

ACCOUNT NUMBER/LOCATION or SSN	DOCUMENT ID NUMBER 68-0192	DOCUMENT CONTROL DATE
DESCRIPTION		
DESCRIPTION (CONTINUED)		FOR ADMINISTRATIVE OFFICE USE ONLY



**IOWA WORKFORCE DEVELOPMENT
TAX BUREAU, UIS DIVISION
1000 East Grand Avenue
Des Moines, Iowa 50319-0209**

Questionnaire for Determining
Status of Workers
68-0192 (7-03)

Under the Iowa Employment Security Law, it is presumed that every person performing services for pay under a contract of hire or service, expressed or implied, made either directly with you or by someone in your employ, is your employee, unless and until you satisfy the department that such an individual is a self-employed excluded contractor as defined by section 96.19-18f of the Iowa Employment Security Law.

THE FIRM MUST ESTABLISH:

1. That such individual has been and will continue to be free from control or direction over the performance of the worker's services both under the worker's contract and in fact....
2. That such services have been performed in an independently established trade, business, or profession in which the individual is customarily engaged.

INSTRUCTIONS

- A. Sales personnel should give complete answers to all questions: If the position is other than sales, give complete answers to questions 1 through 29. Attach supplemental sheets for those questions which require more space than is allotted in the questionnaire.
- B. Also, attach a copy of any written agreement, manual of instructions, statement of rules or policies required to be followed, and any rulings made by other governmental agencies with respect to whether the worker in question is an employee or independent contractor.
- C. The department's ruling on this matter will apply to the individual identified below and to those included on an attached listing. If a ruling is desired on more than one class of workers or agents, a separate questionnaire, 68-0192, should be completed for each class.
- D. The word FIRM, as used in this form, includes an individual, a corporation, a partnership, an association, or any other form or type of business organization.

NAME OF FIRM	NAME OF WORKER *	
ADDRESS OF FIRM	HOME ADDRESS OF WORKER	
NATURE OF FIRM'S BUSINESS	(WORKER'S) SOCIAL SECURITY NUMBER, IF ANY	SERVICES PERFORMED FOR THIS FIRM

FORM OF ORGANIZATION (CHECK ONE)

- INDIVIDUAL
 PARTNERSHIP
 CORPORATION
 OTHER (SPECIFY)

NATURE OF SERVICES PERFORMED BY THE WORKER	DATES WHEN SERVICES WERE PERFORMED FROM _____ TO _____
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* ATTACH A LISTING OF ALL OTHER WORKERS OR AGENTS TO WHOM THIS QUESTIONNAIRE APPLIES, INDICATING THE NAMES, HOME ADDRESSES, SOCIAL SECURITY NUMBERS AND PERIODS OF SERVICE.

1. Is there any written agreement concerning the employment? YES NO
 IF YES, a copy must be furnished to this department. IF NO, explain the verbal agreement that exists.

(CONTINUED)

2. Does the actual working arrangement differ in any way from the original agreement? YES NO
If YES, EXPLAIN:

3. Does the worker operate under the worker's own name or under the firm's name when performing services for the firm? OWN NAME FIRM NAME

4. In whose name is advertising placed?

5. On what basis is the worker paid for services rendered?

- | | |
|---|--|
| <input type="checkbox"/> SALARY | <input type="checkbox"/> PIECEWORK RATE |
| <input type="checkbox"/> COMMISSIONS | <input type="checkbox"/> PERCENTAGE OF PROFITS |
| <input type="checkbox"/> HOURLY WAGE | <input type="checkbox"/> LUMP SUM PAYMENT |
| <input type="checkbox"/> DIFFERENCE BETWEEN PURCHASE PRICE PAID
BY WORKER AND AMOUNT RECEIVED BY HIM FROM RESALE | <input type="checkbox"/> OTHER (SPECIFY) |

6. At what intervals is the worker paid?

7. For what period was the worker engaged? PERMANENT SPECIFIC PERIOD

8. Is the worker required to carry insurance on motor vehicles used by the worker? YES NO

9. Where does the worker perform services? FIRM'S PREMISES WORKER'S HOME OTHER (SPECIFY)
ANSWER IN DETAIL, SPECIFYING THE AMOUNT OF TIME THE WORKER SPENDS ON THE FIRM'S PREMISES AND THE DUTIES PERFORMED DURING THAT TIME

10. Does the worker have a place of business? YES NO
- a. Is this separate and apart from the worker's home? YES NO
- b. Who pays the rent and other expenses connected with the maintenance of the worker's place of business? FIRM WORKER
- c. Does the firm in any manner control the premises upon which such services are rendered? YES NO
- d. What is the nature of the worker's business?
- e. Does the worker advertise in the telephone directory or other media as being in such business and available to the public generally? YES NO
- f. Who pays for such advertising? FIRM WORKER

