

### EMPLOYMENT RELATIONSHIP QUESTIONNAIRE

~~This questionnaire is authorized by Section 205(a) of the Social Security Act, as amended (42 U.S.C. 405(a)). While you are not required to respond, your cooperation will help us decide if the services performed by the worker can be credited as employment for social security purposes. Your cooperation in completing and returning this form will be appreciated. Please answer all items on this form; use "unknown" or "does not apply" if appropriate. If you need more space, use the space for "remarks" on the last page or attach another sheet. For your convenience, we have enclosed an envelope requiring no postage.~~

**See Revised Privacy Act Statement Attached**

FIRM'S NAME	WORKER'S NAME
ADDRESS OF FIRM	WORKER'S SOCIAL SECURITY NUMBER
FIRM'S FEDERAL EMPLOYER'S IDENTIFICATION	DATE WORKER'S SERVICES PERFORMED FROM <span style="float: right;">TO</span>

Note.- The term "worker" refers to the person who performed the services.  
The term "firm" refers to the individual, corporation, partnership, association, or other type of organization for whom the services were performed.

Check type of firm:     Individual     Partnership     Corporation     Other (specify)

1.	Give nature of firm's business (for example drugstore, home owner, radio manufacturer, farmer, etc.);
2.	State worker's occupation or title and give a complete description of the work done by him.
3.	(a) If the work was done under a written agreement or contract, please attach a copy. (b) If the agreement was not in writing, describe the terms and conditions of the work arrangement. (c) If the actual working arrangement differed in any way from the agreement explain the differences, why they occurred and the date or dates of such change.
4.	(a) Was the worker given training in the work by the firm? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span> If "Yes," how often and what kind?
	(b) Was the worker required to follow daily, weekly, etc., routines or schedules established by the firm? If "Yes," explain the nature of the instructions <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>
	(c) Was the worker given instructions about the way the work was to be done? If "Yes," explain the nature of the instructions <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>
	(d) Could the firm change the methods used by the worker in doing the work, or otherwise direct him as to how to do the work? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span> Explain your answer

5.	(a) Did the firm engage the worker: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Particular job <input type="checkbox"/> Indefinite period <input type="checkbox"/> Other ( <i>please explain</i> )	
	(b) Did the firm require the worker to work during fixed hours or at certain times? If "Yes," explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Name the months and number of days worked in each month during this period of employment	
7.	(a) State the kind and value of tools and equipment furnished by: the firm	
	the worker	
	(b) List any other expense connected with the work that the worker had:	
8.	Was it agreed or understood that the worker would perform the services personally? If "No," explain	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	(a) Did the worker have helpers? <i>If "Yes," answer (b), (c) and (d).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) Were the helpers hired by: If hired by the workers, was the firm's consent and approval necessary? Who could discharge the helpers:	<input type="checkbox"/> The worker? <input type="checkbox"/> The firm? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> The worker? <input type="checkbox"/> The firm?
	(c) Who paid the helpers: If the worker paid the helpers, did the firm repay him?	<input type="checkbox"/> The worker? <input type="checkbox"/> The firm? <input type="checkbox"/> Yes <input type="checkbox"/> No
	(d) How much of the work did the helpers do?	
10.	Who owned or rented the premises where the work was done?	
11.	(a) Check the type of pay worker received: <input type="checkbox"/> Salary <input type="checkbox"/> Commission <input type="checkbox"/> Hourly Wage <input type="checkbox"/> Advance or draw <input type="checkbox"/> Other ( <i>Please explain</i> )	
	(b) Was he guaranteed a minimum pay?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Was the worker eligible for a pension, bonuses, paid vacations, sick pay, etc? If "Yes," explain	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Did the firm carry workmen's compensation insurance on the worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Were social security taxes deducted from amounts paid the workers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
15.	How did the worker report his earnings for income tax purposes?	<input type="checkbox"/> Wages <input type="checkbox"/> Self employment income <input type="checkbox"/> Unknown
16.	(a) Was the worker permitted to work for others if such work would not interfere with the services for the firm? If "Yes," answer (b).	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) describe any work he did for others:	

