

STATE AGENCY
STATE DEPARTMENT
STATE ADDRESS
CITY, ST ZIP
Phone: 132-456-7890
Email: email@email.com



UNITED STATES DEPARTMENT OF LABOR
Bureau of Labor Statistics
Washington, D.C.

BLS 3023 - Industry Verification Form



ATTENTION
COMPANY NAME
ADDRESS
CITY, ST ZIP

99

DATE

Dear Employer,

Every three years, the Utana Department of Labor and the U.S. Bureau of Labor Statistics (BLS) request that you complete the Annual Refiling Survey to verify or provide general business information about your firm. Your cooperation is essential so that we are able to produce data that are complete, accurate and timely.

To reduce costs and save tax dollars, this survey has been moved online and can be completed in 5 to 10 minutes. Please use the Web ID and password provided below to log into the secure BLS website: <https://idcfars.bls.gov>

WEB ID: 991234567890

PASSWORD: Ab123456

This survey is authorized by 29 U.S. Code, Section 2.

The BLS-3023 form is approved with O.M.B. No. 1220-0032, in cooperation with the U.S. Department of Labor. The information collected by the Utana Department of Labor and BLS will be used for statistical and Unemployment Insurance program purposes and other purposes in accordance with law. Additional information and instructions for this survey can be found at: www.bls.gov/respondents/ars

Please provide your response within **14 days**. If you have already submitted this report, please disregard this notice and accept our thanks for responding.

Sincerely,

Emily Thomas
U.S. Bureau of Labor Statistics

