



U.S. Department of Labor
Bureau of Labor Statistics
Data Collection Center
dccaddress
dcccity, dccst dcczip
Phone: dccphone
Fax: faxphone



January 30, 2021

Attn: Payroll Manager
Con_Firm
Con_Address
Con_City, Con_State Con_Zipcode

Dear Payroll Manager:

A data collection specialist from the Bureau of Labor Statistics (BLS) will soon telephone to ask your company's help with determining the nation's monthly counts of employment. The person whose name appears below will be the one who will be calling you. The focus of this call will be to gather information about your payroll that includes the 12th day of the month.

The Data Collection Specialist assigned to your business:
Telephone number:

username
userphone

The call is to explain the reasons for including your company in the production of the nation's employment numbers and answer any questions you might have. We also want to:

- Confirm your business address and location.
- Confirm whether we have the correct state Unemployment Insurance account number (UI#) for your company.
- Ask how frequently employees of your company are paid and whether you have more than one payroll.

Your company was selected as a part of a scientific sample of businesses throughout the United States. The BLS will use the information you provide for statistical purposes only and will **hold the information in confidence** to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act (Title 5 of Public Law 107-347), the information you provide to the BLS **will not be disclosed in identifiable form without your informed consent**.

Thank you in advance for your cooperation. Your assistance in producing this important information about our nation's economy is greatly appreciated.

Sincerely,
signature

dcccntct
Data Collection Center Manager

This report is authorized by law 29 U.S.C.2. We request your cooperation to make the results of this survey comprehensive accurate, and timely. The Bureau of Labor Statistics, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent.

Please note this report is mandatory in North Carolina, under Section 96-4(g) (l) of the North Carolina Employment Security Law; in Oregon, under the Oregon Revised Statute 657.660; in Washington, under the Revised Code of Washington sections 50.12.010, 50.12.070, and 50.12.180; and in South Carolina, under Section 41-29-120 of the Code of Laws of South Carolina (for firms employing more than twenty individuals).

We estimate that it will take an average of 10 minutes to complete this form each month including time to review instructions, search existing data sources, gather and maintain the necessary data, and complete and review this information. If you have any comments regarding these estimates or any other aspects of this survey, send them to the Bureau of Labor Statistics, Division of Current Employment Statistics (1220-0011), 2 Massachusetts Avenue, NE, Washington, DC 20212. You are not required to respond to the collection of information unless it displays a currently valid OMB control number. Form Approved OMB No. 1220-0111.

► Definitions for the Questions on the Next Page

Column 1 EMPLOYEE COUNT – All Workers

Total number of persons in this pay group who worked or received pay for any part of the pay period that includes the 12th of the month.

Include:

- Executives and their staff
- Trainees
- Salaried officials of corporations
- Full-time and part-time workers
- Workers on active duty, if receiving pay from employer
- Workers on paid sick leave
- Workers on paid vacation
- Workers on other paid leave

Exclude:

- Outside contractors and their employees
- Pensioners
- Proprietors, owners, or partners of unincorporated firms
- Workers on active duty, if NOT receiving pay from employer
- Workers on leave without pay for entire pay period
- Workers on strike for entire pay period
- Unpaid family members

EMPLOYEE COUNT – Nonsupervisory Workers

Number of “All Workers” defined above who are not supervisory workers. “Nonsupervisory Workers” includes every employee EXCEPT those whose major responsibility is to supervise, plan, or direct the work of others.

Exclude:

- Department heads
- Executives
- Managers
- Officers
- Superintendents

Column 2 WOMEN EMPLOYEE COUNT

Number of “All Workers” as defined above who are women.

Column 3 PAYROLL, EXCLUDING COMMISSIONS

Total gross pay earned during the entire pay period that includes the 12th of the month. Report separately for “All Workers” and for “Nonsupervisory Workers”.

Column 3 PAYROLL, EXCLUDING COMMISSIONS (continued)

_Report pay BEFORE employee deductions for:

- | | |
|-----------------------------------|--------------------------|
| ▪ Taxes | ▪ Bonds |
| ▪ FICA (Social Security) | ▪ Pensions |
| ▪ Health insurance | ▪ Unemployment insurance |
| ▪ Pay deferral plans such as 401K | ▪ Union dues |

Include:

- Wages and salaries
- Paid holidays, vacation, sick leave, and other paid leave
- Incentive pay
- Bonuses paid EACH pay period
- Overtime pay
- Tips, if included on W-2s
- Severance, if paid over multiple pay periods

Exclude:

- Commissions
- Annual pay for unused leave
- Awards or bonuses not paid each pay period
- EMPLOYER contributions to pay such as 401K
- Pay advances, such as vacation pay advances
- Payments “in kind”
- Retroactive or back pay
- Severance, if provided as one payment
- Travel or work-related reimbursements

Column 4 COMMISSIONS, PAID AT LEAST ONCE A MONTH

Report separately for “All Workers” and for “Nonsupervisory Workers”.

- Report for the most recent *complete* period for which commissions are available, which might be different from the pay period that includes the 12th of the month. Enter 0 if none paid for the period or pay group.
- **Exclude** base pay, drawing accounts, or basic guarantees.

Column 5 HOURS, INCLUDING OVERTIME

Total number of hours for which employees received pay during the entire pay period that includes the 12th of the

month. Report separately for "All Workers" and "Nonsupervisory Workers".

- **Include** overtime; stand-by or reporting time; and hours not worked, but for which workers received pay (holidays, vacations, sick leave, etc.).
- Report hours for salaried and commission-only employees based on their standard work week.
- **Do not** convert overtime or other premium hours to straight-time equivalent hours.

