

## INFORMATION FOR DETERMINING IF A WORKER IS, OR WAS AN EMPLOYEE

Return completed form (within 10 days) to:

### MINNESOTA DEPARTMENT OF EMPLOYMENT AND ECONOMIC DEVELOPMENT

1st National Bank Building, 332 Minnesota Street – Suite E200, Saint Paul MN 55101-1351 USA

The information provided on this form is one of the factors used by the Department to determine whether services were performed as employment or as an independent contractor.

#### **Business Firm:**

Complete the questionnaire to reflect the nature of the services of those workers whose status is in question. Complete a separate questionnaire for each **class** of workers who perform similar services. For each worker provide the following information: (Attach a separate sheet, if necessary.)

Business Firm Name:		Class of Worker:		
Name of Worker	Social Security Number	Address, City, State, ZIP	Dates of Service (mm/dd/yyyy)	
			Beginning Date	End Date

#### **Worker:**

Complete the questionnaire to reflect the nature of the services you provided for the business firm and provide the following information:

Business Firm Name:		Type of Services:	
Name of Worker	Social Security Number	Dates of Service (mm/dd/yyyy)	
		Beginning Date	End Date

1. Is there a written signed Contract between the firm and the worker? (If "YES", <b>attach a signed copy and explain any differences between the contract and the actual work relationship</b> )	YES	NO	4. Does the worker make regular oral or written reports to the firm? (If "YES", <b>indicate how often, for what purpose, and in what manner. If possible, attach copies of reports.</b> )	YES	NO
	2. Does the worker have assistants? (If "YES" complete items A through E, below)				5. Does the worker perform the services:
A. Did the firm know that assistants would be needed?			A. On the firm's premises?		
B. Did the firm hire or approve of the assistants?			B. At the worker's place of business?		
C. Does the firm pay the assistants?			C. At the worker's home?		
D. Does the firm supervise the assistants' work?			D. At customer job sites?		
E. Can the firm discharge the assistant or require the worker to discharge the assistant?			E. Other? ( <b>Explain</b> )		
3a. Does the firm have the right to determine:			6. Can the worker hire a substitute without the firm's knowledge or consent?		
(1) When the work is done?			7a. Has the work relationship between the firm and worker been continuous?		
(2) Where the work is to be done?			7b. Has the work relationship been on a frequently recurring basis?		
(3) Methods for completing the work?			8. Does the firm have the right to discharge the worker:		
(4) A minimum volume of production?			A. For failure to follow instructions?		
(5) Policies to be followed?			B. For poor performance?		
(6) The worker to attend regular meetings?			C. At any time?		
3b. Are there written manuals or procedures?			D. With little or no notice?		
<b>FOR EACH "YES" ANSWER, ATTACH A SHEET WHICH LISTS SPECIFIC EXAMPLES. ATTACH COPIES OF DOCUMENTS REQUESTED. INDICATE THE CORRESPONDING QUESTION NUMBER THAT YOU ARE COMMENTING ON.</b>			E. Without cause?		
			F. Without incurring liability for damages?		

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		YES	NO			YES	NO
9. Does the firm require the worker to work at certain times?				17a. Is the worker paid on a regular schedule or in sporadic intervals?			
10. Does the firm provide the following training:				(1) Is it at an hourly rate?			
A. Experienced person trains worker?				(2) Is it at a weekly rate?			
B. Required attendance at meetings that include training?				(3) Is it at a monthly rate?			
C. Written training guides or manuals?				17b. Is the worker paid:			
				(1) On a commission basis?			
11. Does the worker devote full time to the firm?				(2) On a drawing account?			
Indicate the average number of hours worked in each week				(3) If a draw, is it a loan repayment? (If "YES", please explain)			
				(4) On a bid basis?			
12. Can the worker realize a profit or suffer a loss as a result of his or her services?				(5) On a piece rate basis?			
				(6) On a per-job basis?			
13. Can the worker end the work relationship at any time without incurring liability for failure to complete the job?				(7) Other? (if "YES", please explain)			
14. Does the firm furnish the worker:				18. Does the worker have substantial investment in the standard facilities used to perform services for the firm excluding hand tools, instruments, or clothing furnished by employees as common practice in the trade? (If "YES", list the items and their approximate value)			
A. Company car or truck?							
B. Tools and/or equipment?							
C. Materials?							
D. Supplies and/or clothing?				19. Does the worker work for a number of firms at the same time as an independent contractor?			
(If "YES", list what is furnished)							
15. Does the firm pay or reimburse expenses of the worker?				20. If the worker's service was unsatisfactory: (Check all of the following that apply):			
(If "YES", specify what expenses and how they are reimbursed)				A. The firm would correct the problem at its own expense			
16. Does the worker make services available to the public in the worker's name through:				B. The firm would require the worker to correct the problem at the firm's expense			
A. An office maintained by the worker?				C. The firm would require the worker to correct the problem at the worker's expense			
B. A sign on the worker's home, car, or office?				D. The firm could hold the worker legally liable for the expense of correcting the problem			
C. A business license?				E. The firm's customer would deal directly with the worker to correct the problem			
D. Professional license? (Explain)							
E. A listing in a business or telephone directory?				21. Are the services performed in the normal course of the firm's business activities?			
F. Advertising in a newspaper, trade journal or magazine?							
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				A. Worker's compensation insurance?			
				B. Life, health, and/or medical insurance?			
				C. Vacation and/or holiday pay?			

I certify that information on this questionnaire is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_