, from _____
 No

7. Work history and studying during business activities

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

7.1.1 Yes 7.1.2 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?

7.2.1 Yes 7.2.2 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?

7.3.1 Yes, specify _____
7.3.2 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 How much employment does or has acting as liquidator generated in terms of the amount of work?

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 Employer 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 _____

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?
 9.2.1 Yes 9.2.2 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?
 9.3.5.1 Yes 9.3.5.2 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?

9.4.1 Up to six months

9.4.2 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 been a partner in a general partnership or a general partner in a limited partnership in the company this account concerns? Select the appropriate option.

10.1.1 Yes

10.1.2 Yes, but my authority is or was limited in the partnership agreement. My authority is or has been over the last two years a maximum of _____ per cent.

10.1.3 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 Other similar position?

Yes, specify: _____

No

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 _____ - _____

Lay-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 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?	
<input type="checkbox"/> Yes	<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?	
10.7.1.1 <input type="checkbox"/> Yes	10.7.1.2 <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?	
<input type="checkbox"/> Yes	<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.