U.S. Department of Labor EARNINGS FORM (Private Industry)

Bureau of Labor Statistics National Compensation Survey



The Bureau of Labor Statistics, its employees, agents, and partner statistical agencies, will	This report is authorized by law, 29	
use the information you provide for statistical purposes only and will hold the information	U.S.C. 2. Your voluntary cooperation is	O.M.B. #1220-0164
in confidence to the full extent permitted by law. In accordance with the Confidential	needed to make the results of this survey	Expires xx/xx/2021
Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-	comprehensive, accurate and timely.	
347) and other applicable Federal laws, your responses will not be disclosed in identifiable		
form without your informed consent. Per the Federal Cybersecurity Enhancement Act of		
2015, Federal information systems are protected from malicious activities through		
cybersecurity screening of transmitted data.		

We estimate that it will take an average of 20 minutes to complete this form, including 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 this estimate or any other aspect of this survey; including suggestions for reducing this burden, please send them to the Bureau of Labor Statistics, Office of Compensation and Working Conditions (1220-0164), 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 control number.

QUOTE LIST

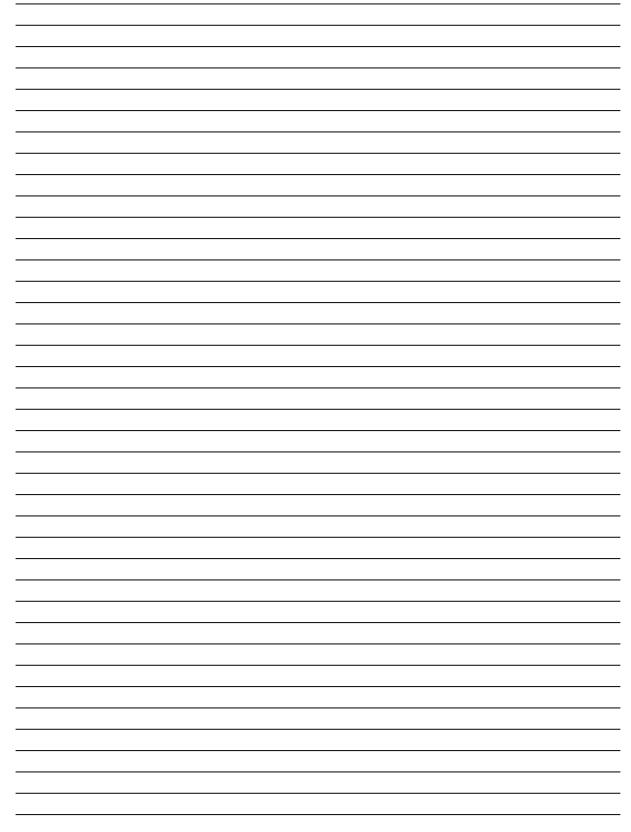
Schedule #:_____

Quote #	Status	SOC Code #	Company Job Title and/or Job Code	FT/ PT	T/ I	U/ N	Number of EE.
1							
2							
3							
4							
5							
6							
7							
8							

FT/PT = Full Time/Part Time; T/I = Time/Incentive; U/N = Union/Non-union; EE = Employees

NCS Form 18-2P (2018)

Remarks



National Compensation Survey – Earnings (Wages)

	BLISHMENT		EDULE #:_		age	of		
LINE #	QUOTE #	IDENTIFICATION OF SURVEY OCCUPATIONS, ESTABLISHMENT	Reference Date:					
		JOBS, OR EMPLOYEES FOR WHOM WAGE INFORMATION IS BEING REPORTED ON	Source of			1		
		EACH LINE	# HOURS	EARNINGS	# WRKRS	USE	VAL CODE	HIRE DATE
1								
2								
3								
4								
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6								
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11								
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17								
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19								
20								
Use	Codes:	B = Base rate Validation (A = Add-on (\$ and cents)	VAL)Codes:	BC, RC, NW, L TOP, BOT, and	OS, EW, OTH			

P = Percent (% of base rate)

Remarks

