Determination of Work Status for Determination of Eligibility for Disability Insurance Elective Coverage

Purpose
This form is used to determine whether an applicant is an independent contractor or employee for purposes of the California Unemployment Insurance Code.

Note
If you require any assistance in the completion of this form, contact the nearest Employment Tax Customer Service Office of the Employment Development Department (EDD) or call (916) 654-6288. Upon completion, return to:

EMPLOYMENT DEVELOPMENT DEPARTMENT
TAXPAYER ASSISTANCE CENTER, ATTN: DIEC UNIT
P.O. BOX 2068
RANCHO CORDOVA, CA 95741-2068

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

General Information
Information provided on this form, along with the information on the DE 1378DI, Application for Disability Insurance Elective Coverage, will be used to determine eligibility for coverage.

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 40-78 only if applicable. If additional space is needed, please attach another sheet.

PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY

This form is being completed by: ☐ Firm ☐ Applicant

<table>
<thead>
<tr>
<th>NAME OF FIRM</th>
<th>NAME OF APPLICANT</th>
</tr>
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<tbody>
<tr>
<td>NAME OF OWNER</td>
<td>SOCIAL SECURITY NUMBER OF APPLICANT</td>
</tr>
<tr>
<td>ADDRESS OF FIRM (CITY) (STATE) (ZIP CODE)</td>
<td>ADDRESS (CITY) (STATE) (ZIP CODE)</td>
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<tr>
<td>TELEPHONE NUMBER (INCLUDING AREA CODE)</td>
<td>TELEPHONE NUMBER (INCLUDING AREA CODE)</td>
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<tr>
<td>FIRM’S FEDERAL IDENTIFICATION NUMBER</td>
<td>DATE APPLICANT PERFORMED SERVICES FOR THIS FIRM FROM __________<strong>, 20</strong> TO __________<strong>, 20</strong>.</td>
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<tr>
<td>FIRM’S EDD EMPLOYER ACCOUNT NUMBER</td>
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Check the type of firm for which the work relationship is in question:
☐ Individual ☐ Partnership ☐ Corporation ☐ Other (specify): ________________________________

If the firm is a corporation, is the applicant an officer of the corporation? ☐ Yes ☐ No
1. Provide a brief description of the firm’s business (e.g., drug store, farmer, 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 applicant 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 telephone numbers. If more than 10 workers, attach the information for only 10).

5. The following information is about services performed by the applicant from __________ to __________.
   (Date) (Date)

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

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

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

9. Is the applicant still performing services for the firm?
   - [ ] Yes
   - [ ] No
   If “No,” explain why and how the business relationship ended:

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 applicant would perform the services personally?
    - [ ] Yes
    - [ ] No
    If “No,” please explain:

13a. Does the applicant have helpers? □ Yes □ No

If “Yes,” answer questions 13b. through 13g.
If “No,” go to question 14.

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

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

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

e. If the applicant paid the helpers, did the firm reimburse the applicant? □ 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 applicant permitted to provide services for others during the same 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 applicant’s total working time was spent working for others? 

c. What percent of the applicant’s total income was earned from others? 

d. Describe services the applicant performed for others: 

14e. Did the firm have first call on the applicant’s time and efforts? □ Yes □ No □ Unknown

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 applicant: 

17a. List any expenses connected with the services of the applicant: 

b. Who was responsible for paying the expenses? 

c. Was the applicant reimbursed by the firm for any of these expenses? □ Yes □ No

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

19. Did the applicant advertise or maintain a business listing in the telephone directory, a trade journal, etc.? □ Yes □ No □ Unknown

20. Did the applicant hold himself/herself out to the public as available to provide services of this nature? □ Yes □ No □ Unknown

If “Yes,” please explain: 

Or any other nature? □ Yes □ No □ Unknown

If “Yes,” please explain: 

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

22. Was a license or certificate required to perform the services?  
   [☐] Yes  [☐] No  [☐] Unknown  
   If “Yes,” does applicant possess such a valid license?  
   [☐] Yes  [☐] No  
   Who issued the license? (State type and number):  
   Who paid the license fee?  

23. Did the firm engage the applicant:  
   [☐] Full-Time  [☐] Part-Time  [☐] Particular Job  [☐] Indefinite Period?  
   [☐] Other, please explain:  

24. Did the firm require the applicant to perform during a scheduled time?  
   [☐] Yes  [☐] No  
   If “Yes,” please explain:  

25. Was the applicant given training by the firm?  
   [☐] Yes  [☐] No  
   If “Yes,” what kind and how often?  
   Who paid for the applicant’s training expenses?  

