



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF TALENT AND ECONOMIC DEVELOPMENT  
TALENT INVESTMENT AGENCY  
UNEMPLOYMENT INSURANCE

ROGER CURTIS  
DIRECTOR  
WANDA M. STOKES  
DIRECTOR

## Bi-Weekly Paper Certification

\_\_\_\_\_  
Last Name First Name M.I. Telephone Number

\_\_\_\_\_  
Current Street Address City State Zip Code

Answer the following certification questions for your first week beginning Sunday through Saturday. Check Y for yes and N for no.	Y	N
Has your address changed since your last certification?		
What week are you claiming? Beginning Sunday, _____ through Saturday, _____? <small>mm/dd/yyyy mm/dd/yyyy</small>		
Were you available to accept full-time work every day of this week?		
Were you physically and mentally able to perform full-time work for any employer this week?		
Did you look for work during this week?		
Did you quit any job this week?		
Did you refuse any job(s) or offer(s) of work this week?		
Were you fired from any job this week?		
Did you BEGIN attending school or training classes this week?		
Did you BEGIN receiving a pension this week?		
Did you receive vacation pay this week?		
Did you receive, or will you receive holiday pay for a holiday that occurred this week?		
Did you receive severance pay this week?		
Did you receive bonus pay this week?		
Did you do any type of work this week?		
Did you have any earnings, even if you have not been paid this week?		
Did you return to full time work this week?		
<b>For Basic TRA (no approved training)</b> Did you contact the Michigan Works! Agency to update your waiver of TAA training on or after this week?		
<b>For TRA (while in approved TAA training)</b> Did you satisfactorily participate in training between Sunday and Saturday of this week?		
<b>For UCX Only</b> Did you receive subsistence allowance this week?		
<b>Certification:</b> I certify that the information I have reported is true and correct. I understand that if I intentionally make a false statement, misrepresent facts or conceal material information to reduce or prevent benefits, I may be required to repay benefits, charged damages and could be subject to criminal prosecution.		
_____ Signature	_____ Date	



TED is an equal opportunity employer/program.

<b>Answer the following certification questions for your second week beginning Sunday through Saturday. Check Y for yes and N for no.</b>	<b>Y</b>	<b>N</b>
Has your address changed since your last certification?		
What week are you claiming? Beginning Sunday, _____ through Saturday, _____? <span style="font-size: small; margin-left: 100px;">mm/dd/yyyy</span> <span style="margin-left: 150px;">mm/dd/yyyy</span>		
Were you available to accept full-time work every day of this week?		
Were you physically and mentally able to perform full-time work for any employer this week?		
Did you look for work during this week?		
Did you quit any job this week?		
Did you refuse any job(s) or offer(s) of work this week?		
Were you fired from any job this week?		
Did you BEGIN attending school or training classes this week?		
Did you BEGIN receiving a pension this week?		
Did you receive vacation pay this week?		
Did you receive, or will you receive holiday pay for a holiday that occurred this week?		
Did you receive severance pay this week?		
Did you receive bonus pay this week?		
Did you do any type of work this week?		
Did you have any earnings, even if you have not been paid this week?		
Did you return to full time work this week?		
<b>For Basic TRA (no approved training)</b> Did you contact the Michigan Works! Agency to update your waiver of TAA training on or after this week?		
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<b>For UCX Only</b> Did you receive subsistence allowance this week?		
<b>Certification:</b> I certify that the information I have reported is true and correct. I understand that if I intentionally make a false statement, misrepresent facts or conceal material information to reduce or prevent benefits, I may be required to repay benefits, charged damages and could be subject to criminal prosecution.		
_____ Signature	_____ Date	

**Actively Search for Work Every Week, Document and Inform**

You **must** look for work and submit at least two job contacts per week to UI. You **must** include the following information for each contact: (1) Date of Contact; (2) Name of Employer; (3) Physical or online location of each employer; (4) Method of seeking work (online application, in person application, etc.)

Inform UI of your Work Search through your MiWAM account during your bi-weekly certifications **OR** submit your completed Form UIA 1583, *Record of Work Search*, by fax to 1-517-636-0427 or mail to Multi Service Center, 9023 Joseph Campau, Hamtramck, MI 48212, or drop off in person at any UI Local Office. This is due every four weeks.

If your address changes it is important to update it with Unemployment Insurance.

If you have questions, contact TIA-UI customer service at 1-866-500-0017 from 7 a.m. to 6 p.m. Monday through Wednesday, and from 7 a.m. to 5 p.m. on Thursday and Friday. If you are hearing impaired, TTY service is available at 1-866-366-0004.

## Information for self-employment profit calculations

As a self-employed person, you must keep receipts of all your business expenses and records of the money you received from the sale of goods or services. There are two types of receipts, total cost of doing business receipts and total receipts.

1. The **total cost of doing business** receipts are your business expenses. These are payments you make to cover the expenses of operating your business.
  - Some are **prorated** because they are large, determinable expenses like rent or insurance that is made on a yearly, quarterly or monthly basis. Examples of large fixed expenses paid at regular intervals (monthly, quarterly, or yearly) are: rent for business premises, utilities and fuel, leasing equipment, insurance premiums, interest, real estate tax, personal property tax, license fees, or permits. These expenses are prorated to cover the week you are claiming.
  - The **other** expenses are what you paid out as business expenses during the week you are claiming unemployment benefits. Included in weekly expenses are such things as: office supplies, cleaning and repair materials, advertising, cost of transportation, wages, cleaning services, delivery services, bank charges and fees. For example, you cannot use the cost of a car as a business expense because it is a capital asset, but you can include in your weekly expenses the gas you need to fuel your car.
  
