

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)

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.

Office of the State Controller
Form 319 – Employment Relationship Questionnaire

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

Office of the State Controller
Form 319 – Employment Relationship Questionnaire

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 PERSONALLY

- (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 _____

Office of the State Controller
Form 319 – Employment Relationship Questionnaire

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. _____

Office of the State Controller
Form 319 – Employment Relationship Questionnaire

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?

Office of the State Controller
Form 319 – Employment Relationship Questionnaire

- (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 _____

Office of the State Controller
Form 319 – Employment Relationship Questionnaire

(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) _____