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Appendix Social assistance Statement of self-employment income

More information is available at www.kela.fi/social-assistance More information is available at all necessary documentation.	lly. Attach
If you have questions, please call our customer We may contact you for further information if n	ecessary.
service number (www.kela.fi/call-kela) You can send the form and any supporting documents by mail. The address is Kela, PL 10, 00056 KE	cuments LA.
If you or your family own shares in several companies, complete a separate form TO 4e for each company. Kela he right to receive the information from the credit record about the applicant's entrepreneurial activity that is necessary to determine the entitlement to basic social assistance.	as the y in order
Self-employed person	
Personal identity code Family name and given name	
2. Company	
Name of company Business ID	
Address of company	
Line of husiness of company	
Line of business of company	
Company form:	
Self-employed/firm General partnership Limited partnership Limited liability cor	mnany
General partnership Limited partnership Limited hability Col	прапу
Other. Please specify:	
The entrepreneurial activity is	
☐ full-time ☐ part-time ☐ seasonal ☐ You can provide further details at section 9.	
The entrepreneurial activity has ended or will end on	
The charpenedial deavity has chase of will one on	
3. Recently established company	
Amount of business start up grant 6	
Amount of business start-up grant € per day for the period =	
4. Ownership of the company	
Own ownership share: %	
Names and ownership shares of other partners:	
	%
	0/
	%
	%
5. The company's employees	
Is your spouse/partner working in the company? No Yes	
Does the company have other employees? No Yes persons.	Jama 4 (2) bb

TO 4e 02.21 Web form (PDF)

www.kela.fi

months. Considered as income for the self-em and his or her family that the self-employed pe company is a primary source of income in rela	rson has paid from the assets of the c	
Estimate of net monthly income from the company:	for the self-employed person	€/month.
		€/month.
State in the following the income from the company	. •	
	(month)	(month)
Net wages	€	€
Private withdrawals	€	€
Fringe benefits (accommodation, car, meals etc.)	€	€
Per diem allowances	€	€
Kilometre allowances	€	€
Loans from the company	€	€
Other income (distribution of profits, dividend etc.)	€	€
7. Most recent financial statement		
8. Enclosures Please include copies of all supporting docume be sent again. The company's bank account statements for the Verifications of income not withdrawn from invo	entation. Supporting documents that he previous three months icing service d other income	ave already been sent to Kela need not
Calculation from invoicing service on wages and Bookkeeping records for the three months precitime Cash-flow calculation for cash assets or other value Decision on start-up grant Other. Please specify: Additional information	erification of the amount and use of ca	ash assets

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