



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY  
UNEMPLOYMENT INSURANCE AGENCY

SUSAN R. CORBIN  
DIRECTOR

Mail Date:  
Letter ID:  
CLM:  
Case #:

### QUESTIONNAIRE TO DETERMINE EMPLOYMENT STATUS

For Calendar Year(s): \_\_\_\_\_

Social Security Number / UI Employer Identification Number (EIN): \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Federal Employer Identification Number (FEIN): \_\_\_\_\_

DBA: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Submit this form online using your Michigan Web Account Manager (MiWAM),**  
or mail it to: Unemployment Insurance Agency, P.O. Box 8068, Royal Oak, MI 48068-8068  
You may also send this completed form and supporting documents by fax to 1-517-363-0427.

Information provided on this form is used to determine employment status under Section 42 of the Michigan Employment Security Act. **Failure to provide this information will result in a determination being made based upon available information.** Please print your answers clearly and return this form, along with all requested documents within 10 calendar days from the above mail date.

1. Provide the name, Social Security Number, address, telephone number, the FEIN (if applicable), and the class of workers of the individual(s) on whose status this ruling is requested in the table below. (Attach additional sheet(s) if necessary).
2. Complete a separate Form UIA 1015, *Questionnaire to Determine Employment Status*, for each individual worker you believe to be an independent contractor or to multiple classes of workers.

Name	Social Security Number	Address	Telephone Number	FEIN	Class

3. Submit copies of all written agreements, manuals of instruction, statements of rules or policies required to be followed by the individual(s) and copies of rulings made by other governmental agencies with respect to the services in question. Documentation may include, but not limited to contracts, invoices, Form W-2 or Form 1099-MISC issued or received, and Internal Revenue Service (IRS) closing agreements or IRS rulings.
4. Submit a letter supplementing your answers, if necessary, in order to disclose the full particulars of the service in question or to provide additional details.



**Answer each of the following questions completely:**

1. Were the services in question performed as a “Landman?” Yes  No   
“Landman” includes any services performed by the individual engaged in one or more of the following (**check all that apply**):

- Negotiating the acquisition or divestiture of oil, gas or mineral rights
- Negotiating business agreements that provide the exploration for, transportation of, or development of oil, gas, or minerals
- Determining the ownership of oil, gas, or minerals through research of public and private records
- Reviewing the status of the title to, and curing title defects and deficiencies associated with, the ownership of oil, gas, or minerals
- Managing rights or obligations derived from the ownership or interests in oil, gas, or minerals
- Interacting with regulatory agencies in support activities related to exploring for and producing oil, gas, and minerals, including utilizing or pooling interests in oil, gas, or minerals

If you answered “Yes” to question 1 and checked any of the boxes above, you do not need to complete the remaining questions. Please go to page 5 and complete the “Certification” section. If you answered “No” to question 1, please continue to answer all the remaining questions.

2. Has a previous Unemployment Insurance Agency or Internal Revenue Service ruling regarding employment status with this employer been issued? Yes  No   
If “Yes,” attach a copy of the ruling.

3. What is the nature of your employer’s business? \_\_\_\_\_

4. What services did/does the worker perform? \_\_\_\_\_

5. Are/Were the services performed at the employer’s place of business? Yes  No   
If “No,” did/does the employer control the premises at which the services were/are performed? Yes  No   
Explain: \_\_\_\_\_

6. How did the worker obtain the job?  Application  Bid  Other \_\_\_\_\_

**Behavioral Control Factors**

7. The worker considers himself/herself to be  An Employee  Self-Employed  Don’t Know
8. Is/Was the service agreement:  Written  Oral  Both
9. Does/Did the employer provide instructions as to when, where, and how to perform the job? Yes  No

10. Can the individual hire assistants? Yes  No

11. Did/Does the individual's name and/or the assistant's name appear on the employer's payroll? Yes  No

12. Did/Does the employer prescribe the hours during which the individual will perform this service? Yes  No

a. Did/Does the employer provide any training or instructions for the worker to do the job? Yes  No

b. How did/does the worker receive assignments?

