

Record no

ACCOUNT OF BUSINESS ACTIVITIES TO THE TE OFFICE (PRIVATE ENTREPRENEUR) (E.g. self-employed person or sole trader)

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.

Private entrepreneurs include company types such as self-employed persons and sole traders; the key thing is that it is a natural person conducting business in their own name. This form uses terms like “entrepreneur” and “business activity” even when referring to business activities carried out by a natural person in their own name.

In the unemployment security system, working for a family member 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.

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.

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 Name of company or person on whose behalf business activities are carried out | 1.2 Business ID |
| 1.3.1 Address | |
| 1.3.2 Postal code | 1.3.3 Postal district |
| 1.4 Phone number | 1.5 WWW address |

2. Entrepreneurship

Select the appropriate option

2.1 I work or worked in my own name without being in an employment relationship with clients.

2.2 I work or worked for my family member.

2.3 I do not work or have not worked in my own name or for my family member.

If you have performed some of your assignments (or similar work) in an employment relationship and some as a private entrepreneur, select option 1 or 2.

3.

You indicated you have engaged in business activities in your own name or for a family member. Has your situation changed in this respect? Also mention the date of any changes.

SECTION B

4. Starting business activities

4.1 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, for example an assignment, have already been concluded. If you have already provided the TE Office with an account on starting business activities, select "No".

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

4.1.1.1 Yes, preparations started or will start _____

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

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

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

4.2.1 Activities started or will start _____

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

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

4.3.1 Yes, from _____

4.3.2 No

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

4.4.1 Yes, from _____

4.4.2 No

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

4.5.1 Yes, from _____

4.5.2 No

5. Work history and similar activities during business activities

5.1 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"/> | |

5.2 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"/> |

5.3 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

6. Ending business activities

6.1 Have the company's production and financial/economic activities ended or are they about to end?

6.1.1 Yes.

End date: _____

6.1.2 No

6.2 Have you terminated your entrepreneur's pension insurance (YEL)?

6.2.1 Yes,

insurance coverage end date: _____

6.2.2 No

6.2.3 I have not had YEL insurance.

6.3 In your own words, describe the end of the company's production and financial/economic activities. Also mention if the business activities are still providing you with employment in some way.

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

7.1 Have you personally stopped or about to stop working at the company, for example because of being laid off or being incapable to work, even if the company continues to operate?

Yes, stopped or will stop working _____

No

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

Yes No

7.2.1 Have you received the maximum period of sickness allowance?

Yes, the last day of sickness allowance was _____

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".

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

Yes No

7.2.3 Is your disability pension application pending or rejected?

Yes No

7.3 Indicate whether the following conditions match your situation.

7.3.1 Do you work or have you worked under a commission contract with the same clients in a way specified by them?

Yes. 7.3.2 Number of clients is _____

No

7.3.3 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

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

Yes No

7.3.5 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".

7.3.6 Explain what the low number of commissions is caused by (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.

7.4 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

7.5 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?

8. End of the employment of entrepreneur's family member

8.1 Have the business activities this account concerns been carried out in your name in the previous two years?

- Yes No

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

- Up to 6 months
 More than six months
 Not at all

Previously during:

_____ - _____
_____ - _____
_____ - _____

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

- Yes No

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

- 8.4.1 Discontinuation of a line of production.
8.4.2 Changing the entire line of production or operation of the company.
8.4.3 Discontinuation or outsourcing of activities that previously were your source of employment.
8.4.4 Other similar reason, specify? _____
8.4.5 None of the above

| |
|--|
| <p>8.5 Have you been laid off for production-related or financial reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Lay-off started or will start _____ - _____</p> <p>Lay-off ends _____ - _____</p> <p><input type="checkbox"/> End date is an estimate</p> |
| <p>8.5.1 Over the past year, has the company dismissed or laid off at least one other employee who is not your family member for financial or production-related reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>8.5.2 Are you insured otherwise than as specified in the Self-Employed Persons' Pension Act or the Farmers' Pensions Act? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>8.6 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</p> |
| <p>8.6.1 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</p> |
| <p>8.6.2 Are you insured otherwise than as specified in the Self-Employed Persons' Pension Act or the Farmers' Pensions Act? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>8.7 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</p> <p>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.</p> |
| <p>8.7.1 Are people working in the company who are not the entrepreneur's family members? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>8.7.2 Indicate the reasons why you no longer work at the company.</p> |

9. Information on the nature of the business activities

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| <p>9.1 Provide information about the company's activities and your work tasks in the company.</p> |
| <p>9.2 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.</p> |
| <p>9.3 Explain how binding the business activities are. (For example, how quickly you can accept an offered job despite the business activities, etc.)</p> |

SECTION C

10. 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)?

11. Seeking full-time work

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

11.1 Yes.

11.2 No.

11.3 Not during my business activities.

11.4 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.

12. 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.