

EMPLOYMENT RELATIONSHIP QUESTIONNAIRE

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| 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 TO |

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)

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| 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/her. |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No 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. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | (c) Was the worker given instructions about the way the work was to be done? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," explain the nature of the instructions. |
| | (d) Could the firm change the methods used by the worker in doing the work, or otherwise direct him/her as to how to do the work? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain your answer |

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| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," explain. |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," explain |
| 9. | (a) Did the worker have helpers? <input type="checkbox"/> Yes <input type="checkbox"/> No (b) Were the helpers hired by: <input type="checkbox"/> The worker? <input type="checkbox"/> The firm? If hired by the workers, was the firm's consent and approval necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No Who could discharge the helpers: <input type="checkbox"/> The worker? <input type="checkbox"/> The firm? (c) Who paid the helpers: <input type="checkbox"/> The worker? <input type="checkbox"/> The firm? If the worker paid the helpers, did the firm repay him/her? <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/she 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," explain |
| 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/her 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/she did for others: |

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| 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/her own business name? <input type="checkbox"/> The firm's name? | |
| | (b) Did the worker advertise or maintain a business listing in the telephone directory? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | (c) Did the worker hold himself/herself out to the public as available to do work of this nature? If "Yes," explain | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | (d) Did the worker have a shop or office of his/her 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? | | |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. | ANSWER NO. 21 ONLY IF WORKER WAS AN AGENT-DRIVER OR COMMISSION-DRIVER | | |
| | (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. | ANSWER NOS. 22 AND 23 ONLY IF THE WORKER WAS A LIFE INSURANCE SALESMAN | | |
| | 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 |

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| 23. | (a) Under the terms of the original contact, was it agreed that the worker would work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other (<i>please explain</i>) | |
| | (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. | ANSWER NO. 24 ONLY IF THE WORKER WAS A HOME WORKER | |
| | (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"/> Firm <input type="checkbox"/> Yes <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. | ANSWER NOS. 25, 26, 27, AND 28 ONLY IF THE WORKER WAS A TRAVELING OR CITY SALESMAN | |
| | 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"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 26. | (a) What percent of his/her total sales for the firm were made to wholesalers, retailers, contractors, or operators of hotels, restaurants, or other similar establishments? | % |
| | What percent of his/her total working time was spent in making such sales? | % |
| | (b) What percent of his/her working time for the firm was spent in selling to organizations other than those specified in (a), such as manufacturers, schools, churches? | % |
| 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.

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| SIGNATURE | TITLE |
| ADDRESS | DATE |

PRIVACY ACT STATEMENT

Collection and Use of Personal Information

~~Section 205(a) of the Social Security Act, as amended, authorizes us to collect this information. We will use this information to determine the worker's potential eligibility for benefit payments and if additional information is required.~~

~~Furnishing us the information is voluntary. However, failing to provide us with all or part of the requested information may prevent us from making an accurate and timely decision on the worker's claim.~~

~~We rarely use the information for any purpose other than for making a decision regarding entitlements to benefits. However, we may use it for the administration and integrity of Social Security programs. We may also disclose the information to another person or to another agency in accordance with approved routine uses, which include, but are not limited to the following:~~

- ~~1. To enable a third party or an agency to assist us in establishing rights to Social Security benefits and coverage;~~
- ~~2. To comply with Federal laws requiring the release of information from our records (e.g. to the Government Accountability Office and Department of Veterans' 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, and investigatory activities necessary to assure the integrity and improvement 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.~~

~~A complete list of routine uses of this information is available in our Privacy Act Systems of Records Notice entitled, Claims Folders Systems, 60-0089. This notice, additional information regarding our programs and systems are available on line at www.socialsecurity.gov or at your local Social Security office.~~

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. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY1-800-325-0778).** 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.**
