

Guidance for Self-Employed Individuals FILING A PANDEMIC UNEMPLOYMENT ASSISTANCE CLAIM myunemployment.nj.gov

Please print this guide or keep it viewable on your computer while you complete the application.

To apply online for Pandemic Unemployment Assistance benefits, you should first collect:

- Social Security Number
- Alien Registration Number (if you are not a US citizen)
- NJ driver license or state ID number (if available)
- Pension information (if you are receiving any pension or 401k from a recent employer)
- · Amount and duration of any separation pay you may be receiving from any past employer
- Recall date (if you expect to be recalled to your job; may be left blank)
- Union hiring hall information, including local number and address (if you get work through a union)
- Military Form DD-214 (if you were in the military in the last 18 months)

Next, prepare the following information about your self-employment, platform or "gig" employment and all other employment, if any. For each self-employment or employer that you worked for in the last 18 months, please collect the following:

- Name and address of employer (if there were additional employers other than yourself)
- Employer's telephone number (may be left blank if unknown)
- Your occupation with that employer
- · Beginning date and last dates you worked for each employer
- Reason for separation

If you have never created an account with myunemployment.nj.gov, follow the instructions here to create an account: https://myunemployment.nj.gov/labor/myunemployment/before/createaccount/index.shtml.

Please note that it is not possible to save your online application and return to it. You must complete it and submit it all at once.

To file an application for benefits, please refer to the following instructions for self-employed, independent contractor, gig, and platform workers. Please print this guide or keep it viewable on your computer while you complete the application.

When completing Step 1: General Information, refer to this guide:

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File A Claim	Step1	Step2	Step3	Step4	Step5	Step6	Step7	<u>Disclaimer</u>	
File/Update Direct Deposit	General Information	Personal Information	Eligibility Information	Employment Information	Employment Details	Submit Application	Confirmation		
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When completing Step 2: Personal Information, refer to this guide, fill in all fields, and review for accuracy:

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File A Claim	Charl	Charle 1	Charo	Chard	Charl	Charle	017	Disclaimer	
File/Update Direct Deposit	General General Information	Step2 Personal Information	Step3 Eligibility Information	Step4 Employment Information	Step5 Employment Details	Step6 Submit Application	Step7 Confirmation		
Update Address/Telephone	Personal Inf	ormation						*	4 6 4 4
Claim Inquiry	-							* require	
Web 1099-G								Cancel &	Exit
	* 2.1 Are y	ou a citizen or na	tional of the Unite	d States? Yes	○ No				
	* 2.2 Pleas	e enter your hom	e telephone numb	er: 732 -555	-5162				
	2.3 Please e	enter your alternat	te telephone numl	ber:	-				
	2.4 Plasso (enter your email a	ddross: 510000						
			, _	SICOM		_			
	Re-type	email address:	5162@SSI.COM						
	* 2.5 If yo	u are scheduled fo	r an appointment	. do vou need an	interpreter? () Ye	es 🖲 No			
		" please select the							
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	If "(Other," please spe	cify the language	you speak.					
	* 2.6 Pleas	e select the numb	er of years of edu	ication you have	completed. 11	V			
	* 2.7 What	t is your ethnic gro	pup? Choose not	to Answer 🗸					
	* 2.8 What	t is your race? Ch	noose not to Answ	/er	~				
					_	usehold? () Yes 🖲	No		
	2.5 Wilei	r you are working,	, are you the prim	ary / main waye	camer in your no				
								Back Contin	iue

When completing Step 3: Eligibility Information, refer to this guide:

	UNEMPLOYMENT INSURANCE BENEFITS STATE OF NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
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File A Claim	Step1 Step2 Step3 Step4 Step5 Step6 Step7
File/Update Direct Deposit	General Personal Information Details Application
Update Address/Telephone	Eligibility Information
Claim Inquiry	
Web 1099-G	
	 * 3.1 Are you ready, willing and able to immediately work full-time? Yes O No * 3.2 Are you or have you been a student in full-time attendance at an educational institution with * 3.3 Are you currently enrolled in job training or college? Yes No If "No," do you plan to enroll in job training or college? NO
	If "Yes," do you have a definite date to start in j If "Yes," enter the definite date planned to s Answer "Yes" if * 3.4 Do you wish to have 10% Federal Income Tax wit 1. You were physically able to do your work before
	 * 3.5 Do you wish to claim a dependency allowance? C * 3.6 Are you a member of a union? Yes No If "Yes," do you seek work through a Union hiring hat * 3.7 Are you currently registered with Vocational Reha * 3.8 How do you wish to receive your Benefit Payment * 11 you selected "Direct Deposit," please enter the * Account Type: "-Select." * Routing Number: * 3.7 Direct Deposit, " Please enter the * Account Type: "-Select." * Routing Number: * 3.7 Direct Deposit, " Please enter the * Account Type: "-Select." * Routing Number:
	Re-enter Routing Number: Account Number:
	Account Number: Re-enter Account Number: John Q. Public 123 Any Sheet Trenton, NU 06008 PAY TO UK ORDER OR Memo: Memo:

