



## Internet Data Collection Facility (IDCF) Logon

[Test Your Browser](#)

Welcome to the Internet Data Collection Facility (IDCF).

To report your survey data, you must logon with a valid password for the IDCF User ID that is included in your Bureau of Labor Statistics (BLS) survey documents.

User ID:



Password:



[Forgot 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.

I Accept

**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.



## Welcome to the Internet Data Collection Facility

- Please review your information listed below, and click the "Update" button to make any changes.
- Select the appropriate survey and click the "Continue" button when you are ready to enter data.

[Select Survey](#)

[Update Respondent Info](#)

[Change Password](#)

### Respondent Information

Update

**Single MWR only - 1**  
peters\_j@bls.gov  
222-222-2222

**IDCF Development Environment**  
123  
washington DC 22222

Please select a survey:

Multiple Worksite Report ▼

Continue

*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.*



## Select a UI Account

These are the UI Accounts that you report for in MWRWeb. Use the Select button to enter the data for any UI account.

	Status	State	UI Account Number	Legal Name	Remove
<input type="button" value="Select"/>	Not Started	MA	[REDACTED]	[REDACTED]	<input type="button" value="Remove"/>

### Paperwork Reduction Act Statement

We estimate that this form will take from 10 minutes to 60 minutes to complete per response, with an average of 22 minutes. This 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 aspect of this form, 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. The OMB control number for this survey is 1220-0134 and it expires on xx/xx/xxxx. Without a currently valid OMB number, BLS would not be able to conduct this survey.



## UI Account Information

Here is the information for [REDACTED]

Legal Name : [REDACTED]  
UI Account Number : [REDACTED]  
State : [REDACTED]

[Continue](#)

### The Multiple Worksite Report is MANDATORY in New York

This report is mandatory under Section 531 of the New York labor law, 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. The totals on this form must match the corresponding totals on your Quarterly Combined Withholding, Wage Reporting and UI Return (Form NYS-45).

### Paperwork Reduction Act Statement

We estimate that this form will take from 10 minutes to 60 minutes to complete per response, with an average of 22 minutes. This 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 aspect of this form, 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. The OMB control number for this survey is 1220-0134 and it expires on xx/xx/xxxx. Without a currently valid OMB number, BLS would not be able to conduct this survey.

If you have questions or comments, please send e-mail to: [mwr.helpdesk@bls.gov](mailto:mwr.helpdesk@bls.gov)

Version: 5.1.3

If you have questions or concerns about your data, please contact:

New York State Department of Labor  
Division of Research and Statistics  
P.O. Box 15001  
Albany, NY 12240  
PH: (518) 485-8145, FAX: (518) 485-7810



## UI Account Information

Here is the information for [REDACTED]:

Legal Name : [REDACTED]  
UI Account Number : [REDACTED]  
State : Massachusetts

[Continue](#)

### Legal Authorization in Massachusetts

This report is authorized by law, 29 U.S.C. 2. Your voluntary cooperation is needed to make the results of this survey complete, accurate, and timely. The totals on this form must match the corresponding totals on your Employer's Quarterly Contribution Report (Form 0001).

### Paperwork Reduction Act Statement

We estimate that this form will take from 10 minutes to 60 minutes to complete per response, with an average of 22 minutes. This 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 aspect of this form, 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. The OMB control number for this survey is 1220-0134 and it expires on xx/xx/xxxx. Without a currently valid OMB number, BLS would not be able to conduct this survey.

If you have questions or comments please send e-mail to: [mwr.helpdesk@bls.gov](mailto:mwr.helpdesk@bls.gov)

Version: 4.5

If you have questions or concerns about your data, please contact:

Massachusetts Division of Employment and Training  
Division of Research and Statistics  
P.O. Box 9503  
Boston, MA 02114-9503  
PH: (617) 626-6555 or PH: 1-800-322-7739 , FAX: (617) 727-5981



### Enter Employment and Wages for your Worksite Locations

Do not leave any field blank. Enter zeroes where there were no employees or wages.

