Purpose

This form is to be used by businesses who would like to get a determination as to whether a worker is an employee for purposes of California Unemployment Insurance, Employment Training Tax, State Disability Insurance*, and Personal Income Tax withholding.

Note

If you require any assistance in the completion of this form, contact the nearest Employment Tax Office of the Employment Development Department (EDD) or call (888) 745-3886. Upon completion, return to:

STATE OF CALIFORNIA
EMPLOYMENT DEVELOPMENT DEPARTMENT
FACD-Central Operations, MIC 94
P.O. Box 826880
Sacramento, CA 94280-0001

The EDD may need to contact you if additional information is required.

* Includes Paid Family Leave (PFL).

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GENERAL INFORMATION

NAME OF FIRM
NAME OF OWNER
ADDRESS OF FIRM (CITY) (STATE) (ZIP CODE)
TELEPHONE NUMBER (INCLUDING AREA CODE)
FIRM'S FEDERAL IDENTIFICATION NUMBER
FIRM'S EDD EMPLOYER ACCOUNT NUMBER

Check the type of firm for which the work relationship is in question:

☐ Individual ☐ Partnership ☐ Corporation ☐ Limited Liability Company (LLC)
☐ Limited Liability Partnership (LLP) ☐ Other (specify): ____________________________

If the firm is a corporation, is the worker an officer of the corporation? ☐ Yes ☐ No

If the firm is an LLC or LLP, is the worker a member of the LLC or partner in the LLP? ☐ Yes ☐ No
1. Provide a brief description of the firm’s business (e.g., drug store, farmer, and construction): ______________________________
   ______________________________________________________________________________________________
   ______________________________________________________________________________________________
   ______________________________________________________________________________________________

2. Has this issue been the subject of a prior or current EDD audit and/or a benefit claim investigation or hearing?
   □ Yes  □ No  □ Unknown
   If “Yes,” please explain and provide any applicable dates: ______________________________________________
   ______________________________________________________________________________________________
   ______________________________________________________________________________________________

3. Has any other governmental agency ruled on the status of services performed by the worker or another person
   performing the same or similar services?  □ Yes  □ No  □ Unknown
   If “Yes,” please attach a copy.

4. Total number of workers in this class __________ (Attach names, addresses, telephone numbers, and social
   security numbers.  If more than 10 workers, attach the information for only 10).

5. This information is about services performed by the worker from __________ to __________.
   (Date) (Date)

6. State worker’s occupation and title and give a complete description of the services provided: __________________
   ______________________________________________________________________________________________
   ______________________________________________________________________________________________

7. How did the worker learn of the job (e.g., advertisement in newspapers, and word of mouth): __________________
   ______________________________________________________________________________________________
   ______________________________________________________________________________________________

8. What were the requirements for the worker’s position (e.g., previous experience, and education): _______________
   ______________________________________________________________________________________________
   ______________________________________________________________________________________________

9. Is the worker still performing services for the firm?  □ Yes  □ No
   If “No,” explain why and how the worker was terminated:
   ______________________________________________________________________________________________
   ______________________________________________________________________________________________

10. Were the services performed under a written agreement or contract?  □ Yes  □ No
    If “Yes,” please attach a copy.

11. If the agreement was not in writing, or the terms of the written agreement were not complied with in practice,
    describe the actual terms and conditions of the arrangement: _________________________________________
    ______________________________________________________________________________________________
    ______________________________________________________________________________________________

12. Was it agreed or understood that the worker would perform the services personally?  □ Yes  □ No
    If “No,” please explain: _______________________________________________________________________
    ______________________________________________________________________________________________
    ______________________________________________________________________________________________
13a. Does the worker have helpers? □ Yes □ No
If "Yes," answer questions 13b. through 13g.
If "No," go to question 14.

b. Were the helpers hired by: □ Worker □ The firm □ Unknown

c. Who could discharge the helpers: □ Worker □ The firm □ Unknown

d. Who paid the helpers: □ Worker □ The firm □ Unknown

e. If the worker paid the helpers, did the firm reimburse the worker? □ Yes □ No □ Unknown

f. What services do the helpers perform? _______________________________________________________

g. Are social security (FICA), state disability insurance (SDI), and income taxes withheld from the helpers' wages?
□ Yes □ No □ Unknown

If "Yes," who reports and pays these taxes? _______________________________________________________

14a. Was the worker permitted to provide services for others during the same time periods services were performed for the firm? □ Yes □ No □ Unknown

If "Yes," answer questions 14b. through 14f.

