Massachusetts Division of Employment and Training
Division of Research and Statistics
P.O. BOX 9503
Boston MA 02114-9801
Phone: (617) 626-6464
FAX: (617) 727-5981

Industry Verification Form, BLS 3023-NVM
Form Approved, O.M.B. No. 1220-0032
Expiration Date: 12/31/2017
In cooperation with the U.S. Department of Labor

BLS

Unemployment Insurance Account Number: _____ **in Massachusetts.**

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. Purpose, use and help information are located on the back of this form.

We appreciate your response within **14 days**. Thank you.

1 BUSINESS MAILING ADDRESS Please print.

Business Name: _____

Street Address: _____

City: _____ ST: _____ ZIP: _____

2 MAIN BUSINESS ACTIVITY OF EACH LOCATION ADDRESS

In Section A, you will list of the worksites of your business in the State. You will provide the physical location address for each worksite along with a brief description of the main business activity at each location. Further instructions are printed in Section A.

3 CONTACT INFORMATION

Name: _____ Date: _____

Title: _____ Phone: _____

Email: _____

Website: _____

You may return this form via **FAX: (617) 727-5981** or by mail:
Massachusetts Division of Employment and Training
Division of Research and Statistics
P.O. BOX 9503
Boston, MA 02114-9801

INSTRUCTIONS

You may return this form via **FAX: (617) 727-5981** or by mail:
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Division of Research and Statistics
P.O. BOX 9503
Boston, MA 02114-9801

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

Time of Completion: Time of completion is estimated to vary from 10 to 60 minutes with an average of 15 minutes per form. 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, 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. You are not required to respond to the collection of information unless it displays a currently valid OMB number.

Information Above Item 1
The ten-digit Unemployment Insurance (UI) account number assigned to this business, the State or U.S. territory that assigned it (and to which the business reports for UI purposes), and the applicable State and/or federal laws pertaining to completion of this form.

Item 1
The address that receives your business mail.

Item 2
Refers to *Section A*, where you are asked to provide information for your business worksite locations.

Item 3
Contact name, date, title, telephone number, email address, and business website.

Information Above Section A
The Unemployment Insurance (UI) account number assigned to this business. (This is the same UI account number from the first page of this form.)

Section A
In *Section A*, you are asked to provide a list of your worksite locations in Massachusetts and to describe your main business activities. In the space provided, list your business activities, goods, products, or services as though you were telling a prospective employee what you do. Provide the approximate percentage of sales or revenues resulting from each activity. See examples below. Percentages should total 100%. If you are a third-party agent for the business named in Item 1, such as a payroll service or accountant, please review this information with your client.

Services: Describe in detail the services you provide. To whom do you provide those services? If you offer consulting, brokerage, management or similar services, what are your major activities?

EXAMPLE 1: *Hair cutting & styling 65%; Manicures 25%; Facials 10%*
EXAMPLE 2: *Long distance trucking, less than truckload 100%*
EXAMPLE 3: *Marketing consulting: Planning strategy 60%; Sales forecasting 40%*
EXAMPLE 4: *Cleaning private homes 100%*

Construction or Building Trades: Is the work mostly residential or nonresidential? Single-or Multi-family? New or remodeling?

EXAMPLE: *Electrical contractor: Wiring new homes 51%; Electrical refurbishing of office buildings 49%*

Goods or Products: What are they and what do you do with them? Do you design, manufacture, sell directly to consumers, distribute to wholesalers, install, repair, or do something else with them? What are these goods or products made of?

EXAMPLE 1: *Major appliances: Sell to public 40%; Sell to retailers 30%; Repair 30%*
EXAMPLE 2: *Install fiber optic cable 100%*

Manufacturers: What are your main products? What are your most important materials? What are the main production methods?

EXAMPLE: *Weaving cotton broad woven fabrics 80%; Spinning cotton threads 20%*

For Section A, please use as many sheets as you need to list all of your business worksites in Massachusetts.

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UI: _____

SECTION A
MAIN BUSINESS ACTIVITY

Instructions:
Please provide the trade name, physical location address, worksite description, number of employees and date opened. Also provide a brief list of business activities, goods, products, or services and note the approximate percentage of sales/revenue from each item. Percentages should total 100%. If the worksite was purchased from another company, please provide the name and Unemployment Insurance account number, if known, from which the worksite was purchased. If needed, please make copies or attach extra pages for additional worksites.

WORKSITE INFORMATION	NUMBER OF EMPLOYEES	DATE OPENED	MAIN BUSINESS ACTIVITY		OFFICE USE
Trade Name: Street: City: State: Zip+4: Worksite Description:			_____ _____ _____ _____	_____% _____% _____% _____%	
Trade Name: Street: City: State: Zip+4: Worksite Description:			_____ _____ _____ _____	_____% _____% _____% _____%	
Trade Name: Street: City: State: Zip+4: Worksite Description:			_____ _____ _____ _____	_____% _____% _____% _____%	
Trade Name: Street: City: State: Zip+4: Worksite Description:			_____ _____ _____ _____	_____% _____% _____% _____%	
Trade Name: Street: City: State: Zip+4: Worksite Description:			_____ _____ _____ _____	_____% _____% _____% _____%	
Trade Name: Street: City: State: Zip+4: Worksite Description:			_____ _____ _____ _____	_____% _____% _____% _____%	

Please print clearly

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UI: _____

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Trade Name: Street: City: State: Zip+4: Worksite Description:			_____ _____ _____ _____	_____% _____% _____% _____%	

Please print clearly