

DETERMINATION OF EMPLOYMENT WORK STATUS FOR PURPOSES OF STATE OF CALIFORNIA EMPLOYMENT TAXES AND PERSONAL INCOME TAX WITHHOLDING

Purpose

This form is to be used by business entities who would like to receive a determination as to whether a worker is an employee for purposes of California Unemployment Insurance, Employment Training Tax, State Disability Insurance (SDI)*, and Personal Income Tax (PIT) withholding.

General Information

For assistance in completing this form, contact your local Employment Tax Office of the Employment Development Department (EDD) or call the Taxpayer Assistance Center at 1-888-745-3886. Upon completion, return to:

State of California Employment Development Department FACD-Central Operations, MIC 94 PO Box 826880 Sacramento, CA 94280-0001

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

* Includes Paid Family Leave (PFL).

This form should be completed carefully, and it should be completed for one individual who is a representative of the class of workers whose status is in question. If a written determination is desired for another class of workers, complete a separate DE 1870. A written determination for any worker will apply to other workers of the same class if facts are the same as those of the worker whose status is the subject of the written determination.

This form is designed to cover many work activities. Some of the questions may not apply to you. You must answer questions 1-39 or mark them "UNKNOWN" or "DOES NOT APPLY." Answer questions 40-79 only if applicable. If additional space is needed, please attach another sheet with the question number clearly identified. Write your business name, federal identification number, and the EDD employer payroll tax account number at the top of each additional sheet attached to this form.

PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY.

CU

NAME OF ENTITY			
NAME OF OWNER			
ADDRESS OF ENTITY	(CITY)	(STATE)	(ZIP CODE)
PHONE NUMBER (INCLUDING AREA CODE)			
ENTITY'S FEDERAL EMPLOYER IDENTIFICATION NUMBER			
ENTITY'S EDD EMPLOYER PAYROLL TAX ACCOUNT	nt number		
Check the type of entity for which the work relationship is in question: Individual Partnership Corporation Limited Liability Company (LLC) Limited Liability Partnership (LLP) Other (specify): If the entity is a corporation, is the worker an officer of the corporation? Yes No If the entity is an LLC, is the worker a member of the LLC? Yes No If the entity is an LLC, how is the LLC treated for federal income tax reporting purposes? Sole Proprietorship Partnership Corporation			

	Provide a brief description of the entity's business operation (e.g., drug store, farmer, construction, etc.):
2.	Has this issue been the subject of a prior or current EDD audit, benefit claim investigation, hearing, or prior DE 1870 determination? 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, and phone numbers of the workers in this class. If there are more than 10 workers, attach the information for only 10.
5.	This information is about services performed by the worker from to (Date)
6.	State the worker's occupation, title, and give a complete description of the services provided:
7.	How did the worker learn of the job (e.g., advertisement, online, in a newspaper, word of mouth, etc. If there was a jo
	announcement, please attach a copy.):
8.	
	What were the requirements for the worker's position (e.g., previous experience, education, etc.):
9.	What were the requirements for the worker's position (e.g., previous experience, education, etc.):
9.	What were the requirements for the worker's position (e.g., previous experience, education, etc.):

13a.	Does the worker have helpers?	
	If "Yes," answer questions 13b through 13g. If "No," go to question 14.	
b.	Who hired the helpers?	
c.	Who could discharge the helpers?	
d.	Who paid the helpers?	
e.	If the worker paid the helpers, did the entity reimburse the worker?	
f.	What services do the helpers perform?	
g.	Are Social Security/Medicare (FICA), SDI, and PIT 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 entity? 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?	
С.	What percent of the worker's total income was earned from others?	
d.	Describe services the worker performed for others:	
e.	Did the entity have first call on the worker's time and efforts?	
f.	Who owned or rented the premises where the services were performed?	
15a.	List the kind and value of tools, equipment, and/or facilities furnished by the entity:	
b.	Was the worker required to wear a uniform or badge? Yes No	
	If "Yes," describe what the worker was required to wear:	
	Who paid for the items?	
16.	List the kind and value of tools, equipment, and/or facilities furnished by the worker?	
17a.	List any expenses connected with the services of the worker:	
b.	Who was responsible for paying these expenses?	
c.	Was the worker reimbursed by the enitity for any of these expenses?	
18.	Did the worker perform under: His/her business name The entity's name	
19.	Did the worker advertise or maintain a business listing in the phone directory, a trade journal, Internet, etc.? Yes No Unknown If "Yes," please attach a copy.	

	If "Yes," please explain:
,	Or any other nature?
	If "Yes," please explain:
	Did the worker have an office or shop of his/her own?
	If "Yes," where (e.g., was the office in the worker's home or was it rented office space?):
,	Was a license or certificate required to perform the services?
	If "Yes," does the entity possess such a valid license or certificate? Yes No
	If "Yes," does the worker possess such a valid license or certificate? Yes No Unknown
,	Who issued the license or certificate to the entity and/or worker? State type and number for the entity and/or w
,	Who paid the worker's license or certificate fee?
	How did the entity engage the worker? Full-time Part-time Particular Job Indefinite
	Other, please explain:
	Did the entity require the worker to perform during a scheduled time? Yes No
	If "Yes," please explain:
,	Was the worker provided training by the entity?
	If "Yes," what kind and how often?
	Who paid for the worker's training expenses?
	Was the worker provided an orientation by the entity? Yes No
I	If "Yes," please describe:
l	Was the worker required to follow a work schedule by the entity specifying days and hours in which work had performed? Yes No
	If "Yes," please provide work schedule:
	Who established the work schedule?
	Was the worker given instructions about the way the service was to be performed? Yes No
	If "Yes," explain the nature of the instructions:
	Could the entity change the methods used by the worker in performing the services or otherwise direct him/he how to perform the work?
	Explain your answer:

