

**Georgia Department of Labor
Claimant Wage and Liability Inquiry**

Claimant Information		Company Information	
Name: Tinika SeCal Warren		Name: The Great American Dream, Club Pin Ups	
Address: 4675 Bill Gardner Parkway		Address: 2788 E Ponce de Leon Ave	
City/State: Locust Grove Ga	Zip: 30248	City/State: Decatur, Ga	Zip: 30030
Telephone Number: (678) 558-9665		Telephone Number: (404) 373-9477	
Social Security Number: ***-**-3415		GDOL Account Number:	

The purpose of this inquiry is to determine if the above company is responsible for paying unemployment insurance taxes on the wages they paid you. This inquiry pertains to tax liability and does not relate directly to whether or not you are eligible for unemployment insurance benefits.

Complete this form in its entirety, and return it by July 16, 2020. Failure to provide the requested information by the deadline will result in a delay and may cause disqualification of your unemployment insurance claim.

**Return to: Georgia Department of Labor
Wage Investigation Unit
Fax: 404.232.3226
Email: UI.WageAdjustment@gdol.ga.gov**

SECTION 1: GENERAL INFORMATION

1. Work Start Date: 07/15/2004 (MM/DD/YYYY) Last Date Worked: 02/05/2005 (MM/DD/YYYY)
2. Total number of workers who performed or are performing the same or similar services: 1000+
3. Describe the company's business.
Adult Entertainment. dancer that was misclassified as an independant contractor and not an employee.
4. What was your job title? Dancer
5. What type of work did you perform?
Dancer, customer service, model and live performer.
6. Do you have an SS-8 determination from the Internal Revenue Service (IRS) regarding your employment status, either individually or as a part of a class of workers? ☐ Yes ☒ No
If "Yes," attach a copy of the IRS determination and related documentation. ☐ I do not have a copy.
7. What type of pay did you receive?
☐ Salary ☐ Commission ☐ Hourly Wage ☐ Piece Work ☐ Lump Sum
☒ Other (specify) tips
If you were paid on a commission basis **and** the company guaranteed a minimum amount of pay, what amount did they guarantee? \$
8. Do you have documentation showing that you received wages from this company? ☐ Yes ☒ No
If "Yes," attach copies of all supporting documentation (e.g., check stubs, paychecks, invoices, ledgers, banking records, Form W-2 or Forms 1099 MISC issued or received, etc.). ☐ I do not have a copies.
If "No," please explain:
The company failed to pay into my social security, payroll taxes, state and federal taxes, unemployment insurance.

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SECTION 1: GENERAL INFORMATION (cont'd)

9. List the total gross wages (before taxes) you were paid during the last six (6) completed calendar quarters.

Months	Year	Qtr. #	Amount	Months	Year	Qtr. #	Amount
permit @ Dekalb	2004		\$ 50,000				\$
permit @ Dekalb	2005		\$ 50,000				\$
permit @ Dekalb	2006		\$ 50,000				\$

NOTE: If you worked for this company in prior quarters, please provide proof of wages.

10. Did you work for this company in any capacity before or after the time period listed in question 9? ☒ Yes ☐ No

If "Yes," please explain.

As an Adult entertainer that was seeking pay but the company failed to pay.

SECTION 2: CONTROL OR DIRECTION

1. How did you obtain this job? ☐ Application ☒ Bid ☐ Résumé ☐ Employment Agency ☒ Other

- If "Résumé," attach a copy.
- If "Employment Agency," what is the name of the agency? _____
- If "Other," please explain.

Audition

2. Was there a written contract or agreement? ☐ Yes ☒ No

If "Yes," please describe the terms and conditions of the arrangement, and attach a copy (preferably signed) of all such documents, e.g., contract, memorandums, invoices, emails, etc. ☐ I do not have a copy.

Overcharged for housmom fees and we had to pay to work and the amount increased by the hour. The company committed human trafficking.

3. Did the company require you to undergo any training? ☒ Yes ☐ No

If "Yes," please describe the training and its purpose.

Other dancers had to train me the first 3 weeks.

4. How did you receive job assignments from the company? ☐ In Writing ☒ Verbally ☐ Not Applicable

If you selected "In Writing" or "Verbally," please describe the instructions, and attach a copy of any written instructions. ☐ I do not have a copy.