If "No" or "Unknown," go to question 15.

b. What percent of the worker's total working time was spent working for others? _______________________

c. What percent of the worker's total income was earned from others? ________________________________

d. Describe services the worker performed for others: _____________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

14f. Who owned or rented the premises where the services were performed? __________________________

15. List the kind and value of tools, equipment, and facilities furnished by the firm: _____________________
_________________________________________________________________________________________

16. List the kind and value of tools, equipment, and facilities furnished by the worker? ___________________
_________________________________________________________________________________________

17a. List any expenses connected with the services of the worker: _________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

b. Who was responsible for paying the expenses? _________________________________________________

18. Did the worker perform under: □ His/her business name □ The firm's name

19. Did the worker advertise or maintain a business listing in the telephone directory, a trade journal, etc.? □ Yes □ No □ Unknown
20a. Did the worker hold himself/herself out to the public as available to provide services of this nature?
☐ Yes  ☐ No  ☐ Unknown
If “Yes,” please explain: _____________________________________________________________
____________________________________________________________________________________

b. Or any other nature?  ☐ Yes  ☐ No  ☐ Unknown
If “Yes,” please explain: _____________________________________________________________
____________________________________________________________________________________

21. Did the worker have an office or shop of his/her own?  ☐ Yes  ☐ No  ☐ Unknown
If “Yes,” where (e.g., was the office in the worker’s home or was it rented office space?): ________________
____________________________________________________________________________________

22a. Was a license or certificate required to perform the services?  ☐ Yes  ☐ No  ☐ Unknown
If “Yes,” does the firm possess such a valid license or certificate?  ☐ Yes  ☐ No

b. Who issued the license or certificate to the firm and/or worker? State type and number for the firm and/or worker:
____________________________________________________________________________________

b. Who paid the worker’s license or certificate fee?__________________________________________

23. Did the firm engage the worker?  ☐ Full-time  ☐ Part-time  ☐ Particular Job  ☐ Indefinite Period
☐ Other, please explain: ________________________________________________________________
____________________________________________________________________________________

24. Did the firm require the worker to perform during a scheduled time?  ☐ Yes  ☐ No
If “Yes,” please explain: ______________________________________________________________
____________________________________________________________________________________

25a. Was the worker given training by the firm?  ☐ Yes  ☐ No
If “Yes,” what kind and how often? ______________________________________________________
____________________________________________________________________________________

b. Who paid for the worker’s training expenses? _____________________________________________

26. Was the worker required to follow daily, weekly, etc., routines or schedules established by the firm?
☐ Yes  ☐ No
If “Yes,” give examples: ______________________________________________________________
____________________________________________________________________________________

27. Was the worker given instructions about the way the service was to be performed?  ☐ Yes  ☐ No
If “Yes,” explain the nature of the instructions: _____________________________________________
____________________________________________________________________________________

28. Could the firm change the methods used by the worker in performing the services or otherwise direct him/her as to how to perform the work?  ☐ Yes  ☐ No
Explain your answer: _________________________________________________________________
____________________________________________________________________________________
29a. Does the worker report to the firm or its representatives?  
   □ Yes  □ No  
   If “Yes,” how often?  

b. For what purpose?  

c. In what manner (in person, in writing, by telephone, time record, etc.)?  
   Attach copies of report forms used in reporting to the firm.  

30. Was the worker required to produce a certain amount of work regularly if services were to continue?  
   □ Yes  □ No  

31. Check the type of pay the applicant received?  
   □ Salary  □ Commission  □ Hourly  
   □ Other, please explain:  

32. Was the worker guaranteed a minimum pay?  
   □ Yes  □ No  

33. Was the worker eligible for a pension, bonuses, paid vacations, sick pay, etc.?  
   □ Yes  □ No  
   If “Yes,” explain:  

34. Did the firm carry workers’ compensation insurance on the worker?  
   □ Yes  □ No  

35. Could the firm discharge the worker at any time?  
   □ Yes  □ No  

36. Could the worker quit at any time?  
   □ Yes  □ No  

37. Would a liability be incurred if the worker quit or was discharged before the job was complete?  
   □ Yes  □ No  
   If “Yes,” please explain:  

38. Please explain why you think the worker is/was an employee of the firm or an independent contractor:  
   

39. How did the worker report earnings for income tax purposes?  
   □ Wages  □ Self-employment Income  
   □ Unknown  

ANSWER QUESTIONS 40 THROUGH 45 ONLY IF THE WORKER IS AN AGENT DRIVER OR COMMISSION DRIVER  
(AN AGENT-DRIVER OR COMMISSION DRIVER IS A PERSON WHO OPERATES HIS/HER OWN TRUCK OR THE TRUCK OF THE FIRM AND SERVES THE CUSTOMERS OF THE FIRM AS WELL AS SOLICITING HIS/HER OWN CUSTOMERS)  

