DHR-CC4019
11/03

Office of the State Controller
Form 319 – Employment Relationship Questionnaire

This information is needed in order to help determine whether the worker is an employee or an independent contractor for social security and income tax withholding purposes. This QUESTIONNAIRE should be completed for any individual on a personal service agreement for which there may be a question as to employment tax status.

If you are certain an employee/employer relationship exists between the State and the Worker, complete only items 1-4 on this and the next page of this questionnaire and sign, title, and date the certification on page 7.

All items should be answered, marked "Unknown," or "Does not apply." If you need more space for "Remarks" on the last page, attach another sheet. If you need help in completing this form, contact the State Controller's Office at (919) 733-0178.

Agency Name

Worker's Name

Agency Address

Worker's Address

Agency Federal Identification Number

Worker's Social Security Number

Date Worker's Services Performed From To
(Month, day, year)

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1. Describe the agency's business

2. (a) Please list the worker's occupation or title.

   (b) Describe the work performed by this individual.

   (c) Please attach a "Job Announcement" for this position, if available.

3. (a) If the work was done under a written agreement or contract, please attach a copy.

   (b) If the agreement was not in writing, describe the terms and conditions or the work assignment.

   (c) If the actual working arrangement differed in any way from the written agreement, explain the Differences, why they occurred and the date or dates of such changes.

   (d) Are any other workers in this category given written agreements or contracts? If so, who are they?

4. At this point, if you are satisfied the above named worker providing service under a personal service agreement, is an employee for purposes of FICA and Income Tax withholding, stop here and to to page 9 and sign, title, and date the certification. If not satisfied, please complete the questionnaire.

The following questions are correlated to correspond with the 20 COMMON LAW FACTORS set forth in IRS Regulations as being indicative of whether or not an employee/employer relationship exists. For *Yes* or *No* Questions, please check one.

1. INSTRUCTIONS

   (b) Is the worker given instructions in the way the work is to be done? (Yes_____No_____)
   If yes, give specific examples._____

   (c) Attach representative copies of any written instructions or procedures.

   (c) Does your agency have the right to change the methods used by the worker or direct that person on how to do the work? (Yes_____No_____)

   Explain your answer_____

2. TRAINING
   (a) Is the worker given training by your agency (Yes_____No_____ If yes, please answer the following:
   What kind?

   How often?

   (b) Was the worker required to work with a trained employee of agency? (Yes_____No_____)

   (c) Was the worker required to attend staff meetings? (Yes_____No_____)

3. INTEGRATION INTO BUSINESS OPERATIONS
   (a) Does the operation of the agency's business require that the worker be supervised or controlled in the performance of the service? (Yes_____No_____)
   Explain your answer

4. SERVICES RENDERED PERSONNALY
   (a) Is it understood that the worker will perform the services personally and not assign or delegate? (Yes_____No_____)
   Explain your answer_____

5. HIRING, SUPERVISING, AND PAYING ASSISTANTS
   Does the worker have helpers? (Yes_____No_____)
   If yes: Are helpers hired by: Agency_____ Worker_____.
   If hired by the worker, is the agency's approval necessary? (Yes_____No_____)
   Who pays the helpers? Agency_____ Worker_____.
   Are social security taxes and Federal income tax withheld from the helpers' wages?
   (Yes_____ No_____)
   If yes, Who reports and pays these taxes? Agency_____ Worker_____
   Who reports the helper's incomes to the Internal Revenue Service? Agency_____Worker_____
   If the worker pays the helpers, does the agency repay the worker? (Yes_____No_____)
   What services do the helpers perform?_____
   Who evaluates the helpers' performance? Agency_____ Worker_____

6. CONTINUING RELATIONSHIP
   The agency engages the worker:
   1. _____ To perform and complete a particular job only.
   2. _____ To work at a job for an indefinite period of time.
   3. _____ Other (explain)_____

7. SET HOURS OF WORK
   (a) Are set hours prescribed for the worker? (Yes_____No_____)

   (b) Does the worker furnish a time record to the agency? (Yes_____No_____)
   Attach representative copies of time reports.

8. FULL TIME REQUIRED
   (a) How many hours a week does the worker spend performing services for the agency?
   _____

   (b) If less than full-time, please explain why_____
   _____

   (c) If less than full-time, name the months and number of days worked in each month during this period of employment._____

9. DOING WORK ON EMPLOYER'S PREMISES
   (a) At what location are the services performed? Agency_____ Worker_____

   (b) Who selected the place where the work was done? Agency_____ Worker_____

   (c) Does the worker assemble or process a product at home or away from the agency's place of business? (Yes_____ No_____)
   If yes:
   Who furnishes materials or goods used by the worker? Agency_____ Worker_____
   Is the worker furnished a pattern, or office equipment or given instructions to follow in making the product or providing the service? (Yes_____ No_____)
   Is the worker required to return the furnished product to the agency or someone designated by the agency? (Yes_____ No_____)

10. ORDER OF SEQUENCE SET
   (a) Is the worker required to follow a routine or schedule established by agency? (Yes_____No_____)
   If yes, what is the routing or schedule?_____
   _____
   _____

   (b) Is the worker free to determine the pattern or order of sequence of work to follow or is he free to Choose when or how the work is to be accomplished? (Yes_____No_____)
   If yes, please explain._____
   _____
   _____

11. ORAL OR WRITTEN REPORTS
    (a) Does the worker report to the agency or IRS representative? (Yes_____No_____)
    How often?_____
    For what purpose?_____
    In what manner (in person, in writing, by telephone, etc.)?_____
    Attach copies of report forms used in reporting to the agency.

