MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF EMPLOYMENT SECURITY

4389 SFI

WORKER RELATIONSHIP QUESTIONNAIRE

Claim ☐

Attach additional sheets if necessary.

Name of business and/or Account No.:

Business activity:

Name or classification of worker:
   (Include number of workers in that classification.)

Were all services performed in Missouri?... ☐ Yes   ☐ No

Dates worker performed services: From _____ To _____

This form is being completed by or on behalf of the: .... ☐ Business   ☐ Worker

1. Does the business provide instructions to the worker about when, where, or how
   he or she is to perform the work?..   ☐ Yes   ☐ No
   Explain:

2. Does the business provide training of any kind to the worker?...................................   ☐ Yes   ☐ No
   Explain:

3. Can the business operate without the type of services provided by the worker?..........................   ☐ Yes   ☐ No
   Explain:

4. Do the services have to be performed personally by the worker?...   ☐ Yes   ☐ No
   Explain:

5. Does the worker have assistants when performing the work?...   ☐ Yes   ☐ No
   If Yes, who pays the assistant(s)?...   ☐ Business   ☐ Worker
   Explain:

6. Does the business have a continuing working relationship with the worker? ....   ☐ Yes   ☐ No
   Explain:

7. Does the business set the work hours of the worker?..   ☐ Yes   ☐ No
   Explain:

8. Does the worker work full time for the business?...   ☐ Yes   ☐ No
   If No, how many hours a week does the worker perform services for the business? _____
   Explain:

9. Is the work performed at: ☐ the business; ☐ the customer's site; ☐ the worker's location
   (e.g., the worker's home); or ☐ location(s) where the business performs services (e.g., construction site)?
   Explain:

10. Does the worker perform the services in an order or sequence set by the business?...................   ☐ Yes   ☐ No
    Explain:

11. Does the worker submit oral or written reports to the business? ....   ☐ Yes   ☐ No
    Explain:

12. How is the worker paid? By the: ☐ hour ☐ week ☐ month ☐ other.
    Explain:

13. Does the worker have traveling or business expenses, other than the commute to work?..............   ☐ Yes   ☐ No
    If Yes, who pays for the expenses?...   ☐ Business   ☐ Worker
    Explain:

14. Does the business provide any of the tools, materials, and equipment to perform services for the business?..☐ Yes ☐ No
    Explain:

15. Does the worker have his or her own shop, office, or vehicle used exclusively for these services or any other investment in facilities needed to perform the services?..................................☐ Yes ☐ No
    Explain:

16. a. Can the worker earn a profit in providing services to the business (other than hourly pay)?...........................☐ Yes ☐ No
    Explain:

    b. Can the worker lose money in providing services to the business (other than by the business failing to pay the worker's regular pay check)? ....☐ Yes ☐ No
    Explain:

17. Does the worker provide services for more than one business at a time?...☐ Yes ☐ No
    Explain:

18. Does the worker make his or her services available to the general public?...☐ Yes ☐ No
    Explain:

19. Can the business discharge the worker at any time without a penalty?
    Back wages is not a penalty ....☐ Yes ☐ No
    Explain:

20. Can the worker quit at any time without a penalty?..☐ Yes ☐ No
    Explain:

21. Does the business offer bonuses, paid vacation, health insurance, or sick pay to the worker?.............................☐ Yes ☐ No
    Explain:

22. How does the business report worker's earnings to the Internal Revenue Service (IRS)?..................................☐ W-2 ☐ 1099
    (Attach copies of IRS reports.)

Attach any contracts, business cards, written instructions, or handbooks that you feel will assist the

Division in making its determination.

Name (*Print*) _____ Title _____

Signature _____ Date _____ Phone. _____

List all workers in classification. Complete each year separately. Include the current year and the three prior calendar years. Type or print legibly. *(Attach additional sheets if necessary.)*

Worker's SSN (000-00-0000) or FEIN (00-0000000)	Worker's Name and Job Title	Year	Amount Paid 1st Quarter (Jan-March)	Amount Paid 2nd Quarter (April-June)	Amount Paid 3rd Quarter (July-Sept)	Amount Paid 4th Quarter (Oct-Dec)

IMPORTANT: *If needed, call 573-751-3236 for assistance in the translation and understanding of the information in this document.*
¡IMPORTANTE!: *Si es necesario, llame al 573-751-3236 para asistencia en la traducción y entendimiento de la información en este documento.*

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