

## 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 <span style="float: right;">TO</span>

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 the worker.
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? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> 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. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
	(c) Was the worker given instructions about the way the work was to be done? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> 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 the worker as to how to do the work? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> 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 the worker? <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 the worker 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 their 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 the worker 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"/> Their 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 themselves out to the public as available to do work of this nature? Of any other nature? If "Yes," explain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	(d) Did the worker have a shop or office of their 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.	<b>ANSWER NO. 21 ONLY IF WORKER WAS AN AGENT-DRIVER OR COMMISSION-DRIVER</b>			
	(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.	<b>ANSWER NOS. 22 AND 23 ONLY IF THE WORKER WAS A LIFE INSURANCE SALESPERSON</b>			
	Did the worker devote their 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 contract, 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.	<b>ANSWER NO. 24 ONLY IF THE WORKER WAS A HOME WORKER</b>	
	(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.	<b>ANSWER NOS. 25, 26, 27, AND 28 ONLY IF THE WORKER WAS A TRAVELING OR CITY SALESPERSON</b>	
	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 the worker's total sales for the firm were made to wholesalers, retailers, contractors, or operators of hotels, restaurants, or other similar establishments?	%
	What percent of the worker's total working time was spent in making such sales?	%
	(b) What percent of the worker's 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)

*Anyone who knowingly makes or causes to be made a false statement or representation of material fact for use in determining a payment under the Social Security Act, or knowingly conceals or fails to disclose an event with an intent to affect an initial or continued right to payment, or submits or causes to be submitted any false statement or document knowing the same to contain any misrepresentation of material fact, commits a crime punishable under Federal law by fine, imprisonment, or both, and may be subject to administrative sanctions.*

NAME	TITLE
ADDRESS	DATE

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## PRIVACY ACT STATEMENT

### Collection and Use of Personal Information

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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.

We will use the information to define a worker's employment status and ensure accuracy of earnings records to determine eligibility for benefits. We may also share your information for the following purposes, called routine uses:

- To employers, current or former, for correcting or reconstructing earnings records and for Social Security tax purposes; and
- To third party contacts (including private collection under contract with us), for the purpose of their assisting us in recovering overpayments.

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 Notices (SORN) 60-0089, entitled Claims Folders System, as published in the Federal Registrar (FR) on October 31, 2019, at 84 FR 58422; 60-0090, entitled Master Beneficiary Record, as published in the FR on January 11, 2006, at 71 FR 1826; and 60-0330, entitled eWork, as published in the FR on September 15, 2003, at 68 FR 54037. Additional information, and a full listing of all our SORNs, is available on our website at [www.ssa.gov/privacy](http://www.ssa.gov/privacy).

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### Paperwork Reduction Act Statement

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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](http://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 regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. ***Send only comments relating to our time estimate or other aspects of this collection to this address, not the completed form.***

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