

Georgia Department of Labor Claimant Wage and Liability Inquiry

Claimant Information		Company Information	
Name:		Name:	
Address:		Address:	
City/State:	Zip:	City/State:	Zip:
Telephone Number: ()		Telephone Number: ()	
Social Security Number: ***-**-		GDOL Account Number:	

The purpose of this inquiry is to determine if the above company is responsible for paying unemployment insurance taxes on the wages they paid you. This inquiry pertains to tax liability and does not relate directly to whether or not you are eligible for unemployment insurance benefits.

Complete this form in its entirety, and return it by _____. Failure to provide the requested information by the deadline will result in a delay and may cause disqualification of your unemployment insurance claim.

**Return to: Georgia Department of Labor
Wage Investigation Unit
Fax: 404.232.3226
Email: UI.WageAdjustment@gdol.ga.gov**

SECTION 1: GENERAL INFORMATION

1. Work Start Date: _____(MM/DD/YYYY) Last Date Worked: _____(MM/DD/YYYY)
2. Total number of workers who performed or are performing the same or similar services: _____
3. Describe the company's business.

4. What was your job title? _____
5. What type of work did you perform?

6. Do you have an SS-8 determination from the Internal Revenue Service (IRS) regarding your employment status, either individually or as a part of a class of workers? Yes No
 If "Yes," attach a copy of the IRS determination and related documentation. I do not have a copy.
7. What type of pay did you receive?
 Salary Commission Hourly Wage Piece Work Lump Sum
 Other (specify) _____
 If you were paid on a commission basis **and** the company guaranteed a minimum amount of pay, what amount did they guarantee? \$ _____
8. Do you have documentation showing that you received wages from this company? Yes No
 If "Yes," attach copies of all supporting documentation (e.g., check stubs, paychecks, invoices, ledgers, banking records, Form W-2 or Forms 1099 MISC issued or received, etc.). I do not have a copies.
 If "No," please explain:

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SECTION 1: GENERAL INFORMATION (cont'd)

9. List the total gross wages (before taxes) you were paid during the last six (6) completed calendar quarters.

Months	Year	Qtr. #	Amount	Months	Year	Qtr. #	Amount
			\$				\$
			\$				\$
			\$				\$

NOTE: If you worked for this company in prior quarters, please provide proof of wages.

10. Did you work for this company in any capacity before or after the time period listed in question 9? Yes No

If "Yes," please explain.

SECTION 2: CONTROL OR DIRECTION

1. How did you obtain this job? Application Bid Résumé Employment Agency Other

- If "Résumé," attach a copy.
- If "Employment Agency," what is the name of the agency? _____
- If "Other," please explain.

2. Was there a written contract or agreement? Yes No

If "Yes," please describe the terms and conditions of the arrangement, and attach a copy (preferably signed) of all such documents, e.g., contract, memorandums, invoices, emails, etc. I do not have a copy.

3. Did the company require you to undergo any training? Yes No

If "Yes," please describe the training and its purpose.

4. How did you receive job assignments from the company? In Writing Verbally Not Applicable

If you selected "In Writing" or "Verbally," please describe the instructions, and attach a copy of any written instructions. I do not have a copy.

5. What is the name and job title of the person from whom you received your assignments?

6. Were instructions provided on how to perform the assignment(s)? Yes No

a. If "Yes," how did you receive the instructions on performing your assignments?

In Writing Verbally

b. If you selected "In Writing" or "Verbally," please describe the instructions, and attach a copy of any written instructions. I do not have a copy.

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SECTION 2: CONTROL OR DIRECTION (cont'd)

7. What is the name and job title of the person who instructed you on how to perform your job?
8. Were you required to perform your assignments following a specific method(s)? Yes No
- a. If "Yes," how did you receive the methods on performing your assignments?
 In Writing Verbally
- b. If you selected "In Writing" or "Verbally," please describe the instructions, and attach a copy of any written instructions. I do not have a copy.
9. Were you required to submit any type of reports, e.g., expense reports, progress reports, etc.? Yes No
 If "Yes," list the required report(s) and attach examples. I do not have a copy.
10. Who were you required to contact with problems or complaints about the work, and who was responsible for their resolution?
11. Describe your work schedule or routine, e.g., days, shifts, hours, deadlines, etc.
12. Who determined or set your work schedule or routine?
13. List the locations where you worked for this company and describe what services you performed at each location. (Attach a separate sheet if needed, initialing each.)

