

After completing the MWR, respondent is taken to the Industry Verification description page. Here they are given a brief description of the Industry Verification, as well as a Time of Completion statement. They can select their individual UI account in order to verify the industry.

Multiple Worksite Report

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Welcome to the Industry Verification Portion of the Multiple Worksite Report

Thank you for submitting your Multiple Worksite Report data. We now ask that you complete the Industry Verification portion. Once your Industry Verification is complete, you will be taken to your Multiple Worksite Report summary page.

Every three years, we ask you to verify the economic activity of your businesses. This year, we are implementing a new initiative to **save tax dollars** and giving you the opportunity to **go paperless**. The information we collect will be used for statistical and Unemployment Insurance program purposes and other purposes in accordance with law. See <http://www.bls.gov/cew/rvf> for more information on how the data is used in different States. Please take a moment to complete the following Industry Verification Form(s).

Time of Completion

Time of completion is estimated to vary from 5 to 45 minutes with an average of 15 minutes per form. This estimate includes time for reviewing instructions, searching existing data sources, gather 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. The OMB control number for this survey is 1220-0032 and it expires on 12/31/2013.

1 of 1 of your Unemployment Insurance account number(s) have been selected for this survey.

	State	UI Account Number	Legal Name	Industry Verification Completed?
Select	[REDACTED]	[REDACTED]	[REDACTED]	No

Continue

Your Industry Verification data are not yet submitted, you will be able to submit your data once all of your Unemployment Insurance accounts listed above are complete.

If you have questions or comments please send e-mail to: mwr.helpdesk@bls.gov

When they select a UI account, they are taken to the page with their state law and OMB number to verify their Industry Description for each worksite. The NVM paper form also asks that they verify their address, but the respondent has already verified their address through MWRWeb so it would be redundant to ask again. On this page, they can also opt out of web reporting and request a paper form.

Mandatory:

UI Account Number: [REDACTED] State: Alabama Legal Name: [REDACTED]
 Industry Verification Form, BLS 3023-NVM
 Form Approved, O.M.B. No. 1220-0032
 Alabama DEPARTMENT OF LABOR AND INDUSTRY
 In cooperation with U.S. Department of Labor

The Industry Verification is MANDATORY in Alabama

This report is mandatory under Administrative Rule No. 480-6-1-.01, 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. 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.

Please verify the description of your main business activities, goods, products, or services in this State. If the information displayed below is correct, please check "YES". If it is incorrect, please check "NO" and type your business description in the box. When you have reviewed each worksite, please hit "Continue" in order to submit your data.

Tip: To sort worksites, click on a column header. The first click will sort ascending (▲), and the next click will sort descending (▼).

Worksite Address ▲	Worksite Description	Main Business Activity	Yes (Select All)	No (Select All)
[REDACTED] [REDACTED] [REDACTED]	2	Outdoor power equipment stores Click here for full description	<input type="radio"/>	<input type="radio"/>
[REDACTED] [REDACTED] [REDACTED] n	1	Outdoor power equipment stores Click here for full description	<input type="radio"/>	<input type="radio"/>

I do not have sufficient information to fill out this form. Please mail a paper copy to this organization.

Voluntary:

UI Account Number: [REDACTED] State: Alabama Legal Name: [REDACTED]
Industry Verification Form, BLS 3023-NVM
Form Approved, O.M.B. No. 1220-0032
Alabama DEPARTMENT OF LABOR AND INDUSTRY
In cooperation with U.S. Department of Labor

This report is authorized by law, 29 U.S.C. 2. Your voluntary 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 verify the description of your main business activities, goods, products, or services in this State. If the information displayed below is correct, please check "YES". If it is incorrect, please check "NO" and type your business description in the box. When you have reviewed each worksite, please hit "Continue" in order to submit your data.

Tip: To sort worksites, click on a column header. The first click will sort ascending (▲), and the next click will sort descending (▼).

Worksite Address ▲	Worksite Description	Main Business Activity	Yes (Select All)	No (Select All)
[REDACTED] [REDACTED] [REDACTED]	2	Outdoor power equipment stores Click here for full description	<input type="radio"/>	<input type="radio"/>
[REDACTED] [REDACTED] [REDACTED] n	1	Outdoor power equipment stores Click here for full description	<input type="radio"/>	<input type="radio"/>

I do not have sufficient information to fill out this form. Please mail a paper copy to this organization.

Once they complete all of the UIs, they are taken to a summary page where they can edit, view and print their data prior to submitting it to BLS.


Multiple Worksite Report

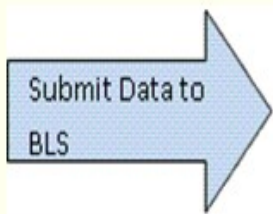
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Summary Page

Your data are NOT yet submitted.

You can use this page to review your information and edit or print if necessary. Please click on the "View" button to view the data entered for each Unemployment Insurance account. **You must click the "Submit Data to BLS" arrow to complete your form.** Once you submit this page, you will not be able to log back in to edit or print your data.

Details		State	UI Account Number	Legal Name	Print All Accounts
<input type="button" value="View"/>	<input type="button" value="Edit"/>	Alabama	[REDACTED]	[REDACTED]	



If you have questions or comments please send e-mail to: mwr.helpdesk@bls.gov

Version: 4.0
URL: <https://sleddev92.bls.gov:83/MWRweb/content/industryVerificationSummary.jsp>