

**SECTION B
ADDITIONAL WORKSITES
(continued)**



BUSINESS WORKSITE INFORMATION		NUMBER OF EMPLOYEES	DATE OPENED (e.g., 01/01/16)	MAIN BUSINESS ACTIVITY	OFFICE USE
Trade Name: Street: City: State: Zip + 4: Worksite Description:					% % % %
Trade Name: Street: City: State: Zip + 4: Worksite Description:					% % % %
Trade Name: Street: City: State: Zip + 4: Worksite Description:					% % % %
Trade Name: Street: City: State: Zip + 4: Worksite Description:					% % % %
Trade Name: Street: City: State: Zip + 4: Worksite Description:					% % % %
Trade Name: Street: City: State: Zip + 4: Worksite Description:					% % % %
Trade Name: Street: City: State: Zip + 4: Worksite Description:					% % % %

For questions concerning this form, contact:
NEW MEXICO DEPT OF WORKFORCE SOLUTIONS
ECONOMIC RESEARCH AND ANALYSIS BUREAU
ALBUQUERQUE, NM 87103-1928
PHONE (505) 383-2723 FAX (505) 383-2739

Please print clearly



The questions on this form concern the work location(s) using Unemployment Insurance account number: [REDACTED] IN NEW MEXICO

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.

We appreciate your response within 14 days. Please return all pages in the enclosed postage-paid envelope. Thank you.

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

[REDACTED ADDRESS]

2 MAIN BUSINESS ACTIVITY OF EACH WORKSITE

In Section A, you will find a list of the worksites of your business. Please review the list for accuracy and provide corrections, if applicable, in the space provided on that sheet. Further instructions are printed in Section A.

3 ADDITIONAL WORKSITES

If the list of worksites in Section A does not include all of the worksites for the Unemployment Insurance account number printed above, please enter information for the missing worksites in Section B. Further instructions are printed in Section B.

4 CONTACT INFORMATION

Name (Please Print) _____ Date _____
 Title _____ Phone () - -
 Email Address _____
 Business Website Address _____

For questions concerning this form, contact:
 NEW MEXICO DEPT OF WORKFORCE SOLUTIONS
 ECONOMIC RESEARCH AND ANALYSIS BUREAU
 PO BOX 1928
 ALBUQUERQUE, NM 87103-1928
 PHONE: (505) 383-2723 FAX: (505) 383-2739

Purpose and Use: The purpose of this report is to update information on your products or services for your business worksites. 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 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 10 to 60 minutes with an average of 15 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 the completion of this form.

Item 1

The address that receives your business mail.

Item 2

In Section A, you will find the listing of your worksites with their Main Business Activities. A detailed description of the business activity can be found on page 3. If the information is correct, please check the box labeled "Yes." If the information is incorrect, please check the box labeled "No," and in the space provided, describe your business activities, goods, products, or services as though you were telling a prospective employee what you do. 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 productions methods?

- EXAMPLE: Weaving cotton broad woven fabrics 80%; Spinning cotton threads 20%

Item 3

In Section B, please provide additional worksites not included in Section A. Please include: (1) trade name (2) physical location address (3) worksite description (4) number of employees (5) date opened and (6) main business activity.

- (1) **Trade Name:** The trade name for this worksite.
- (2) **Physical Location Address:** The physical location address is the place where you conduct your business or use as a home base of operations (e.g. sales) within the State listed on the front of this form. This address does not include a Post Office Box.
- (3) **Worksite Description:** A brief description of the worksite, for example "Store number 123."
- (4) **Number of Employees:** The number of employees currently working at this location.
- (5) **Date Opened:** The date the worksite opened or was acquired by your business.
- (6) **Main Business Activity:** Please describe the activities and provide the approximate percentage of sales or revenues resulting from each activity. See examples in the Item 2 instructions above. Percentages should total 100%.

Item 4

Contact name, date, title, telephone number, email address, and business website.

Industry Verification Form, BLS 3023-NVM
Form Approved, O.M.B. No. 1220-0032

UI: XXXXXXXXXX State: NEW MEXICO

**SECTION B
ADDITIONAL WORKSITES**



Instructions: If there are additional worksites for your business in NEW MEXICO that are not listed in Section A, please provide the trade name, physical location address, worksite description, number of employees and date opened. Also provide a brief list of business activities, goods, products, or services and note the approximate percentage of sales/revenue from each item. Percentages should total 100%. If the additional worksite was purchased from another company, then please provide the name and Unemployment Insurance account number, if known, from which the worksite was purchased. If needed, please make copies or attach extra pages for additional worksites.

