

MISSISSIPPI DEPARTMENT *of* EMPLOYMENT SECURITY

SELF-EMPLOYMENT AFFIDAVIT

PERSONAL INFORMATION

1. My full legal name is

FIRST MIDDLE LAST JR., SR., III

2. (If different from above) When the events described in this affidavit took place, I was known as

FIRST MIDDLE LAST JR., SR., III

3. My date of birth is _____ / _____ / _____

DAY MONTH YEAR

4. My Social Security number is _____

5. Driver's license or state issued ID card number is _____

Issuing State _____ Expiration Date: _____ / _____ / _____

DAY MONTH YEAR

6. My current address is _____

City _____ State _____ Zip Code _____

7. I have lived at this address since _____ / _____

MONTH YEAR

8. My daytime telephone number is _____

9. My evening telephone number is _____

Self-Employment Information

BUSINESS DETAILS

Note: If you do not work under a business name, provide your name and contact information.

Business Name _____

Business Address _____

City _____ State _____ Zip Code _____

Business Start Date _____ / _____ / _____
DAY MONTH YEAR

Last Day Worked _____ / _____ / _____
DAY MONTH YEAR

Nature of Business _____

Occupation/Worked Performed _____

Average Hours Worked Weekly _____

How do you get paid? *MARK ALL THAT APPLY* CASH CHECK Other

Signature

I declare under penalty of perjury that the information I have provided in this affidavit is true and correct to the best of my knowledge.

Signature _____

Date Signed _____ / _____ / _____
DAY MONTH YEAR

You must have one witness (non-relative) that can verify your self-employment. Witness should complete the below information and sign.

Witness: _____
PRINT NAME

Signature: _____

Telephone Number: _____

Date Signed _____ / _____ / _____
DAY MONTH YEAR

Knowingly submitting false information on this form could subject you to criminal prosecution for perjury.