2. The **Total receipts** is the cash amount of any sales made during the week covered and the amount due for any services performed during the week you are claiming, even if you have not received the payment. Receipts for sales made or payment for services performed must always be counted as current receipts as of the date they become accounts receivable, regardless of when you actually received the cash. The receipts can include receipts for sales, fees, commissions, or payment of any kind to your business. You should keep detailed records showing all monies received for the sale of goods for work or services performed in self-employment. Unemployment Insurance can ask that you show the receipts to substantiate your claim for unemployment benefits.
  - ◆ **Add** all your monthly expenses and divide them by 4.3 to get your weekly expenses.
  - ◆ **Add** your prorated expenses and your other expenses to get your total cost of doing business for any particular week.
  - ◆ **Add** all your receipts. This sum is your total receipts.
  - ◆ **Subtract** your total cost of doing business from your total receipts.
  - ◆ This **equals** your gross profit or loss.



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Name: \_\_\_\_\_  
MIN: \_\_\_\_\_

### Bi-Weekly Paper Certification Calculating Self-Employment Profit or Loss

If you are self-employed, operating a business for yourself, or performing services for others as a self-employed person, you must keep receipts of all your business expenses and records of the money you received from the sale of goods or services. For each week for which you are claiming benefits (Sunday through Saturday), you must report your business expenses and the money you received or expect to receive in the future from the sales of goods or from work or services you performed in the week.

#### Calculating Self-Employment

1. Show the total of large, fixed expenses paid at regular intervals (monthly, quarterly, yearly) on line #1 for each week.
2. Divide the monthly amount on Line #1 by 4.3 to calculate the prorated amount for each week.
3. Add all other expenses that were paid for each week. Put the total in line #3.
4. Enter the total of your expenses by adding lines #2 and #3. Put the total in line #4.
5. Total the receipts from sales, fees, commissions or payments of any kind made in connection with the operation of your business. Enter the total amount for each week on line #5.
6. To find the Gross Profit, subtract line #5 from line #4. If you have a negative balance your gross profit is zero.

#### Expenses for Week 1

1. Expenses Paid Monthly	\$ _____
Divide by 4.3 = Weekly	_____
2. Expense of	\$ _____
Plus All Other Expenses	_____
3. Paid During the Week	\$ _____
<b>Total Expenses</b>	_____
4. Total Expenses	\$ _____

#### Receipts

5. Receipts for Sales/Service	\$ _____
<b>Gross Profit to Be Entered in Earnings for Weekly Certification</b>	_____
6. Gross Profit	\$ _____

#### Expenses for Week 2

Expenses Paid Monthly	\$ _____
Divide by 4.3 = Weekly	_____
Expense of	\$ _____
Plus All Other Expenses	_____
Paid During the Week	\$ _____
<b>Total Expenses</b>	_____
Total Expenses	\$ _____

#### Receipts

Receipts for Sales/Service	\$ _____
<b>Gross Profit to Be Entered in Earnings for Weekly Certifications</b>	_____
Gross Profit	\$ _____

**Certification:** I certify that the information I have reported is true and correct. I understand that if I intentionally make a false statement, misrepresent facts or conceal material information to reduce or prevent benefits, I may be required to repay benefits, charged damages and could be subject to criminal prosecution.

Signature \_\_\_\_\_

Date \_\_\_\_\_



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### Bi-Weekly Paper Certification Flexible Week

Complete the section below if you are claiming benefits for a “flexible week” of unemployment. You have a flexible week if you have earned 1.5 times your weekly benefit amount (WBA) in each of two consecutive calendar weeks and within the two weeks, there is a period of at least seven consecutive days in which you had no earnings. For example, 1.5 times your WBA of \$124.00 = \$186.00. If you earned \$186.00 or more in week 1 and have 7 consecutive days without any earnings and in week 2 you earned \$186.00 or more, you can claim a flexible week.

**Leave this page blank if you are not claiming a flexible week.**

**Daily Breakdown:** Enter Wages earned for each day during your two week flexible period.

WEEK 1	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Earnings							

WEEK 2	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Earnings							

Make sure you have completed all the certification questions on pages 1-2 for both weeks.

**Important Reminder:** Every month you must submit Form UIA 1583, *Record of Work Search*, showing where you looked for work. Keep a copy of the forms for your records because if your claim is audited, you must provide evidence of where you looked for work. If you are in state-approved training, you are not required to look for work during the training periods; however, you must be able, available and looking for full-time work during school breaks.

**Do not** date, mail or fax this form until after the Saturday date listed for calendar week 2. Payment will be delayed if you fill out the form incorrectly, mail or fax this form too soon, or fail to report your gross earnings for work performed during the week(s) claimed. Sign and date this page and mail to: Unemployment Insurance, P.O. Box 169, Grand Rapids, MI 49501-0169 or fax to 1-517-636-0427. It is your responsibility to mail or fax this flexible week form so that it is RECEIVED by Unemployment Insurance no later than the Friday after the end of the last week for which you are claiming benefits.

**Certification:** I certify that the information I have reported is true and correct. I understand that if I intentionally make a false statement, misrepresent facts or conceal material information to reduce or prevent benefits, I may be required to repay benefits, charged damages and could be subject to criminal prosecution.

Signature \_\_\_\_\_

Date \_\_\_\_\_