



U.S. Department of Labor  
 Bureau of Labor Statistics  
 Data Collection Center  
 dccaddress2  
 dcccity2, dccst2 dcczip  
 Phone: dccphone Fax: faxphone



► **Information We Have For Your Firm:**

MP MF INT

Con\_Firm  
 Con\_Address  
 Con\_City, Con\_State Con\_Zipcode

**Contact:** Attn: Payroll Manager2  
**Tel:** con\_tel **Ext:** con\_ext  
**Fax:** con\_fax

► **Report payroll information for the pay period that includes the 12th of the month.**

**FAX TO: faxphone2**

Reference Month/Year: mon1 year1	1 Employee Count	2 Women Employee Count	3 Payroll, Excluding Commissions	4 Commissions	5 Total Hours, Including Overtime	6 Overtime Hours (Whole hours)
-------------------------------------	------------------------	---------------------------------	---	------------------	--	---

Report #: reptnum State: STC Location: REGlocation UI: ReptUI

Pay Type: <i>pay-type1</i>	All Employees					
	Production					
Pay Type: <i>pay-type2</i>	All Employees					
	Production					

Report #: reptnum State: STC Location: REGlocation UI: ReptUI

Pay Type: <i>pay-type1</i>	All Employees					
	Production					
Pay Type: <i>pay-type2</i>	All Employees					
	Production					

Report #: reptnum State: STC Location: REGlocation UI: ReptUI

Pay Type: <i>pay-type1</i>	All Employees					
	Production					
Pay Type: <i>pay-type2</i>	All Employees					
	Production					

Report #: reptnum State: STC Location: REGlocation UI: ReptUI

Pay Type: <i>pay-type1</i>	All Employees					
	Production					
Pay Type: <i>pay-type2</i>	All Employees					
	Production					

**If you need the instructions to fill out this form, please call: dccphone2.**

