



# WORKER RELATIONSHIP QUESTIONNAIRE (WRQ)

RETURN TO: *ERD – COMPLIANCE & INVESTIGATIONS BUREAU*  
*PO BOX 201503 – HELENA, MT 59620-1503*

**INSTRUCTIONS:****CASE#:**

- Complete one form for each worker in question. Attach additional sheets if more space is necessary.
- Provide valid contact information. You will be contacted for additional information upon review of this questionnaire.

**IN ORDER TO DETERMINE WHETHER THE WORKER IS AN INDEPENDENT CONTRACTOR OR EMPLOYEE, PLEASE COMPLETE AND RETURN THE FORM BY: \_\_\_\_\_**

**THIS FORM IS BEING COMPLETED BY:**  **HIRING AGENT** The entity that hired the worker to perform services.  
 **WORKER** The individual who performs the service.

HIRING AGENT INFORMATION	WORKER INFORMATION		
BUSINESS NAME:	WORKER NAME:		
FEIN/SSN:	FEIN/SSN:		
MAILING ADDRESS:	MAILING ADDRESS:		
PHYSICAL ADDRESS, IF DIFFERENT THAN ABOVE:	PHYSICAL ADDRESS, IF DIFFERENT THAN ABOVE:		
CITY•STATE•ZIP:	CITY•STATE•ZIP:		
PHONE:	PHONE:		
EMAIL:	EMAIL:		
	BUSINESS NAME:		
<b>BUSINESS STRUCTURE:</b> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership or LLP	<input type="checkbox"/> Member-Managed LLC <input type="checkbox"/> Manager-Managed LLC <input type="checkbox"/> Corporation	<b>BUSINESS STRUCTURE:</b> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership or LLP	<input type="checkbox"/> Member-Managed LLC <input type="checkbox"/> Manager-Managed LLC <input type="checkbox"/> Corporation

ATTORNEY/CONTACT PERSON INFORMATION THAT ASSISTED WITH COMPLETION OF THIS FORM	
ATTORNEY:	CONTACT PERSON:
ADDRESS:	ADDRESS:
CITY•STATE•ZIP:	CITY•STATE•ZIP:
PHONE•EMAIL:	PHONE•EMAIL:

1. Describe the nature of the Hiring Agent's business:	_____
	_____
2. Describe the work performed by the Worker:	_____
	_____
3. How was the working relationship established?	_____
	_____
4. PROVIDE COPIES OF JOB ANNOUNCEMENTS (CRAIGSLIST, NEWSPAPER, FLYERS, ETC.).	
5. Is a license or certification necessary for the Worker to perform the services? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
If YES: Specify what type: _____	
Who issues it? _____	
Who pays the fee? _____	
How long has the Worker had it? _____	
6. PROVIDE COPIES OF ANY RELEVANT LICENSES OR CERTIFICATIONS OBTAINED BY THE WORKER.	
7. What is the <b>date</b> the Worker began working for the Hiring Agent? _____	
8. The Hiring Agent hired the Worker for: <input type="checkbox"/> Single project <input type="checkbox"/> Project basis <input type="checkbox"/> Indefinite period	
9. Where is the work performed: <input type="checkbox"/> Hiring Agent's location <input type="checkbox"/> Worker's location <input type="checkbox"/> Jobsites <input type="checkbox"/> Other: _____	
10. Does the Hiring Agent assign a territory to the Worker? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DOES NOT APPLY	

11. Describe the terms and conditions of the initial work agreement, including any differences that may have occurred:

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12. With what projects is /has the Worker been involved?

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13. How does the Worker know what tasks to perform and how or where to work each day?