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File A Claim	Step1	Step2	Step3	Step4	Step5	Step6	Step7	Disclaimer	
File/Update Direct Deposit	General Information	Personal Information	Eligibility Information	Employment Information	Employment Details	Submit Application	Confirmation		
Update Address/Telephone	Employment	Summary		-				* required field	
Claim Inquiry	1							Cancel & Exit	
Web 1099-G	Employers A								
	Add NJ Em	10-01-2015 to 0	3-04-2017 , then	select the "Contin	ue" button.			u have no employer(s) Back Continue	
						all s cont as w	elf-emplo tract, gig	l NJ Employer" t byment, indeper and platform we y other employr months	ndent ork,

When completing Step 4: Employment Information, refer to this guide:

Identifying your Employer Name:

If you are self-employed, enter your business name (if one exists), or your name in the "Employer Name" field.

If you are an independent contractor, gig or platform worker, and you work for an entity, app, website, or other online platform, you could be considered an employee of that business and would enter their business/platform/app name in the "Employer Name" field.

NOTE: You would be considered an employee if that business controls/directs your work; and your work is part of the usual course of business or is within the places of business of that entity for which your service is performed; and if you are not engaged in an independently established trade, occupation, profession or business.

	UNEMPLOYMENT INSURANCE BENEFITS STATE OF NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT		
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Web 1099-G			
	* Employer Name: YOUR BUSINESS NAME		
	Employer FEIN: 0311437180		
	* Address Line 1: 1 MAIN ST		
	Address Line 2:		
	Address Line 3:		
	* City: TRENTON	lf 1	there is a business
	* State: New Jersey	na	me, enter it here.
	* Zip Code: 08625 -		herwise, enter
	Telephone Number: 609 -555 -1212		
	State Employer Payroll Number:	yo	ur own name.
	If work location different		
	City:		
	State: "-Select-"		NOTE: If you have multiple
	* What was the start date for this employer?	לציציני	employers, make sure you answering correctly for the
	* What was the last day you worked for this employer? 01-01-2017	(mm-dd-yyyy)	employer listed at the top of
	* Are you still employed by this employer? \bigcirc Yes \textcircled{O} No		this screen.
	If "Yes," explain the reason. "-Select-"	~	
	* Are you self employed or the owner of this business? \bigcirc Yes \textcircled{O} No		
	$\ensuremath{^*}$ Are you a corporate officer or do you have 5% or more equitable or d	ebt interest in this employer? \bigcirc Yes $oldsymbol{igstar}$ No	
	* Are you related to the owner of this employer? () Yes () No		
	If "Yes," was this business a corporation or partnership? -Select-"	$\overline{}$	
	If the business is not a corporation or partnership, what is your relationship to the owner?	"-Select-"	
	* Please select your reason for separation from this employer. Lay Off	Lack of Work	
	If your reason for separation was not "Lay Off/Lack of Work" or "Stil	Employed," please provide further explanation below.	
		^	
	255 characters left	~	
	If your reason for separation was "Discharged/Fired", "Suspended" of Performance", what was your discharge date?	r "Unsatisfactory Work 🧰 (mm-dd	- //////
	* Do you expect to be recalled by this employer? \bigcirc Yes \odot No		
	If "Yes," do you have a definite date of recall?		
	If "Yes," enter your definite date of recall.	n-dd-yyyy)	
	If you expect to be recalled, is your work seasonal?		

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	Step2 Step3 Personal Eligibility	Step4 Employment Information	Step5 Employment	Step6 Submit	Step7 Confirmation	Disciantier	
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						Cancel & Exit	t
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* What was the	last day you worked for this	employer? 01-01-2	2017 🔲 (mm-d	d-үүүү)			
* Are you still e	mployed by this employer?	🔾 Yes 🖲 No					
If "Yes," expl	lain the reason. "-Select-"		~	•			
* Are you self er	mployed or the owner of this	s business? () Yes (• No				
	porate officer or do you have			est in this employe	r? 🔿 Yes 🖲 No		
* Are you relate	d to the owner of this emplo	oyer? 🔿 Yes 🖲 No					
If "Yes," was	this business a corporation	or partnership? -S	elect-" 🗸				
If the bus relations	siness is not a corporation on hip to the owner?	r partnership, what i	is your	"-Select-"		V	
* Please select y	your reason for separation fr	om this employer.	Lay Off/Lack of \	Work	~		
If your reaso	n for separation was not "La	y Off/Lack of Work"	or "Still Employe	ed," please provide	further explanati	ion below.	
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	rs left on for separation was "Discha ", what was your discharge o		nded" or "Unsati	sfactory Work		(mm-dd-yyyy)	
	t to be recalled by this emplo						
	you have a definite date of re		I				
	enter your definite date of r	ecall.	(mm-dd-yyyy)				
If "Yes,"	enter your demnite date of f						