BUSINESS WORKSITE INFORMATION		NUMBER OF EMPLOYEES	DATE OPENED (6-a, 9/19/10)	MAIN BUSINESS ACTIVITY	OFFICE USE
Trade Name:					
Street:					%
City:					%
State:	Zip + 4:				%
Worksite Description:					%
Trade Name:					%
Street:					%
City:					%
State:	Zip + 4:				%
Worksite Description:					%
Trade Name:					%
Street:					%
City:					%
State:	Zip + 4:				%
Worksite Description:					%
Trade Name:					%
Street:					%
City:					%
State:	Zip + 4:				%
Worksite Description:					%

Please print clearly

For questions concerning this form, contact:
NEW MEXICO BUREAU OF WORKFORCE SOLUTIONS
100 BOX 1528
S.E. UNIV. BLVD.
PHOENIX, AZ 85062-1528 FAX 602 3632768

**SECTION A
MAIN BUSINESS ACTIVITY
(continued)**



CITY, STATE, AND ZIP CODE, WORKSITE DESCRIPTION (plant name, store number, etc)	TRADE NAME, STREET ADDRESS (physical location)	NUMBER OF EMPLOYEES	Yes <input type="checkbox"/> No <input type="checkbox"/>	MAIN BUSINESS ACTIVITY	OFFICE USE
Intentionally left blank					% % %
Intentionally left blank					% % %
Intentionally left blank					% % %
Intentionally left blank					% % %
Intentionally left blank					% % %
Intentionally left blank					% % %
Intentionally left blank					% % %
Intentionally left blank					% % %

Please print clearly
If you have any worksites not listed in Section A, please provide them in Section B



UI: [REDACTED] State: NEW MEXICO

The goal is to verify the **Main Business Activity** for each worksite. These descriptions may not include all activities at a worksite and/or there may be some activities listed that do not apply. If the industry description is applicable, then you may consider it to be the correct industry for that worksite. If not, please provide a more accurate description in the space provided in **Section A**.

Vocational rehabilitation services 624310
Vocational rehabilitation or habilitation services, such as job counseling, job training, and work experience, to unemployed and underemployed persons, persons with disabilities, and persons who have a job market disadvantage because of lack of education, job skill, or experience and providing training and employment to mentally and physically handicapped persons. Include vocational rehabilitation job training facilities, and sheltered workshops (work experience centers).
DOES NOT INCLUDE schools providing vocational training.

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UI: [REDACTED] State: NEW MEXICO

Main Business
Activity Descriptions
(continued)



SECTION A
MAIN BUSINESS ACTIVITY

Industry Verification Form, BLS 3023-NVM
Form Approved, Q.M.B. No. 1220-0032

UI: [REDACTED] State: NEW MEXICO

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Instructions:

Please review the Main Business Activity printed for each worksite. Please refer to page 3 for descriptions of the business activity.

- If the information for that worksite is **CORRECT**, check the "Yes" box.
- If the information for that worksite is **INCORRECT**, check the "No" box and describe your business activities, goods, products, or services in the space provided below. Note the approximate percentage of sales/revenue for each item. Percentages should total 100%.
- If the worksite is closed or sold, then please draw a line through the worksite. Write "Closed" or "Sold" and the date this took place. For "Sold" worksites, if known, please provide the name and Unemployment Insurance account number of the company that made the purchase.

CITY, STATE, AND ZIP CODE, WORKSITE DESCRIPTION (full name, store number, etc)	NUMBER OF EMPLOYEES	MAIN BUSINESS ACTIVITY		OFFICE USE	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Bar Chart	Bar Chart
[REDACTED]	[REDACTED]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	[Bar Chart]	[Bar Chart]
[REDACTED]	[REDACTED]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	[Bar Chart]	[Bar Chart]
Intentionally left blank		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Intentionally left blank		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Intentionally left blank		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Intentionally left blank		Yes <input type="checkbox"/>	No <input type="checkbox"/>		

Please print clearly
If you have any worksites not listed in Section A, please provide them in Section B