

Employee Relationship Questionnaire

Employee Name: _____

Employer Name: _____

Section 1: Are you under the age of 21 or will turn 21 this year?

____ Yes - I am under the age of 21 or will be turning 21 this year.

____ No – I am not under the age of 21.

Section 2: (Please select your legal Relationship to the Employer)

RELATIONSHIP	EXEMPT STATUS	RELATIONSHIP	EXEMPT STATUS
Parent*±	EXEMPT- SUTA, FICA, FUTA	Grandchild	NOT EXEMPT
Spouse*±	EXEMPT- SUTA, FICA, FUTA	Domestic Partner	NOT EXEMPT
Daughter/Son+ Under 21	EXEMPT- FICA, FUTA	Stepchild	NOT EXEMPT
Daughter/Son Over 21	NOT EXEMPT	Grandparent	NOT EXEMPT
Sibling/ Ex-Spouse	NOT EXEMPT	Stepparent	NOT EXEMPT
Friend/Neighbor	NOT EXEMPT	Daughter/Son In-Law	NOT EXEMPT
No Relationship	NOT EXEMPT	VA Programs	NOT EXEMPT

*You are exempt from payroll taxes for unemployment Insurance (SUTA) due to your relationship with the employer and current legislation. If your employment with the employer is terminated, you will not receive unemployment benefits.

± You are exempt from payroll taxes for Social Security and Medicare (FICA), (FUTA), it means you are not earning Social Security work credits. Due to your relationship with the employer and current legislation.

By signing below, you certify that the information on this form is accurate and that you have all supporting documentation that may be needed to verify your selection. Please be aware that if any changes occur in the relationship you are required to complete a new form and submit the new form to Personal Accounting Services.

Employee Signature: _____ Date: __/__/____

Employer Signature: _____ Date: __/__/____

Both the employee and the employer, or the employer’s representative (Legal Guardian or POA), must sign and date the bottom to be considered completed in full.

Please submit the completed form:

Email: HR@1-pas.com

HR Fax: (734) 206-1433

Mail: 20500 Eureka Rd suite 112

Taylor, MI 48180

