

Independent Contractor Questionnaire

(The following information is needed to determine worker status for City taxes)

Instructions

POSITION BEING EVALUATED _____

This form must be completed by an officer of the business and returned to the Akron Income Tax Division within 10 days. If an IRS determination has already been made regarding the classification of these specific workers, it may be submitted in lieu of this questionnaire as long as the circumstances have not changed.

Name of firm (or person) for whom the worker performed services	Trade name
Address of firm (Street address, City, State, Zip)	Daytime Telephone number
Akron Income Tax Accounts of Firm	FED ID# of Firm (or SS# of person hiring workers)

Type of business: Sole Proprietor Partnership S Corp C Corp Other _____

If more space is needed for your answers, use the back of this form.

- 1a. Describe the firm's business activity. _____
- b. What is the specific job performed by the worker? _____
- 2a. Is the work done under a written agreement between business and worker? If so, attach a copy.
- b. If there is no written agreement, describe the terms and conditions of the work arrangement. _____
3. Is the worker given training and/or instructions by the business as to how the work is to be done? If so explain. _____
4. For what time period is the worker hired? By the job until completed For a set contractual time
 For an indefinite time period Please give details _____
5. Who supplies the tools, equipment and materials used on the job? _____
- 6a. Is the worker required to perform the services personally? _____
- b. Does this individual work with co-workers? If so, who hires and pays the co-workers? _____
7. How is the worker paid? Salary Commission Hourly wage Piece work Other _____
8. Is the worker covered under any pension, bonuses, vacations, sick pay, health care or unemployment plans? If so which ones? _____
- 9a. Does the worker provide similar services for others? _____
- b. Is the worker prohibited from competing with your business now or in the future? _____
10. Who schedules new customers/clients for the worker? _____
11. Does the worker perform services under your business name or his own? _____
12. Can the business discharge (fire) the worker at any time without incurring a liability? If not explain. _____
13. Did the worker make a financial investment or pay a fee to the business? _____
14. Do you classify this worker for Akron City tax reporting the same as for your Federal reporting? _____

Under penalties of perjury, I certify that all information and statements herein are true and correct.

Signature

Title

Date