

Worker Questionnaire

Please answer the following questions for the services you provided during the year(s) [ENTER YEARS].

1. Describe the services/work you provided for the firm: _____

2. Did you ever work for this firm as an acknowledged or reported employee? Yes No
 - a. If "Yes", when? _____
 - b. If "Yes", what services did you provide as an employee?

3. Are you working for any firm as an acknowledged or reported employee? Yes No
 - a. If "Yes", what business? _____
4. Who primarily determined how your services were performed? You Firm Other
 - a. If "Other", please specify: _____

5. Were you given instructions, training, or orientation by the firm? Yes No
 - a. If "Yes", please specify: _____

6. Is a degree or special certificate required to perform the work? Yes No
 - a. If "yes" please specify: _____

7. Were you required to do all the work personally? Yes No
 - a. If "no" Please explain: _____

8. Did you employ assistants to perform these services? Yes No
9. Did the firm have the right to require you to:
 - a. Work a fixed schedule of hours? Yes No
 - b. Adhere to policies or procedures regarding the services performed? Yes No
 - c. Make regular oral or written reports to the firm regarding the services performed? Yes No
 - d. Attend meetings? Yes No
 - e. Comply with the firm's training or instructions on how to do the work? Yes No
 - f. Provide a surety bond (guaranteeing performance of a contract)? Yes No
 - g. Be supervised while working? Yes No
10. If you owned your own business while providing services for the firm, please provide the following:
 - a. Business name: _____
 - b. In what year did you first have your own business? _____

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11. How did you advertise your services? (Check all that apply) (Attach a business card or flyer)

- a. Yellow pages
- b. Website: _____
- c. Flyers
- d. Business cards
- e. Other (explain): _____

12. How did you find out about work with this firm? _____

13. Did you maintain a business office?

Yes No

a. If "Yes", was the office in your home?

Yes No

i. Business address: _____

ii. Business telephone: _____

b. Location where services were performed: _____

i. If the location differs from your office address, who chose this location? _____

c. Type of service/work your business provided: _____

d. List all equipment, tools, and materials you had for your business:

e. If no longer in business, when did the business end? _____

14. Do you have a Federal Employer Identification Number (FEIN) with the Internal Revenue Service (IRS)?

Yes No

a. If "Yes", what is your FEIN? _____

b. If "Yes", when was it received? _____

c. If "no", have you filed business or self-employment income tax returns with the IRS based on the work or services performed?

Yes No

15. During the period in question, did you have a single contract or multiple contracts with the firm?

- a. Single
- b. Multiple

16. Were these contracts oral, written, or a combination of both?

- a. Oral
- b. Written (If written, please attach a copy)
- c. Both

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17. Did each contract specify the exact services to be performed? Yes No
a. If "No", explain: _____

18. While working for this firm, did you have contract(s) with other firm(s) to provide similar services? Yes No
19. To the extent applicable, please indicate who incurred the following business expenses (check all that apply):
- | | | | |
|---|-----------------------------------|------------------------------------|--|
| a. Tools/Equipment | <input type="checkbox"/> You paid | <input type="checkbox"/> Firm Paid | <input type="checkbox"/> You paid, but were reimbursed |
| b. Supplies/Materials | <input type="checkbox"/> You paid | <input type="checkbox"/> Firm Paid | <input type="checkbox"/> You paid, but were reimbursed |
| c. Car/Truck Expenses | <input type="checkbox"/> You paid | <input type="checkbox"/> Firm Paid | <input type="checkbox"/> You paid, but were reimbursed |
| d. Lodging/Meals | <input type="checkbox"/> You paid | <input type="checkbox"/> Firm Paid | <input type="checkbox"/> You paid, but were reimbursed |
| e. Employees/Assistants | <input type="checkbox"/> You paid | <input type="checkbox"/> Firm Paid | <input type="checkbox"/> You paid, but were reimbursed |
| f. Computer/Internet (If used for services provided) | <input type="checkbox"/> You paid | <input type="checkbox"/> Firm Paid | <input type="checkbox"/> You paid, but were reimbursed |
| g. Other | <input type="checkbox"/> You paid | <input type="checkbox"/> Firm Paid | <input type="checkbox"/> You paid, but were reimbursed |
20. Under whose name was the service to the client or customer provided?
a. You
b. The firm
c. Don't know
d. Not applicable
21. If it was determined that the services you provided were not completed in a satisfactory manner, check which of the following would apply:
a. You would be responsible for the re-work at your own expense.
b. You would do the re-work and receive additional pay.
c. Another firm would be hired for the re-work at your expense.
d. Another firm would be hired for the re-work at the firm's expense.
e. You would be subject to a penalty/fine or not be paid the full contract price.
f. Other (explain) _____

22. What is the nature of the business activity of the firm for which you provided services? _____

23. Could your actual expenses for the services provided exceed your gross income from the firm? Yes No
a. "Yes", explain how (lost time or lost business opportunities are not considered expenses): _____

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24. Were you entitled to additional compensation in the event of unexpected expenses connected to your services to the firm? Yes No

a. If "Yes", explain how: _____

25. Could you suffer an actual out-of-pocket loss as a result of the service performed? Yes No

a. If "Yes", explain how: _____

26. How were you paid for the services that you provided for the firm during the time period in question? (check all that apply)

- a. Commission
- b. Salary
- c. Per job
- d. Piece work
- e. Competitive pay
- f. In kind (Rent credits/Meals, etc.)
- g. Hourly wage

i. If paid by the hour, was there a cap on the maximum amount you could receive per job? Yes No

1. Other (explain): _____

27. Did you receive or accumulate any benefits from the firm during the time period in question? (check all that apply)

- a. Vacation time/Paid time Off
- b. Sick Leave
- c. Retirement benefits
- d. Social Security Taxes paid
- e. Other (explain): _____

28. Did you have any recurring (i.e., monthly or annual) business liabilities or obligations? Yes No

a. If "Yes", list them below with their cost (examples include rent, mortgage, utilities, franchise fees, occupational license/certification, insurance liability/bonds, major tools & equipment, Worker's Compensation, etc.): _____

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29. Did you depend on this work for your livelihood? Yes No

30. Did you provide these services for any other firm or customer? Yes No

a. If "Yes", how many others? _____

b. If "No", why not? _____

31. In the time period questioned, what percentage of your business income was from the services you provided for this firm? _____

32. Did you agree that you would not compete with the firm for business? Yes No

a. If "Yes", provide details and a copy of the non-compete agreement