



**Worker Information**

How do you pay your workers?		<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Other _____
What is the basis for their pay?		<input type="checkbox"/> Hourly	<input type="checkbox"/> Piecework	<input type="checkbox"/> Salary	<input type="checkbox"/> Commission
Do you deduct the employee portion of industrial insurance premium from employee paychecks?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b><u>HOURLY / PIECE WORK EMPLOYEES</u></b> Do any employees receive pay for holiday, sick, vacation, or any other time away from work?  Do you deduct employee vacation or sick leave from the total hours reported to Labor & Industries?		<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>SALARY / COMMISSION EMPLOYEES</u></b> Do any employees receive pay for holiday, sick, vacation, or any other time away from work?  Do you deduct employee vacation or sick leave from the total hours reported to Labor & Industries?		<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any workers who perform clerical office (4904), outside sales/estimator (6303), or construction superintendent duties (4900)?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you pay workers for travel time? If so, which risk classes are these hours reported in?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have hours for any worker been divided between two or more risk classifications? If so, which risk classes are these hours reported in?					<input type="checkbox"/> Yes <input type="checkbox"/> No

**Job Descriptions**  
(Attach additional page if needed)

Job Title:	Job Duties
Risk Classification:	
Job Title:	Job Duties
Risk Classification:	
Job Title:	Job Duties
Risk Classification:	
Job Title:	Job Duties
Risk Classification:	



**Contractor Information**

(Attach additional page if needed)

Please list all contractors that hired your firm during the audit period.

Name:	Unified Business Identifier (UBI):	Phone #:

**I, the undersigned, declare that I am the authorized representative of the firm submitting this questionnaire and that the answers contained, including any accompanying information, have been examined by me and that the matters and things set forth are true, correct and complete.**

Signature required (if a corporation, corporate officer must sign)	Title:	Date:
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