

7 INSTRUCTIONS:

Describe the business using the Unemployment Insurance account number 1234567890 IN UTANA.

We need detailed information to assign the correct industry 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. Then give us 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 2, such as a payroll service or accountant, please review Item 7 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 broadwoven 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 marketing 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%*

List most important activities, goods, products, or services		_____ %
		_____ %
		_____ %
		_____ %
		_____ %

PLEASE PRINT CLEARLY 100%

8 CONTACT INFORMATION

Name: _____ Phone: (____) _____

E-Mail Address: _____

Business Website Address: _____

Please return the completed form to this address within 14 days, using the postage-paid envelope provided.

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

Thank you for your cooperation!

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 industry 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 (NCA), 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.

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