

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



99

ATTENTION  
COMPANY NAME  
ADDRESS  
CITY, ST ZIP

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](http://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,

Kelly Quinn  
U.S. Bureau of Labor Statistics

