

**SECTION B
ADDITIONAL WORKSITES
(continued)**



BUSINESS WORKSITE INFORMATION		NUMBER OF EMPLOYEES	DATE OPENED (i.e., 01/01/10)	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:					% % % % %
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:					% % % % %

NEVADA DEPT OF EMPLOYMENT, TRAINING & REHAB
RESEARCH AND ANALYSIS BUREAU
500 E. THIRD STREET
CARSON CITY, NV 89701
PHONE: 775-684-0499 FAX: (775) 684-0342

Please print clearly



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

This report is mandatory under Nevada State Law, NRS 612.220, 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. 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:

NEVADA DEPT OF EMPLOYMENT, TRAINING & REHAB
RESEARCH AND ANALYSIS BUREAU
500 E. THIRD STREET
CARSON CITY, NV 89713-0021
PHONE: 775-684-0499 FAX: (775) 684-0342

OFFICE USE
UI [REDACTED] FY13 EMPL [REDACTED] 10/11/12 OWN [REDACTED]

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 waven 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.

- Trade Name:** The trade name for this worksite.
- 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.
- Worksite Description:** A brief description of the worksite, for example "Store number 123."
- Number of Employees:** The number of employees currently working at this location.
- Date Opened:** The date the worksite opened or was acquired by your business.
- 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, C.M.B., No. 1220-0032

UI: [Redacted] State: NEVADA

**SECTION B
ADDITIONAL WORKSITES**



Instructions: If there are additional worksites for your business in NEVADA 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 (M-D-YY/YYYY)	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:					%

For questions concerning this form, contact: NEWCASTLE DEVELOPMENT TRAINING CENTER
SALES TRAINING
COURTESY, 1000 E. 1000
PHONE: 775.666.6666 FAX: 775.666.6666

Please print clearly

SECTION A
MAIN BUSINESS ACTIVITY
(continued)



TRADE NAME, STREET ADDRESS (physical location), (location), (city, state, and ZIP code, work-site description (job title, name, store number, etc))	NUMBER OF EMPLOYEES	MAIN BUSINESS ACTIVITY	OFFICE USE
[REDACTED]	[REDACTED]	Yes <input type="checkbox"/> Clothing accessories stores No <input type="checkbox"/>	[REDACTED]
[REDACTED]	[REDACTED]	Yes <input type="checkbox"/> Clothing accessories stores No <input type="checkbox"/>	[REDACTED]
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"/>	
Intentionally left blank.		Yes <input type="checkbox"/> No <input type="checkbox"/>	

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



UI: [REDACTED] State: NEVADA

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**.

Family clothing stores 448140

In-store retail sales of a general line of new clothing for men, women, and children, without specializing in clothing for either males or females or for an individual age group. May provide basic alterations, such as hemming, taking in or letting out seams, or lengthening or shortening sleeves. Examples include, but are not limited to:
* Family clothing stores * Unisex clothing stores * Western wear stores

DOES NOT INCLUDE altering and repairing clothing without retail sales.
DOES NOT INCLUDE electronic home shopping, mail-order, or other non-store retail sales of clothing for men, women, and children.

Clothing accessories stores 448150

In-store retail sales of new clothing accessories, either as single lines of merchandise or as combinations of accessories. Examples include, but are not limited to, stores selling:
* Belts * Gloves * Hats and caps * Scarves
* Costume jewelry * Handbags * Neckties * Wigs and hairpieces

DOES NOT INCLUDE retail sales of precious jewelry and watches.
DOES NOT INCLUDE retail sales of luggage, briefcases, and trunks, or these products in combination with a general line of leather items.
DOES NOT INCLUDE electronic home shopping, mail-order, or other non-store retail sales of clothing accessories.

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UI: [REDACTED] State: NEVADA

Main Business
Activity Descriptions
(continued)



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

UI: [REDACTED] State: NEVADA

SECTION A
MAIN BUSINESS ACTIVITY



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 (plant name, store number, etc)	NUMBER OF EMPLOYEES	MAIN BUSINESS ACTIVITY			OFFICE USE
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	
[REDACTED]	[REDACTED]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	[REDACTED]
[REDACTED]	[REDACTED]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	[REDACTED]
[REDACTED]	[REDACTED]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	[REDACTED]
[REDACTED]	[REDACTED]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	[REDACTED]
[REDACTED]	[REDACTED]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	[REDACTED]
[REDACTED]	[REDACTED]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	[REDACTED]

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