40. State the products and/or services the driver distributes (for example: bakery products and laundry services):  
   
41. If the driver distributes more than one product or service, which is considered the principal or main product?  
   Explain:  

42. Does the driver serve?  
   □ Customers or routes designated by the firm  □ His/her own customers  □ Both  

43. Was the driver required to perform the services personally?  
   □ Yes  □ No  

44. Were the driver’s services part of a continuing relationship with the firm and not in the nature of a single transaction?  
   □ Yes  □ No  

45. What investment, other than for transportation, does the driver have in the business?  
   

46. What type of product is sold? _____________________________________________________________

47. To whom are sales made? _______________________________________________________________

48. What typical type of business is the buyer in? _______________________________________________

49. Does the buyer resell the product or use it in its business? ___________________________________

50. Did the worker have an exclusive territory?  □ Yes  □ No

51. Did the firm specify when and how often to work the territory?  □ Yes  □ No

52. What percent of total sales that the worker made for the firm were made to wholesalers, retailers, contractors, or operators of hotels, restaurants, or other similar establishments? ______________________________________

53. What was the percent of working time that the worker spent in selling to organizations other than those specified in #52, such as manufacturers, schools, churches, and homeowners? __________________________________

54. What was the approximate number of hours worked per day for the firm? ______________________

55. Was the worker required to perform the services personally?  □ Yes  □ No

56. Was the worker required to forward the orders to the firm?  □ Yes  □ No

57. Were the worker’s services part of a continuing relationship with the firm?  □ Yes  □ No

58. What investment, other than transportation, does the worker have in the business? ________________

59. Who furnished materials or goods used by the worker?  □ Individual  □ Firm

60. Was the worker furnished a pattern or given instructions to follow in making the product?  □ Yes  □ No

61. Was the worker required to return the finished product either to the firm or to someone designated by the firm?  □ Yes  □ No

62. Was the worker required to perform the services personally?  □ Yes  □ No

63. Were the worker’s services part of a continuing relationship with the firm?  □ Yes  □ No

64. Is the firm licensed by the California Division of Labor Standards Enforcement?  □ Yes  □ No  □ Unknown

65. Does the worker have a valid permit from the California Division of Labor Standards Enforcement?  □ Yes  □ No  □ Unknown

66. Who bears the cost of material damaged by the worker?  □ Worker  □ Firm

67. Explain the nature of any substantial investment in facilities used in connection with performance of the worker’s services. ___________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________
### Answer Questions 68 Through 72 Only If The Individual Is A Real Estate Salesperson or Broker

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Does the firm provide advances against unearned commissions, expense accounts, or reimbursements of expenses incurred by the worker?</td>
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<td>Please explain:</td>
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<td>Does the firm approve the sales before they are placed in escrow?</td>
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<td>Does the worker have any other duties with the firm besides selling real estate?</td>
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<td>If “Yes,” please explain the nature of such duties and the method of payment:</td>
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<td>Does the firm allow the worker to have exclusive listings?</td>
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<tr>
<td>Does the worker have a valid license to sell real properties?</td>
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### Answer Questions 73 Through 79 Only If The Firm Is A Temporary Services Employer or Leasing Employer

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<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Does the firm negotiate with clients or customers for such matters as time, place, type of work, working conditions, quality, and price of the services?</td>
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<td>Does the firm determine the assignments or reassignments of the workers, even though workers retain the right to refuse specific assignments?</td>
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<tr>
<td>Does the firm retain the authority to assign or reassign a worker to other clients or customers when a worker is determined unacceptable by a specific client or customer?</td>
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<tr>
<td>Does the firm assign or reassign the worker to perform services for a client or customer?</td>
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<tr>
<td>Does the firm set the rate of pay of the worker, whether or not through negotiation?</td>
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<tr>
<td>Does the firm pay the worker from its own account(s)?</td>
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<tr>
<td>Does the firm retain the right to hire and terminate workers?</td>
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I declare that all copies of contracts and all statements submitted are true, correct, and complete to the best of my knowledge and belief. If any misrepresentation has been made or facts have been omitted, I understand that the determination will not be valid and will not be binding upon the Department.

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(NAME PRINTED) (SIGNATURE) (TITLE) (DATE) (PHONE NUMBER)