

After completing the Multiple Worksite Report (MWR), respondents are taken to the Industry Verification 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 accounts in order to verify

the industry information.

Multiple Worksite Report - Industry Verification - Windows Internet Explorer provided by Bureau of Labor Statistics

https://idcfdmwr.psb.bls.gov/MWR/index.do?selSurvey=106%2C00024880%2Chttps%3A%2F%2Fidcfdmwr.psb.bls.gov%2FMWR%2Findex.do&so

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/ivf> for more information on how the data is used in different States. Please take a moment to complete the following Industry Verification Form(s).

5 of 5 of your Unemployment Insurance account number(s) have been selected for this survey.

	State	UI Account Number	Legal Name	Industry Verification Completed?
Select	Florida	██████████	████████████████████	No
Select	New York	██████████	████████████████████	No
Select	Pennsylvania	██████████	████████████████████	No
Select	Texas	██████████	████████████████████	No
Select	Virginia	██████████	████████████████████	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.

#### 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 O.M.B. number. The O.M.B. control number for this survey is 1220-0032 and it expires on 12/31/2013.

If you have questions or comments please send e-mail to: [mwr.helpdesk@bls.gov](mailto:mwr.helpdesk@bls.gov)

Version: 4.1.3  
 URL: <https://idcfdmwr.psb.bls.gov/MWR/content/selectUiForIndustryVerificationForm.jsp>

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When they select a UI account, they are taken to the page with their state law and OMB number to verify the industry description for each worksite. The paper version of the Industry Verification form also asks that they verify their worksite addresses. However, respondents have

already verified the addresses through MWRweb so it is not necessary to ask again. On this page, they can also opt out of web reporting and request a paper form.

An NVMweb voluntary state example is shown below and continued on the next page.

The screenshot shows a web browser window with the URL <https://idcfmwr.psb.bls.gov/MWR/industryVerification.do>. The page title is "Multiple Worksite Report".

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

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 "Correct". If it is incorrect, please check "Incorrect" 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	Correct <a href="#">Select All</a>	Incorrect <a href="#">Select All</a>
[REDACTED]	[REDACTED]	Other building material dealers <a href="#">Click here for full description</a>	<input type="radio"/>	<input type="radio"/>
[REDACTED]	[REDACTED]	Other building material dealers <a href="#">Click here for full description</a>	<input type="radio"/>	<input type="radio"/>
[REDACTED]	[REDACTED]	Other building material dealers <a href="#">Click here for full description</a>	<input type="radio"/>	<input type="radio"/>
[REDACTED]	[REDACTED]	Other building material dealers <a href="#">Click here for full description</a>	<input type="radio"/>	<input type="radio"/>
[REDACTED]	[REDACTED]	Other building material dealers <a href="#">Click here for full description</a>	<input type="radio"/>	<input type="radio"/>

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[REDACTED]	[REDACTED]			
[REDACTED]	[REDACTED]	Other building material dealers <a href="#">Click here for full description</a>		
[REDACTED]	[REDACTED]	Other building material dealers <a href="#">Click here for full description</a>		
[REDACTED]	[REDACTED]	Other building material dealers <a href="#">Click here for full description</a>		

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

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**Legal Authorization in Pennsylvania**  
This report 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.

If you have questions or comments please send e-mail to: [mwr.helpdesk@bls.gov](mailto:mwr.helpdesk@bls.gov)  
If you have questions or concerns about your data, please contact: [mwrweb-pa@bls.gov](mailto:mwrweb-pa@bls.gov)

Pennsylvania Department of Labor and Industry  
Center for Workforce Information and Analysis  
651 Boas St Rm 220  
Harrisburg, PA 17121-0750  
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An NVMweb mandatory state example is shown below and continued on the next page.

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 https://idcfmwr.psb.bls.gov/MWR/industryVerification.do

**Multiple Worksite Report** Help | Logout

UI Account Number: [REDACTED] State: Florida Legal Name: [REDACTED]  
 Industry Verification Form, BLS 3023-NVM  
 Form Approved, O.M.B. No. 1220-0032  
 Florida Agency for Workforce Innovation  
 In cooperation with U.S. Department of Labor

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 "Correct". If it is incorrect, please check "Incorrect" 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	Correct <a href="#">Select All</a>	Incorrect <a href="#">Select All</a>
[REDACTED] [REDACTED] 1	[REDACTED]	Other building material dealers <a href="#">Click here for full description</a>	<input checked="" type="radio"/>	<input type="radio"/>
[REDACTED] [REDACTED] 1	180	Other building material dealers <a href="#">Click here for full description</a>	<input checked="" type="radio"/>	<input type="radio"/>
[REDACTED] [REDACTED] [REDACTED]	45	Other building material dealers <a href="#">Click here for full description</a>	<input checked="" type="radio"/>	<input type="radio"/>
[REDACTED] [REDACTED] [REDACTED] 4	6	Other building material dealers <a href="#">Click here for full description</a>	<input checked="" type="radio"/>	<input type="radio"/>
		Other building material dealers <a href="#">Click here for full description</a>		

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[REDACTED]	37		<input type="radio"/>	<input type="radio"/>
[REDACTED] C	62	Other building material dealers <a href="#">Click here for full description</a>	<input type="radio"/>	<input type="radio"/>
[REDACTED] C	105	Other building material dealers <a href="#">Click here for full description</a>	<input type="radio"/>	<input type="radio"/>
[REDACTED]	143	Other building material dealers <a href="#">Click here for full description</a>	<input type="radio"/>	<input type="radio"/>

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

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**The Industry Verification is MANDATORY in Florida**  
This report is mandatory under Florida Statutes, Chapter 443, 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.

If you have questions or comments please send e-mail to: [mwr.helpdesk@bls.gov](mailto:mwr.helpdesk@bls.gov)  
If you have questions or concerns about your data, please contact: [mwrweb-fl@bls.gov](mailto:mwrweb-fl@bls.gov)

Florida Agency for Workforce Innovation  
Labor Market Statistics,  
MSC G-020  
Tallahassee, FL 32399-4111  
PH: (800) 672-4664 Or (850) 245-7228 FAX: (850) 245-7202

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Once respondents complete all of the information for their UI accounts, they are taken to a summary page. On this summary page, respondents can view, edit, and print their data prior to submitting 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" button to complete your form.** Once you submit this page, you will not be able to log back in to edit or print your data.

[Print All Accounts](#)

Details		State	UI Account Number	Legal Name	Print
<a href="#">View</a>	<a href="#">Edit</a>	Florida	██████████	████████████████████	
<a href="#">View</a>	<a href="#">Edit</a>	New York	██████████	████████████████████	
<a href="#">View</a>	<a href="#">Edit</a>	Pennsylvania	██████████	████████████████████	
<a href="#">View</a>	<a href="#">Edit</a>	Texas	██████████	████████████████████	
<a href="#">View</a>	<a href="#">Edit</a>	Virginia	██████████	████████████████████	

[Submit Data to BLS](#)

If you have questions or comments please send e-mail to: [mwr.helpdesk@bls.gov](mailto:mwr.helpdesk@bls.gov)

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