


ARWeb Screenshots – Voluntary State


This is the first page that a respondent sees when they enter the website address from their email or web letter into their web browser. Respondents enter their Web ID and password on the first screen and select “I accept” to continue.


**BUREAU OF LABOR STATISTICS**
Annual Refiling Survey

[ADA Statement](#) | [Privacy Policy](#)

Annual Refiling Survey (ARS) Logon

Welcome to the Annual Refiling Survey.
To report your survey data, you must logon with a valid password for the Web ID that is included in your Bureau of Labor Statistics (BLS) survey request. Users have encountered compatibility issues with our security protocols when using Internet Explorer 9 (or earlier). Please use a different browser (Google Chrome, Mozilla Firefox, Safari) or a newer version of IE.

***Web ID:** 

***Password:** 

Terms and Conditions of Use


WARNING! You are using an Official United States Government System, which may be used only for authorized purposes. Unauthorized modification of any information stored on this system may result in criminal prosecution. The Government may monitor and audit the usage of this system, and all persons are hereby notified that the use of this system constitutes consent to such monitoring and auditing. Unauthorized attempts to upload information and/or change information on these web sites are strictly prohibited and are subject to prosecution under the Computer Fraud and Abuse Act of 1986 and Title 18 U.S.C. Sec. 1001 and 1030.

Maintenance activities may be conducted on Sundays from noon to 6:00 p.m. Eastern Time in order to keep the Internet Data Collection Facility (IDCF) at its peak performance and to cause as little disruption in service as possible to our customers. If the system is unavailable, please try back at a later time.

Please read:
Due to security reasons, your session will time out after 30 minutes of system inactivity. You will need to logon to the website again to continue.

If you have questions or comments, please send e-mail to: AnnualRefilingSurvey@bls.gov Version: 2.0.4

Once respondents log in, they see the Welcome to the Annual Refiling Survey Page. It contains OMB information, the voluntary or mandatory statement (including the applicable State law when mandatory), State contact information, and the purpose of the survey. From here, respondents click “Continue” to complete their survey.

**BUREAU OF LABOR STATISTICS**
Annual Refiling Survey

[Logout](#)

Welcome to the Annual Refiling Survey

Industry Verification Form, BLS 3023-NVS
Form Approved, O.M.B. No. 1220-0032
Indiana Dept of Workforce Development
In cooperation with the U.S. Department of Labor.

Company Name: SOPS INC
UI Account Number: 4444444444
State: Indiana

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

The purpose of this report is to update information on your products or services. 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 the form by the Bureau of Labor Statistics and the State agencies cooperating in its statistical programs will be used for statistical and Unemployment Insurance program purposes and other purposes in accordance with law.

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

Time of completion is estimated to vary from 2 to 30 minutes with an average of 5 minutes per account. 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, please contact your State Agency which is located at the bottom of this page. You are not required to respond to the collection of information unless it displays a currently valid O.M.B. number. The O.M.B. control number for this survey is 1220-0032 and it expires on 12/31/2017.

If you have questions or comments, please send e-mail to: AnnualRefilingSurvey@bls.gov Version: 2.0.4

If you have questions about the Annual Refiling Survey, please contact:

Indiana Dept of Workforce Development
Research null - QCEW
10 N Senate Ave Rm 211 SE
Indianapolis IN 46204-2277
(800) 784-0360 FAX: (317) 233-6699

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This page contains the Business Mailing Address and Physical Location Address (PLA) on file for the company. Here respondents can check the box to indicate that they have more than one worksite in the State. If so, they select “Save and Continue” and move to another screen where they can provide information for as many additional worksites as needed. In addition, if respondents do not have a PLA in the State for which they are asked to provide information, they can indicate that on this page.



Address and Contact Verification Page

Company Name: SOPS INC
UI Account Number: 0101010101
State: California

This firm is OUT OF BUSINESS in California. Date of closure :

Please review the information below, and make corrections where needed.
(*Required Field)

Business Mailing Address

Please review the address below. If the information is incorrect please enter updated information.

Attention :

Legal Name :

Trade Name :

*Street Address :

Additional Address Information :

*City :

*State :

*Zip Code :

Physical Location Address

Please review the address below. If the information is incorrect please enter updated information. Do not include P.O. Box or out of State addresses.

*Street Address :

Additional Address Information :

*City :

State :

*Zip Code :

This business has more than one physical location in California. Do not count client sites or offsite projects that will last less than a year.

This business has employees working in California but no physical location in California

Please select the County, Township, Island, or Parish where your business is physically located. If you do not know it or it is not listed, please check the box below.

*County :

I don't know my County or I don't see my County listed above.

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This is where respondents enter their contact information. This page also displays the current NAICS short title and description on file for respondents if that information is available. Respondents can select Yes or No with respect to whether that description accurately characterizes their main business activities. If they select NO, they will move to the next page to select a more appropriate NAICS code.

Contact Information

Please provide your contact information.

*Contact Name :

*Phone Number :

*Contact Email :

*Confirm Email :

Previous

Save and Continue

If you have questions or comments, please send e-mail to: AnnualRefilingSurvey@bls.gov

Version: 2.0.4

If you have questions about the Annual Refiling Survey, please contact:

California Employment Development Dept
Labor Market Information Division
P.O. Box 826220

Sacramento CA 94299-9977
1-800-562-3366 1-800-562-3366 FAX: (916) 651-5771



BUREAU OF LABOR STATISTICS
Annual Refiling Survey

Logout

Main Business Activity

Company Name: SOPS INC
UI Account Number: 0101010101
State: California

Please review the description of your main business activities, goods, products, or services in this State. This is a general description of your main business activity and may not be an exact match. There may be activities listed in which you do not participate. If the information displayed below is correct for a majority of your business, please check "YES". If it is incorrect for a majority of your business, please check "NO" and click the "Save and Continue" button.

