Multiple Worksite Report - BLS 3020

Form Approved, O.M.B. No. 1220-0134
In Cooperation with the U.S. Department of Labor

STATE OF WISCONSIN

1 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 (Forum UCT-101).

2

QUARTERLY REPORT INFORMATION

U.I. NUMBER
QUARTER ENDING
DUE DATE

Please update address and contact information in the address block shown at the left.

SEE INSTRUCTIONS ON THE BACK OF THIS PAGE

3 **WORKSITES**

OFFICE USE	**BUSINESS NAME** (division, subsidiary, etc) **STREET ADDRESS** (physical location) **CITY, STATE, AND ZIP CODE** **WORKSITE DESCRIPTION** (plant name, store number, etc)	**NUMBER OF EMPLOYEES** (subject to UI laws) During the Pay Period Which Includes the 12th of the Month			**QUARTERLY WAGES OF WORKSITE** (subject to UI laws) Round to the nearest dollar
					.00
		COMMENTS:			
					.00
		COMMENTS:			
					.00
		COMMENTS:			
					.00
		COMMENTS:			
					.00
		COMMENTS:			
					.00
		COMMENTS:			
	TOTALS	0	0	0	0.00

Note: The totals MUST agree (except for rounding) with your Form UCT-101.

CONTACT PERSON (for questions regarding this report). Please print.

NAME: _____ TITLE: _____

VOICE PHONE: (____)_____ Ext._____ FAX NUMBER: (____)_____ DATE: _____

INSTRUCTIONS

DUE DATE: Please return this form or a computer-generated facsimile by

Please follow these steps to prepare your Multiple Worksite Report. Contact the Agency listed in Step 5 if you have any questions or if you need additional information, or see **http://www.bls.gov/cew/cewmwr00.htm**.

1. Review the business name, contact name, and mailing address and make any necessary corrections (Section 2).

2. The Worksites list (Section 3) shows the individual worksites (business locations) that appear in our files for this U.I. Number. Please read across the row for each worksite and do the following:

- **NAME/ADDRESS/DESCRIPTION:** Review the name and physical location address for each worksite and make any necessary corrections. Review the description below the physical location to be sure it uniquely identifies each worksite (plant name, store number, etc.). If there is no printed description, please enter a unique identifier for the site.
- **EMPLOYMENT:** Enter employment for each month of the quarter. Employment is the total number of full- and part-time employees who worked during or received pay **for the pay period which includes the 12th of the month.** Include all employees who were subject to Unemployment Insurance laws.
- **WAGES:** Enter wages paid during the quarter that are subject to State Unemployment Insurance laws, including the portion that exceeds the State's taxable wage base. **Round wages to the nearest dollar.**
- **COMMENTS:** Explain any large changes in employment or wages. Changes might result from store closings, strikes, layoffs, bonuses, seasonal increases or decreases, or similar events.
- **CLOSED OR SOLD:** If a worksite has been sold, closed, or is otherwise inactive, use the Comments section to show: (a) the date closed or sold; (b) if sold, the name of the company that bought the business at that worksite; and (c) the purchaser's U.I. Number, if you know it.

3. Is the list in Section 3 complete? That is, does the business operate any worksites using this U.I. Number that do not appear on the form, such as newly-opened worksites or newly-acquired worksites?

MISSING WORKSITES: Provide the following information for each additional worksite. You may use available blank lines or attach a separate page. If you are not sure how to report a worksite or employee, please call the office listed in Step 5 of these instructions.

a. The business name, street or physical location address (NO POST OFFICE BOXES), city, state, and zip code
b. A unique description or identifier for each worksite (e.g., plant name, store number, or similar description)
c. The number of employees for each month of the quarter, and quarterly wages
d. The county, township, city, independent city, or similar geographic area in which the worksite is located
e. The main business activity at the worksite

In addition, if you purchased any of these worksites from another company, please provide:

f. The name of the company that sold the worksite
g. The effective date of the sale, and
h. The seller's U. I. Number, if you know it.

4. Complete the Totals section at the end of the list. For each month, sum the number of employees at all worksites. Then sum the wages for the quarter at all worksites. Except for rounding, **these figures MUST agree with the totals on your Quarterly Contributions Report.**

5. Using the enclosed envelope, return your completed form to:

Wisconsin Department of Workforce Development
Division of Employment and Training, BWT-LMI
P.O. Box 7944
Madison, WI 53707
Telephone: (608) 267-2424/267-3513/Fax: (608) 266-5887

GENERAL INFORMATION

PURPOSE OF THIS REPORT

This Multiple Worksite Report (MWR) collects employment and wages by individual work location in this State. If you operate businesses from more than one location under the Unemployment Insurance Account Number (U.I. Number) shown above, the MWR supplements your Quarterly Contributions Report. Data from the MWR enable our agency to monitor and analyze conditions of business activities by geographic area and industry in this State. The information collected on this form by the Bureau of Labor Statistics and the State agencies cooperating in its statistical programs will be used for statistical and Unemployment Insurance program purposes, and other purposes in accordance with law.

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 other 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

Without a valid OMB control number, BLS would not be able to conduct this survey.