

Determination of Work Status for Determination of Eligibility for Disability Insurance Elective Coverage

Purpose

This form is used to determine whether an applicant is an independent contractor or employee for purposes of the California Unemployment Insurance Code.

Note

If you require any assistance in the completion of this form, contact the nearest Employment Tax Customer Service Office of the Employment Development Department (EDD) or call (916) 654-6288. Upon completion, return to:

**EMPLOYMENT DEVELOPMENT DEPARTMENT
TAXPAYER ASSISTANCE CENTER, ATTN: DIEC UNIT
P.O. BOX 2068
RANCHO CORDOVA, CA 95741-2068**

The EDD may need to contact you if additional information is required.

General Information

Information provided on this form, along with the information on the DE 1378DI, Application for Disability Insurance Elective Coverage, will be used to determine eligibility for coverage.

This form is designed to cover many work activities. Some of the questions may not apply to you. You must answer questions 1-39 or mark them "UNKNOWN" or "DOES NOT APPLY." Answer questions 40-78 only if applicable. If additional space is needed, please attach another sheet.

PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY

This form is being completed by: Firm Applicant

NAME OF FIRM	NAME OF APPLICANT
NAME OF OWNER	SOCIAL SECURITY NUMBER OF APPLICANT
ADDRESS OF FIRM (CITY) (STATE) (ZIP CODE)	ADDRESS (CITY) (STATE) (ZIP CODE)
TELEPHONE NUMBER (INCLUDING AREA CODE)	TELEPHONE NUMBER (INCLUDING AREA CODE)
FIRM'S FEDERAL IDENTIFICATION NUMBER	DATE APPLICANT PERFORMED SERVICES FOR THIS FIRM
FIRM'S EDD EMPLOYER ACCOUNT NUMBER	FROM _____, 20____ TO _____, 20____.

Check the type of firm for which the work relationship is in question:

Individual Partnership Corporation Other (specify): _____

If the firm is a corporation, is the applicant an officer of the corporation? Yes No

1. Provide a brief description of the firm's business (e.g., drug store, farmer, construction): _____

2. Has this issue been the subject of a prior or current EDD audit and/or a benefit claim investigation or hearing?
 Yes No Unknown
 If "Yes," please explain and provide any applicable dates: _____

3. Has any other governmental agency ruled on the status of services performed by the applicant or another person performing the same or similar services? Yes No Unknown
 If "Yes," please attach a copy.

4. Total number of workers in this class _____ (Attach names, addresses, and telephone numbers. If more than 10 workers, attach the information for only 10).

5. The following information is about services performed by the applicant from _____ to _____.
(Date) (Date)

6. State applicant's occupation and title and give a complete description of the services provided: _____

7. How did the applicant learn of the job (e.g advertisement in newspapers and word of mouth): _____

8. What were the requirements for the applicant's position (e.g., previous experience and education): _____

9. Is the applicant still performing services for the firm? Yes No
 If "No," explain why and how the business relationship ended: _____

10. Were the services performed under a written agreement or contract? Yes No
 If "Yes," please attach a copy.

11. If the agreement was not in writing, or the terms of the written agreement were not complied with in practice, describe the actual terms and conditions of the arrangement: _____

12. Was it agreed or understood that the applicant would perform the services personally? Yes No
 If "No," please explain: _____

13a. Does the applicant have helpers? Yes No

If "Yes," answer questions 13b. through 13g.

If "No," go to question 14.

b. Were the helpers hired by: Applicant The firm Unknown

c. Who could discharge the helpers: Applicant The firm Unknown

d. Who paid the helpers: Applicant The firm Unknown

e. If the applicant paid the helpers, did the firm reimburse the applicant? Yes No Unknown

f. What services do the helpers perform? _____

g. Are social security (FICA), state disability insurance (SDI), and income taxes withheld from the helpers wages?

Yes No Unknown

If "Yes," who reports and pays these taxes? _____

14a. Was the applicant permitted to provide services for others during the same time periods services were performed for the firm? Yes No Unknown

If "Yes," answer questions 14b. through 14f.

