

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



January 30, 2021

Attn: Payroll Manager Con\_Firm2 Con\_Address Con\_City2, Con\_State2 Con\_Zipcode2

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 12<sup>th</sup> day of the month.

The Data Collection Specialist assigned to your business:usernameTelephone number: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 locations.
- 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** 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.

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.

MP MF INT

# ▶ Our records show the following information for your firm:

Contact: Attn: Payroll Manager2 Con\_Firm Con Address Con\_City, Con\_State Con\_Zipcode

# 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 12<sup>th</sup> of the month.

#### Include:

- Executives and their staff
- Salaried officials of corporations
- Full-time and part-time workers
- Trainees
- 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.

# Fax: con fax Email: email\_addr

Tel: con tel

# Column 3 PAYROLL, EXCLUDING COMMISSIONS

Ext: con ext

Total gross pay earned during the entire pay period that includes the 12<sup>th</sup> of the month. Report separately for "All Workers" and for "Nonsupervisory Workers".

Exclude:

**Bonds** 

Pensions

Union dues

Unemployment insurance

- Report pay BEFORE employee deductions for:
- Taxes
  - FICA (Social Security) Health insurance
- Pay deferral plans such as 401K

# Include:

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

#### 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 12<sup>th</sup> 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 790MultiEEnr\_FAX.dot

- leave, and other paid leave
- Incentive pay
- period
- Overtime pay

multiple pay periods

the entire pay period that includes the 12<sup>th</sup> 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 straighttime equivalent hours.

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MP MF INT

Each month report your payroll information for the pay period that includes the 12<sup>th</sup> of the month. For questions refer to page 2 for the **Column** definitions or call the Data Collection Specialist listed on page 1 of this form.

			1	2	3	4	5
Reference Month/Year: mon1 year1			Employee Count	Women Employee Count	Payroll, Excluding Commissions	Commissions	Total Hours, including overtime
Report #: rep	tnum	State: STC	Location: REG	location	<b>UI:</b> ReptUI		
Pay Type pay-type1	All Workers						
	Nonsupervisory Workers						
Report #: reptnum State: STC			Location: REG	location	<b>UI:</b> ReptUI		
Pay Type pay-type1	All Workers						
	Nonsupe	rvisory Workers					
Report #: reptnum State: STC			Location: REG	location	<b>UI:</b> ReptUI		
Pay Type pay-type1	All Workers						
	Nonsupervisory Workers						
Report #: reptnum State: STC		Location: REG	location	<b>UI:</b> ReptUI			
Pay Type pay-type1	All Worke	ers			•		
	Nonsupe	rvisory Workers					
Report #: rep	otnum	State: STC	Location: REG	location	UI: ReptUI		
Pay Type pay-type1	All Worke	ers			•		
	Nonsupervisory Workers						
Report #: rep	otnum	State: STC	Location: REG	location	UI: ReptUI		
Pay Type pay-type1	All Workers						
	Nonsupervisory Workers						
Report #: rep	otnum	State: STC	Location: REG	location	UI: ReptUI		
Pay Type pay-type1	All Workers						
	Nonsupervisory Workers						

We will send you another form for reporting next month.

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