

INDEPENDENT CONTRACTOR/EMPLOYEE CHECKLIST

Criterion	Contractor	Employee
1. <u>Instructions</u> . Is the individual required to comply with your instructions about when, where, and how the work is to be done?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
2. <u>Training</u> . Do you give the individual training that would enable him or her to perform a job in a particular method or manner?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
3. <u>Integration</u> . Are the services provided by the individual an integral part of your operations?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
4. <u>Services Rendered Personally</u> . Must the services be rendered personally?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
5. <u>Hiring, Supervising, and Paying Assistants</u> . Do you hire, supervise, or pay assistants to help the individual on the job?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
6. <u>Continuing Relationship</u> . Is there a continuing relationship between your company and the individual?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
7. <u>Set Hours of Work</u> . Do you set the work schedules?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
8. <u>Full Time Required</u> . Is the individual required to devote his full time to your company?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
9. <u>Doing Work on Employer's Premises</u> . Is the work performed at your place of business or at specific places designated by the company?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
10. <u>Order or Sequence Set</u> . Do you direct the sequence in which the work must be done?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
11. <u>Oral or Written Reports</u> . Do you require regular oral or written reports to be submitted by the individual?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
12. <u>Payment by Hour, Week, or Month</u> . Is the method of payment hourly, weekly, or monthly (as opposed to commission or by the job)?	No <input type="checkbox"/>	Yes <input type="checkbox"/>

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13. <u>Payment of Business and/or Traveling Expenses.</u> Are business and/or traveling expenses reimbursed?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
14. <u>Furnishing of Tools and Materials.</u> Do you furnish tools and materials used by the individual?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
15. <u>Significant Investment.</u> Has the individual failed to invest in equipment or facilities used to provide the services?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
16. <u>Realization of Profit or Loss.</u> Is the individual paid a straight wage regardless of the success or failure of the project?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
17. <u>Working for More Than One Firm at a Time.</u> Does the individual perform services exclusively for the company rather than working for a number of companies at the same time?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
18. <u>Making Service Available to the General Public.</u> Is the individual not able to make his services regularly available to the general public unless he leaves your employ?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
19. <u>Right to Discharge.</u> Is the individual subject to dismissal for reasons other than nonperformance of contract specifications?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
20. <u>Right to Terminate.</u> May the individual terminate his or her relationship with the company without incurring liability for failure to complete a job?	No <input type="checkbox"/>	Yes <input type="checkbox"/>