



The questions on this form concern the work location(s) using Unemployment Insurance account number: **1234567890 IN UTANA.**

This report is **mandatory** under Section 320.5 of the Utana Unemployment Insurance Code and Section 320-1 Title 22 of the Utana Code of Regulations, and is authorized by law, 29 U.S.C. 2. Your cooperation is needed to make the results of this survey complete, accurate, and timely. Purpose, use and help information are located on the back of this form.

**1**

**BUSINESS MAILING ADDRESS** Please print corrections to right of printed mailing address:

MARY CAPPS  
XYZ ADVISORS  
4TH FLOOR  
1310 SILVER STREET  
SOMECITY UA 12345-5555

SUITE, FLOOR, ETC.  
STREET ADDRESS  
CITY  
STATE ZIP+4

**2**

**PHYSICAL LOCATION ADDRESS** Please verify the address where your business is physically located. Do not include P.O. Box or Out-of-State addresses. Enter any corrections. Check the box below if more than one location.

1310 SILVER STREET  
SOMECITY UA 12345-5555

STREET ADDRESS  
CITY  
STATE ZIP+4

Check if more than one physical location. Please attach a separate sheet for each site. List: (1) business name (2) physical location address (3) number of employees (4) county and (5) main business activity. Please do not count client sites or offsite projects that will last less than a year.

**3**

**COUNTY:** WATERCRESS

- YES...If the above information is correct
- NO...Please correct to the right

\_\_\_\_\_

**4**

**MAIN BUSINESS ACTIVITY**

Furnishing customized investment advice to clients on a fee basis but do not have the authority to execute trades. Primary activities performed by establishments in this industry are providing financial planning advice and investment counseling to meet the goals and needs of specific clients. EXAMPLES: futures advisory services, investment advisory services, and investment research.

523930

While your business may not be engaged in all of the economic activities listed above, does the description above accurately include your **main** business activity during the past 12 months? If the business has been closed, sold, or moved out of this state, please answer in terms of its former activity.

- YES...Go to Item 5
- NO...Please list the main activities here

**Must equal 100%**

\_\_\_\_\_%  
\_\_\_\_\_%  
\_\_\_\_\_%

**5**

**CONTACT INFORMATION**

Name (Please Print): \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ + \_\_\_\_\_ Business Website Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**6**

**TELEPHONE RESPONSE** If you do not have changes to items 1, 2, 3 and 4 on this form, then you may respond toll free

1-888-256-0864. Your State Code is: **39** Your U.I. Account Number is: **1234567890**

We appreciate your response by telephone (no changes) or mail (changes) within **14 days**. Thank you.

For questions concerning this form, contact:

UTANA DEPARTMENT OF LABOR AND INDUSTRY  
DIVISION OF RESEARCH AND STATISTICS - ES-202  
12345 CENTER STREET, ROOM 200  
SOMECITY, UA 12345-9876  
INTERNET: <http://www.utana.dol.gov>  
PHONE: 1-123-321-4321 FAX: 123-321-4421

OFFICE USE FY02 11/12/01

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-01-- 210- 523930 110 -0720-- 5--- 1--- 1

NAICS CTY TWN RC

**Purpose and Use:** The purpose of this report is to update information on your products or services. The information will be used to ensure that we assign the correct North American Industry Classification System (NAICS) code to this business location and that our records contain the correct name and address. The information collected on this form by the Bureau of Labor Statistics and the State agencies cooperating in its statistical programs will be used for statistical and Unemployment Insurance program purposes and other purposes in accordance with law.

**Time of Completion:** Time of completion is estimated to vary from 2 to 30 minutes with an average of 5 minutes per form. This estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this information. If you have any comments regarding these estimates, or any other aspect of this survey, send them to the Bureau of Labor Statistics, Division of Administrative Statistics and Labor Turnover, Room 4840, 2 Massachusetts Avenue N.E., Washington, D.C. 20212. You are not required to respond to the collection of information unless it displays a currently valid OMB number.

**Information Immediately Above Item 1 of Form**

This block shows the ten-position Unemployment Insurance (UI) account number assigned to this business, the State or U.S. territory that assigned it (and to which the business reports for UI purposes), and the applicable State and/or federal laws pertaining to completion of this form.

**Item 1**

The address that receives your business mail.

**Item 2**

The physical location address is the place where you conduct your business or use as a home base of operations (i.e. sales) within the State listed on the front of this form. This address does not include a Post Office Box. If more than one physical location, then attach a separate sheet of paper with each location's business name, physical location address, county name (or equivalent), main business activities and number of employees at that site. For remote locations, you may include applicable information, such as: GPS coordinates (longitude/latitude), county/township/island/parish, road/highway/county markers, city, and 911 addresses.

**Item 3**

Either the county, township, island, independent city or parish of your business's physical location. Please make corrections if necessary.

**Item 4**

Preprinted description of your main business activities, goods, products, or services in this State.

Please verify the preprinted description of your main business activities, goods, products, or services in this State, as though you were telling a prospective employee what you do. If you answered *no*, please describe the activities in the blank lines of Item 4 and provide the approximate percentage of sales or revenues resulting from each item. See examples below. Percentages should total 100%. If you are a third party agent for the business named in Item 1, such as a payroll service or accountant, please review Item 4 with your client.

**Goods or products:** What are they, and what do you do with them? Do you design, manufacture, sell directly to consumers, distribute to wholesalers, install, repair, or do something else with them? What are these goods or products made of?

EXAMPLE 1: *Major appliances: Sell to public 40%; Sell to retailers 30%; Repair 30%*

EXAMPLE 2: *Install fiber optic cable 100%*

**Manufacturers:** What are your main products? What are your most important materials? What are the main production methods?

EXAMPLE: *Weaving cotton broad woven fabrics 80%; Spinning cotton threads 20%*

**Services:** Describe in detail the services you provide. To whom do you provide those services? If you offer consulting, brokerage, management, or similar services, what are your major activities?

EXAMPLE 1: *Hair cutting & styling 65%; Manicures 25%; facials 10%*

EXAMPLE 2: *Long distance trucking, less than truckload 100%*

EXAMPLE 3: *Marketing consulting: Planning strategy 60%; Sales forecasting 40%*

EXAMPLE 4: *Cleaning private homes 100%*

**Construction or Building Trades:** Is the work mostly residential or nonresidential? Single- or multi-family? New or remodeling?

EXAMPLE: *Electrical contractor: Wiring new homes 51%; Electrical refurbishing of office buildings 49%*

**Item 5**

Contact name, telephone number, email address, and business website address.

**Item 6**

Telephone response: Cost saving mode to respond to this survey if you do not have changes to Items 1, 2, 3 and 4 on this form.