

IEEE ORGANIZATIONAL UNIT WORKER CLASSIFICATION AND IRS REPORTING FORM

PART A: *(Complete before hiring a worker)*

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|--|--------------------------|-----|--------------------------|--|
| 1) Is the worker required to comply with specific instructions controlling when, where and how to perform the work? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 2) Is training of the worker provided by the IEEE Unit? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 3) Are the worker's services integrated into the business operation? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 4) The worker doesn't have the right to substitute another worker, for themselves, without consent of the IEEE Unit. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 5) The worker isn't allowed to hire, supervise and pay his or her own assistants | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 6) Is there a continuous working relationship? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 7) Are there set hours of work? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 8) Is the worker required to work full time? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 9) Is the work being done on IEEE premises? | <input type="checkbox"/> | N/A | <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 10) Is the worker required to perform the services in a certain order or sequence? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 11) Is the worker required to submit reports? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 12) Is the worker paid by the hour, week, or month? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 13) Is the worker paid for business and/or travel expenses? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 14) Are tools and materials provided to the worker? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 15) The worker doesn't have a significant investment in work facilities. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 16) The worker can't realize a profit or loss from the activity. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 17) The worker doesn't work for more than one business at a time. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 18) The worker doesn't provide services to the public, as evidenced by business brochures, cards, etc., on a regular and consistent basis. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 19) May the worker be discharged even if contract specifications are being met? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 20) Does the worker have the right to terminate the relationship at any time? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

Describe the nature of the work:

If any answer to the 20 questions and statements above is yes, the worker may be considered an employee subject to employment taxes and withholding. The single key question is whether there is control. Please call, IEEE Tax Manager, at +1 732 562 5334 for instructions.

PART B: (Complete when a worker is paid \$600 or more and is not considered an employee by the above criteria. Send or fax to IEEE Accounts Payable Dept so that a 1099 may be filed. Send to: IEEE Accounts Payable Dept, 445 Hoes Lane, P.O. Box 1331, Piscataway, NJ 08855-1331. Fax to: +1 732 981 0538). The final date for submission is January 10th.

Your Name: _____ Date: _____

Telephone: _____ E-mail address: _____

Name of IEEE Unit: _____

Name of Worker: _____

Address of Worker: _____

(City, State, Zip Code, Country)

Social Security #: _____ Employer Tax ID #: _____

Total amount paid to worker during the calendar year: \$ _____