



## 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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