



The Self-Employment Assistance Program (SEAP) Withdrawal Form

Instructions: Complete this form and submit online at www.labor.ny.gov/signin, by mail to the address above or fax it to (518) 402-6586. If you need more space, attach additional sheets. Continue claiming weekly benefits. You must report any days you work in employment or self-employment when you claim weekly benefits.

Name: _____ Last four digits of Social Security Number:

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Telephone Number: _____

1. Why do you want to withdraw from the SEAP?

- Lack of money for business Enrolled in training/school
 Did not earn enough Became employed
 Other _____

2. Did you get a Federal Identification Number (FEIN) for your business? Yes No

If yes, what is the number? _____

3. Do you have a business or personal bank account that is used for the business? Yes No

4. Do you have any accounts receivable? Yes No
If yes, how will these accounts be collected? _____

5. Do you have any inventory? Yes No

If yes, what are your plans for this inventory? _____

6. Do you have any outstanding business debts such as loans, rent or accounts payable? Yes No

If yes, please explain. _____

7. Do you have any other business obligations such as pending orders or services to be rendered? Yes No

If yes, please explain. _____

8. Did you purchase any equipment for your business? Yes No
If yes, what are your plans for this equipment? _____

9. Did you promote/advertise your business, this includes websites, Instagram and Facebook pages? Yes No
If yes, please explain. _____

10. Do you have a website for your business? Yes No
If yes, what is the web address? _____

11. Are you still performing **any** activity for your business? Yes No
If no, on what date did you stop activity? _____
If yes, please explain. _____

I certify that the above is true and correct. I understand that I must report **any** activity I perform related to self-employment when I certify for weekly benefits, even if I did not earn any income. I understand that I must actively look for work and keep a record of my job search efforts.

Signature Date