Location	Services Performed

14. Does the company **require** you to perform services at any of the above location(s)? Yes No
 If "Yes," at which location(s)?
15. Does the nature of the services provided by the company **require** you to perform services at any of the above location(s)? Yes No
 If "Yes," at which location(s)?
16. Was your work overseen, monitored, or reviewed either before or after it was completed? Yes No
 If "Yes," by whom, when and why?
17. Describe any meetings you were required to attend (e.g., sales meetings, monthly meetings, staff meeting, etc.) and any penalties, if any, that were imposed for not attending.

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SECTION 3: INDEPENDENTLY ESTABLISHED TRADE, OCCUPATION, PROFESSION, OR BUSINESS

1. Were you required to provide the services personally? Yes No
2. If substitutes or helpers were needed, who hired them?
3. If you hired the substitutes or helpers, was company approval required? Yes No
If "Yes," by whom?
4. Who paid the substitutes or helpers?
5. If you paid the substitutes or helpers, were you reimbursed? Yes No
If "Yes," by whom? _____
6. List the supplies, equipment, materials, vehicles, and/or property provided for the job by each of the following parties.

Party	Supplies, Equipment, Materials, Vehicles, and/or Property Provided
You	
Company	
Other (specify)	

7. What expenses did you incur in the performance of services for the company, e.g., mileage, equipment rental, truck lease, hotel cost, etc.?
8. What expenses, if any were reimbursed by the company or another party?

Provider	Expenses Reimbursed
Company	
Other (specify)	

9. Were you allowed to draw advances, given an allowance, or provided some other amount to cover expenses?
 Yes No
If "Yes," how often?
10. If commissions were received **and** they did not cover the amount of the draw, were you required to repay the difference? Yes No

Specify any restrictions.

11. Who did the company's customers pay? You Company
If the customers paid you, did you pay the total amount to the company? Yes No
If "No," explain.

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**SECTION 3: INDEPENDENTLY ESTABLISHED TRADE, OCCUPATION, PROFESSION, OR BUSINESS
(cont'd)**

12. Did the company carry worker's compensation insurance on you? Yes No
13. What economic loss or financial risk, if any, could you incur beyond the normal loss of wages/salary, e.g., net loss, loss or damage of equipment, materials, etc.?
14. List the benefits that were available to you, e.g., paid vacation, sick pay, pensions, bonuses, paid holidays, personal days, insurance benefits.
15. Were tax deductions or other withholdings of any type ever made from wages paid to you? Yes No
If "Yes," describe the nature, frequency, and approximate amounts of these deductions or withholdings.
16. Did you perform similar services for others during the same time period? Yes No
If "Yes," were you required to get approval from the company? Yes No
17. Were you prohibited from providing similar services for others? Yes No
If "Yes," describe the type of services you were prohibited from providing.
18. Did you have a business license or any other governmental registration for an independently established trade or business, e.g., Secretary of State registration, accounts with taxing authorities, etc.? Yes No
If "Yes," list the licenses, registrations, accounts, etc.
19. Did you have an occupational license? Yes No
If "Yes," what type? _____
20. What type of advertising, if any, did you do, e.g., a business listing in a directory, business cards, websites, fliers, circulars, etc.? Yes No
If "Yes," provide copies, if available.
21. How did the company identify you to its customers, e.g., an employee, partner, representative, or contractor, etc.?
22. Under whose business name did you perform the services? _____
23. Were you required or encouraged to wear specific clothing or identification badges when performing the services?
 Yes No
If "Yes," what did you wear?

What is the name and job title of the person who provided it?

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**SECTION 3: INDEPENDENTLY ESTABLISHED TRADE, OCCUPATION, PROFESSION, OR BUSINESS
(cont'd)**

24. Were you required or encouraged to use business cards or written materials (e.g., specific documents or handouts) when performing the services? Yes No

If "Yes," what is the name and job title of the person who provided the item(s)?

Please attach a copy of the items. I do not have a copy.

25. Did you ever sell goods or services in the name of the company or on behalf of the company? Yes No

If "Yes," how did you identify and solicit new customers?

26. Were sales orders submitted to the company? Yes No

27. Were sales orders subject to approval by the company? Yes No

28. Were you free to sell other products or services to your customers? Yes No

29. Did you purchase and resell products to your customers? Yes No

SECTION 4: ADDITIONAL INFORMATION

Provide any additional facts, explanation of attached documentation, or comments you want GDOL to consider when making this determination. Attach additional pages if needed, initialing each.

SECTION 5: DECLARATION and CONTACT INFORMATION

I acknowledge by my signature below that I have read pages 1–6 of this document and, to the best of my knowledge, the responses and attachments I have provided are true, correct, and complete.

Signature: _____ Date: _____

Printed Name: _____ Phone: (____) _____

Email Address _____