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14. Does the Hiring Agent furnish leads or prospective customers to the Worker?  YES  NO  DOES NOT APPLY

If YES, is the Worker required to pursue the leads?  YES  NO

If NO, explain: \_\_\_\_\_

15. PROVIDE COPIES OF ANY WRITTEN WORK AGREEMENTS, CONTRACTS, ESTIMATES/PROPOSALS, JOB ORDERS, ETC.

16. Does the Hiring Agent provide the Worker with training?  YES  NO

If YES: Specify the type of training: \_\_\_\_\_

How often is the training? \_\_\_\_\_

Who pays for the training? \_\_\_\_\_

17. Does the Hiring Agent provide the Worker with instructions, manuals, policies, or procedures on how to perform the work?  YES  NO

If YES, provide specific examples: \_\_\_\_\_

18. Is the Worker supervised?  YES  NO

If yes, why and by whom? \_\_\_\_\_

19. Does the Hiring Agent have the right to change or direct the methods used by the Worker to perform the work?

YES  NO Explain your answer: \_\_\_\_\_

20. PROVIDE COPIES OF ANY TRAINING MATERIALS, INSTRUCTIONS, MANUALS, POLICIES, OR PROCEDURES.

21. The Worker performs: As needed Full-time Part-time

22. How many **hours per day** does the Worker provide services for the Hiring Agent? \_\_\_\_\_

23. How many **days per week** does the Worker provide services for the Hiring Agent? \_\_\_\_\_

24. Does the Worker follow a set schedule or routine while working for the Hiring Agent? YES NO

If YES: What is the schedule or routine? \_\_\_\_\_

Who determines the schedule or routine? Hiring Agent Worker Other: \_\_\_\_\_

25. Does the Worker furnish a record of their time worked to the Hiring Agent? YES NO

26. Does the Worker report to the Hiring Agent? YES NO

If YES: How often? \_\_\_\_\_

For what purpose? \_\_\_\_\_

In what manner? \_\_\_\_\_

27. Does the Hiring Agent expect the Worker to attend meetings? YES NO

If YES: How often? \_\_\_\_\_

For what purpose? \_\_\_\_\_

In what manner (telephonically, personally, online, etc.)? \_\_\_\_\_

**28. PROVIDE COPIES OF ANY TIME RECORDS, REPORT FORMS, EMAILS, OR TEXT MESSAGES.**

29. Type of pay the Worker receives: Hourly Salary Commission Day Rate Piece-work Other: \_\_\_\_\_

30. What is the Worker's rate of pay? \_\_\_\_\_

31. Who set the Worker's rate of pay? \_\_\_\_\_

32. How often is the Worker paid? Weekly Bi-weekly Monthly Project completion Other: \_\_\_\_\_

33. Does the Worker submit a time record or billing invoice for payment by the Hiring Agent? YES NO

If YES, specify: \_\_\_\_\_

34. For services provided directly to customers or clients:

Is the Worker required to adhere to prices, terms, and conditions set by the Hiring Agent? YES NO

Who bills the customer or client? Hiring Agent Worker Other: \_\_\_\_\_

Who does the customer or client pay? Hiring Agent Worker Other: \_\_\_\_\_

35. How much was the worker paid in the current calendar year? \_\_\_\_\_ Previous Year: \_\_\_\_\_

**36. PROVIDE COPIES OF ANY PAYSTUBS, BANK RECORDS, OR BILLING INVOICES TO VERIFY PAYMENT TO WORKER.**

37. Is the Worker eligible for pension, bonuses, paid vacations, sick pay, etc.?  YES  NO

If YES, specify: \_\_\_\_\_

38. Does the Hiring Agent provide the Worker with bonding or liability insurance?  YES  NO

If YES, specify: \_\_\_\_\_

39. Does the Hiring Agent provide the Worker with health insurance?  YES  NO

40. Does the Hiring Agent cover the Worker with a workers' compensation insurance policy?  YES  NO

41. Does the Hiring Agent deduct Social Security tax from the amounts paid to the Worker?  YES  NO

42. How does the Hiring Agent report the Worker's income to the IRS?

Form W-2  Form 1099  Does not report  Other: \_\_\_\_\_

#### 43. PROVIDE COPIES OF ANY BENEFITS, BONUSES, FORMS W-2, FORMS 1099, OR TAX SCHEDULES.

44. Does the Worker have helpers?  YES  NO

If YES: Who are the helpers, including contact information? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What services do the helpers provide? \_\_\_\_\_

