

**WORKER RELATIONSHIP QUESTIONNAIRE**

**INSTRUCTIONS:** This information is required to determine whether a worker is an employee or an independent contractor (SDCL 61-1-11). This form should be completed for one individual who is representative of the class of workers whose status is in question. A separate Worker Relationship Questionnaire must be completed when a written determination is desired for more than one class of workers, or if the facts are materially different within the same class of workers.

**This questionnaire must be completed and returned within two weeks.**

**FIRM:** The individual, corporation, partnership, association or other type of organization for whom the services are performed.

**WORKER:** The person who performs the services.

This form is being completed by **FIRM** **WORKER**

<b>FIRM</b>	<b>WORKER</b>
A) Business Owner, Partners, Corporate Name and Contact Person	A) Name of Representative Worker
B) Business Name	B) Address of Worker
C) Address of Firm	C) Telephone Number
D) Telephone Number	D) Social Security Number
E) FEIN	E) Name of Your Business (If Applicable)
F) South Dakota Unemployment Insurance Account Number	F) FEIN (If Applicable)
G) Check type of entity: Individual Partnership Corporation Other (Specify)	

**All items must be answered, or marked "Unknown" or "Does Not Apply." If you need more space, attach another sheet.**

1a. Describe the nature of the firm's business:

1b. Give a complete description of the service performed by the worker:

1c. The working relationship: started \_\_\_\_\_ ended \_\_\_\_\_

2a. If the work is done under a written agreement or contract, **attach a copy of the contract signed by the firm and the worker.**

2b. If agreement is oral, describe terms and conditions of work arrangement (attach extra pages, if needed).

2c. If working arrangement differs in any way from the written or oral agreement, explain the differences and why they occur.

2d. Does the firm furnish the worker with:

Transportation	<b>YES</b>	<b>NO</b>	Drawing Account	<b>YES</b>	<b>NO</b>
Samples	<b>YES</b>	<b>NO</b>	Office Facilities	<b>YES</b>	<b>NO</b>
Expense Account	<b>YES</b>	<b>NO</b>			

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3a. Is the worker given training by the firm?      **YES**      **NO**

**If YES:**

What kind?

When?

3b. Is the worker given instructions in the way the work is to be done?      **YES**      **NO**

**If YES, give specific examples:**

3c. Attach copies of any written instructions, procedures or policies supplied by the business.

3d. Does the firm have the right to change the methods used by the worker or direct the worker on how to do the work?      **YES**      **NO (Explain):**

3e. Does the firm supervise or control the performance of the worker's service?      **YES**      **NO (Explain)**

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4a. The firm engages the worker for:      **A Particular job**      **An Indefinite period**      **Other (Explain)**

4b. Is the worker required to follow a work routine or schedule established by the firm: **YES** **NO**  
What is the schedule or routine?

4c. Who does the worker report to:  
When?  
Why?  
How?

4d. Attach copies of any report forms used in reporting to the firm.

4e. Does the worker furnish a record of his time to the firm? **YES** **NO**  
**If YES, attach copies of time records.**

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5a. List the tools and equipment, and an estimated of value, furnished by:

The firm:

The worker:

5b. List the kind and value of supplies and materials furnished by:

The firm:

The worker:

5c. What business expenses are incurred by the worker in the performance of services for the firm?

5d. Does the firm reimburse the worker for any expenses? **YES** **NO**  
**If YES, specify the reimbursement expenses:**

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6a. Is it understood that the worker will perform the services personally? **YES** **NO**

6b. Does the worker have helpers or can a substitute worker be used? **YES** **NO**

**If YES:**

Are the helpers/substitutes hired by **Firm** **Worker**  
**If hired by worker**, is the firm's approval necessary? **YES** **NO**

Who pays the helpers/substitutes? **Firm** **Worker**

Who reports the helpers/substitutes income to the Internal Revenue Service? **Firm** **Worker**

If the worker pays the helper/substitute, does the firm repay the worker? **YES** **NO**

What service do the helpers perform?

7. At what locations are services performed?      **Firm's**      **Worker's**      **Other (Specify)**

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8a. Type of pay worker receives:

**Salary**      **Commission**      **Hourly Wage**      **Piecework**      **Lump Sum**  
**Other (Specify)**

8b. Who writes the paycheck?

8c. Is the worker paid hourly/weekly/monthly?      Total amount paid?