We were told to comply with the company ploiicies and procedures and pay the DJ, housemom, bartenders and purchase dancewear from the housemom. V.I.P room fees were charged for employees that used the area not me.

5. What is the name and job title of the person from whom you received your assignments?

Cedric, DJ X-Rated and Supreme

6. Were instructions provided on how to perform the assignment(s)? ☒ Yes ☐ No

a. If "Yes," how did you receive the instructions on performing your assignments?

☐ In Writing ☒ Verbally

b. If you selected "In Writing" or "Verbally," please describe the instructions, and attach a copy of any written instructions. ☐ I do not have a copy.

We were told to comply with the company ploiicies and procedures and pay the DJ, housemom, bartenders and purchase dancewear from the housemom. V.I.P room fees were charged for employees that used the area not me.

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SECTION 2: CONTROL OR DIRECTION (cont'd)

7. What is the name and job title of the person who instructed you on how to perform your job?
Money, Supreme, DJ X-Rated, and Cedric.
8. Were you required to perform your assignments following a specific method(s)? ☒ Yes ☐ No
- a. If "Yes," how did you receive the methods on performing your assignments?
☐ In Writing ☒ Verbally
- b. If you selected "In Writing" or "Verbally," please describe the instructions, and attach a copy of any written instructions. ☐ I do not have a copy.
Videos, images, and dance performances.
9. Were you required to submit any type of reports, e.g., expense reports, progress reports, etc.? ☐ Yes ☐ No
If "Yes," list the required report(s) and attach examples. ☒ I do not have a copy.
10. Who were you required to contact with problems or complaints about the work, and who was responsible for their resolution?
US Federal Northern District Court has paid some people but failed to pay me.
11. Describe your work schedule or routine, e.g., days, shifts, hours, deadlines, etc.
Nights and weekends
12. Who determined or set your work schedule or routine?
Pin Ups Adult Entertainment, The Great American Dream
13. List the locations where you worked for this company and describe what services you performed at each location.
(Attach a separate sheet if needed, initialing each.)

Location	Services Performed
2788 E Ponce de Leon Ave, Decatur, GA 30030	Dances and Customer Service
2788 E Ponce de Leon Ave, Decatur, GA 30030	Dances and Customer Service

14. Does the company **require** you to perform services at any of the above location(s)? ☒ Yes ☐ No
If "Yes," at which location(s)? 2788 E Ponce de Leon Ave, Decatur, GA 30030
15. Does the nature of the services provided by the company **require** you to perform services at any of the above location(s)? ☒ Yes ☐ No
If "Yes," at which location(s)? 2788 E Ponce de Leon Ave, Decatur, GA 30030
16. Was your work overseen, monitored, or reviewed either before or after it was completed? ☒ Yes ☐ No
If "Yes," by whom, when and why?
Management
17. Describe any meetings you were required to attend (e.g., sales meetings, monthly meetings, staff meeting, etc.) and any penalties, if any, that were imposed for not attending.
<https://www.ajc.com/news/judge-pin-ups-strippers-are-employees-not-independent-contractors/Ldb06istihLJGhyvxywCTN/>

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SECTION 3: INDEPENDENTLY ESTABLISHED TRADE, OCCUPATION, PROFESSION, OR BUSINESS

1. Were you required to provide the services personally? ☒ Yes ☐ No
2. If substitutes or helpers were needed, who hired them?
Dances and video production.
3. If you hired the substitutes or helpers, was company approval required? ☐ Yes ☐ No
If "Yes," by whom?
4. Who paid the substitutes or helpers?
5. If you paid the substitutes or helpers, were you reimbursed? ☐ Yes ☐ No
If "Yes," by whom? _____
6. List the supplies, equipment, materials, vehicles, and/or property provided for the job by each of the following parties.

Party	Supplies, Equipment, Materials, Vehicles, and/or Property Provided
You	
Company	
Other (specify)	

7. What expenses did you incur in the performance of services for the company, e.g., mileage, equipment rental, truck lease, hotel cost, etc.?
8. What expenses, if any were reimbursed by the company or another party?

