



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.

Please place your completed form in the enclosed postage-paid envelope and return it **within 14 days** of receipt. Thank you.

1

BUSINESS MAILING ADDRESS Please print corrections to the right of this mailing address.

ATTN: MARY CAPPS
XYZ CORP.
4TH FLOOR
1310 SILVER STREET
SOMECITY UA 12345-6789

2

PHYSICAL LOCATION ADDRESS Please print corrections to the right of this address.
Do not include P.O. Box or Out-of-State addresses. Check the box if applicable.

XXXXXX
123 MAIN STREET
ANYWHERE CITY, UTANA 20000-4567

- This business has **more than one physical location**. Please attach a separate sheet listing each site and include: (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/TOWN: WATERCRESS/BRIDGEPORT

- YES... *The information directly above is correct.*
- NO... *Please provide correct county/town.* _____

4

MAIN BUSINESS ACTIVITY

We need detailed information to assign the correct North American Industry Classification System (NAICS) code to this business. In the space provided below, describe your business activities, goods, products, or services **in this State**, as though you were telling a prospective employee what you do. Please describe the activities and provide the approximate percentage of sales or revenues resulting from each activity. For more information see instructions and examples for Item 4 on the back of this page. 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.

Must equal 100%

Please list the main activities and their percentage of sales/revenues here.

_____%
_____%
_____%
_____%

(Please Print Clearly)

5

CONTACT INFORMATION

Name (Please Print): _____ Phone: (____) _____ - _____
Business Website Address: _____

For questions concerning this form, contact:

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

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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 5 to 45 minutes with an average of 10 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.

Item 4

Describe your business activities, goods, products, or services as though you were telling a prospective employee what you do. Please provide the approximate percentage of sales or revenues resulting from each activity. 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 this information with your client.

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%*

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%*

Item 5

Contact name, telephone number, and business website address.