Legal Name : [REDACTED]  
 UI Account Number : [REDACTED]  
 State : Massachusetts

Add a Worksite to this list

Sort By : Select a display order



Worksite	Quarter ending December 31, 2010			Quarter ending March 31, 2011				
	Number of Employees	Quarterly Wages		Number of Employees		Quarterly Wages		
Test1 <span style="background-color: black; color: black;">[REDACTED]</span> Update Remove	Oct	Nov	Dec		Jan	Feb	Mar	
	2	2	2	\$12,997.00	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> .00
<span style="background-color: black; color: black;">[REDACTED]</span> Update Remove	Oct	Nov	Dec		Jan	Feb	Mar	
	4	3	4	\$21,203.00	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> .00
<span style="background-color: black; color: black;">[REDACTED]</span> Update Remove	Oct	Nov	Dec		Jan	Feb	Mar	
	1	1	1	\$8,098.00	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> .00

	Oct	Nov	Dec		Jan	Feb	Mar	
<div style="background-color: black; width: 100px; height: 40px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Update</span> <span>Remove</span> </div>	1	1	1	\$8,098.00	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> .00
<b>Total of all Worksites :</b>	7	6	7	\$42,298.00	0	0	0	\$0.00

If you have questions or comments please send e-mail to: [mwr\\_helpdesk@bls.gov](mailto:mwr_helpdesk@bls.gov)

Version: 4.5

If you have questions or concerns about your data, please contact:

Massachusetts Division of Employment and Training  
 Division of Research and Statistics  
 P.O. Box 9503  
 Boston, MA 02114-9503  
 PH: (617) 626-6555 or PH: 1-800-322-7739 , FAX: (617) 727-5981





## Add a Worksite

Legal Name :	[REDACTED]
UI Account Number :	[REDACTED]
State :	Massachusetts

This page contains your USPS standardized address.  
Please only make substantive changes to your address, city and ZIP.


(\* Required Field)

**\*Business Name :**  

**Worksite Description :**  

**Does this worksite consist of a single physical location in Massachusetts ?**

Yes  No

**\* Address :**  


**\* City :**  

**State :**

**\* Zip Code :**   

**\* County :**  

I don't know the county / I don't see my county listed above.

**When did this worksite Open?**  

### Main Business Activity

Based on your worksites' current activities, the following activities have been identified as likely to describe your new worksite. Click on each code for a more thorough description. The descriptions below are for your main business activity, goods, products, or services in this State. These general descriptions and there may be activities listed in which you do not participate.



## Main Business Activity

Based on your worksites' current activities, the following activities have been identified as likely to describe your new worksite. Click on each code for a more thorough description. The descriptions below are for your main business activity, goods, products, or services in this State. These general descriptions and there may be activities listed in which you do not participate.

\* Please select the most accurate description below. If none of these describes your new worksite, please select 'Choose a different activity' and you will be able to provide a detailed description on the next page.

- [337920 Blind and shade manufacturing](#)
- Choose a different activity

Previous

Save & Continue

---

If you have questions or comments please send e-mail to: [mwr.helpdesk@bls.gov](mailto:mwr.helpdesk@bls.gov)

Version: 4.5

If you have questions or concerns about your data, please contact:

Massachusetts Division of Employment and Training  
Division of Research and Statistics  
P.O. Box 9503  
Boston, MA 02114-9503  
PH: (617) 626-6555 or PH: 1-800-322-7739 , FAX: (617) 727-5981

### Update a Worksite

Legal Name : [REDACTED]  
UI Account Number : [REDACTED]  
State : Massachusetts

This page contains your USPS standardized address.  
Please only make substantive changes to your address, city and ZIP.

(\* Required Field)

\*Business Name :  ?

Worksite Description :  ?

Does this worksite consist of a single physical location in Massachusetts ?

Yes  No

\* Address :  ?

\* City :  ?

