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: ____________

Telephone Number: ____________________

1. Why do you want to withdraw from the SEAP?
   - Lack of money for business
   - Did not earn enough
   - Enrolled in training/school
   - 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