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		s the last day you	,			-0000)		-	any, platform or app for
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		elated to the own							
	If "Yes,"	was this busines	s a corporation or	partnership?	elect-" 🗸				
	If th rela	ne business is not tionship to the ow	a corporation or p ner?	oartnership, what	is your	"-Select-"		V	
	* Please se	lect your reason f	or separation from	n this employer.	Lay Off/Lack of V	/ork	~		
	If your	reason for separat	ion was not "Lay	Off/Lack of Work"	or "Still Employe	d," please provide	further explanati	on below.	
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		reason for separat ance", what was y			ended" or "Unsatis	factory Work		(mm-dd-yyyy)	
	* Do you e	xpect to be recalle	ed by this employe	er? 🔿 Yes 🖲 No					
		' do you have a de]				
	If "\	res," enter your de	efinite date of rec	all.	(mm-dd-yyyy)				
	If you e	xpect to be recalle	ed, is your work s	easonal? -Selec	t-" 🗸				
								Back Continue	1

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	UNEMPLOYMENT INSURANCE BENEFITS STATE OF NEW JERSEY	
	DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT	
NJSuccess File A Claim	Disclaimer	•
File/Update Direct	Step1 Step2 Step3 Step4 Step5 Step6 Step7 General Personal Eligibility Employment Employment Employment Confirmation Information Information Information Information Step3 Step3	
Deposit Update	Information Information Information Details Application Add NJ Employment	
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Web 1033-G		
	* Employer Name: YOUR BUSINESS NAME	
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	* Address Line 1: 1 MAIN ST	
	Address Line 2:	
	Address Line 3:	
	* City: TRENTON	
	* State: New Jersey	
	* Zip Code: 08625 -	
	Telephone Number: 609 -1555 -1212	Should be blank except
	Telephone Number: 609 -655 -1212 State Employer Payroll Number:	if the applicant is an
		employee of a NJ State
		department or
	State: "Select."	commission.
	* What was the start date for this employer? 01-01-2015 (mm-dd-yyyy)	
	* What was the last day you worked for this employer? 01-01-2017 🔲 (mm-dd-yyyy)	
	* Are you still employed by this employer? \bigcirc Yes \textcircled{O} No	
	If "Yes," explain the reason. "-Select-"	
	* Are you self employed or the owner of this business? \bigcirc Yes \textcircled{O} No	
	* Are you a corporate officer or do you have 5% or more equitable or debt interest in this employer? \bigcirc Yes \odot No	
	* Are you related to the owner of this employer? () Yes () No	
	If "Yes," was this business a corporation or partnership?	
	If the business is not a corporation or partnership, what is your "-Select-"	
	* Please select your reason for separation from this employer.	
	If your reason for separation was not "Lay Off/Lack of Work" or "Still Employed," please provide further explanation below.	
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	If your reason for separation was "Discharged/Fired", "Suspended" or "Unsatisfactory Work Performance", what was your discharge date?	
	* Do you expect to be recalled by this employer? ○ Yes	
	If "Yes," do you have a definite date of recall? "Select."	
	If "Yes," enter your definite date of recall.	
	If you expect to be recalled, is your work seasonal?	
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Step1 General	Step2 Personal	Step3 Eligibility	Step4	Step5 Employment	Step6 Submit	Step7 Confirmation			
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	self employed or the c	owner of this bus	iness? ©Yes 🖲	No					Enter Ye
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 Are you a Are you n If "Yes," If the rela Please se If your n 255 chart If your n Perform Do you e If "Yes," If " 	related to the owner of " was this business a ne business is not a co tionship to the owner elect your reason for s reason for separation racters left reason for separation nance", what was your xpect to be recalled b " do you have a defini Yes," enter your defini	of this employer? corporation or par orporation or par ? separation from th was not "Lay Off was "Discharged tr discharge date? py this employer? ite date of recall?	Yes ● No artnership? Sek tnership, what is •- his employer. La (/Fired", "Suspend //Fired", "Suspend //Fired"	ect." V your "Still Employ ied" or "Unsati	Nork ed," please provid sfactory Work		ion below.		

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If "Yes, * Are you * Are you Are you	self employed or t a corporate officer related to the own	the owner of this h r or do you have 5 her or this employe	i% or more equita er? 🔾 Yes 💌 No	ble or debt inter	est in this employe	er? () Yes 🖲 No			
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Please select your reason for separation from this employer.

