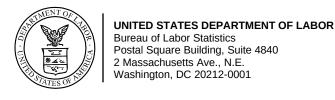
State Agency Name State Department Name State Address 1 and 2 City, ST ZIP Phone: 123-456-7890



**MANDATORY** 

Contact Name Trade Name Legal Name Mailing 1 Mailing 2 City ST ZIP

September 2015

Dear Employer,

The U.S. Bureau of Labor Statistics (BLS) and your State agency request that you provide your company's employment and wages each quarter using the BLS 3020 - Multiple Worksite Report (MWR).

To reduce costs and save tax dollars, this report has been moved online. Please use the Web ID and password below to log into our secure website: <a href="https://idcf.bls.gov/">https://idcf.bls.gov/</a>

WEB ID: 99123456789 PASSWORD: Ab123456

This report is mandatory in accordance with the UTANA LAW 123 and is authorized by 29 U.S. Code, Section 2 and is approved by O.M.B. No. 1220-0134.

The due date for your response is October 31, 2015. Thank you for your cooperation.

Sincerely,

**Emily Thomas** 

U.S. Bureau of Labor Statistics

