

### INDEPENDENT CONTRACTOR ANALYSIS

NOTE: A separate form should be completed for each job class to be ruled upon.

This Form is Being Completed By:  Firm  Worker

Name and Address of Firm: LS&F LLC  
6100 Red Hook Quarter B-3

Describe the Nature of the Firm's Business:

Name of Claimant/Worker (if applicable): hyle Steward SSN: XXXXXXXXXX

Worker's Federal Employer Identification Number (if applicable):

Job Title (only one per form): LANDSCAPER

Dates of Work of Claimant/Worker: From 9/24/2017 To 2/25/19

ITEMS A - F BELOW ARE TO BE COMPLETED BY THE FIRM ONLY

A) UC Account Number of Firm (if applicable):

B) Form of Organization:  Sole Proprietorship  Partnership  
 Corporation  Others (specify) LLC

C) Total number of workers in this class considered Independent Contractors: 17

D) Total number of workers in this class considered employees: 21

E) If you have both, please explain why: EMPLOYEES - MAINTAIN LONG TERM OPERATIONS OF THE ISLANDS/CONTRACTORS - ENGAGED POST MARIA/IRMA TO HELP WITH VARIOUS CLEANUP/RECOVERY PROJECTS - PROJECTS ARE WRAPPING UP - EXTRA HELP NO LONGER NEEDED AS PROJECTS CAN NOW BE HANDLED BY STAFF OR IS

F) What was the first date the workers in this job class performed services of any kind for the firm: SEP/OCT 2017 COMPLETED

INSTRUCTIONS FOR BOTH THE FIRM AND THE WORKER

Attach copies of any written agreements, billing statements, applications, or contracts between the firm and the worker. If the agreement was oral, please reduce it to writing and attach. If any State or Federal Agency has ruled on the same job class as this worker or another of the same job class, attach a copy of the ruling. (These documents will not be returned.) Attached:

\_\_\_\_\_

\_\_\_\_\_

ALL QUESTION MUST BE ANSWERED:

This Form is Being Completed By:	Firm	Worker
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1. Is the work performed at the place of business of the firm?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
2. Can the worker work for a competitor?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
3. Can the worker incur a loss from services performed?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
4. Does the worker use his/her own equipment, or facilities to provide the services (excluding transportation and hand tools)?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
5. Are the worker's business or travel expenses reimbursed by the firm?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
6. Is training provided by, or at the direction of, the firm?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
7. Are the worker's services part of the day to day operations of the firm?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
8. Must the services be rendered personally?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
9. Is there a continuing relationship between the worker and the firm for whom services are performed?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
10. Are there set hours of work?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
11. Is the worker required to comply with the firm's instructions about:		
A) When the work is to be done?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
B) How the work is to be done?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
12. Is the worker required to work the regular business hours of the firm?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
13. Is the worker required to keep the firm informed of the progress of the work?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
14. Does the worker bill the firm for services performed?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
15. Is the worker paid by:		
A) Salary (hourly, weekly, or monthly)?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
B) Commission?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
C) The Job?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
16. Does the firm provide the worker with:		
A) Health or Life Insurance?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
B) Vacation or Sick Pay?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
C) Retirement Benefits?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
17. Does the firm direct the sequence in which the work must be done?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
18. Are the worker's services available to the general public?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
A) If yes, does the worker advertise?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
B) If yes, does the worker carry business liability insurance?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
19. Can the worker be discharged at any time without the firm incurring a work contract penalty?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
20. Is the worker responsible for redoing defective work without additional compensation?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
21. Questions for Salespersons:		
A) Does the worker sell:		
1) Merchandise for resale or business supplies?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
2) Consumer products or services directly to individuals? (If yes, attach a copy of any written agreement.)	<input checked="" type="radio"/> Yes	<input type="radio"/> No
B) Does the worker sell full time for the firm?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
C) Can the worker sell for a competitor?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
D) Is the worker required to make an investment? (other than travel expenses and transportation)	<input checked="" type="radio"/> Yes	<input type="radio"/> No
E) May the worker be penalized for not attending sales meetings?	<input checked="" type="radio"/> Yes	<input type="radio"/> No

23. The worker was an  employee  independent contractor (please check the correct one) while working for the firm. Please explain the reasons for your answer.

NO TAXES/MEDICARE/SS DEDUCTED FROM  
CONTRACTOR'S INVOICE  
CONTRACTOR WAS AWARE FROM THE INCEPTION  
NOT A PERMANENT POSITION - POST HURRICANE  
RECOVERY PROJECTS

I have reviewed this questionnaire, including accompanying documents, and to the best of my knowledge and belief, the facts are true and correct.

Firm's Representative's Signature \_\_\_\_\_ Title \_\_\_\_\_

Claimant/Worker's Signature \_\_\_\_\_

Auditor/Claimstaker \_\_\_\_\_ Date \_\_\_\_\_

Comments: