

Name of Individual: _____

**IRS QUESTIONS TO HELP DETERMINE
INDEPENDENT CONTRACTOR OR EMPLOYEE STATUS**

YES NO

- | | | | |
|--------------------------|--------------------------|-----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Is the worker required to comply with instructions about when, where and how the work is to be done? <i>If yes, please describe.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Is the worker provided training in order to perform a job in a particular method or manner? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Are the services provided by the worker an integral part of the business's operation? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Must the services be rendered personally? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Does the business hire, supervise or pay assistants to help the worker on the job? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | Is there a continuing relationship between the worker and the person for whom services are performed? <i>If yes, please describe.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. | Does the recipient of the services set the work schedule? <i>If yes, please describe.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. | Is the worker required to devote full time for the services performed? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. | Is the work performed at the place of business of the company, or at the specific places designated by the company? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. | Does the recipient of the services direct the sequence in which the work must be done? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. | Are regular verbal or written reports required to be submitted by the worker? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. | Is the method of payment hourly, weekly, or monthly (as opposed to commission or by the job?) |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. | Are business and/or travel expenses reimbursed? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. | Does the company furnish tools and materials used by the worker? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. | Has the worker failed to invest in equipment or facilities used to provide the services? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. | Does the arrangement put the person in the position of realizing either a loss or a profit on the work? |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. | Does the worker perform services exclusively for the company rather than working for a number of companies at the same time? |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. | Does the work, in fact, not make services regularly available to the general public? |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. | Is the worker subject to dismissal for reasons other than nonperformance of contract specifications? |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. | Can the worker terminate the relationship without incurring a liability for failure to complete a job? |
| | | 21. | Please use the back of this sheet, or an attached page, to provide a brief description of the work to be performed. |

The information I have provided is accurate to the best of my knowledge and subject to verification by Rensselaer. I understand that a material misrepresentation or deliberate omission of a fact may be justification for refusal of employment or, if employed, termination by Rensselaer.