



**PANDEMIC UNEMPLOYMENT ASSISTANCE (PUA)
JOB ATTACHMENT DOCUMENTATION**

State Form 57024 (R / 12-20)

DEPARTMENT OF WORKFORCE DEVELOPMENT

INSTRUCTIONS: This form must be completed by claimants who have a "Job Attachment" issue on their unemployment claim. Please answer each of the below questions, attach the requested supporting documentation, then sign and date this form. **Incomplete forms and/or missing documentation will not be processed. Failure to return this form and the supporting documentation to the department could result in an investigation of your claim and/or suspension of benefits that results in an overpayment on your claim.**

CLAIMANT INFORMATION

First Name: _____ Last Name: _____ Middle Initial: _____

Last Four Digits of Social Security Number: _____

Claimant E-mail Address: _____

Claimant Telephone Number: _____

The below questions relate to your Pandemic Unemployment Assistance (PUA) Application.

You certified on your PUA application that you were unemployed and/or unavailable for work as a result of COVID-19. Additional information is required to process your claim. *Impact date* is the date you indicate on your PUA application as the date you first became unemployed or unable to work due to COVID-19.

1. What type of employment work were you engaged at the time of your impact date?

2. When did you begin your most recent employment? _____

3. What city in the state of Indiana did you most recently work?

4. If you self-employed in a licensed profession, what is your license number?

5. How much income did you earn through employment during the thirty-day period immediately preceding your impact date? _____

6. Did you file federal or state taxes in 2019? _____

7. If you did not file federal or state taxes in 2019, please explain why.

8. If you filed state taxes, in what state were they filed? _____

Please attach the following documentation to support your employment:

Proof of income earned through employment during the thirty-day period immediately preceding your impact date. This may include tax filings, invoices, billing, bank statements, pay stubs, or any other relevant documentation.

CERTIFICATION

I have made this statement for the purpose of obtaining unemployment benefits. I understand that providing false information or failing to provide information may result in disqualification, overpayments, penalties, or prosecution. The above facts and all supporting documentation are true to the best of my knowledge and beliefs.

Signature: _____ Date (*month, day, year*): _____

Printed Name: _____

Please mail or fax this form and supporting documentation to the following:

Indiana Department of Workforce Development

10 N. Senate Ave.

Indianapolis, IN 46204

FAX: (317) 633-7206