State Agency Name
Division Name
Street or PO Box Address
City, State, Zip Code
In Cooperation with the U.S. Department of Labor

Multiple Worksite Report

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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.

This report is authorized by law, 29 U.S.C. 2. Your voluntary cooperation is needed to make the results of this survey comprehensive, accurate, and timely.

Form Approved
O.M.B. No. 1220-0134

See estimate of reporting hours in **Time of Completion** Statement.

SUPPLEMENT TO EMPLOYER'S QUARTERLY CONTRIBUTION REPORT

A. EMPLOYER NAME AND MAILING ADDRESS

B. QUARTERLY REPORT INFORMATION

U.I. NUMBER :
QUARTER ENDING :
DUE DATE :

C. CONTACT PERSON

NAME : _____
TITLE : _____
PHONE : _____ **Ext.**

D. WORKSITES — **SEE INSTRUCTIONS**

(1) DO NOT USE	(2) **NAME** (division, subsidiary, etc.), **STREET ADDRESS** (physical location), **CITY, STATE, AND ZIP CODE,** **WORKSITE DESCRIPTION** (store number, plant name, etc.)	(3) - **NUMBER OF EMPLOYEES** During the Pay Period Which Includes the 12th of the Month			(4) **TOTAL QUARTERLY WAGES OF WORKSITE** (Round to the nearest dollar)
	COMMENTS:				
	COMMENTS:				
	COMMENTS:				
	COMMENTS:				
	COMMENTS:				
	COMMENTS:				
	COMMENTS:				
TOTALS		0	0	0	0

NOTE: The totals must agree (except for rounding) with the Employer's Quarterly Contribution Report (Form Number).

BLS 3020
STF FED9003F

INCLUDE THE TOTALS FOR ALL WORKSITES ON THE LAST PAGE ONLY