



Independent Contractor Questionnaire - Claimant

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.

Please complete, sign and return this questionnaire to IDES, UI Program Support, 33 S. State St., 9th Fl., Chicago, IL 60603 or fax to 630-645-3717. If you need additional space, please use the reverse side of this document.

The information you provide will be used for the purpose of determining your eligibility for benefits.

Thank you for your cooperation in this matter.

Did your employer set assignments, schedule work, set quotas or time requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain: _____
Did your employer set your wages and/or how were you paid? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what was the wage? \$ _____ How were you paid? _____
Did your employer furnish you with materials, supplies, tools or equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain: _____
Did your employer require you 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 you 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 employer? <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 you provide your employer? _____
What type of product or service does the company normally provide? _____
Did you receive one of the following forms from your employer? <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.: _____