



WORKER RELATIONSHIP QUESTIONNAIRE
 JOB SERVICE NORTH DAKOTA
 SFN 50724 (R.05-2023)

Job Service North Dakota
 PO Box 5507 Bismarck ND 58506-5507
 701-328-2414
 TTY: RELAY ND 1-800-366-6888 Fax: 701-328-1882
 WEBSITE: www.jobsnd.com

This information is required to determine whether a worker is an employee or independent contractor for purposes of the North Dakota Unemployment Compensation Law.



This questionnaire should be completed for at least one individual who is representative of the class of workers whose status is in question. A separate 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.

NOTE: Pursuant to Section 52-01-01 (17) (e), NDCC, a worker is deemed to be an employee unless it is shown that he or she has the status of an independent contractor.

| | | |
|-----------------------------------|--------|-------------------|
| Owner, Partner or Corporate Name: | | |
| Trade Name: | | Account Number: |
| Address: | | Telephone Number: |
| City: | State: | Zip Code: |

| | | |
|--------------|--------|--------------------------|
| Worker Name: | | *Social Security Number: |
| Address: | | Telephone Number: |
| City: | State: | Zip Code: |

| | | |
|--|---------------------------------|--|
| This questionnaire is being completed by | | |
| <input type="checkbox"/> FIRM | <input type="checkbox"/> WORKER | |

| | | |
|---|--|--|
| All items must be answered. If you need more space, attach another sheet. | | |
| A. Describe the nature of the firm's business. | | |
| B. Give a complete description of the work done by the worker. | | |
| C. If the work is done under a written agreement or contract, attach a copy of the actual contract signed by the firm and the worker. | | |
| D. If the agreement is not in writing, describe the terms and conditions of the work agreement. | | |
| E. If the actual working agreement differs in any way from the agreement, explain the differences and why they occur. | | |
| F. How did the firm learn of the worker's services? | | |
| G. Has any other government agency ruled on the status of the firm's workers? YES NO | | |

| | | | | | | | | | |
|--|----------------|-------------------|-------|----|------|--------|-----|----|--|
| 1.a. Is the worker given instructions in the way the work is to be done? If yes, give specific examples: Attach representative copies of any written instructions or procedures. | YES | NO | | | | | | | |
| 1.b. Does the operation of the firm's business require that the worker be supervised or controlled in the performance of the services? Explain: | YES | NO | | | | | | | |
| 2. Is the worker given training by the firm? If yes: What kind? How Often? | YES | NO | | | | | | | |
| 3. Is the type of service performed by the worker the same type of service provided by the firm? | YES | NO | | | | | | | |
| 4. Is it understood that the worker will perform the services personally? Explain: | YES | NO | | | | | | | |
| 5.a. Does the worker have helpers? If yes: Are the helpers hired by: FIRM WORKER If hired by the worker, is the firm's approval necessary? Who pays the helpers? FIRM WORKER Who reports the helper's income to the Internal Revenue Service? If the worker pays the helpers, does the firm repay him? | YES | NO | YES | NO | FIRM | WORKER | YES | NO | |
| 5.b. What services do the helpers perform? | | | | | | | | | |
| 6.a. The firm engaged the worker for: If other, explain: | PARTICULAR JOB | INDEFINITE PERIOD | OTHER | | | | | | |
| 6.b. How long has the working relationship existed? | | | | | | | | | |
| 7.a. Approximately how many hours per day does the worker perform services for the firm? | | | | | | | | | |
| 7.b. Is the worker required to perform services for a set number of hours each day/week? | YES | NO | | | | | | | |
| 8. Does the firm have priority on the worker's time? If no, explain: | YES | NO | | | | | | | |
| 9. At what location are the services performed? If other, specify: | FIRM'S | WORKER'S | OTHER | | | | | | |
| 10. Does the firm have the right to change the methods used by the worker or give direction on how to do the work? Explain: | YES | NO | | | | | | | |

11.a. Is the worker required to follow a routine or a schedule established by the firm? YES NO

If yes, what is the routine or schedule?

11.b. Does the worker report to the firm or its representative? YES NO

If yes:

How often?

For what purpose?

In what manner?

11.c. Attach copies of report forms used in reporting to the firm.

11.d. Does the worker furnish a record of time worked to the firm? YES NO

If yes, attach copies of time records.

12.a. Type of pay worker receives: SALARY COMMISSION HOURLY WAGE PIECE WORK LUMP SUM OTHER

If other, explain:

12.b. Who establishes the rate of pay? FIRM WORKER BOTH

12.c. Is the worker eligible for a pension, bonuses, paid vacations, sick pay, etc? YES NO

If yes, specify:

12.d. Does the firm carry worker's compensation insurance on the worker? YES NO

12.e. Does the firm deduct Social Security tax from the amount paid the worker? YES NO

12.f. How does the firm report the worker's income to the Internal Revenue Service?

FORM W-2 FORM 1099 DOES NOT REPORT OTHER

If other, specify:

12.g. Does the firm bond the worker? YES NO

13.a. What expenses are incurred by the worker in the performance of services for the firm?