Dog and cat food manufacturing

Manufacturing dog and cat food from ingredients, such as grains, oilseed mill products, and mea products.

311111

*While your business may not be engaged in all of the economic activities listed above, does the description above accurately include your main business activity during the past 12 months?

- YES, the Main Business Activity selected above accurately represents my business.
 NO, I am unable to find an applicable Main Business Activity description.

If you answer 'NO' you will be able to choose your correct economic activity on the next page.

Previous

Save and Continue

If you have questions or comments, please send e-mail to: AnnualRefilingSurvey@bls.gov

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California Employment Development Dept
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Sacramento CA 94299-9977
1-800-562-3366 1-800-562-3366 FAX: (916) 651-5771

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On this page, respondents can search for more accurate NAICS codes. They must also provide information about their business activities.

**BUREAU OF LABOR STATISTICS**
Annual Refiling Survey Logout

Main Business Activity Selection

Company Name: SOPS INC
UI Account Number: 1111111111
State: Connecticut

Step 1: Search for your Main Business Activity.

Type in a key word, click "Search", and select the Main Business Activity that most accurately reflects your business. Simple key words work best (ex. If your business is a fast food restaurant, type "restaurant" into the search box.) The results displayed will be a general description and may not be an exact match. There may be activities listed in which you do not participate, and some of your business's activities may not be listed. If the description is generally correct for a majority of your business, please check "YES" in Step 2, and if it is incorrect for a majority of your business, please check "NO" in Step 2 and proceed to Step 3.

Type your key word search:

Step 2: Verify your Main Business Activity.

*While your business may not be engaged in all of the activities listed above, and some activities may be slightly different, does the selection above generally describe your main business activity during the past 12 months?

- YES, the Main Business Activity selected above accurately represents my business.
- NO, I am unable to find an applicable Main Business Activity description.

Step 3: Describe your Main Business Activity.

*Please help us verify your selection in Step 2 by entering a brief description of your main business activities, goods, products, or services in this State, as though you were telling a prospective employee what you do. In addition, please provide the approximate percentage of sales or revenues resulting for each description. Percentages should total 100%. (Maximum 255 Characters)

If you have questions or comments, please send e-mail to: AnnualRefilingSurvey@bls.gov

Version: 2.0.4

If you have questions about the Annual Refiling Survey, please contact:

Connecticut Dept of Labor
Office of Research - QCEW Unit
200 Folly Brook Blvd

Wethersfield CT 06109-1153
(860) 263-6300 FAX: (860) 263-6263

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Once respondents successfully complete the Main Business Activity page, they arrive at the Summary Page. This page gives them a summary of the data they have entered along with the ability to edit their information, if necessary. Further, they are reminded to print this page for their records. If they continue without printing, they are unable to return to this page to print.

**BUREAU OF LABOR STATISTICS**
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Summary Page

Company Name: SOPS INC
UI Account Number: 0101010101
State: California

Attention: Your report is not yet submitted. You must click the "Submit Data to BLS" button at the bottom of this page to submit your data to BLS.

This is a summary of the data that you are about to submit. If you are satisfied with the information below, please click the "Submit Data to BLS" button. If you need to make any changes, please click the "Edit" link to return to the appropriate screen.

Please remember to print this page for your records.

Main Business Activity

Industry Verification :

Dog and cat food manufacturing

Manufacturing dog and cat food from ingredients, such as grains, oilseed mill products, and mea products.

311111

Contact and Address Information

Business Mailing Address

Attention :
Trade Name : SHARON'S ORGANIC PET SNACKS
Street Address : 1 MAIN STREET
Additional Address Information : STE 50
City : PHOENIX
State : AZ
Zip Code : 85027 1000

Physical Location Address

Street Address : 9 FIRST STREET
Additional Address Information :
City : SIMSBURY
State : CA
Zip Code : 90210
County : LOS ANGELES

Contact Information

Contact Name : Sharon
Contact Phone : (202) 691 - 5789
Contact Email : stang.sharon@bls.gov

If you have questions or comments, please send e-mail to: AnnualRefilingSurvey@bls.gov

Version: 2.0.4

If you have questions about the Annual Refiling Survey, please contact:

California Employment Development Dept
Labor Market Information Division
P.O. Box 826220

Sacramento CA 94299-9977
1-800-562-3366 1-800-562-3366 FAX: (916) 651-5771

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The final step is to submit data to BLS. After submitting their data, respondents see a Thank You Page. They cannot make corrections once data are submitted.



BUREAU OF LABOR STATISTICS
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Logout

Legal Name : ABC COMPANY
UI Account Number : 0123456789
State : Georgia

Thank you for reporting your data!

Your data have been received by BLS on **Nov 18, 2014 at 10:33:38 AM**

You have successfully submitted data for the Annual Refiling Survey. You may wish to print this page for your records.

Print

If you have additional UI numbers that you wish to report on the web, you can return to the [login screen](#).

If you have questions about the Annual Refiling Survey, please contact:
Georgia Dept of Labor
Workforce Statistics & Economic Research Division
148 Andrew Young International Blvd
Atlanta, GA 30303-1751
PH: (404) 232-3875 FAX: (404) 232-3888

If you have questions about the website, please send an e-mail to ars.helpdesk@bls.gov | Version: 1.4