Who hires the helpers?  Hiring Agent  Worker  Other: \_\_\_\_\_

If Worker hires helpers, is Hiring Agent approval necessary?  YES  NO

Who supervises the helpers?  Hiring Agent  Worker  Other: \_\_\_\_\_

Who pays the helpers?  Hiring Agent  Worker  Other: \_\_\_\_\_

If Worker pays helpers, does Hiring Agent reimburse the Worker?  YES  NO

Who provides tools to the helpers?  Hiring Agent  Worker  Other: \_\_\_\_\_

Who terminates the helper's services?  Hiring Agent  Worker  Other: \_\_\_\_\_

#### 45. PROVIDE WITNESS STATEMENTS FROM HELPERS IF NECESSARY.

46. State the type of **tools and equipment** furnished by:

The Hiring Agent: \_\_\_\_\_  
\_\_\_\_\_  
The Worker: \_\_\_\_\_  
\_\_\_\_\_

47. Who provided the **supplies and materials**?       **HIRING AGENT**       **WORKER**

48. Does the Hiring Agent provide the Worker with office space or facilities to perform the work?  **YES**  **NO**

If **YES**, specify the location: \_\_\_\_\_

49. Does the Worker rent or lease the equipment, tools, office space, or facilities?  **YES**  **NO**

If **YES**, specify for what and with whom: \_\_\_\_\_

50. Does the Hiring Agent provide the Worker with a company charge card/account for supplies and materials?  **YES**

**NO**

51. What expenses does the Worker incur? \_\_\_\_\_  
\_\_\_\_\_

52. Does the Hiring Agent reimburse the Worker for any expenses?  **YES**  **NO**

If **YES**, specify the reimbursement expenses: \_\_\_\_\_  
\_\_\_\_\_

**53. PROVIDE COPIES OF RENTAL OR LEASE AGREEMENTS, EXPENSES, AND REIMBURSEMENTS FOR THE WORKER.**

54. If the Worker is currently providing services to the Hiring Agent, will the services end on a specific date?  **YES**  **NO**

55. Who ended the Worker's services?  **Hiring Agent**  **Worker**  **Other:** \_\_\_\_\_

56. Why did work agreement end? \_\_\_\_\_

57. Did the Worker complete the work?  **YES**  **NO**

If **NO**, explain: \_\_\_\_\_

58. What is the **date** the Worker stopped working for the Hiring Agent? \_\_\_\_\_

59. If the Worker hired helpers, did the helper's services also end?  **YES**  **NO**  **DOES NOT APPLY**

If **NO**, explain: \_\_\_\_\_

60. Has the Worker ever owned their own business?  YES  NO  UNKNOWN

If YES, explain: \_\_\_\_\_

61. Does the Worker perform similar services to other companies?  YES  NO  UNKNOWN

If YES: How often are the services performed for others? \_\_\_\_\_

Number of other companies the Worker performed services for in the past year: \_\_\_\_\_

62. Does the Hiring Agent have priority on the Worker's time?  YES  NO  UNKNOWN

If NO, explain: \_\_\_\_\_

63. Is the Worker prohibited from competing with the Hiring Agent at any time?  YES  NO  UNKNOWN

If YES, why? \_\_\_\_\_

64. Is the Worker represented as an employee of the Hiring Agent?  YES  NO  UNKNOWN

If NO, how is the worker represented? \_\_\_\_\_

65. Does the Worker represent self to the public as being in a business?  YES  NO  UNKNOWN

If YES, how? \_\_\_\_\_

66. Does the Worker advertise or maintain a business listing?  YES  NO  UNKNOWN

If YES, how? \_\_\_\_\_

67. Does the Worker provide their own commercial general liability insurance policy?  YES  NO  UNKNOWN

If YES, with whom? \_\_\_\_\_

68. Does the Worker have their own shop or office?  YES  NO  UNKNOWN

If YES, where? \_\_\_\_\_

69. Does the Worker have a financial investment related to the services performed?  YES  NO  UNKNOWN

If YES, specify and provide amounts of the investment: \_\_\_\_\_

70. Has any government agency ruled on the status of the Worker?  YES - provide a copy  NO  UNKNOWN

71. Explain in detail any additional reasons why you believe the Worker is an independent contractor or employee: \_\_\_\_\_

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*I certify that all statements and copies of contracts are true to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_