	UNEMPLOYMENT INSURANCE BENEFITS STATE OF NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT		
NJSuccess	i // Translate this Page))) 👌 Selec	ect Language 🔻	
File A Claim	Dis Step1 Step2 Step3 Step4 Step5 Step6 Step7	isclaimer	
File/Update Direct Deposit	General Personal Elipibility Employment Employment Submit Confirmation Information Information Information Details Application		
Update Address/Telephone	Add NJ Employment		
Claim Inquiry		* required field Cancel & Exit	
Web 1099-G	-		
	* Employer Name: YOUR BUSINESS NAME Your FEIN: 000000000	BUSINESS CLOSED/	
	* Address Line 1: 1 MAIN ST	HOURS REDUCED:	
	Address Line 2:	Your client closed their	
	Address Line 3:	business or halted/reduced	
		your work due to COVID-19.	
		,	
	New versely	VOLUNTARY LEAVE/	
		REDUCED HOURS:	
	Telephone Number: 609 "-Select-" State Employer Payroll Number: Business Closed	You made the decision to	
	If work location different	stop offering or reduce your	
	City: Lay Off/Lack of Work	services due to COVID-19	
	State: Select." Quit/Resigned	related concerns.	
	Retired	OTHER- COVID19 RELATED:	
	* What was the start date for this em Still Employed	Any other COVID19 ReLATED.	
	* What was the last day you worked to Strike/Labor Dispute * Are you still employed by this employed by the second Suspended	you cannot work, such as you	
	* Are you still employed by this employed by the second state of the second st	are sick with or caring for	
	Work Hours Reduced Due To Lack of Work	someone with coronavirus, or	
	Are you self employed or the owner Business Closed/Hours Reduced - COVID-19 Related Voluntary Leave/Reduced Hours - COVID-19 Related	at home with your child whose	Э
	Other - COVID-19 Related	school has been closed.	
	* Are you related to the owner of this If "Yes," was this business a corporation partnership: [-Select-[]]		
	If the business is not a corporation or partnership, what is your relationship to the owner?		
	* Please select your reason for separation from this employer. "-Select-"		
	If your reason for separation was not "Lay Off/Lack of Work" or "Still Employed," please provide further explanation below.		
	COVID19 Impact		
	255 characters left In your reason for separation was ibischarged/med , suspended of onsatisfactory work] (mm-dd-yyyy)	
	Performance", what was your discharge date?		
	* Do you expect to be recalled by th If "Yes," do you have a definite d		
	If "Yes," enter your definite d If your self-employment has		
	If you expect to be recalled, is you been affected by COVID-19, please choose one of the three		
	COVID-19 options. Write "COVID19 Impact" in the box below.	Continue	

Continue to Add NJ Employers until you have included each employer you have had for the past 18 months. Click on the "Continue" Button when all employers have been added.

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	DEPART	VIENT OF LABOR	CAND WORKFO	JKCE DEVELOP	TVIENI	Ten	nclate this Dage	💦 Select Language 🔻
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File/Update Direct Deposit	General Information	Personal Information	Eligibility Information	Employment Information	Employment Details	Submit Application	Confirmation	
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Web 1099-G	Employers Ac							
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Next, finish the application.

Complete Step 5: Employment Details

In this section you will be asked about the presence of a disability, pension or other related pay, as well as how you were paid by your self-employment or other employer.

Complete Step 6: Submit Application

Complete Step 7: Record your confirmation number. Begin collecting all income demonstrating documents, such as W-2s, 1099s, etc. from the past two years. Add all of the employers not already listed that you worked for in the dates that autopopulate. Include all employment relationships: your own self-employment/business, a business where you were a corporate officer, other employers where you were paid on W2, or an entity, app, website, or other online platform for which you were an independent contractor, gig or platform worker.

What happens next:

Per federal rules, an applicant for Pandemic Unemployment Assistance (PUA) must first be assessed for traditional unemployment insurance benefit eligibility. If you are denied traditional unemployment benefits, you can always file an appeal, which takes time. Once denied, you are most likely eligible for benefits under Pandemic Unemployment Assistance since ineligibility for regular unemployment is a prerequisite for receiving these expanded benefits due to COVID-19.

In this case you will need to gather the last two years of your tax returns or other evidence of income history, which will be necessary for processing your claim. The Pandemic Unemployment Assistance benefits can be paid retroactively for periods of unemployment, beginning on or after February 2, 2020. Additional details will be posted online as they become available.

The New Jersey Department of Labor is currently working with the United States Department of Labor to develop the process to assess your application for this new federal program. We ask for your patience at this time; once the process is determined, you will be contacted and the Department of Labor's website will be updated with details and expected timelines.



NJ.GOV/LABOR