13.b. Does the firm reimburse the worker for any expenses? YES NO

If yes, specify the reimbursed expenses:

14.a. State the kind and value of tools and equipment furnished by:

The firm:

The worker:

14.b. The kind and value of supplies and materials furnished by:

The firm:

The worker:

| | | | |
|--|--------------------------|----------------------------|---------|
| 15.a. Does the worker have a financial investment in a business related to the service performed? | YES | NO | UNKNOWN |
| 15.b. Is a license necessary for the work? | YES | NO | UNKNOWN |
| If yes: | | | |
| What kind of license is required? | | | |
| By whom is it issued? | | | |
| By whom is the license fee paid? | | | |
| 16. Can the worker incur a loss in the performance of the service for the firm? | YES | NO | |
| If yes, how? | | | |
| 17.a. Does the worker perform similar services for others? | YES | NO | |
| If yes: | | | |
| Are these services performed on a daily basis for other firms? | | | |
| | | YES | NO |
| Percentage of time spent in performing these services for the: | | | |
| Firm: | | | |
| | | % | |
| Other Firms: | | | |
| | | % | |
| Unknown: | | | |
| | | % | |
| 17.b. Is the worker prohibited from competing with the firm either while he/she is performing these services or at any later period? | YES | NO | |
| 18.a. Does the worker advertise or maintain a business listing in the telephone directory, a trade journal, etc.? | YES | NO | UNKNOWN |
| If yes, how? | | | |
| 18.b. Does the worker represent himself to the public as being in business to perform the same or similar services? | YES | NO | UNKNOWN |
| If yes, how? | | | |
| 18.c. Does the worker maintain an established shop or office? | YES | NO | UNKNOWN |
| If yes, where? | | | |
| 18.d. Does the worker perform services for the firm under: | THE FIRM'S BUSINESS NAME | WORKER'S OWN BUSINESS NAME | OTHER |
| If other, specify: | | | |
| 18.e. Does the firm represent the worker as an employee of the firm to its customers? | YES | NO | |
| If no, how is the worker represented? | | | |
| 19. Can the firm discharge the worker at any time without incurring a liability? | YES | NO | |
| Explain: | | | |
| 20. Can the worker terminate services at any time without incurring a liability? | YES | NO | |
| Explain: | | | |

ANSWER SECTION [21] IF THE WORKER IS A SALESPERSON OR PROVIDES A SERVICE DIRECTLY TO CUSTOMERS:

- 21.a. Under whose name is the contract negotiated? FIRM/CUSTOMER WORKER/CUSTOMER
- 21.b. Under whose name is the customer invoiced? FIRM WORKER
- 21.c. Who does the customer pay? FIRM WORKER
- 21.d. Are leads to prospective customers furnished by the firm? YES NO DOES NOT APPLY
- 21.e. Is the worker required to pursue or report on leads? YES NO DOES NOT APPLY
- 21.f. Is the worker required to adhere to specific prices, terms and conditions of sale established by the firm? YES NO
- 21.g. Are orders/invoices submitted to and subject to approval by the firm? YES NO
- 21.h. Is the worker expected to attend sales meetings? YES NO
- If yes:
- Is the worker subject to any kind of penalty for failure to attend? YES NO
- If yes, what type of penalty?
- 21.i. Does the firm assign a specific territory to the worker? YES NO
- 21.j. Does the worker sell a consumer product in a home or establishment other than a permanent retail establishment? YES NO
- If yes, explain:

ANSWER SECTION [22] IF THE WORKER PROCESSES A PRODUCT IN THEIR HOME:

- 22.a. Who furnishes materials or goods used by the worker? FIRM WORKER
- 22.b. Is the worker furnished a pattern or given instructions to follow in making the product? YES NO
- 22.c. Is the worker required to return the finished product to the firm or to someone designated by the firm? YES NO

23. Explain in detail why you believe the worker is an independent contractor or is an employee of the firm:

24. NOTE: Please sign on the reverse side of this page, and provide the names, social security numbers, and amounts paid, by quarter, of all workers performing similar services for the firm.

Please type or print

Current year

| Worker Name | *Worker SSN | 1 st Qtr. | 2 nd Qtr. | 3 rd Qtr. | 4 th Qtr. |
|-------------|-------------|----------------------|----------------------|----------------------|----------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Preceding year

| Worker Name | *Worker SSN | 1 st Qtr. | 2 nd Qtr. | 3 rd Qtr. | 4 th Qtr. |
|-------------|-------------|----------------------|----------------------|----------------------|----------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Prior Year

| Worker Name | *Worker SSN | 1 st Qtr. | 2 nd Qtr. | 3 rd Qtr. | 4 th Qtr. |
|-------------|-------------|----------------------|----------------------|----------------------|----------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Year

| Worker Name | *Worker SSN | 1 st Qtr. | 2 nd Qtr. | 3 rd Qtr. | 4 th Qtr. |
|-------------|-------------|----------------------|----------------------|----------------------|----------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

I certify that all statements and copies of contracts are true to the best of my knowledge.

 Signature

 Title

 Date

*In compliance with the Privacy Act of 1974, a Social Security number is mandatory on this form pursuant to 20 CFR 666.150 and/or North Dakota Century Code 52-02-02. This number is used by Job Service for identification, federal and state tax, program eligibility purposes and program performance accountability.