



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.

Missouri Division of Employment Security is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TDD/TTY: 800-735-2966 Relay Missouri: 711