If "No" or "Unknown," go to question 15.

b. What percent of the applicant's total working time was spent working for others? _____

c. What percent of the applicant's total income was earned from others? _____

d. Describe services the applicant performed for others: _____

e. Did the firm have first call on the applicant's time and efforts? Yes No Unknown

f. Who owned or rented the premises where the services were performed? _____

15. List the kind and value of tools, equipment and facilities furnished by the firm: _____

16. List the kind and value of tools, equipment and facilities furnished by the applicant: _____

17a. List any expenses connected with the services of the applicant: _____

b. Who was responsible for paying the expenses? _____

c. Was the applicant reimbursed by the firm for any of these expenses? Yes No

18. Did the applicant perform under: His/her business name The firm's name

19. Did the applicant advertise or maintain a business listing in the telephone directory, a trade journal, etc.?

Yes No Unknown

20. Did the applicant hold himself/herself out to the public as available to provide services of this nature?

Yes No Unknown

If "Yes," please explain: _____

Or any other nature? Yes No Unknown

If "Yes," please explain: _____

21. Did the applicant have an office or shop of his/her own? Yes No Unknown
 If "Yes," where (e.g., was the office in the applicant's home or was it rented office space?): _____
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22. Was a license or certificate required to perform the services? Yes No Unknown
 If "Yes," does applicant possess such a valid license? Yes No
 Who issued the license? (State type and number): _____
 Who paid the license fee? _____
23. Did the firm engage the applicant: Full-Time Part-Time Particular Job Indefinite Period?
 Other, please explain: _____
24. Did the firm require the applicant to perform during a scheduled time? Yes No
 If "Yes," please explain: _____
25. Was the applicant given training by the firm? Yes No
 If "Yes," what kind and how often? _____

 Who paid for the applicant's training expenses? _____
26. Was the applicant required to follow daily, weekly, etc., routines or schedules established by the firm?
 Yes No
 If "Yes," give examples: _____

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27. Was the applicant given instructions about the way the service was to be performed? Yes No
 If "Yes," explain the nature of the instructions: _____

28. Could the firm change the methods used by the applicant in performing the services or otherwise direct him/her as to how to perform the work? Yes No
 Explain your answer: _____

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29. Does the applicant report to the firm or its representatives? Yes No
 If "Yes," how often? _____
 For what purpose? _____
 In what manner (in person, in writing, by telephone, time record, etc.)? _____
 Attach copies of report forms used in reporting to the firm.
30. Was the applicant required to produce a certain amount of work regularly if services were to continue?
 Yes No

31. Check the type of pay the applicant received: Salary Commission Hourly
 Other, please explain: _____
32. Was the applicant guaranteed a minimum pay? Yes No
33. Was the applicant eligible for a pension, bonuses, paid vacations, sick pay, etc.? Yes No
 If "Yes," explain: _____
34. Did the firm carry workers' compensation insurance on the applicant? Yes No
35. Could the firm discharge the applicant at any time? Yes No
36. Could the applicant quit at any time? Yes No
37. Would a liability be incurred if the applicant quit or was discharged before the job was complete?
 Yes No If "Yes", please explain: _____
38. Please explain why you think the applicant is/was an employee of the firm or an independent contractor:

39. How did the applicant report earnings for income tax purposes? Wages Self-employment Income
 Unknown

ANSWER QUESTIONS 40 THROUGH 45 ONLY IF THE APPLICANT IS AN AGENT DRIVER OR COMMISSION DRIVER (AN AGENT-DRIVER OR COMMISSION DRIVER IS A PERSON WHO OPERATES HIS/HER OWN TRUCK OR THE TRUCK OF THE FIRM AND SERVES CUSTOMERS OF THE FIRM AS WELL AS SOLICITING HIS/HER OWN CUSTOMERS)

40. State the products and/or services the applicant distributes (for example: bakery products and laundry services):

41. If the applicant distributes more than one product or service, which is considered the principal or main product?
 Explain: _____
42. Does the applicant serve? Customers or routes designated by the firm His/her own customers
 Both
43. Was the applicant required to perform the services personally? Yes No
44. Was the applicant's services part of a continuing relationship with the firm and not in the nature of a single transaction? Yes No
45. What investment, other than for transportation, does the applicant have in the business?

