

U.S. Department of Labor **Bureau of Labor Statistics Data Collection Center** dccaddress dcccity, dccst dcczip Phone: dccphone Fax: faxphone



▶ Information We Have For Your Firm:

IVIE IVIE IINI	MP	MF	INT
----------------	----	----	-----

Con Firm Contact: Attn: Payroll Manager2 Con Address Tel: con tel2 Ext: con ext Con_City, Con_State Con_Zipcode Fax: con fax

▶ Report payroll information for the pay period that includes the 12th of the month. EAV TO: favabana?

FAX TO: faxphone2							
		1	2	3	4	5	
Refer	rence Month/Year:	Employee	Women	Payroll,	Commissions	Total Hours,	
	mon1 year1	Count	Employee	Excluding		Including	
	•		Count	Commissions		Overtime	
Report #: reptnum State: STC Location: REGlocation UI: ReptUI							
<u> </u>		Location: REG	 	proi			
Pay Type	All Employees						
pay-type1	Nonsupervisory						
Pay Type	All Employees						
pay-type2	Nonsupervisory						
Report #: rep	ptnum State: STC	Location: REG	location UI : Re	ptUI			
Pay Type	All Employees						
pay-type1	Nonsupervisory						
Pay Type	All Employees						
pay-type2	Nonsupervisory						
Report #: reptnum State: STC Location: REGlocation UI: ReptUI							
Pay Type	All Employees						
pay-type1	Nonsupervisory						
Pay Type	All Employees						
pay-type2	Nonsupervisory						
Report #: reptnum State: STC Location: REGlocation UI: ReptUI							
Pay Type	All Employees						
pay-type1	Nonsupervisory						
Pay Type	All Employees						
pay-type2	Nonsupervisory						

This report is authorized by law 29 U.S.C.2. We request your cooperation to make the results of this survey comprehensive accurate, and timely. The Bureau of Labor Statistics, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act (44 U.S.C. 3572) 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.

Please note this report is mandatory in New Mexico, under NMAC 11.3.400.428; Oregon, under the Oregon Revised Statute 657.660; in South Carolina, under Section 41-29-120 of the Code of Laws of South Carolina (for firms employing more than twenty individuals); and in Puerto Rico, under State Law 15, Sections 5, 6 and 15, amended and approved on April 14, 1931.

We estimate that it will take an average of 10 minutes to complete this form each month including time to review instructions, search existing data sources, gather and maintain the necessary data, and complete and review this information. If you have any comments regarding these estimates or any other aspects of this survey, send them to the Bureau of Labor Statistics, Division of Current Employment Statistics (1220-0011), 2
Massachusetts Avenue, NE, Washington, DC 20212. You are not required to respond to the collection of information unless it displays a currently valid OMB control number. Form Approved OMB No. 1220-0011.