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

27. Was the applicant 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 applicant in performing the services or otherwise direct him/her as to how to perform the work?  
   [☐] Yes  [☐] No  
   Explain your answer:  

29. Does the applicant report to the firm or its representatives?  
   [☐] Yes  [☐] No  
   If “Yes,” how often?  
   For what purpose?  
   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 applicant 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 applicant guaranteed a minimum pay?  
   ☐ Yes  ☐ No

33. Was the applicant 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 applicant?  
   ☐ Yes  ☐ No

35. Could the firm discharge the applicant at any time?  
   ☐ Yes  ☐ No

36. Could the applicant quit at any time?  
   ☐ Yes  ☐ No

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

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

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

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**ANSWER QUESTIONS 40 THROUGH 45 ONLY IF THE APPLICANT 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 customers of the firm as well as soliciting his/her own customers.

40. State the products and/or services the applicant distributes (for example: bakery products and laundry services):
   __________________________

41. If the applicant distributes more than one product or service, which is considered the principal or main product?  
   Explain: __________________________

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

43. Was the applicant required to perform the services personally?  
   ☐ Yes  ☐ No

44. Was the applicant’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 applicant have in the business?  
   __________________________
ANSWER QUESTIONS 46 THROUGH 58 ONLY IF THE APPLICANT 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 applicant have an exclusive territory?  □ Yes  □ No
51. Did the firm specify when and how often to work the territory?  □ Yes  □ No
   If “Yes,” please explain: ____________________________________________

52. What percent of total sales that the applicant 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 applicant 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 applicant required to perform the services personally?  □ Yes  □ No
56. Was the applicant required to forward the orders to the firm?  □ Yes  □ No
57. Were the applicant’s services part of a continuing relationship with the firm?  □ Yes  □ No
58. What investment, other than transportation, does the applicant have in the business? ________________________________

ANSWER QUESTIONS 59 THROUGH 66 ONLY IF THE APPLICANT WORKED AT HOME

59. Who furnished materials or goods used by the applicant?  □ Applicant  □ Firm
60. Was the applicant furnished a pattern or given instructions to follow in making the product?  □ Yes  □ No
   If “Yes,” please explain: ____________________________________________

61. Was the applicant required to return the finished product either to the firm or to someone designated by the firm?  □ Yes  □ No
62. Was the applicant required to perform the services personally?  □ Yes  □ No
63. Is the firm licensed by the California Division of Labor Standards Enforcement?  □ Yes  □ No  □ Unknown
64. Does the applicant have a valid permit from the California Division of Labor Standards Enforcement?  □ Yes  □ No  □ Unknown
65. Who bears the cost of material damaged by the applicant?  □ Applicant  □ Firm
66. Explain the nature of any substantial investment in facilities used in connection with performance of the applicant’s services. ____________________________________________

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ANSWER QUESTIONS 67 THROUGH 71 ONLY IF THE APPLICANT IS A REAL ESTATE SALESPERSON OR BROKER

67. Does the firm provide advances against unearned commissions, expense accounts, or reimbursements of expenses incurred by the applicant?  
   ☐ Yes  ☐ No
   Please explain: ____________________________

68. Does the firm approve the sales before they are placed in escrow?  
   ☐ Yes  ☐ No

69. Does the applicant have any other duties with the firm besides selling real estate?  
   ☐ Yes  ☐ No
   If “Yes,” please explain the nature of such duties and the method of payment: ____________________________

70. Does the firm allow the applicant to have exclusive listings?  
   ☐ Yes  ☐ No

71. Does the applicant have a valid license to sell real properties?  
   ☐ Yes  ☐ No

ANSWER QUESTIONS 72 THROUGH 78 ONLY IF THE FIRM IS A TEMPORARY SERVICES EMPLOYER OR LEASING EMPLOYER

72. 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?  
   ☐ Yes  ☐ No

73. Does the firm determine the assignments or reassignments of the applicant, even though applicant retains the right to refuse specific assignments?  
   ☐ Yes  ☐ No

74. Does the firm retain the authority to assign or reassign applicant to other clients or customers when applicant is determined unacceptable by a specific client or customer?  
   ☐ Yes  ☐ No

75. Does the firm assign or reassign the applicant to perform services for a client or customer?  
   ☐ Yes  ☐ No

76. Does the firm set the rate of pay of the applicant, whether or not through negotiation?  
   ☐ Yes  ☐ No

77. Does the firm pay the applicant from its own account(s)?  
   ☐ Yes  ☐ No

78. Does the firm retain the right to hire and fire the applicant?  
   ☐ Yes  ☐ No

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.

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