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9a. Is the worker eligible for pension, bonuses, paid vacations, sick pay, insurance etc.?      **YES**      **NO**  
**If YES, specify**

9b. Does the firm carry workers' compensation insurance on the worker?      **YES**      **NO**

9c. Does the firm deduct Social Security tax from amounts paid the worker?      **YES**      **NO**

9d. How does the firm report the worker's income to the IRS?

**Form W-2**      **Form 1099**      **Does not report**      **Other (Specify)**

9e. Does the firm bond the worker?      **YES**      **NO**

9f. Does the firm insure the worker?      **YES**      **NO**

Type of insurance?

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10a. Approximately how many hours a day or week does the worker perform services for the firm?

10b. Does the worker perform similar services for others?      **YES**      **NO**      **Unknown**  
**If YES:** How often are the services performed for others?      **Daily**      **Weekly**      **Monthly**      **Long Term**  
For whom?

Number of other firms worked for in the past year      ( include copies of contracts, bids, invoices, etc.)

Does any firm have priority on the worker's time?      **YES**      **NO**  
**If NO, explain**

10c. Is the worker prohibited from competing with the firm either during the time the worker is performing services or at any later period?      **YES**      **NO**

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11a. Can the firm discharge the worker at any time without incurring a liability?      **YES**      **NO**  
**If NO, explain**

11b. Can the worker terminate their services at any time without incurring a liability?      **YES**      **NO**  
**If NO, explain**

12a. Does the worker perform services for the firm under:

**Firm's business name      Worker's own business name      Other (Specify)**

12b. Does the worker advertise or maintain a business listing in (attach copy or sample, if applicable):

**Telephone Directory      Trade Journal      Newspaper      Internet      Sign      Other**

12c. Does the worker represent self to the public as being in business to perform the same or similar services?

**YES      NO      Unknown**

If YES, how?

12d. Does the worker have their own shop or office?      **YES      NO      Unknown**

If YES, where?

12e. Does the firm represent the worker as an employee of the firm to its customers?      **YES      NO**

If NO, how is the worker represented?

12f. How did the firm learn of the worker's services?

12g. How long has the worker performed services for the firm's business?

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13. Is a license, degree or certification necessary for the work?      **YES      NO      Unknown**

If YES:

What kind is required?

By whom is it issued?

By whom is the fee paid?

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14. Does the worker have a financial investment in an independently established business related to the services performed?      **YES      NO      Unknown**

If YES, specify and give amounts of the investment:

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15. Can the worker incur a loss beyond wages in the performance of the service for the firm?      **YES      NO**

If YES, how?

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16. Has any other government agency ruled on the status of the firm's workers?      **YES      NO**

If YES, attach a copy of the ruling.

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17. Explain in detail any additional reasons why you believe the worker is an independent contractor or is an employee of the firm.

ANSWER #18 ONLY IF THE WORKER IS A SALESPERSON OR PROVIDES A SERVICE DIRECTLY TO THE CUSTOMER.

- 18a. Are leads to prospective customers furnished by the firm?      **YES**      **NO**      **Does Not Apply**
- 18b. Is the worker required to pursue or report on leads?      **YES**      **NO**      **Does Not Apply**
- 18c. Is the worker required to adhere to prices, terms and conditions of sale established by the firm?  
         **YES**      **NO**
- 18d. Are orders submitted to and subject to approval by the firm?      **YES**      **NO**
- 18e. Is the worker expected to attend sales meetings?      **YES**      **NO**  
      **If YES, is the worker subject to any kind of penalty if he fails to attend?**      **YES**      **NO**
- 18f. Does the firm assign a territory to the worker?      **YES**      **NO**      **Does Not Apply**
- 18g. Who does the customer pay?      **FIRM**      **WORKER**
- 18h. Does the worker sell a consumer product in a home or establishment other than a permanent retail establishment?      **YES**      **NO**
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ANSWER #19 ONLY IF THE WORKER PROCESSES A PRODUCT IN HIS OR HER OWN HOME.

- 19a. Who furnishes materials or goods used by the worker?      **FIRM**      **WORKER**
- 19b. Is the worker furnished a pattern or given instructions to follow in making the product?      **YES**      **NO**
- 19c. Is the worker required to return the finished product to the firm or to someone designated by the firm?  
         **YES**      **NO**
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***I certify that all statements and copies of contracts are true to the best of my knowledge.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

Witnessed By: \_\_\_\_\_ Date \_\_\_\_\_