



The questions on this form concern the work location(s) using Unemployment Insurance account number: 1234567890 IN UTANA
 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. Thank you.

1 **BUSINESS MAILING ADDRESS** Please print corrections to the right of this mailing address.
 ATTN: MARY CAPPS Your Web ID and
Password
 XYZ ADVISORS
 4TH FLOOR
 1310 SILVER STREET
 SOMECITY UA 12345-6789

 * ID: 991234567890 *
 * Password: Ab123456 *

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REPORTING INSTRUCTIONS

GO PAPERLESS!! Report your data on the web.
<https://idcfars.bls.gov/>

Or if you do **not** have changes to Items 1, 2, 3, and 4,
 you may also respond toll free: **1-888-256-**

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If you do not wish to report online or via touchtone, please use the enclosed postage-paid envelope.

2 **PHYSICAL LOCATION ADDRESS** Please verify the address where your business is physically located.
 Do not include P.O. Box or Out-of-State addresses. Enter any corrections. Check the box below if more than one location.
 4TH FLOOR
 1310 SILVER STREET
 SOMECITY UA 12345-6789

Check if you have more than one physical location in UTANA.
 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 include client sites, off-site projects lasting less than a year, or out-of-State sites.

3 **COUNTY: WATERCRESS**

Yes...If the information directly above is correct. NO....My business is in _____

COUNTY

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 Must equal 100%

NO...Please list the main activities and their percentage of sales/revenues here

_____ %
 _____ %
 _____ %

5 **CONTACT INFORMATION** Please print.

Name: _____ Email: _____ Phone: _____

UI **6 ACCOUNT** State Code: 99 UI Account Number: 123456789

STATE AGENCY NAME
For questions concerning this form, contact: PHONE: (123) 456-7890 FAX: (123) 456-7890 OFFICE USE FY15 10/15/14
PHONE: (123) 456-7890 CMI EMPL NAICS CTY TWN4 OWN MEEI AT
WWW.WEBSITE.COM 00 1000 123456 123 -- 5 1 U

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 for the NVS form is estimated to vary from 2 to 30 minutes with an average of 5 minutes per form. Time of completion for the NCA form is estimated to vary from 5 to 45 minutes with an average of 10 minutes per form. These estimates include 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 4940, 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 along with 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 you have more than one physical location, 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

If we have a main business activity for your business on file, it will be printed in Item 4. Please verify the printed description of your main business activities, goods, products, or services in this State.

If there is no main business activity printed, or the printed activity does not accurately reflect the main business activity of your company, describe your business activities, goods, product 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

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 and products made of?

EXAMPLE 1: Major appliances: Sell to public 40%; Sell to retailers 30%; Repair 30%

EXAMPLE 2: Install fiber optic cables 100%

Manufacturers: What are your main products? What are your most important materials? What are the main production methods?

EXAMPLE: Weaving cotton brood 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: Haircutting & 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 homes? 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 State code and UI account number. This information is provided for your reference and does not need to be updated.