17.	(a) Could the firm discharge the worker at any time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(b) Could the worker quit at any time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(c) Would liability be incurred if the worker quit or was discharged before the job was completed? If "Yes," explain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18.	(a) Did the worker work under:	<input type="checkbox"/> His own business name?	<input type="checkbox"/> The firm's name?
	(b) Did the worker advertise or maintain a business listing in the telephone directory, a trade journal, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(c) Did the worker hold himself out to the public as available to do work of this nature?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Of any other nature? If "Yes," explain		
	(d) Did the worker have a shop or office of his own? If "Yes," where?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(e) Was a license or certificate needed for the work? If "Yes," what kind?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19.	Please explain in detail why you believe the worker was an employee of the firm or was an independent contractor.		
20.	Has any other governmental agency ruled on the status of services performed by the worker or another person performing the same or similar services? If "Yes," attach a copy of the ruling.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21.	<b>ANSWER NO. 21 ONLY IF WORKER WAS AN AGENT-DRIVER OR COMMISSION-DRIVER</b>		
	(a) List the products and/or services distributed (for example, bakery products, laundry services):		
	(b) If the worker distributed more than one product or service, which was considered the principal or main product? Explain		
	(c) Did the worker serve:	<input type="checkbox"/> Customers or routes designated by the firm?	<input type="checkbox"/> The worker? <input type="checkbox"/> Both
22.	<b>ANSWER NOS. 22 AND 23 ONLY IF THE WORKER WAS A LIFE INSURANCE SALESMAN</b>		
	Did the worker devote his/her entire or principal working time to the sale of life or annuity contracts for the firm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

23.	(a) Under the terms of the original contract, was it agreed that the worker would work: <input type="checkbox"/> Other ( <i>please explain</i> )	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
	(b) Were these terms of the contract ever changed? If "Yes," give the date and explain the changes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(c) Were the changes agreed upon by both the firm and the worker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24.	<b>ANSWER NO. 24 ONLY IF THE WORKER WAS A HOME WORKER</b>		
	(a) Who furnished materials or goods used by the worker? Was the worker furnished a pattern of given instructions to follow in making the product? Explain	<input type="checkbox"/> Worker  <input type="checkbox"/> Yes	<input type="checkbox"/> Firm  <input type="checkbox"/> No
	(b) Was the worker required to return the finished product either to the firm or to someone designated by the firm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25.	<b>ANSWER NOS. 25, 26, 27, AND 28 ONLY IF THE WORKER WAS A TRAVELING OR CITY SALESMAN</b>		
	Did the worker have an exclusive territory? Did the firm specify when and how often to work the territory? If "Yes," explain	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
26.	(a) What percent of his total sales for the firm were made to wholesalers, retailers, contractors, or operators of hotels, restaurants, or other similar establishments?		%
	What percent of his total working time was spent in making such sales?		%
	(b) What percent of his working time for the firm was spent in selling to organizations other than those specified in (a), such as manufacturers, schools, churches, homeowners, etc.?		%
27.	What was the approximate number of hours worked per day for the firm?		Hours
28.	Was the worker required to forward the orders to the firm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

REMARKS: (This space may be used for additional explanation)

**I CERTIFY that all copies of contracts and all statements submitted herewith are true, correct, and complete to the best of my knowledge and belief.**

SIGNATURE	TITLE
ADDRESS	DATE

See Revised PRA Statement Attached

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 25 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. *Send only comments relating to our time estimate to this address, not the completed form.*

***SSA will insert the following revised Privacy Act Statement into the form at its next scheduled reprinting:***

#### PRIVACY ACT STATEMENT

Section 205(a) of the Social Security Act, as amended, authorizes us to collect the requested information on this form. The information will be used to assist the Social Security Administration (SSA) to determine your potential eligibility for benefit payments and to help us to decide if additional information is needed. Your response is voluntary. However, failure to provide this requested information may prevent an accurate and timely decision on any claim filed, or could result in the loss of benefits.

We rarely use the information provided on this form for any purpose other than for determining entitlement to benefit payments. In accordance with 5 U.S.C. § 552a(b) of the Privacy Act, however, we may disclose the information provided on this form in accordance with approved routine uses, which include but are not limited to the following:

- 1) To enable a third party on an agency to assist Social Security in establishing rights to Social Security benefits and coverage.
- 2) To comply with Federal laws requiring the release of information from Social Security records ( e.g., to the Government Accountability Office and Department of Veteran's Affairs);
- 3) To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and,
- 4) To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in Computer Matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally funded and administered benefit programs and for repayment of payments or delinquent debts under these programs.

Explanations about these and other reasons why information you provide us may be used or given out are available in System of Record Notice 60-0089 (Claims Folders Systems). The notice, additional information regarding this form, and information regarding our programs and systems are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

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