## DISTRICT OF COLUMBIA DEPT OF EMPLOYMENT SERVICES



The questions on this form concern the work location(s) using Unemployment Insurance account number: 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 place your completed form in the enclosed postage-paid envelope and return it within 14 days of receipt. Thank you. BUSINESS MAILING ADDRESS Please print corrections to the right of this mailing address. նո|Ուսբ||կրդ||Ոսինդկիրդ||Ոմ|լդ|բՈնբ||ոդ||Ոլլ|| PHYSICAL LOCATION ADDRESS of your business in DC. Please check all boxes that apply. Same as Business Mailing Address. Physical Location Address is different than Business Mailing Address. Please enter below. Do not use P.O. Box. Street Address State City 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. Business has employees working in but no physical location in DC. If so, please continue to Item 4. In the space provided below, please enter the CITY where your business is physically located. CITY: 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.

	100%
777 1977-78 Jan	9/
Please list the main activities	94
and their percentage of	%
sales/revenues	96
here. (Please Pr	rint Clearly)
5 CONTACT INFORMATION	25 L

For questions concerning this form, contact:

DISTRICT OF COLUMBIA DEPT OF EMPLOYMENT SERVICES
OFFICE OF LABOR MARKET RESEARCH & INFORMATION
4058 MINNESOTA AVE. NE
5TH FLOOR SUITE 5600
WASHINGTON, DC 20019-3540
PHONE: (202) 671-1637 FAX: (202) 673-3796

PHONE: (202) 671-1633

OFFIC	E USE	FY	13 1	11/16/	12
EMPL				MEEI	AT
3000					

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.

<u>Time of Completion:</u> 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.