U.S. Department of Labor EARNINGS FORM (Government)

Bureau of Labor Statistics National Compensation Survey



The BLS publishes statistical tabulations from this survey that may reveal the information reported by individual State and local governments. Upon your request, however, the BLS will hold the information provided on this survey form in confidence

This report is authorized by law, 29 U.S.C. 2. Your voluntary cooperation is needed to make the results of this survey comprehensive, accurate and timely.

O.M.B. # 1220-0164 Expires XXXXXX

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 18-2G (2018)

Remarks	

National Compensation Survey - Earnings (Wages)

	BLISHMENT	NAME: SCHE	DULE #:_		age	of		
LINE #	QUOTE#	IDENTIFICATION OF SURVEY OCCUPATIONS, ESTABLISHMENT	Reference Date:					
		JOBS, OR EMPLOYEES FOR WHOM WAGE INFORMATION IS BEING REPORTED ON	Source of wage data:					
		EACH LINE	# HOURS	EARNINGS	# WRKRS	USE	VAL CODE	HIRE DATE
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Use Codes:

B = Base rate

Validation (VAL)Codes:

BC, RC, NW, LOS, EW, TOP, BOT, and OTH

A = Add-on (\$ and cents) P = Percent (% of base rate)

Remarks	