► Information We Have For Your Firm:

MP MF INT

Contact: Attn: Payroll Manager3**Report Number:** reptnum3

Primary Name

Location: location

address

UI Number:

city, state zipcode

Industry Code:**Tel:** Ext: con_ext**Email:** email_addr**Fax:** con_fax**Your Report Number is:** reptnum**Pay Group 1** *paygr1*

► When you report your payroll for the pay period that includes the date of mon1_expl 12th, we will only ask for answers to these questions.

Month		Column 1 EMPLOYEE COUNT	Column 2 WOMEN EMPLOYEE COUNT	Column 3 PAYROLL, EXCLUDING COMMISSIONS (Whole dollars)	Column 4 COMMISSIONS, PAID AT LEAST ONCE A MONTH (Whole dollars)	Column 5 HOURS, INCLUDING OVERTIME (Whole hours)
Pay period that includes mon1 12th year1	All Workers			\$	\$	
	Nonsupervisory Workers		Not applicable. Data not collected.	\$	\$	

► Each following month, we will call for the pay period that includes the 12th of each month. You can keep a record of what's reported each month below:

Month		EMPLOYEE COUNT	WOMEN EMPLOYEE COUNT	PAYROLL, EXCLUDING COMMISSIONS (Whole dollars)	COMMISSIONS, PAID AT LEAST ONCE A MONTH (Whole dollars)	HOURS, INCLUDING OVERTIME (Whole hours)
Pay period that includes mon2 12th	All Workers			\$	\$	
	Nonsupervisory Workers		Not applicable. Data not collected.	\$	\$	
mon3 12th	All Workers			\$	\$	
	Nonsupervisory Workers		Not applicable. Data not collected.	\$	\$	
mon4 12th	All Workers			\$	\$	
	Nonsupervisory Workers		Not applicable. Data not collected.	\$	\$	
mon5 12th	All Workers			\$	\$	
	Nonsupervisory Workers		Not applicable. Data not collected.	\$	\$	
mon6 12th	All Workers			\$	\$	
	Nonsupervisory Workers		Not applicable. Data not collected.	\$	\$	

We will send you another form for reporting after **mon6_footer year6_footer**.

Please keep this form to use when the Data Collection Specialist calls you to complete the survey. Thank You!



U.S. Department of Labor
Bureau of Labor Statistics
Data Collection Center
dccaddress2
dcccity2, dccst2 dcczip2
Phone: dccphone2
Fax: faxphone



January 30, 2021

Attn: Payroll Manager3
Con_Firm2
Con_Address2
Con_City2, Con_State2 Con_Zipcode2

Dear Payroll2 Manager2:

Due to the presence of more than 1 payroll within your firm, we have created a form to account for the additional employment data —Second Pay Group.

The attached form is to track and submit employment data for your firm's Second Pay Group. Pay Group 2 should represent those employees on an alternative pay schedule than presented on the previous form.

Please keep this form along with the form for Pay Group 1.

If you have any questions, please do not hesitate to contact your interviewer listed on the previous form.

Thank you in advance for your cooperation. Your assistance in producing this important information about our nation's economy is greatly appreciated.

Sincerely,
signature2

dcccntct2
Data Collection Center Manager

This report is authorized by law 29 U.S.C.2. We request your cooperation to make the results of this survey comprehensive accurate, and timely. The Bureau of Labor Statistics, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent.

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► Information We Have For Your Firm:

MP MF INT

Contact: Attn: Payroll Manager4

Primary Name2

address2

city2, state2 zipcode2

Tel: **Ext:****Fax:****Report Number:** reptnum4**Location:** location2**UI Number:****Industry Code:****Email:**

Your Report Number is: reptnum2

Pay Group 2 *paygr2*

Month		Column 1 EMPLOYEE COUNT	Column 2 WOMEN EMPLOYEE COUNT	Column 3 PAYROLL, EXCLUDING COMMISSIONS (Whole dollars)	Column 4 COMMISSIONS, PAID AT LEAST ONCE A MONTH (Whole dollars)	Column 5 HOURS, INCLUDING OVERTIME (Whole hours)
Pay period that includes mon1_2 12th year1_2	All Workers			\$	\$	
	Nonsupervisory Workers		Not applicable. Data not collected.	\$	\$	

Month		EMPLOYEE COUNT	WOMEN EMPLOYEE COUNT	PAYROLL, EXCLUDING COMMISSIONS (Whole dollars)	COMMISSIONS, PAID AT LEAST ONCE A MONTH (Whole dollars)	HOURS, INCLUDING OVERTIME (Whole hours)
Pay period that includes mon2_2 12th	All Workers			\$	\$	
	Nonsupervisory Workers		Not applicable. Data not collected.	\$	\$	
mon3_2 12th	All Workers			\$	\$	
	Nonsupervisory Workers		Not applicable. Data not collected.	\$	\$	
mon4_2 12th	All Workers			\$	\$	
	Nonsupervisory Workers		Not applicable. Data not collected.	\$	\$	
mon5_2 12th	All Workers			\$	\$	
	Nonsupervisory Workers		Not applicable. Data not collected.	\$	\$	
mon6_2 12th	All Workers			\$	\$	
	Nonsupervisory Workers		Not applicable. Data not collected.	\$	\$	

We will send you another form for reporting after mon6_footer_2 year6_footer_2.

Please keep this form to use when the Data Collection Specialist calls you to complete the survey. Thank You!