Provider	Expenses Reimbursed
Company	Pin Ups need to refund amounts for wigs, weaves, hair, nail appointmnts.
Other (specify)	

9. Were you allowed to draw advances, given an allowance, or provided some other amount to cover expenses?
☐ Yes ☐ No
If "Yes," how often?
10. If commissions were received **and** they did not cover the amount of the draw, were you required to repay the difference? ☐ Yes ☐ No

Specify any restrictions.

11. Who did the company's customers pay? ☐ You ☒ Company
If the customers paid you, did you pay the total amount to the company? ☐ Yes ☐ No
If "No," explain.
The customers had to pay to enter the organization.

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**SECTION 3: INDEPENDENTLY ESTABLISHED TRADE, OCCUPATION, PROFESSION, OR BUSINESS
(cont'd)**

12. Did the company carry worker's compensation insurance on you? ☐ Yes ☒ No
13. What economic loss or financial risk, if any, could you incur beyond the normal loss of wages/salary, e.g., net loss, loss or damage of equipment, materials, etc.?
Reputation, intimidation, former employees and customers are stalking me. I believe there is someone obsessed with me from this job.
14. List the benefits that were available to you, e.g., paid vacation, sick pay, pensions, bonuses, paid holidays, personal days, insurance benefits.
Failed to pay
15. Were tax deductions or other withholdings of any type ever made from wages paid to you? ☐ Yes ☐ No
If "Yes," describe the nature, frequency, and approximate amounts of these deductions or withholdings.
Failed to pay
16. Did you perform similar services for others during the same time period? ☒ Yes ☐ No
If "Yes," were you required to get approval from the company? ☐ Yes ☐ No
17. Were you prohibited from providing similar services for others? ☐ Yes ☐ No
If "Yes," describe the type of services you were prohibited from providing.
Failed to pay me
18. Did you have a business license or any other governmental registration for an independently established trade or business, e.g., Secretary of State registration, accounts with taxing authorities, etc.? ☐ Yes ☐ No
If "Yes," list the licenses, registrations, accounts, etc.
Paid \$300 each year for my permit at the DeKalb County Permits office.
19. Did you have an occupational license? ☒ Yes ☐ No
If "Yes," what type? Entertainers Permit
20. What type of advertising, if any, did you do, e.g., a business listing in a directory, business cards, websites, fliers, circulars, etc.? ☐ Yes ☐ No
If "Yes," provide copies, if available.
21. How did the company identify you to its customers, e.g., an employee, partner, representative, or contractor, etc.?
DJ and stage performances
22. Under whose business name did you perform the services? Club Pin Ups
23. Were you required or encouraged to wear specific clothing or identification badges when performing the services?
☒ Yes ☐ No
If "Yes," what did you wear? Dance wear
- What is the name and job title of the person who provided it?
Dancer/ Adult entertainer

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**SECTION 3: INDEPENDENTLY ESTABLISHED TRADE, OCCUPATION, PROFESSION, OR BUSINESS
(cont'd)**

24. Were you required or encouraged to use business cards or written materials (e.g., specific documents or handouts) when performing the services? ☒ Yes ☐ No

If "Yes," what is the name and job title of the person who provided the item(s)?

To get customers to come inside the club.

Please attach a copy of the items. ☐ I do not have a copy.

25. Did you ever sell goods or services in the name of the company or on behalf of the company? ☐ Yes ☒ No

If "Yes," how did you identify and solicit new customers?

26. Were sales orders submitted to the company? ☒ Yes ☐ No

27. Were sales orders subject to approval by the company? ☒ Yes ☐ No

28. Were you free to sell other products or services to your customers? ☐ Yes ☒ No

29. Did you purchase and resell products to your customers? ☐ Yes ☒ No

SECTION 4: ADDITIONAL INFORMATION

Provide any additional facts, explanation of attached documentation, or comments you want GDOL to consider when making this determination. Attach additional pages if needed, initialing each.

SECTION 5: DECLARATION and CONTACT INFORMATION

I acknowledge by my signature below that I have read pages 1–6 of this document and, to the best of my knowledge, the responses and attachments I have provided are true, correct, and complete.

Signature: _____ Date: _____

Printed Name: _____ Tinika SeCal Warren _____ Phone: (678) _____ 558-9665

Email Address _____ wtinika03@gmail.com _____