



EMPLOYER APPLICATION FOR DETERMINATION OF EMPLOYMENT STATUS

For Calendar Year(s) _____

Case Number _____

Return this form to: _____
(UIA employee name)

Date _____

Address: _____

Telephone Number: _____

Type or Print Your Answers Clearly

UIA Employer Account Number _____ FEIN _____

Business name _____ DBA _____

Business Address _____

Telephone Number (include area code) _____

IF INFORMATION FURNISHED ON THIS REPORT IS USED TO DETERMINE EMPLOYMENT STATUS UNDER SECTION 42 OF THE MICHIGAN EMPLOYMENT SECURITY ACT (MCL 421.42). FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN A DETERMINATION BEING MADE WITHOUT YOUR PARTICIPATION. TYPE OR PRINT YOUR ANSWERS CLEARLY AND RETURN THIS FORM WITHIN 10 DAYS FROM THE ABOVE DATE.

1. Provide the name, Social Security Number, address, telephone number and Federal Employer Identification Number (FEIN) (if applicable) of the individual(s) on whose status this ruling is requested: (Attach additional sheet(s), if necessary)
2. Complete a separate Form UIA 1015 for each individual alleged to be an independent contractor, unless the work relationship between the applicant and two or more such individuals is identical.

Name	Social Security Number	Address	Telephone Number	FEIN

3. Attach copies of all written agreements, manuals of instruction, statements of rules or policies required to be followed by such individuals and copies of such rulings made by other governmental agencies with respect to the services in question.
4. Attach a letter supplementing your answers, if necessary, in order to disclose full particulars of the service in question.

Answer each question completely.

1. Has a previous ruling been made regarding the employment status of this individual? YES NO
If YES, who issued the ruling and when was the ruling issued? _____
2. What is the nature of your business? _____
3. What is the nature of the individual's business? _____
4. What method do you normally use to obtain an individual to perform this type of service? _____

5. What services does the individual perform for you? _____
6. Are services performed at your place or places of business?..... YES NO
If NO, do you in any way control the premises at which the services are performed?..... YES NO
Explain _____
7. Is the agreement for the performance of services Written Oral or Both
(If agreement is in writing, attach a copy.)
8. Does the individual normally perform similar services for others? YES NO
Explain _____

9. Do you have acknowledged employees who perform similar services for you during the business day?..... YES NO
If YES, indicate the principal difference(s) in the acknowledged services and the services in question: _____

10. Does the individual submit bills or invoices to you for services performed? YES NO
11. Can the services be terminated by either the individual or you at any time?..... YES NO
Explain _____
12. Do you furnish any equipment, tools, materials and/or supplies to the individual to perform this service? YES NO
Explain _____
13. What equipment, tools, materials and/or supplies did the individual provide? _____

14. Do you reimburse the individual for expenses incurred in the performance of these services? YES NO
If YES, explain your answer _____
15. Do you have any right to determine the time services are performed? YES NO
16. Do you have any right to prescribe the hours during which the individual will perform this service? YES NO
17. Do you keep records of the hours the individual(s) worked?..... YES NO
18. How is the individual's time reported? Time clock Sign-in sheet Other
If other, explain _____
19. Do you have any right to direct, control or supervise the way services are performed? YES NO
20. Does someone supervise the work?..... YES NO
21. Is the individual required to notify you when taking vacation or sick time? YES NO
22. Is the individual required to notify you when unable to work? YES NO

23. Can the individual hire assistants? YES NO
If YES, answer A through E. If NO, go to #24.
- A. Are the hirings subject to your approval? YES NO
 B. Do you determine the hours the assistants work? YES NO
 C. Do you have the right to direct or control the assistants in the performance of their service? YES NO
 D. Do you maintain or receive a report of the assistants' earnings? YES NO
 E. Do you have the right to discharge the assistants? YES NO
24. Do the individual's name and/or the assistant's name appear on your payroll? YES NO
If NO, how are such disbursements shown on your records? _____
25. How is the individual's pay determined? _____
26. Was the individual's work reviewed for satisfactory performance? YES NO
 27. Do you deduct state, federal, social security and medicare taxes on the individual? YES NO
 28. Do you issue the individual a W-2? YES NO
 29. Do you issue the individual a 1099? YES NO
 30. Do you qualify as an "employer" under the Federal Unemployment Tax Act? YES NO
 31. Are the individual and/or the assistant(s) covered under an agreement
 between you and a labor union? YES NO
If YES, indicate the name of the union _____
Does the agreement cover: (check all that apply) Rate of pay Hours of work Seniority rights
Vacation or bonus pay Working conditions Other (explain) _____
32. Do you carry Michigan Workers' Disability Compensation Insurance on the individual in question? YES NO
If YES, indicate method adopted to provide for payment of compensation: Employee Insurance
33. Have you ever been held (in a court action) responsible for the representation or for the acts of
 negligence of an individual or assistant(s) in the performance of similar service? YES NO
If YES, explain _____
34. Did the individual receive any benefits: e.g., health insurance, sick pay, vacation pay, etc? YES NO
 35. Does the individual maintain his/her own place of business? YES NO
 36. Is the individual advertised or listed in the telephone or other directories as being in such business
 and available to the general public? YES NO
 37. **Additional Comments:** *(In the space below, you may provide any additional information you feel would be beneficial
 in determining the employment status. Use reverse side if necessary.)*
- _____
- _____
- _____
- _____

CERTIFICATION

I hereby certify that the statements made above are true and complete to the best of my knowledge and belief.
 A Power of Attorney must accompany this form, if signed by other than business owner or officer.

Name of Person Completing Form <i>(please print or type)</i>	Title
Signature of Person Completing Form	Date