State :

\* Zip Code :   ?

Enter Employ

Do not leave any fie

Add a Work

Worksite

Test1

Update

Rem

Update

Remove

Oct	Nov	Dec		Jan	Feb	Mar			
1	1	1	\$8,098.00				\$		.00



### Worksite To Remove

Please provide Employee data for the Quarter ending March 31, 2011

Please select the appropriate explanation(s) for Worksite removal:

- Worksite was sold
- Employees transferred to other locations
- Worksite permanently closed
- Worksite moved out of State

If you do not see the explanation for your situation, describe it below:

Submit

Close

e :  
r :  
e : Massachusetts



y Wages ?

.00

.00



### Enter Employment and Wages for your Worksite Locations

Do not leave any field blank. Enter zeroes where there were no employees or wages.

Legal Name :   
 UI Account Number :   
 State : Massachusetts



Please check highlighted entries. Some issues were found in 1 of 3 worksites. You may continue when all worksites are complete and any edits are resolved.

Add a Worksite to this list

Sort By : Select a display order



Worksite	Quarter ending December 31, 2010			Quarter ending March 31, 2011				
	Number of Employees	Quarterly Wages		Number of Employees			Quarterly Wages	
Test1	Wages for this quarter are much higher than last quarter's wages. Please verify wages or make corrections below.							Provide Reason
	Oct	Nov	Dec	Jan	Feb	Mar		
	2	2	2	2	2	2	\$ 1290000 .00	

Update Remove



BUREAU OF LABOR STATISTICS

Multiple Worksite Report



Please select the appropriate explanation(s) for these changes :

- Received wage rate increases (including cost of living adjustments)
- Worked more hours
- Worked significantly more overtime
- Received bonuses or other lump-sum payments
- Exercised stock options
- Received severance pay
- More employees worked this quarter
- More pay periods in the calendar quarter
- Adjustment in wages because of change in minimum wage or overtime laws
- Wages for last quarter are not correct

If you do not see the explanation for your situation, describe it below :

**Other Reasons :**

Submit

Close

4

3

4

\$21,203.00

4

3

4

\$

21203 .00

Update

Remove

Update

Remove

State : [Redacted]  
County : [Redacted]  
City : Massachusetts

[Redacted]

^ v

Wages ?

Provide Reason

1290000 .00



### Review Worksite Data

Your data are not yet submitted!

To make changes, click the Previous button. When you are ready to submit your data, click the Submit Data to BLS button.

Legal Name : [REDACTED]  
 UI Account Number : [REDACTED]  
 State : Massachusetts

[Previous](#) [Submit Data to BLS](#)

Worksite	Quarter ending March 31, 2011			Quarterly Wages
	Number of Employees			
	Jan	Feb	Mar	
Test1 [REDACTED]	2	2	2	\$12,900.00
[REDACTED]	4	3	4	\$21,203.00
[REDACTED]	1	1	1	\$8,000.00
Total of all Worksites :	7	6	7	\$42,103.00

**Notice: The totals on this form must match the corresponding totals on your Unemployment Insurance Tax Report (Form UTR1).**  
 What if the totals don't match? Click the Previous button to update information on any worksite.

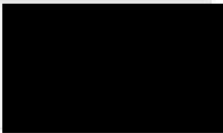
[Previous](#) [Submit Data to BLS](#)



### Summary of your Account on the Web

We have received the data that you submitted. You may wish to print this page for your records.

Legal Name :  
UI Account Number :  
State :



You have completed entering data for 1 of 1 accounts.

Enter data for another UI Account: [Continue](#)

Click the Edit button below to correct your submitted data: [Edit](#)

Worksite	Quarter ending March 31, 2011			Quarterly Wages
	Number of Employees			
	Jan	Feb	Mar	
Test1 	2	2	2	\$1,290,000.00
	4	3	4	\$21,203.00
	1	1	1	\$8,000.00
Total of all Worksites :	7	6	7	\$1,319,203.00