



Independent Contractor Questionnaire - Employer

Claimant Information: _____

Last Name: _____ First Name: _____ MI: ____ SSN: _____

Employer Name: _____ Employer Account #: _____

Under Section 212 of the Illinois Unemployment Insurance Act, service performed by an individual for an employing unit, whether or not such individual employs others in connection with the performance of such services, shall be deemed to be employment unless and until it is proven in any proceeding where such issue is involved that:

- A. Such individual has been and will continue to be free from control or direction over the performance of such services, both under his contract of service and in fact; and
- B. Such service is either outside the usual course of the business for which such service is performed or that such service is performed outside of all the places of business of the enterprise for which such service is performed; and
- C. Such individual is engaged in an independently established trade, occupation, profession, or business.

The information you provide will be used for the purpose of determining the claimant's eligibility for benefits.

Please complete, sign and return this questionnaire to the Illinois Department of Employment Security Office as instructed. *If you need additional space, please use the other side of this document, if appropriate, or attach a separate sheet of paper.*

This state agency is requesting information that is necessary to accomplish the statutory purpose as outlined in 820 ILCS 405/100-3200. Disclosure of this information is voluntary. However, failure to disclose this information may result in the erroneous payment of Unemployment Insurance benefits which may affect the amount of your liability for contributions or payments in lieu of contributions.

Thank you for your cooperation in this matter.

Did you set assignments, schedule work, set quotas or time requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain: _____
Did you set the claimant's wages and/or how the claimant was paid? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what was the wage? \$ _____ How was the claimant paid? _____
Did you furnish the claimant with materials, supplies, tools or equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain: _____
Did you require the claimant to report to a specific location and/or at regular intervals? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where was the location? _____
Did the claimant have an independently established trade, occupation, profession, or business? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain: _____
Did you have a contract with the claimant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please provide a copy of the contract.</i> What type of work or service did the claimant provide you? _____
What type of product or service does the company normally provide? _____
Did you report the claimant's income to the Internal Revenue Service on a <input type="checkbox"/> W-2 <input type="checkbox"/> 1099 <input type="checkbox"/> Other If Other, please explain: _____
Signature: _____ Date: _____
Name: (printed) _____ Telephone Number: _____
Title: _____ Ext.: _____