ARSWeb Screens - Mandatory State Example

Annual Refiling Survey

Logout

Welcome to the Annual Refiling Survey

UI Account Number: State: Nevada Legal Name:

Industry Verification Form, BLS 3023-NVS Form Approved, O.M.B. No. 1220-0032 Nevada Dept of Employment, Training & Rehab In cooperation with the U.S. Department of Labor.

This report is mandatory under Nevada State Law, NRS 612:220, and is authorized by law, 29 U.S.C. 2. Your cooperation is needed to make the results of this survey complete, accurate, and timely.

Note: If this firm is NO LONGER IN BUSINESS, please complete this report in reference to the firm's previous activity.



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 the 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.

The Bureau of Labor Statistics, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent. This report is authorized by law, 2015.c. §2, Our voluntary cooperation is needed to make the received for this report comprehensive, accurate, and timely.

Time of completion is estimated to vary from 2 to 30 minutes with an average of 5 minutes per account. 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, please contact your State Agency which is located at the bottom of this page. You are not required to respond to the collection of information unless it displays a currently valid O.M.B. number. The O.M.B. control number for this survey is 1220-0032.

If you have questions about the Annual Refiling Survey, please contact: Nevada Dept of Employment, Training & Rehab Research And Analysis Bureau 500 E. Third Street Carson City, NV 89713-0021 PH: 775-684-0499 FAX: (775) 684-0342

If you have questions about the website, please send an e-mail to ars.helpdesk@bls.gov

Version: 1.3.3 URL: https://idcfars.bls.gov/ARS/content/index.jsp

		Logo
Address and Contact Verification	Page	
UI Account Number: Sta	ate: Nevada Legal Name:	
Please review the information below, and m	nake corrections where needed.	
Business Mailing Address		
Please review the address below. If the info	ormation is incorrect please enter updated information.	
(*Required Field)		
Attention:	•	
Legal Name:	•	
Trade Name:	<u> </u>	
*Street Address:	• • • • • • • • • • • • • • • • • • •	
Additional Address		
Information:		
*City:	•	
*State: 🔳 🔻 🤒 *Zij	ip Code: 📟 - 🖦 🥹	
Copy Business Mailing Addre		
*Street Address:	■■■	
Additional Address Information:	(a)	
*City:	◎	
State: 🗪 🎱 *Zip C	Code:	
This business has more than	n one physical location in Nevada. Do not count client sites or offsite projects that will last less than a year.	
- 0		
This husings has NO Physical Lo	ocations in Nevada.	
This business has NO Physical Lo		
O - This business has NO Physical Ed		
*County		
*County	l, or Parish where you business is physically located. If you do not know it or it is not listed, please check the box	below
*County	l, or Parish where you business is physically located. If you do not know it or it is not listed, please check the box	below

*County
Please select the County, Township, Island, or Parish where you business is physically located. If you do not know it or it is not listed, please check the box below.
I don't know my County or I don't see my County listed above.
Contact Information
Please provide your contact information.
*Contact Name:
*Phone Number:
*Contact Email:
*Confirm Email:
Previous Save & Continue
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Nevada Dept of Employment, Training & Rehab Research And Analysis Bureau
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Version: 1.3.3 URL: https://idcfars.bls.gov/ARS/content/respondentInfo.jsp

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Logout

Main Business Activity

UI Account Number: State: Nevada Legal Name:

Please review the description of your main business activities, goods, products, or services in this State. This is a general description of your main business activity and may not be an exact match. There may be activities listed in which you do not participate. If the information displayed below is correct for a majority of your business, please check "YES". If it is incorrect for a majority of your business, please check "NO" and click the continue button.

DRINKING PLACES, ALCOHOLIC BEVERAGES

Preparing and serving alcoholic beverages for immediate consumption in bars, taverns, night clubs, or drinking places. These establishments may also provide limited food service.

DOES NOT INCLUDE: Providing alcoholic beverages in combination with food services in restaurant operating a civic or social association with a bar for association members; retailing packag alcoholic beverages for later consumption; or operating alcohol-free discotheques or dance clubs.

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* Does the description above accurately reflect your main business activity during the past 12 months?

O YES O NO

If you answer 'NO' you will be able to choose your correct economic activity on the next page.

Previous Save & Continue

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Version: 1.3.3 URL: https://idcfars.bls.gov/ARS/content/industryVerification.jsp

Annual Refiling Survey	
	Logout
Main Business Activity Selection UI Account Number: State: Nevada Legal Name: State: Nevada Name: Nevad	
Please type in a key word, click "Search", and select the Main Business Activity that most accurately reflects your business (simple key words work best). Example: If you are a Fast Food Restaurant, type "Restaurant" into the search box. If you do not see an appropriate description, you can sele "NO" in Step 2 and move on to Step 3.	ect
Type your key word search: Search	
Step 2: Verify your Main Business Activity.	
*Does the Main Business Activity selected above accurately reflect your business? © YES, the Main Business Activity selected above accurately represents my business. © NO, I am unable to find an applicable Main Business Activity description.	

Step 3: Describe your Main Business Activity.

Step 3: Describe your Main Business Activity.
*Please help us verify your selection in Step 2 by entering a brief description of your main business activities, goods, products, or services in this State, as though you were telling a prospective employee what you do. In addition, please provide the approximate percentage of sales or revenues resulting for each description. Percentages should total 100%. (Maximum 255 Characters)
Previous Save & Continue
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				Log
Summary Page UI Account Number:	State: Nevada	Legal Name:		
lease remember to print this pag	e for your records.			
Print				
his is a summary of the data that leed to make any changes, pleas			ase click the "Submit Data to E	BLS" button. If you
Business Mailing Address - Edit				
Attention: Legal Name: Trade Name: Street Address: Additional Address Inform City: State: Zip Code:	nation:			
hysical Location Address - Edit				
Street Address: Additional Address Inform City: State: Zip Code:	nation:			
County - Edit				
County:				
Main Business Activity - Edit				
Industry Verification:				

Main Business Activity - Edit

Industry Verification:

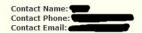
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Contact Information - Edit



Submit Data to BLS

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