



The Self-Employment Assistance Program (SEAP) Individual Progress Report

Instructions: The purpose of this report is to show us where you are in the process of starting your business. If you need more space, attach additional sheets. **The activities you list do not have to be completed before you send us this form.** Submit this form online at: www.labor.ny.gov/signin, by mail to the address above or fax it to (518) 402-6586. If this form is not received by the due date, you will not be eligible for SEAP benefits from the date the form was due until the date the form was received.

Name: _____ Last four digits of Social Security Number:

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Business name: _____

Business telephone number (if available): (____) _____

Activity/Task	Date Completed	Projected Completion Date	Not Applicable	Comments
Completed entrepreneurial or business training				
Developed business plan				
Established legal structure (Sole proprietorship, corporation, LLC, partnership, etc.)				
Obtained a federal tax identification number				
Opened business checking account				
Established office in home or signed a lease for an office outside home				
Secured needed equipment and supplies				

Activity/Task	Date Completed	Projected Completion Date	Not Applicable	Comments
Developed marketing plan for the business and your product(s)				
Began advertising of product or service (began carrying out marketing plan)				
Purchased business insurance				
Obtained needed business licenses and permits				
Hired staff				
Developed record-keeping and accounting system				
Started providing goods or services				

Progress on activities/tasks not listed above: _____

Typical number of days per week you spend on business/start-up activities: _____

Typical number of hours per day on business/start up activities: _____

Challenges in starting your business: _____

I certify that the statements above are true and correct.

Signature: _____ Date: _____