



Independent Contractor Questionnaire

Complete this form for one particular worker (or group of workers with the same title).

Part 1

1. Describe your organization's business. _____

2. Describe the work done by the worker (or workers with this particular title) and provide the worker's title. _____

3. Total number of workers who performed or are performing the same or similar services: _____.
4. How did the worker (or workers with this title) obtain the job?
 - Application
 - Bid
 - Employment Agency
 - Other (specify) _____
5. Is there any current or past litigation concerning the worker's status as an employee or independent contractor? _____
6. Attach copies of all documentation relating to this worker and this worker's status as an employee or independent contractor (for example, contracts, invoices, memos, Forms W-2 or Forms 1099-MISC issued or received, rulings, and opinion letters).
7. If no income reporting forms (Form 1099-MISC or W-2) were furnished to the worker, enter the total amount of income earned by the worker(s):
\$ _____
8. If both Form W-2 and Form 1099-MISC were issued or received to any workers with this title, explain why. _____

9. Explain why you believe the worker is an employee or an independent contractor.

10. If the work is done under a written agreement between your organization and the worker, attach a copy (preferably signed by both parties). Describe the terms and conditions of the work arrangement. _____

Part 2

11. What specific training is the worker given by your organization on how to do the job? Note how frequently that training is given. _____

12. What specific instructions is the worker given by your organization (for example, when and where to do the work, what tools or equipment to use, where to purchase supplies and services, and what order or sequence to follow when performing the work)? _____

13. How does the worker receive work assignments? _____

14. Who determines the methods by which the assignments are performed? _____

15. Who is the worker required to contact if problems or complaints arise and who is responsible for their resolution? _____

16. What types of reports are required from the worker? Describe, specify if they are oral or written, and attach examples. _____

17. Describe the worker's daily routine, such as his/her schedule or hours. _____

18. Is there a requirement that the worker devote a specific amount of time to the services performed for your organization or is the time required to perform the service left to the worker's discretion? _____

19. At what location(s) does the worker perform services (for example, your organization's premises, the worker's own shop or office, the worker's home, a customer's location)? Indicate the appropriate percentage of time the worker spends in each location, if more than one. _____

20. Describe any meetings the worker is required to attend and any penalties for not attending (for example, sales meetings, monthly meetings, staff meetings). _____

21. Is there an evaluation system that measures either the details of how the work is performed by the worker or the end result of the work performed by the worker?

Yes

No

If "Yes," describe the evaluation system. _____

22. Is the worker required to provide the services personally?

Yes

No

23. If substitutes or helpers are needed, who hires them? _____

24. If the worker hires the substitutes or helpers, is approval required?

- Yes
- No

If "Yes," by whom? _____

25. Who pays the substitutes or helpers? _____

26. Is the worker reimbursed if the worker pays the substitutes or helpers?

- Yes
- No

If "Yes," by whom? _____

Part 3

27. List the supplies, equipment, tools, materials, and property provided by each party:

Your organization: _____

The worker: _____

Other party: _____

28. Does the worker lease equipment, space, or a facility?

- Yes
- No

If "Yes," what are the terms of the lease? (Attach a copy or explanatory statement.)

29. What expenses are incurred by the worker in the performance of services for your organization? _____

30. Specify which, if any, expenses are reimbursed by:

Your organization: _____

Other party: _____

31. Who sets the rate of pay the worker receives?

- Your organization
- The worker

32. Type of pay the worker receives:

- Salary
- Commission
- Hourly Wage
- Piece Work
- Lump Sum
- Other (specify) _____

If type of pay is commission, and your organization guarantees a minimum amount of pay, specify amount: \$_____

33. Is the worker allowed a drawing account for advances?

- Yes
- No

If "Yes," how often? _____

Specify any restrictions (for example, requirement to repay unearned income or commissions). _____

34. Who does the customer, if any, pay?

- Your organization
- The worker

If "the worker," does the worker pay the total amount to your organization?

- Yes
- No

If "No," explain. _____

35. Does your organization carry liability insurance, workers' compensation insurance, or disability insurance on the worker?

- Yes
- No

If "Yes," specify which: _____

36. What economic loss or financial risk, if any, can the worker incur beyond the normal loss of salary (for example, loss or damage of equipment/material)? _____

37. Does the worker establish the level of payment for the services provided or the products sold?

- Yes
- No

If "No," who does? _____

Part 4

38. Please check the benefits available to the worker:

- Paid vacations
- Sick pay
- Paid holidays
- Personal days
- Pensions
- Insurance benefits
- Bonuses
- Other (specify): _____

39. Can the relationship be terminated by either party without incurring liability or penalty?

- Yes
- No

If "No," explain your answer. _____

40. Has your organization reserved the right to terminate the worker's services on short notice?

- Yes
- No

41. Did the worker perform similar services for others during the time period he/she performed services for your organization?

- Yes
- No

If "Yes," was the worker required to get approval from your organization to do so?

- Yes
- No

42. Describe any agreements prohibiting competition between the worker and your organization while the worker is performing services or during any later period. Attach any available documentation. _____

43. Can the worker refuse work assignments you offer?

- Yes
- No

44. Is the worker a member of a union?

- Yes
- No

45. Is the worker an independently established business?

- Yes
- No

46. What type of advertising, if any, does the worker do either individually or as an independently established business (for example, a business listing in a directory or business cards)? Provide copies, if applicable, of advertising, business cards, stationary, insurance certificates, etc. _____

47. If the worker assembles or processes a product at home, who provides the materials and instructions or pattern? _____

48. What does the worker do with the finished product (for example, return it to your organization, provide it to another party, or sell it)? _____

49. How does your organization represent the worker to its customers (for example, employee, partner, representative, or contractor), and under whose business name does the worker perform these services? _____

50. Under what circumstances can services be terminated? _____

51. If there are workers with this title who no longer perform services for your organization, how did the relationship end (for example, worker quit or was fired, job completed, contract ended, the organization or worker went out of business)? _____

Part 5 (Complete this section only if the worker provides a service directly to customers or is a salesperson.)

52. What are the worker's responsibilities in soliciting new customers? _____

53. Who provides the worker with leads to prospective customers? _____

54. Describe any reporting requirements pertaining to the leads. _____

55. What terms and conditions of sale, if any, are required by your organization? _____

56. Are orders submitted to and subject to approval by your organization?

- Yes
- No

57. Who determines the worker's territory? _____

58. Did the worker pay for the privilege of serving customers on the route or in the territory?

- Yes
- No

If "Yes," whom did the worker pay? _____

If "Yes," how much did the worker pay? \$ _____

59. Where does the worker sell the product (for example, in a home, retail establishment)? _____

60. List the product and/or services distributed by the worker (for example, meat, vegetables, fruit, bakery products, beverages, or laundry or dry cleaning services). If more than one type of product and/or service is distributed, specify the principal one.

61. Does the worker sell life insurance full time?

- Yes
- No

62. Does the worker sell other types of insurance for your organization?

- Yes
- No

If "Yes," enter the percentage of the worker's total working time spent in selling other types of insurance. _____%

63. If the worker solicits orders from wholesalers, retailers, contractors, or operators of hotels, restaurants or other similar establishments, enter the percentage of the worker's time spent in the solicitation. _____%

64. Is the merchandise purchased by the customers for resale or use in their business operations?

- Yes
- No

65. Describe the merchandise and state whether it is equipment installed on the customer's premises. _____

This document is not intended to provide legal advice or opinion and should not be relied on as such. Legal advice can only be provided in response to specific fact situations.