

SELF-EMPLOYMENT

K-BEN 3120 (Rev. 2-21) Web



MAIL: Unemployment Contact Center
P.O. Box 3539
Topeka, KS 66601-3539
FAX: (785) 296-3249
UPLOAD:
<https://UIAssistance.GetKansasBenefits.gov>

Claimant Name:	Social Security no.: XXX-XX-
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Complete this form and return it within **seven** days of the date you filed your claim. **Failure to reply by this date may result in a denial of benefits, possible overpayment and collection of benefits previously received.**

Current employment (check one of the following and then complete the appropriate section(s) below:

- | | |
|--|--|
| <input type="checkbox"/> An officer of a business entity | <input type="checkbox"/> A 1099 employee |
| <input type="checkbox"/> Self-employed in your own personal business | <input type="checkbox"/> None of the above |

Officer of a Business Entity

What is the name of the business entity? _____

What office do you hold? _____

Indicate the number of hours you spent on business activities each day during the last two weeks:

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
Week 1	_____	_____	_____	_____	_____	_____
Week 2	_____	_____	_____	_____	_____	_____

Can any of the activities you perform be completed after 5 p.m.? YES NO What percent? _____

Is the business being dissolved? YES NO If YES, when do you expect dissolution to be completed? _____

Self-Employed in Your Own Personal Business

What is the name of the business entity? _____

Indicate the number of hours you spent on business activities each day during the last two weeks:

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
Week 1	_____	_____	_____	_____	_____	_____
Week 2	_____	_____	_____	_____	_____	_____

Can any of the activities you perform be completed after 5 p.m.? YES NO What percent? _____

Is the business being dissolved? YES NO If YES, when do you expect dissolution to be completed? _____

Claimant Name: _____	SSN: XXX-XX-____
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1099 Employee

What is the name of the business or entity you are contracted with? _____

When will the contract end? _____ Do you expect it to be renewed? _____

Who supplies tools and equipment needed to perform the work? Me The Company

Does the work require any financial cost to you personally? YES NO Describe: _____

Who sets the work hours? Me The Company

Indicate the number of hours you spent on business activities each day during the last two weeks:

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
Week 1	_____	_____	_____	_____	_____	_____
Week 2	_____	_____	_____	_____	_____	_____

Can any of the activities you perform be completed after 5 p.m.? YES NO What percent? _____

Availability for Work

Are you seeking full-time work? YES NO If NO, explain: _____

If you are offered a full-time job, will you accept it? YES NO If NO, explain: _____

What type of work are you seeking? _____

Do you have prior experience or training for this type of work? YES NO If YES, how much? _____

Would you end your self-employment, officer service or 1099 work to accept a full-time job? YES NO

If NO, explain: _____

List the work search activities you performed **last week** (Sunday through Saturday):

	Date	Employer Name & Address or Type of Activity	Job Sought	Result of Activity
Application 1				
Application 2				
Other Activity				

If you did not make any work search activities last week, why? _____

CERTIFICATION: I certify that the information I have provided is correct and complete, and I understand the willful or intentional misrepresentation or failure to disclose a material fact is punishable under the Kansas Employment Security Law.

Signature: _____ Date: _____

Phone: _____ Email: _____