Explain: \_\_\_\_\_

c. Is the worker required to submit reports and/or attend meetings? Yes  No

d. Must the worker notify the employer in the event of a problem? Yes  No

e. If the worker provides services directly to the customer, who does the customer pay? Yes  No

If the customer pays the worker, does the worker remit the entire payment to the employer? Yes  No

If "No", what percentage is retained by the employer? \_\_\_\_\_%

f. How often did/does the individual perform the service for the employer? (Be specific, e.g. annually, quarterly, biweekly, occasionally, as needed)

Explain: \_\_\_\_\_

g. Were/Are the services performed on a full-time basis? Yes  No

13. Did/Does the employer keep records of the hours the individual(s) worked? Yes  No

14. Did/Does the employer determine the time services were/are performed? Yes  No

15. Does someone supervise the work? Yes  No

16. Is the individual required to notify the employer when unable to work, taking vacation, or sick time? Yes  No

17. Was the individual's work reviewed for satisfactory performance? Yes  No

**Relationship Factors**

18. Did/Does the individual perform similar services for others while performing services for the employer? Yes  No

Explain: \_\_\_\_\_

19. Does the individual perform this type of work for the business on a regular basis? Yes  No

20. Are the worker's services an integral part of the business operation? Yes  No

If no, why? \_\_\_\_\_  
\_\_\_\_\_

21. Did/Does the individual maintain his/her own place of business? Yes  No  Unknown

22. Did/Does the individual have a FEIN? Yes  No   
If "Yes," provide the FEIN \_\_\_\_\_

23. Can the services be terminated by either the individual or employer at any time? Yes  No

24. Does the business have the right to discharge the individual at will? Yes  No

25. Does the individual advertise or is the individual listed in the telephone directory or other directories as being in such business and available to the general public? Yes  No

**Financial Control Factors**

26. Did/Does the individual submit bills or invoices for the service performed? Yes  No

27. Who furnishes the equipment, tools, materials, and/or supplies to the individual to perform this service?  Individual  Employer  Both  
Explain: \_\_\_\_\_

28. How is the individual's pay determined? \_\_\_\_\_

29. How much was the individual paid for services performed? (Be specific, e.g. \$8.50 per hour, foot/mile, commission, piece, square foot, mileage, etc.)

Explain: \_\_\_\_\_

How often was/is the individual paid?  Weekly  Bi-Weekly  Monthly  Per Job

30. Did/Does the individual have an investment in the facility where the work was/is performed? Yes  No

31. Could/Can the worker incur a profit or loss on the work performed? Yes  No

32. How is the individual's time reported?  Time Clock  Sign-In Sheet  Other

If "Other," please explain: \_\_\_\_\_

33. Are there acknowledged employees who perform similar services for the employer? Yes  No

If "Yes," how many? \_\_\_ Indicate the principle difference(s) between those who perform the acknowledged services in employment and the individual(s) who are not acknowledged as employees: \_\_\_\_\_

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34. Did/does the employer deduct State, Federal, Social Security and Medicare taxes from the individual? Yes  No

35. Does the individual receive a  W-2  1099  Both  Other \_\_\_\_\_

36. Do you qualify as an "Employer" under the Federal Unemployment Tax Act (FUTA)? Yes  No  Unknown

37. Is the individual and/or the assistant(s) covered under an agreement between you and the labor union? Yes  No

38. Did/Does the employer carry Michigan Worker's Compensation Insurance on the individual in question? Yes  No

39. Did/Does the individual carry Michigan Worker's Compensation Insurance? Yes  No

40. Did/Does the individual receive any benefits? (e.g., health insurance, sick pay, vacation pay, etc.) Yes  No

41. Does the individual pay State, Federal Social Security and Medicare taxes as a self-employed individual? Yes  No  Unkown

42. Additional Comments: (In the space below, provide any additional information that you feel would be beneficial in determining the employment status. Use additional paper if necessary).

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**For Service Providers or Salespersons**

Complete the questions below if the individual(s) or class of workers provides a service or sells directly to your customers.

1. What are the individual(s) responsibilities in soliciting new customers?

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2. What is the product or commodity involved in your business?

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3. Does the individual operate under his or her name or is your name used in contacting the public?

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4. What terms and conditions of sale, if any, are required by the business?

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5. Are orders submitted to your business and are they subject to your business' approval? Yes  No

6. Do you require any of the following? Yes  No

- a. Attendance at sales meetings Yes  No
- b. A minimum number of calls to potential clients or current clients Yes  No
- c. Your instructions to be followed Yes  No
- d. Your business policies to be followed Yes  No
- e. A surety bond be furnished Yes  No
- f. A charge for usage of business facilities for performance of services Yes  No

7. Is the individual required to work exclusively for you? Yes  No

8. Must the individual be licensed in order to engage in selling activities? Yes  No

I certify that the information I have reported is true and correct. I understand that if I intentionally make a false statement, misrepresent facts, or conceal material information, I may be required to pay damages and could be subject to criminal prosecution.

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Name of Person Completing Form (Print or Type)

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Title

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Signature of Person Completing Form

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Date

Direct any questions to the Office of Employer Ombudsman (OEO) through your MiWAM account at [www.michigan.gov/uia](http://www.michigan.gov/uia) or call 1-855-484-2636. TTY service is available at 1-866-366-0004.