ANSWER QUESTIONS 46 THROUGH 58 ONLY IF THE APPLICANT WAS A TRAVELING OR CITY SALESPERSON

46. What type of product is sold? _____
47. To whom are sales made? _____
48. What typical type of business is the buyer in? _____
49. Does the buyer resell the product or use it in its business? _____
50. Did the applicant have an exclusive territory? Yes No
51. Did the firm specify when and how often to work the territory? Yes No
If "Yes," please explain: _____

52. What percent of total sales that the applicant made for the firm were made to wholesalers, retailers, contractors, or operators of hotels, restaurants, or other similar establishments? _____
53. What was the percent of working time that the applicant spent in selling to organizations other than those specified in #52 such as manufacturers, schools, churches and homeowners? _____
54. What was the approximate number of hours worked per day for the firm? _____
55. Was the applicant required to perform the services personally? Yes No
56. Was the applicant required to forward the orders to the firm? Yes No
57. Were the applicant's services part of a continuing relationship with the firm? Yes No
58. What investment, other than transportation, does the applicant have in the business? _____

ANSWER QUESTIONS 59 THROUGH 66 ONLY IF THE APPLICANT WORKED AT HOME

59. Who furnished materials or goods used by the applicant? Applicant Firm
60. Was the applicant furnished a pattern or given instructions to follow in making the product? Yes No
If "Yes," please explain: _____

61. Was the applicant required to return the finished product either to the firm or to someone designated by the firm?
 Yes No
62. Was the applicant required to perform the services personally? Yes No
63. Is the firm licensed by the California Division of Labor Standards Enforcement?
 Yes No Unknown
64. Does the applicant have a valid permit from the California Division of Labor Standards Enforcement?
 Yes No Unknown
65. Who bears the cost of material damaged by the applicant? Applicant Firm
66. Explain the nature of any substantial investment in facilities used in connection with performance of the applicant's services. _____

**ANSWER QUESTIONS 67 THROUGH 71 ONLY IF THE APPLICANT IS A
REAL ESTATE SALESPERSON OR BROKER**

67. Does the firm provide advances against unearned commissions, expense accounts, or reimbursements of expenses incurred by the applicant? Yes No

Please explain: _____

68. Does the firm approve the sales before they are placed in escrow? Yes No

69. Does the applicant have any other duties with the firm besides selling real estate? Yes No

If "Yes," please explain the nature of such duties and the method of payment: _____

70. Does the firm allow the applicant to have exclusive listings? Yes No

71. Does the applicant have a valid license to sell real properties? Yes No

**ANSWER QUESTIONS 72 THROUGH 78 ONLY IF THE FIRM IS A
TEMPORARY SERVICES EMPLOYER OR LEASING EMPLOYER**

72. Does the firm negotiate with clients or customers for such matters as time, place, type of work, working conditions, quality, and price of the services? Yes No

73. Does the firm determine the assignments or reassignments of the applicant, even though applicant retains the right to refuse specific assignments? Yes No

74. Does the firm retain the authority to assign or reassign applicant to other clients or customers when applicant is determined unacceptable by a specific client or customer? Yes No

75. Does the firm assign or reassign the applicant to perform services for a client or customer? Yes No

76. Does the firm set the rate of pay of the applicant, whether or not through negotiation? Yes No

77. Does the firm pay the applicant from its own account(s)? Yes No

78. Does the firm retain the right to hire and fire the applicant? Yes No

I declare that all copies of contracts and all statements submitted are true, correct, and complete to the best of my knowledge and belief. If any misrepresentation has been made or facts have been omitted, I understand that the determination will not be valid and will not be binding upon the Department.

(NAME PRINTED)

(SIGNATURE)

(TITLE)

(DATE)

(PHONE NUMBER)