12. METHOD OF PAYMENT
    (a) Type of pay worker receives:
    Salary_____ Commission _____ Hourly wage_____ Piecework_____
    Lump Sum_____ Other _____
    If other, explain _____
    _____

    (b) Is the agency worker allowed a drawing account or advances against pay? (Yes_____ No_____)
    If yes: Is the worker paid such advances on a regular basis? (Yes_____ No_____)
    How does the worker repay such advances?_____
    _____

    (c) Was worker filling a position established in the agency's budget? (Yes_____ No_____)

13. PAYMENT OF BUSINESS OR TRAVELING EXPENSE
    (a) Is the worker eligible for a pension, paid vacation, sick leave, etc. (Yes_____ No_____)
    If yes, specify_____

    (b) Does the agency carry workmen's compensation insurance on the worker? (Yes_____ No_____)

    (c) Does the agency deduct social security tax from amounts paid to worker? (Yes_____ No_____)

    (d) Does the agency deduct Federal income taxes from amounts paid worker? (Yes_____ No_____)

    (e) How does the agency report the worker's income to the Internal Revenue Service?
    Form 1099_____ Does not report_____ Other (specify)_____

    (f) Does the agency bond the worker? (Yes_____ No_____)

14. FURNISHING TOOLS AND MATERIALS
    (a) State the kind and value of tools and equipment furnished by:
    The agency_____
    _____
    The worker_____
    _____

    (b) State the kind and value of supplies and materials furnished by:
    The agency_____
    _____
    The worker_____
    _____

    (c) What expenses are incurred by the worker in the performance of services for the agency?
    _____

(d) Does the agency reimburse the worker for any expenses? (Yes_____ No_____)
If yes, specify the reimbursed expenses_____
_____

15. SIGNIFICANT INVESTMENT
(a) Does the worker have a financial investment in a business related to the services performed? (Yes_____ No_____ Unknown_____)

(b) Is a license necessary for the worker? (Yes_____ No_____ Unknown_____)
If yes, what kind of license is required?_____
By whom is it issued?_____
By whom is the license fee paid?_____

(c) Does the worker have malpractice insurance? (Yes_____ No_____ Unknown_____)

(d) If yes, is the cost of such insurance paid for by the agency_____ or worker _____?

16. WORKING FOR MORE THAN ONE AGENCY OR FIRM AT A TIME
(a) Approximately how many hours a day does the worker perform services for the agency? _____

(b) Does the worker perform similar services for others? (Yes_____ No_____ Unknown_____)
If yes: Are these services performed on a daily basis for other agencies or the general public?
_____
Percentage of time spent in performing these services for:
This agency_____ General Public_____ Unknown (check)_____
Does the agency have priority on the worker's time? (Yes_____ No_____)
If no, explain_____
_____

(c) Is the worker prohibited from competing with the agency either while performing services or during any later period? (Yes_____ No_____)

17. MAKING SERVICES AVAILABLE TO GENERAL PUBLIC
(a) Does the worker perform services for the agency under:
The agency's business name_____
The worker's own name_____
Other_____

(b) Does the worker advertise or maintain a business listing in the telephone directory, a trade journal, Etc. (Yes_____ No_____ Unknown_____)
If yes, specify_____
_____

(c) Does the worker represent himself or herself to the general public as being in business to perform the same or similar services? (Yes_____No_____ Unknown_____)
If yes, how_____
_____

(d) Does the worker have his or her own shop or office? (Yes_____ No_____ Unknown_____)
If yes, where_____
_____

(e) Does the agency represent the worker as an employee of the State to the public?
(Yes_____ No_____ Unknown_____)
If no, how is the worker represented_____
_____

(f) How did the agency learn of the worker's service?_____

18. RIGHT TO DISCHARGE
(a) Can the agency discharge the worker at any time without incurring liability? (Yes_____ No_____)
If no, explain_____
_____

19. RIGHT TO TERMINATE
(a) Can the worker terminate the services at any time without incurring liability? (Yes_____ No_____)
If no, explain_____
_____
_____

20. REALIZATION OF PROFIT OR LOSS
Can the worker incur a loss in the performance of the service for the agency? (Yes_____ No_____)
If yes, how?_____
_____
_____

Attach the names and addresses of the total number of workers in this class from Page 1, or the names and addresses of 10 such workers if there are more than 10.

Attach a detailed explanation of why you believe the worker is an independent contractor or is an employee of the agency._____
_____
_____
_____
_____

I CERTIFY that all copies of contracts and all statements submitted herewith are true, correct, and complete to the best of my knowledge and belief.

(Signed) _____

(Title) _____

(Address) _____

(Telephone Number) _____