29a.	Does the worker report to the entity or its representatives? Yes No
	If "Yes," how often?
b.	For what purpose?
c.	In what manner (in person, in writing, by phone, time record, etc.)?
	Attach copies of report forms used in reporting to the entity.
30.	Was the worker required to produce a certain amount of work regularly or achieve certain performance goals if services were to continue? Yes No
31a.	Check the type of pay the worker received?
b.	Who set the pay rate?
c.	Was the worker paid in regular intervals?
	If "Yes," what was the frequency?
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," please explain:
34.	Did the entity carry workers' compensation insurance on the worker?
35.	Could the entity discharge or layoff the worker without notice? Yes No
36. 37.	Could the worker quit at any time? Yes No 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 believe the worker is/was an employee of the entity 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 a	agent driver or commission driver is a person who operates his/her own truck or the truck of the entity and serves the customers of the entity 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.	Who does the driver serve? Customers or routes designated by the entity His/her own customers Both
43.	Was the driver required to perform the services personally?
44.	Were the driver's services part of a continuing relationship with the entity and not in the nature of a single transaction?
	☐ Yes ☐ No
45.	What investment, other than for transportation, does the driver have in his/her business?

ANSWER QUESTIONS 46 THROUGH 58 ONLY IF THE WORKER WAS A TRAVELING OR CITY SALESPERSON

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?		
51.	Did the entity specify when and how often to work the territory?		
52.	What percent of total sales that the worker made for the entity 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 entity?		
55.	Was the worker required to perform the services personally? Yes No		
56.	Was the worker required to forward the orders to the entity? Yes No		
	Were the worker's services part of a continuing relationship with the entity? Yes No		
57.			
57. 58.	What investment, other than transportation, does the worker have in the business?		
	What investment, other than transportation, does the worker have in the business?		
58.	ANSWER QUESTIONS 59 THROUGH 67 ONLY IF THE INDIVIDUAL WORKED AT HOME		
58. 59.	ANSWER QUESTIONS 59 THROUGH 67 ONLY IF THE INDIVIDUAL WORKED AT HOME Who furnished materials or goods used by the worker?		
58. 59. 60.	ANSWER QUESTIONS 59 THROUGH 67 ONLY IF THE INDIVIDUAL WORKED AT HOME Who furnished materials or goods used by the worker?		
58. 59. 60.	ANSWER QUESTIONS 59 THROUGH 67 ONLY IF THE INDIVIDUAL WORKED AT HOME Who furnished materials or goods used by the worker?		
59. 60.	ANSWER QUESTIONS 59 THROUGH 67 ONLY IF THE INDIVIDUAL WORKED AT HOME Who furnished materials or goods used by the worker?		
58. 59. 60. 61.	ANSWER QUESTIONS 59 THROUGH 67 ONLY IF THE INDIVIDUAL WORKED AT HOME Who furnished materials or goods used by the worker?		
58. 59. 50. 51. 52. 53.	ANSWER QUESTIONS 59 THROUGH 67 ONLY IF THE INDIVIDUAL WORKED AT HOME Who furnished materials or goods used by the worker?		
58. 59. 50. 51. 52. 53.	ANSWER QUESTIONS 59 THROUGH 67 ONLY IF THE INDIVIDUAL WORKED AT HOME Who furnished materials or goods used by the worker?		

ANSWER QUESTIONS 68 THROUGH 72 ONLY IF THE INDIVIDUAL IS A REAL ESTATE SALESPERSON OR BROKER

68.	Does the entity provide advances against unearned commissions, expense accounts, or reimbursements of expenses incurred by the worker? Yes No Please explain:
69. 70.	Does the entity approve the sales before they are placed in escrow?
71. 72.	Does the entity allow the worker to have exclusive listings?
72.	ANSWER QUESTIONS 73 THROUGH 79 ONLY IF THE ENTITY IS A TEMPORARY SERVICES EMPLOYER OR LEASING EMPLOYER
	TEAM OR ART SERVICES EAR EOTER OR ELASTING EAR EOTER
73.	Does the entity negotiate with clients or customers for such matters as time, place, type of work, working conditions, quality, and price of the services? Yes No
74.	Does the entity determine the assignments or reassignments of the workers, even though workers retain the right to refuse specific assignments? Yes No
<i>7</i> 5.	Does the entity 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? Yes No
76.	Does the entity assign or reassign the worker to perform services for a client or customer? Yes No
77.	Does the entity set the rate of pay of the worker, whether or not through negotiation?
78.	Does the entity pay the worker from its own account(s)? Yes No
79.	Does the entity retain the right to hire and terminate workers? Yes No
my kr	are that all copies of contracts and all statements submitted are true, correct, and complete to the best of nowledge and belief. If any misrepresentation has been made or facts have been omitted, I understand that etermination will not be valid and will not be binding upon the EDD.
	(NAME PRINTED) (DATE)
	(SIGNATURE) (PHONE NUMBER)
	(TITLE)