



WORKER'S QUESTIONNAIRE TO DETERMINE EMPLOYMENT STATUS

For Calendar Year(s) _____ Case Number _____

Date _____

Worker's Name, Address, and Social Security Number	Company's Name and Address Employer Federal ID Number (if known):
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Completing this form will help us determine your employment status with the above employer and assist us in processing your claim for unemployment benefits. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN A DETERMINATION BEING MADE WITHOUT YOUR PARTICIPATION. Type or print your answers clearly and return this form within 10 days from the above date to:

_____ (Indicate address where form should be returned)

If you have questions contact _____ (Please print name) _____ (Telephone Number)

- Did you consider yourself: *(Indicate A or B and give reason for your answer)*
 A. An employee of the above-named company? _____
 B. Self-Employed? _____
- Are you still performing services for this employer..... YES NO
 If NO, do you expect to return to work with this employer?..... YES NO
 If YES, give dates of employment _____
- Has a previous ruling regarding your employment status with this employer been issued? YES NO
 If YES, who issued the ruling and when was ruling issued? _____
 (Attach copy of ruling)
- What is the employer's business? _____
- How did you obtain work with this employer? _____
- What service(s) did you perform? _____
- Where were the service(s) performed? *(Give address)* _____
- Was the work performed under a written agreement?..... YES NO
 If YES, attach a copy of agreement.
- Did you perform similar services for others while performing services for this employer YES NO
 If YES, please provide the name(s) of other individuals for whom you have provided similar services in the last twelve months _____.

10. Did others perform similar services for this employer?..... YES NO
If YES, how many? _____
11. Did you submit invoices for the work you performed? YES NO
If YES, please provide copies of invoices/bills that you submitted.
12. Could either you or the employer terminate the services you performed at any time? YES NO
 Explain _____
13. What equipment, tools, expenses, materials, and/or supplies were provided to you by the employer to perform these services?

14. What equipment, tools, materials and/or supplies did you provide to perform these services? _____
15. Did the employer reimburse you for any expenses you incurred?..... YES NO
Please explain your answer _____
16. Were you required to report to work at a specified time: e.g., 8:00 a.m. - 5:00 p.m.? YES NO
If YES, who determined the hours? _____
Who kept records of hours worked? _____
17. Were you required to call someone if you were unable to report to work? YES NO
If YES, who? _____
18. How did you report your time to the company? Time clock Sign-in sheet Other
If other, indicate reporting method and who provided it? _____
19. Did the employer direct and control your day-to-day activities? YES NO
(Did the employer tell you what to do, when and how to do it?)
If YES, how? _____
20. Was there a supervisor on the job that you reported to? YES NO
If YES, who? _____
21. Did you employ assistants? YES NO
(If YES, answer A through C. If NO, go to #22.)
- A. Were the assistant's subject to employer's approval? YES NO
- B. Do you determine the hours that assistants work? YES NO
- C. How was the assistants' pay determined? _____
22. Was your job reviewed for satisfactory performance? YES NO
If YES, who performed review? _____
 Who paid for the expenses of correcting unsatisfactory work? _____
23. How much were you paid for the services you performed? *(Be specific; e.g., \$8.50 per hour [salary, commission, piece, square foot, etc.]*) _____
24. How was the pay rate determined? _____

25. Were deductions taken out of your paycheck: e.g., income tax, social security withholding, etc.?..... YES NO
If YES, identify deduction(s) _____
26. Did you receive a W-2? YES NO Indicate year(s) _____
27. Did you receive a 1099?..... YES NO Indicate year(s) _____
28. Were you covered by Workers' Disability Compensation Insurance? YES NO
If YES, who paid for coverage? _____
29. Did you receive any benefits: e.g., health insurance, life insurance, sick pay, vacation pay, etc? YES NO
If YES, list benefits _____
30. Did you have a Federal Employer Identification Number (FEIN)?..... YES NO
If YES, give number _____
31. Did you file an "assumed" name? YES NO
If YES, what county _____
32. Did you pay state, federal, social security and Medicare taxes as a self-employed individual? YES NO
33. Did you file a business income tax return? YES NO
If YES, what is the title of the form? (For example, Schedule C, Form 1120) _____
34. Were you licensed? YES NO
If YES, by which organization(s) are you licensed? _____
If not licensed in your name provide name, type of license, organization, etc. _____
35. Did you maintain an office or other place of business? YES NO
If YES, what is the address? _____
If YES to #35, did the employer pay any part of the rent? _____
36. Did you advertise as being available to the general public by listing your services in the telephone directory or and other publications?..... YES NO
If YES, identify _____
38. **Additional Comments:** *(In the space below, you may provide any additional information you feel would be beneficial in determining your employment status. Use reverse if necessary.)*
- _____
- _____
- _____
- _____
- _____

CERTIFICATION

I hereby certify that the answers given on this form are true and complete to the best of my knowledge and belief.

 Signature

 Date

 Telephone Number
 (Include Area Code)