11. If the worker is absent for an extended period of time, what arrangements are made with the firm?

12. On an average, how many hours each working day does the worker spend in performing services for the firm?

13. Explain to what extent the worker is engaged in other employment.

14. Does the firm have priority on the worker's services if it so desires? YES NO
IF NO, EXPLAIN
15. How often does the firm require the worker to report in person at its office, branch or job site?
STATE THE PURPOSE OF SUCH IN PERSON VISITS.
16. What part of the worker's services are supervised or reviewed by the firm or its representatives?
17. If services were not performed satisfactorily, what action would the firm take?
18. In whose name is a contract entered into with a customer?
19. Are the services performed in the usual course of the firm's commercial activities? YES NO
20. Does the firm have the right to direct and control the manner in which the services are performed? YES NO
IF YES, IN WHAT MANNER (HOW, WHEN, WHERE?)
21. Does the worker employ assistant(s) in the performance of services? YES NO
- a. How many assistant(s) are actually employed? _____
 - b. Are such assistant(s) subject to the firm's control or supervision? YES NO
 - c. Does the firm pay for the services of such assistant(s)? YES NO
 - d. Are such assistant(s) hired with the firm's knowledge and consent? YES NO
 - e. Can the firm discharge such assistant(s)? YES NO
 - f. Is the worker required to notify the firm of hiring of such assistant(s)? YES NO
 - g. Is the worker required to carry workers' compensation on the assistant(s)? YES NO
22. Does the firm require a bill from the worker before payment is made? YES NO
- a. Does the firm reimburse the worker and/or the assistant(s) for expenses incurred in the performance of services? . YES NO
23. Does the firm have the right to discharge the worker at any time? YES NO
IF YES, FOR WHAT REASONS MIGHT THE WORKER BE SUBJECT TO DISCHARGE?
24. May the worker terminate their services at any time? YES NO
IF NO, EXPLAIN.
25. Does the firm carry workers' compensation insurance on the worker? YES NO
26. Has the firm been paying contributions for old age and survivors insurance benefits under the Federal Insurance Contribution Act (formerly Title VIII of the Social Security Act) for the worker and/or their assistant(s)? YES NO
27. Does the firm deduct withholding tax from the worker's earnings? YES NO
28. Has the firm included remuneration paid to the worker in prior Iowa Unemployment Contribution Reports? YES NO
29. Has the worker(s) in question been considered an employee at any time in the past? YES NO
IF YES, GIVE COMPLETE DETAILS, INCLUDING DATES AND A STATEMENT OF DIFFERENCES BETWEEN THE CONDITIONS OF EMPLOYMENT WHEN THE WORKER WAS AN EMPLOYEE AND THE PRESENT WORKING CONDITIONS.

I HEREBY CERTIFY THAT I HAVE CAREFULLY EXAMINED ALL QUESTIONS AND MY ANSWERS THERETO AND THAT THE STATEMENTS MADE HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE	TITLE	ADDRESS	PHONE #	DATE

THE FOLLOWING ADDITIONAL QUESTIONS ARE FOR SALES PERSONNEL ONLY

30. Does the firm engage a sales manager, field supervisor, or other individuals to act generally as a CONTACT PERSON between the company and the worker? YES NO
 IF YES, INCLUDE IN AN ATTACHED STATEMENT A DESCRIPTION OF THE FREQUENCY WITH WHICH THE WORKER IS CONTACTED AND SPECIFY IN DETAIL THE MANNER IN WHICH THE WORKER IS INSTRUCTED IN THE PERFORMANCE OF DUTIES FOR THE FIRM.
31. Is the worker absolutely free at all times to:
- a. Sell non competitive lines YES NO
 b. Sell competitive lines YES NO
 c. Engage in other employment YES NO
32. Does the firm prescribe a sales route or schedule of calls? YES NO
33. Does the firm restrict the worker in any of the following:
- a. Territory YES NO c. Terms and conditions of sale YES NO
 b. Selling Price YES NO d. Persons to whom sales can be made YES NO
34. May the worker sell merchandise or services on credit? YES NO
 IF YES:
- a. Does the firm carry the accounts? YES NO
 b. Does the firm collect the accounts? YES NO
 c. Does the firm stand the credit losses? YES NO
35. Does the firm furnish the worker with leads ? YES NO
 If YES, does the firm require that such leads be followed up? YES NO
36. Does the worker carry a stock of merchandise? YES NO
 If YES, who owns the merchandise? FIRM WORKER
37. Who owns the customer lists? FIRM WORKER
38. Does the firm furnish the worker with:
- a. Transportation YES NO e. Samples YES NO
 b. Drawing Account YES NO f. Business Cards YES NO
 c. Expense Account YES NO g. Order Blanks YES NO
 d. Office Facilities YES NO h. Price Lists YES NO
39. Does the firm have the right to require:
- a. Attendance at any meetings? YES NO
 b. Fixed hours of work? YES NO
 c. Any minimum number of calls? YES NO
 d. Any minimum territory to be covered within a specified time? YES NO
 e. Any minimum volume of sales? YES NO
 f. The firm's approval of sales? YES NO
 g. Reports of any nature? YES NO
 IF YES, EXPLAIN THE NATURE AND FREQUENCY OF SUCH REPORTS.
- h. Collection of accounts by worker? YES NO
 i. Investigation and adjustment of complaints? YES NO
 j. Any other duties except selling? YES NO
 IF YES, EXPLAIN.
- k. Maintenance of customer lists? YES NO
 l. Surety bond to be furnished? YES NO
 m. Its policies to be followed? YES NO
 n. Its instructions to be followed? YES NO

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