

Example of claimant with Self Employment ONLY in the Base Period:

Enter claimant information per standard claim filing process. When you get to the screen where the states where wages were earned appears, select NONE (see below)

File Claim

* Required Information

Claimant SSN [] 100 Claimant Name ANG [] E

1. * What Country or territory are you filing from? United States ▾

a. If filing from a location other than the United States, Canada, Puerto Rico, or the U.S. Virgin Islands, did you leave your most recent employment because you moved with your spouse who is an active duty member of the military who had a mandatory and permanent change of duty station? Yes No

2. * Were you employed with the Federal government performing Federal civilian service after October 1, 2018? Yes No

a. If Yes, where did you work? -Select- ▾

3. * Were you discharged from the U.S. Military after October 1, 2018? Yes No

4. Select all the states where you worked after October 1, 2018 excluding Federal (Outside of USA) or Military employment (Select None if you have not worked since October 1, 2018) ?

<input type="checkbox"/> Alabama	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Michigan	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Texas
<input type="checkbox"/> Alaska	<input type="checkbox"/> Idaho	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Utah
<input type="checkbox"/> Arizona	<input type="checkbox"/> Illinois	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Ohio	<input type="checkbox"/> Vermont
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Indiana	<input type="checkbox"/> Missouri	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Virgin Islands
<input type="checkbox"/> California	<input type="checkbox"/> Iowa	<input type="checkbox"/> Montana	<input type="checkbox"/> Oregon	<input type="checkbox"/> Virginia
<input type="checkbox"/> Colorado	<input type="checkbox"/> Kansas	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Washington
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Nevada	<input type="checkbox"/> Puerto Rico	<input type="checkbox"/> West Virginia
<input type="checkbox"/> Delaware	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> District Of Columbia	<input type="checkbox"/> Maine	<input type="checkbox"/> New Jersey	<input type="checkbox"/> South Carolina	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Florida	<input type="checkbox"/> Maryland	<input type="checkbox"/> New Mexico	<input type="checkbox"/> South Dakota	<input checked="" type="checkbox"/> None
<input type="checkbox"/> Georgia	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> New York	<input type="checkbox"/> Tennessee	

5. * Do you have a definite date to return to work with your employer? Yes No

a. If Yes, indicate the date you expect to return to work MM / DD / YYYY

6. * Have you applied for Unemployment Insurance benefits in any state other than Missouri in the last 12 months? Yes No

7. * Are you a member of a union with a hiring or referral hall? Yes No

8. * Do you expect to return to work with any previous major employer for whom you have worked during the last 12 months? Yes No

The system will not be able to locate any wages that fell within the Base Period. This is to be expected. Select Next:

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[Benefit Maintenance](#) [Monetary](#) [Inquiry](#) [Nonmonetary](#) [Forms / Correspondence](#) [Password](#) [Reemployment Services](#)

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CIN-310

Claimant Base Period Wage History

Claimant SSN [] 00 Claimant Name ANG [] E

System could not identify any employment details for base period

Select NO to the question regarding whether or not the claimant worked for any other employer during the Base Period. Their Self Employment wages are not “insured wages”, as they have not likely been paying into the Unemployment Tax system as an employer.

Employment Summary

* Required Information

Claimant SSN [REDACTED] 100 Claimant Name ANC [REDACTED] IE

DES has no record of your previous employment.

1. * Have you worked for any employer since October 1, 2018 ? Yes No
- a. If Yes, select type of employer
2. * Do you want to change the Benefit Year Beginning? Yes No
- a. Enter the Benefit Year Beginning / /
- b. Comments

[Help](#) [Cancel](#) [Finish Later](#)

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Continue through the subsequent screens. The final screen of the claim will show the claimant has a zero WBA and a zero MBA. This is to be expected, as they had zero earnings during the Base Period on which to establish an unemployment claim.

Estimated Monetary Determination

CIN-01

Estimated Monetary Determination

Claimant SSN [REDACTED] Claimant Name [REDACTED]

Weekly Benefit Amount	\$0.00
Maximum Benefit Amount	\$0.00
Benefit Year Beginning	03/29/2020
Benefit Year End Date	04/04/2020

For information on the above table, select [?](#)

This is an estimate only and not a guarantee of Unemployment Insurance benefits. You will be mailed a Notice of Monetary determination as your official notification of monetary eligibility within 5 business days.

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Example of claimant with Base Period Wages and subsequent Self Employment:

This claimant example is a Self Employed person who does not recall that they had wages within the Base Period. You may select NONE on the screen below. The system is going to look for wages regardless.

