

cooperation with the U.S. Department of Labor	GEORGIA DEPT OF LABOR	BLS	
e questions on this form concern the work location	n(s) using Unemployment Insurance accou	unt number: IN GEORGIA	
nis report is mandatory under the Official Code of G w, 29 U.S.C. 2. Your cooperation is needed to mak urpose, use and help information are located on th	e the results of this survey complete, accu		
e appreciate your response within <b>14 days.</b> Than	k you.		
BUSINESS MAILING ADDRES	S Please print corrections to the right	of this mailing address.	
_		Your Web ID and Password	
		************	
<b>3.6</b>		* ID: *	
Diale .		* Password:	
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	Appear in the court of the cour		13
REPORTING INSTRUCTIONS		s to report?	
If you <u>DO NOT</u> have any changes to	20.00 P. 1	website.	
then you may respond toll free: 1-8	88-256-0864 <u>https:</u>	//idcfars.bls.gov	
If you do not wish to use the phone of	or internet to file your report, please use th	e enclosed postage-paid envelope.	
PHYSICAL LOCATION ADDRE		ght of this address. Do not include P.O. Box	
	addresses. Check the box if you	have more than one physical location in the	State.
COUNTY:			
YESMy business is in the COUNTY ab	NOMy business is	s in	COUNTY
MAIN BUSINESS ACTIVITY	31.000 000 000 000 000 000 000 000 000 00	3.001 (1000)	
Lawn, garden, and tree services	. Activities include one or	more of the following:	
<ol> <li>Landscape care and maintena plants, lawns, or gardens;</li> </ol>	ance services that can be com	bined with installing trees, sh	rubs,
(2) Landscape design that can be fences, ponds, and similar		of walkways, retaining walls,	decks,
Examples of lawn, garden and to	ree services include, but are		100000000000000000000000000000000000000
	es * Ornamental tree and s		ervices
* Lawn care services DOES NOT INCLUDE landscape arch with installing and maintain		enance in buildings retailing landscaping materials	along
aton insoliting and maintain	ang onem.		FC17
			56173
Vhile your business may not be engaged in all of t usiness activity during the past 12 months? If the			
YESGo to Item 5			Must equal
ATTENDED TO A STREET OF THE ST			200.00
NOPlease list the main activities and their percentage			
of sales/revenues here		7.00	
CONTACT INFORMATION			
Name (Please Print):			
	Email:	Phone:	
STATE CODE/UI ACCOUNT			
STATE CODE/UI ACCOUNT  GEORGIA DEPT OF LABOR WORKFORCE STATISTICS AND ECONOM	State Code: 13 UI Account Numb	er: Toll Free Phone: 1-	

form, contact:

WORKFORCE STATISTICS AND ECONOMIC RESE.

148 ANDREW YOUNG INTERNATIONAL BLVD

ATLANTA, GA 30303-1751

PHONE: (404) 232-3875 FAX: (404) 232-3888

09/18/12 OWN MEEL AT FICE U: NAICS 561730 CMI EMPL CTY TWN4

<u>Purpose and Use:</u> The purpose of this report is to update information on your products or services. 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 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.

<u>Time of Completion</u>: Time of completion is estimated to vary from 2 to 30 minutes with an average of 5 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. The OMB control number for this survey is 1220-0032.

## Information Immediately Above Item 1 of Form:

This block shows 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. In addition, this section provides instructions for the completion and return of this survey information.

# Item 2

The physical location address is the place where you conduct your business or use as a home base of operations (i.e. sales) within the State listed on the front of this form. This address does not include a Post Office Box. If more than one physical location, then attach a separate sheet of paper with each location's business name, physical location address, county name (or equivalent), main business activities and number of employees at that site. For remote locations, you may include applicable information, such as: GPS coordinates (longitude/latitude), county/township/island/parish, road/highway/county markers, city, or 911 addresses.

### Item 3

Either the county, township, island, independent city or parish of your business' physical location.

#### Item 4

Printed description of your main business activities, goods, products, or services in this State.

Please verify the printed description of your main business activities, goods, products, or services in this State, as though you were telling a prospective employee what you do. If you answered no, please describe the activities in the blank lines of Item 4 and provide the approximate percentage of sales or revenues resulting from each item. 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 Item 4 with your client.

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%

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%

### Item 5

Contact name, email address, and telephone number.

## Item 6

Your State Code and UI account number. This information is provided for your reference and does not need to be updated.