

STATE OF MICHIGAN  
DEPARTMENT OF ATTORNEY GENERAL



P.O. BOX 30736  
LANSING, MICHIGAN 48909

DANA NESSEL  
ATTORNEY GENERAL

August 22, 2019

VIA CERTIFIED MAIL



Re: Inquiry into possible employment and tax violations

Dear 

The Payroll Fraud Enforcement Unit ("Unit") within the Michigan Department of Attorney General has received one or more complaints that you and your business(es) may be engaging in improper workplace practices, including but not limited to failure to classify individuals as employees, failure to carry required workers' compensation policies, not reporting wages to state and/or federal taxing authorities, and failure to issue IRS Form W2s to workers.

Consequently, the Unit requests that you provide the following information no later than September 22, 2019:

1. A complete listing of the ownership of , and any other businesses under substantially common ownership;
2. Addresses and FEINs for the business(es) in paragraph 1 above;
3. A complete listing of all workers (directors, managers, employees, independent contractors, volunteers) performing services at or for the business(es) in paragraph 1 above, from January 1, 2016, to present, or the last three full fiscal years of your organization;
4. Complete payroll data (wages, payments, tips, bonuses, commissions, and any other remuneration) from January 1, 2016, to present, or the last three full fiscal years of your organization, for the workers listed in paragraph 3 above; and

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5. A complete copy of any employment/independent contractor agreements used in the operation of your organization(s).

You are also directed to complete the enclosed UIA Form 1015 for each individual worker, or if there are particular categories of workers, a form for each category.

Sincerely,



Zachary A. Risk  
Assistant Attorney General  
Payroll Fraud Enforcement Unit  
(517) 335-1950

ZAR/jkb  
Enclosure



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF TALENT AND ECONOMIC DEVELOPMENT  
TALENT INVESTMENT AGENCY  
UNEMPLOYMENT INSURANCE

ROGER CURTIS  
DIRECTOR  
WANDA M. STOKES  
DIRECTOR

QUESTIONNAIRE TO DETERMINE EMPLOYMENT STATUS

Mail Date:  
EAN:  
Case Number

For Calendar Year(s)

Social Security Number/EAN:

Business Name:

DBA:

Business Address:

FEIN:

Telephone Number:

**Submit this form using your Michigan Web Account Manager (MiWAM) or Mail to:  
Unemployment Insurance, P.O. Box 8068, Royal Oak, MI 48068-8068**

Information provided on this form 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 based upon available information.** Please print your answers clearly and return this form within 10 calendar days from the above mail date.

1. Provide the name, Social Security Number, address, telephone number and FEIN (if applicable) of the individuals in question. Attach additional sheet(s) if necessary.
2. Complete a separate Form UIA 1015 for each individual you believe to be an independent contractor, unless the work relationship between the applicant and two or more such individuals is identical.
3. Submit copies of all written agreements, manuals of instruction, statements of rules or policies required to be followed by such individuals and copies of rulings made by the Internal Revenue Service with respect to the services in question.
4. Submit a letter supplementing your answers in order to disclose full particulars of the service in question.

Name	SSN	Address	Telephone Number	FEIN



\* 0 1 0 1 5 1 5 0 3 \*

TED is an equal opportunity employer/program.

Answer each of the following questions completely:

- 1. Were the services in question performed as a "Landman?" Yes  No   
Landman includes any services performed by the individual engaged in one or more of the following:

Check all that apply

- Negotiating the acquisition or divestiture of oil, gas, or mineral rights.
- Negotiating business agreements that provide for exploration for, transportation of, or development of oil, gas, or minerals.
- Determining the ownership of oil, gas, or minerals through research of public and private records.
- Reviewing the status of the title to, and curing title defects and deficiencies associated with the ownership of oil, gas, or minerals.
- Managing rights or obligations derived from the ownership on interests in oil, gas, or minerals.
- Interacting with regulatory agencies in support of activities relating to exploring for and producing oil, gas, and minerals, including unitizing or pooling interests in oil, gas, or minerals.

If you answered "Yes" to question 1 and checked any of the boxes, you do not need to complete the remaining questions. Go to page 4 and complete the "Certification" section. If you answered "No" to question 1, continue and answer all of the remaining questions.

- 2. Has a previous Unemployment Insurance or Internal Revenue Service ruling regarding employment status with this employer been issued? Yes  No   
If Yes, attach a copy of the ruling.