File Claim

* Required Information

Claimant SSN [REDACTED] 7960 Claimant Name SHERRI I [REDACTED] LL

1. * What Country or territory are you filing from? -Select- ▼
a. If filing from a location other than the United States, Canada, Puerto Rico, or the U.S. Virgin Islands, did you leave your most recent employment because you moved with your spouse who is an active duty member of the military who had a mandatory and permanent change of duty station? Yes No

2. * **Were you employed with the Federal government performing Federal civilian service after October 1, 2018?** Yes No
a. **If Yes, where did you work?** -Select- ▼

3. * Were you discharged from the U.S. Military after October 1, 2018 Yes No

4. Select all the states where you worked after October 1, 2018 excluding Federal (Outside of USA) or Military employment (Select None if you have not worked since October 1, 2018) ?

<input type="checkbox"/> Alabama	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Michigan	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Texas
<input type="checkbox"/> Alaska	<input type="checkbox"/> Idaho	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Utah
<input type="checkbox"/> Arizona	<input type="checkbox"/> Illinois	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Ohio	<input type="checkbox"/> Vermont
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Indiana	<input type="checkbox"/> Missouri	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Virgin Islands
<input type="checkbox"/> California	<input type="checkbox"/> Iowa	<input type="checkbox"/> Montana	<input type="checkbox"/> Oregon	<input type="checkbox"/> Virginia
<input type="checkbox"/> Colorado	<input type="checkbox"/> Kansas	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Washington
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Nevada	<input type="checkbox"/> Puerto Rico	<input type="checkbox"/> West Virginia
<input type="checkbox"/> Delaware	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> District Of Columbia	<input type="checkbox"/> Maine	<input type="checkbox"/> New Jersey	<input type="checkbox"/> South Carolina	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Florida	<input type="checkbox"/> Maryland	<input type="checkbox"/> New Mexico	<input type="checkbox"/> South Dakota	<input type="checkbox"/> None
<input type="checkbox"/> Georgia	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> New York	<input type="checkbox"/> Tennessee	

5. * Do you have a definite date to return to work with your employer? Yes No
a. If Yes, indicate the date you expect to return to work MM / DD / YYYY

6. * Have you applied for Unemployment Insurance benefits in any state other than Missouri in the last 12 months? Yes No

7. * Are you a member of a union with a hiring or referral hall? Yes No

If the system is able to locate wages within the Base Period, the employer will display (see below). Please confirm that the claimant DID earn wages from the employer listed during the Base Period. Select Next.

Claimant Base Period Wage History

Claimant SSN [REDACTED] '960 Claimant Name SHERRI [REDACTED] L

Listed below are the employment details system could identify for the base period.

Employer Name	State	Quarters Worked
NEIGHBORHOOD RENEWAL PARTNERS, LLC	MO	Oct - Dec 2018

The employer that reported wages within the Base Period will display in the Employment Details screen (below). Even though the claimant has earned wages following this employer in Self Employment, please choose the last employer that paid Insured Wages as their LAST EMPLOYER. See question #2. Complete the rest of the questionnaire as prompted.

Employment Details

Claimant SSN Claimant Name

Employer Name Trade Name

1. * This employer reported wages paid to you. Did you work for this employer? Yes No

If No,
Why do you believe this employer reported wages for you?

If Yes, provide the following information

a. Employment Start Date / /
(If you don't have exact date, Give an approximate start date)

b. Employment End Date / /
(If you don't have exact date, Give an approximate end date)

c. Job Title/Description

d. Have you applied for, or are you receiving, a pension from this employer?
(Do not include severance pay or Social Security benefits.) Yes No

2. * Is this your last employer? Yes No

If Yes, provide the following information

a. Reason you are no longer working with this employer

b. If your Employment End Date is during the current week, what are your total earnings for this week?

c. Are you receiving any vacation pay, holiday or WARN pay? Yes No

If Yes, provide the following information

On the screen for the Employment Summary asking for confirmation of no additional employers, select NO to question 1, asking if they worked for any other employer, provided they only performed Self Employment following the employer listed.

Employment Summary

* Required Information

Claimant SSN Claimant Name

Employer Name	Employment Start Date	Employment End Date	Reason You Left	Action
NEIGHBORHOOD RENEWAL PARTNERS, LLC	10/01/2018	10/06/2019	Lack of work / Laid off	Edit

1. Have you worked for any other employer since October 1, 2018 ? Yes No

a. If Yes, select type of employer

Complete the remaining screens in the claim filing process, as normal.

If the claimant did not have sufficient Insured Wages during the base period (earnings outside of Self Employment wages), the WBA and MBA will be zero. This is a likely outcome.

Estimated Monetary Determination

CIN-01

Estimated Monetary Determination

Claimant SSN

Claimant Name

Weekly Benefit Amount	\$0.00
Maximum Benefit Amount	\$0.00
Benefit Year Beginning	03/29/2020
Benefit Year End Date	04/04/2020

For information on the above table, select [?](#)

This is an estimate only and not a guarantee of Unemployment Insurance benefits. You will be mailed a Notice of Monetary Determination as your official notification of monetary eligibility within 5 business days.

[Help](#)

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