## Section B - Additional Worksites (continued)

<table>
<thead>
<tr>
<th>Date Opened</th>
<th>Number of Employees</th>
<th>Worksite Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Business Name:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Address:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>City:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>State:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Zip:</td>
</tr>
</tbody>
</table>

**1. Business Mailing Address**

Please print corrections to the right of this mailing address.

**2. Main Business Activity of Each Worksite**

In Section A, you will find a list of the worksites of your business. Please review the list for accuracy and provide corrections, if applicable, in the spaces provided on that sheet. Further instructions are printed in Section A.

**3. Additional Worksites**

If the list of worksites in Section A does not include all of the worksites for the Unemployment Insurance account number printed above, please enter information for the missing worksites in Section B. Further instructions are printed in Section B.

**4. Contact Information**

Name (Please Print): [ ]

Title: [ ]

Email Address: [ ]

Phone: ( )

Business Website Address: [ ]

For questions concerning this form, contact:

NEW MEXICO DEPT OF WORKFORCE SOLUTIONS
ECONOMIC RESEARCH AND ANALYSIS BUREAU
PO BOX 1068
ALBUQUERQUE, NM 87103-0108
PHONE: (505) 346-3723 FAX: (505) 346-3728
**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 enable us to assign the correct North American Industry Classification System (NAICS) code to your business location and to ensure that the correct tax rates and addresses are applied. 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.

**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, entering data, and reviewing the data needed and completing and revising the information. You may have any comments regarding the data or any other aspect of this survey, and you are to send them to the Bureau of Labor Statistics, Division of Administrative Statistics and Labor Turnover, Room 4A10, 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 Immediately Above Item 1 of form:**

This block shows the ten-position Unemployment Insurance (UI) account number assigned to this business, the State or U.S. territory that assigned it, and the five-position State and/or federal tax program control number of this form.

**Business Worksites Information**

|-------|-----------|------------|------------|------------|------------|------------|------------|------------|------------|------------|

**Main Business Activity**

<table>
<thead>
<tr>
<th>Date Opened</th>
<th>Number of Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>(mm/dd/yyyy)</td>
<td></td>
</tr>
</tbody>
</table>

**Additional Worksites**

|-----------|------------|-----|-------|------------|------------|------------|------------|------------|------------|------------|------------|------------|

**Main Business Activity**

<table>
<thead>
<tr>
<th>Date Opened</th>
<th>Number of Employees</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

**Business Worksites Information**

|-------|-----------|------------|------------|------------|------------|------------|------------|------------|------------|------------|

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**Additional Worksites**

|-----------|------------|-----|-------|------------|------------|------------|------------|------------|------------|------------|------------|------------|

**Main Business Activity**

<table>
<thead>
<tr>
<th>Date Opened</th>
<th>Number of Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>(mm/dd/yyyy)</td>
<td></td>
</tr>
<tr>
<td>TRADE MAIN STREET ADDRESS (use of location)</td>
<td>NUMBER OF EMPLOYEES</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Intentionally left blank.</td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td>Intentionally left blank.</td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td>Intentionally left blank.</td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td>Intentionally left blank.</td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td>Intentionally left blank.</td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td>Intentionally left blank.</td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td>Intentionally left blank.</td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td>Intentionally left blank.</td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td>No ☐</td>
</tr>
</tbody>
</table>

Please print clearly

If you have any worksites not listed in Section A, please provide them in Section B.
## SECTION A
### MAIN BUSINESS ACTIVITY

Instructions:
- Please review the Main Business Activity printed for each worksite. Please refer to page 3 for descriptions of the business activity.
- If the information for that worksite is CORRECT, check the "Yes" box.
- If the information for that worksite is INCORRECT, check the "No" box and describe your business activities, goods, products, or services in the space provided below. Note the approximate percentage of sales/revenue for each item. Percentages should total 100%.
- If the worksite is closed or sold, then please draw a line through the worksite. Write "Closed" or "Sold" and the date this took place. For "Sold" worksites, if known, please provide the name and Unemployment Insurance account number of the company that made the purchase.

<table>
<thead>
<tr>
<th>TRADE NAME, STREET ADDRESS (physical location)</th>
<th>NUMBER OF EMPLOYEES</th>
<th>MAIN BUSINESS ACTIVITY</th>
<th>OFFICE USE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Vocational rehabilitation services</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>%</td>
</tr>
</tbody>
</table>

Please print clearly.

If you have any worksites not listed in Section A, please provide them in Section B.