3. What is the nature of the employer's business? \_\_\_\_\_

4. What services did/does the worker perform? \_\_\_\_\_

- 5. Are/Were the services at the employer's place of business? Yes  No

If No, did/does the employer control the premises at which the services are performed? Yes  No   
Explain:

6. How did the worker obtain the job?  Application  Bid  Other: \_\_\_\_\_

7. Does the worker consider himself/herself to be  An Employee  Self-employed  Don't Know

8. Is the agreement for the performance of services  Written  Oral  Both

9. Did/Does the employer provide instructions as to when, where, and how to perform the job? Yes  No

10. Can the individual hire assistants? Yes  No

If Yes, is the hiring subject to the employer's approval? Yes  No

11. Does the individual's name and/or the assistant's name appear on the employer's payroll? Yes  No

12. Did/Does the employer determine the time services are performed? Yes  No

13. Did/Does the employer prescribe the hours during which the individual will perform this service? Yes  No

a. Did/Does the employer provide any training or instruction for the worker to do the job? Yes  No

b. How did/does the worker receive assignments?  
Explain:

c. Is the worker required to submit reports and/or attend meetings? Yes  No

d. Must the worker notify the employer in the event of a problem? Yes  No

e. If the worker provides services directly to the customer, who does the customer pay?  
 Worker  Employer

If the customer pays the worker, does the worker remit the entire payment to the employer? Yes  No

If No, what percentage is retained by the worker? \_\_\_\_\_%

f. How often does the individual perform the service for the employer? (Be specific, e.g. annually, quarterly, bi-weekly, occasionally, as needed)  
Explain:

g. Are/Were the services performed on a full-time basis? Yes  No

14. Did/Does the individual perform similar services for others while performing services for the employer? Yes  No

Explain:

15. Does the individual maintain his/her own place of business? Unknown  Yes  No

16. Does the individual have a Federal Employer Identification Number (FEIN)? Yes  No

If Yes, provide the FEIN \_\_\_\_\_

17. Can the services be terminated by either the individual or the employer at any time? Yes  No

If Yes, will either party incur any liability for breach of contract as a result? Yes  No

18. Are there acknowledged employees who perform similar services for the employer? Yes  No

If Yes, how many \_\_\_\_\_, and indicate the principle difference(s) between those who perform the acknowledged services in employment and the individual(s) who are not acknowledged as employees:

19. Does the individual submit bills or invoices for the services performed? Yes  No

20. Who furnishes the equipment, tools, materials and/or supplies to the individual to perform this service?  
 Individual  Employer  Both

Explain:

21. Does the employer reimburse the individual for expenses incurred in the performance of these services? Yes  No

If Yes, explain:

22. How is the individual's pay determined? \_\_\_\_\_

23. How much was the individual paid for services performed? (Be specific; e.g. \$8.50 per hour, salary, commission, piece, square foot, mileage, etc.) Explain:

How is/was the individual paid?  Weekly  Bi-weekly  Monthly  Per Job

24. Did/Does the individual have an investment in the facility where the work is/was performed? Yes  No

25. Could/Can the worker incur a profit or loss on the work performed? Yes  No

26. Did/Does the individual have an investment in the facility where the work is/was performed? Yes  No

27. How is the individual's time reported?  Time Clock  Sign-in Sheet  Other  
If Other, explain:

- 28. Did/Does the employer direct, control or supervise the way services are performed? Yes  No
- 29. Does someone supervise the work? Yes  No
- 30. Is the individual required to notify the employer when unable to work, taking vacation or sick time? Yes  No
- 31. Was the individual's work reviewed for satisfactory performance? Yes  No
- 32. Did/Does the employer deduct State, Federal, Social Security and Medicare taxes on the individual? Unknown  Yes  No
- 33. Does the individual receive a  W-2  1099  Both  Other \_\_\_\_\_ Yes  No
- 34. Do you qualify as an Employer under the Federal Unemployment Tax Act? Unknown  Yes  No
- 35. Is the individual and/or the assistant(s) covered under an agreement between you and a labor union? Yes  No
- 36. Did/Does the employer carry Michigan Worker's Disability Compensation Insurance on the individual in question? Yes  No
- 37. Did/Does the individual depend on this pay for living expenses? Unknown  Yes  No
- 38. Did the individual receive any benefits: e.g., health insurance, sick pay, vacation pay, etc.? Yes  No
- 39. Does the individual advertise or is the individual listed in the telephone or other directories as being in such business and available to the general public? Unknown  Yes  No
- 40. Does the individual pay State, Federal Social Security and Medicare taxes as a self-employed individual? Unknown  Yes  No
- 41. **Additional Comments:** (In the space below, you may provided any additional information that you feel would be beneficial in determining the employment status. Use additional paper if necessary)

**For Service Providers or Salespersons**

Complete this section if the individual(s) or class of workers provides a service or sells directly to your customers.

- 42. What are the individual(s) responsibilities in soliciting new customers?
  
- 43. Are orders submitted and approved by your business? Yes  No

<b>CERTIFICATION</b>	
I hereby certify that the statements made above are true and complete to the best of my knowledge and belief. I understand that Section 421.54 of the Michigan Compiled Laws prescribes penalties for among other things, intentional false statements.	
_____ <small>Print name of person completing this form</small>	_____ <small>Title</small>
_____ <small>Signature of person completing this form</small>	_____ <small>Date</small>
A Power of Attorney must accompany this form, if signed by other than the business owner or officer.	