



The questions on this form concern the work location(s) using Unemployment Insurance account number: **1234567890 IN UTANA**
This report is mandatory under Utana Law 18-12-100, 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.

We appreciate your response within **14 days**. Thank you.

1 BUSINESS MAILING ADDRESS Please Print corrections to the right of the is mailing address.

SS USNVS01-999999 T-050 *****SNGLP
MR SAMPLE A.
SAMPLE A SAMPLE A
SAMPLE A SAMPLE
SUITE 123
PO BOX 123
ANY TOWN, US 12345-6789



Your web ID and Password

*ID: 991234567890 *
Password: Ab12345678



REPORTING INSTRUCTIONS



If you **DO NOT** have any changes to Items 1, 2, 3 and 4, then you may respond toll free: [1-888-256-0864](tel:1-888-256-0864)



If you have changes to Items 1, 2, 3 or 4, Visit our website to file your report. <https://idcfars.bls.gov/ARS>

If you do not wish to use the phone or internet to file your report, please use the included postage paid envelope.

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.

456 ANYSTREET BLVD
STE 1000
ANYWHERE, UA 12345-6789

More than one physical location. Please attach a 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 off-site projects lasting less than a year.

3 COUNTY ANY COUNTY

YES...If the information directly above is correct NO...Please provide corrections to the right _____

4 MAIN BUSINESS ACTIVITY

In-store retail sales of prescription or nonprescription drugs and medicines. Examples include, but are not limited to, stores such as pharmacies, drug stores, apothecaries, and health and beauty aids stores.

DOES NOT INCLUDE predominantly retailing vitamins, nutrition supplements, or body enhancing supplements.

DOES NOT INCLUDE electronic home shopping, mail-order, or other non-store retail sales of prescription drugs.

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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 state, please answer in terms of its former activity.

YES...Go to Item 5 _____ %
 NO...Please list the main activities and their percentage of sales/revenues here _____ %
_____ %

5 CONTACT INFORMATION

Name (Please Print): _____ Website: _____ Phone: _____

6 YOUR STATE FIPS AND UI ACCOUNT NUMBER: FIPS: **99** UI Account Number: **1234567890**

For questions concerning this form, contact:

SAMPLE AGENCY NAME
SAMPLE AGENCY DEPARTMENT
123 ANY STREET
ANYWHERE, UA 12345-6789

PHONE: (202) 691-6488 FAX: (202)691-6488
PHONE: (202) 691-6488
WWW.BLS.GOV

OFFICE USE				FY11	03/17/11		
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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. The OMB control number for this survey is 1220-0032.

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. In addition this section provides instructions for the completion and return of this survey.

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

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

Please verify the printed 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, and business website address.

Item 6

Your UI account number and State FIPS. This information is provided for your reference and does not need to be updated.