

EMPLOYMENT RELATIONSHIP QUESTIONNAIRE

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)

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

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:

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	

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.

SIGNATURE	TITLE
ADDRESS	DATE

PRIVACY ACT STATEMENT

Collection and Use of Personal Information

Section 205(a) of the Social Security Act, as amended, allows us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from making an accurate decision on the worker's claim.

See Revised Privacy Act Statement Attached

We will use the information you provide to determine eligibility for benefits. We may also share the information for the following purposes, called routine uses:

- To third party contacts where necessary to establish or verify information provided by representative payees or payee applicants; and
- To employers or former employers for correcting or reconstructing earnings records and for Social Security tax purposes only.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0089, entitled Claims Folders System, as published in the Federal Register (FR) on April 1, 2003, at 68 FR 15784. Additional information, and a full listing of all our SORNs, is available on our website at www.ssa.gov/privacy/.

See Revised PRA 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. 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 (TTY 1-800-325-0778).** 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.**