

After completing the Multiple Worksite Report (MWR), respondents are taken to the Industry Verification page. Here they are given a brief description of the Industry Verification as well as a Time of Completion statement. They can select their individual UI accounts in order to verify the industry information.

 **BUREAU OF LABOR STATISTICS**
Multiple Worksite Report

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Welcome to the Industry Verification Portion of the Multiple Worksite Report

Thank you for submitting your Multiple Worksite Report data. We now ask that you complete the Industry Verification portion. Once your Industry Verification is complete, you will be taken to your Multiple Worksite Report summary page.

Every three years, we ask you to verify the economic activity of your businesses. This year, we are implementing a new initiative to **save tax dollars** and giving you the opportunity to **go paperless**. The information we collect will be used for statistical and Unemployment Insurance program purposes and other purposes in accordance with law. See <http://www.bls.gov/cew/wf> for more information on how the data is used in different States. Please take a moment to complete the following Industry Verification Form(s).

3 of 2 of your Unemployment Insurance account number(s) have been selected for this survey.

	State	UI Account Number	Legal Name	Industry Verification Completed?
Select	Florida	[REDACTED]	[REDACTED]	Yes
Select	New York	[REDACTED]	[REDACTED]	Yes
Select	Pennsylvania	[REDACTED]	[REDACTED]	Yes

Continue

Your Industry Verification data are not yet submitted, you will be able to submit your data once all of your Unemployment Insurance accounts listed above are complete.

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, 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 O.M.B. number. The O.M.B. control number for this survey is 1220-0032 and it expires on 12/31/2016.

If you have questions or comments please send e-mail to: mwr.helpdesk@bls.gov | Version: 4.2

When they select a UI account, they are taken to the page with their state law and OMB number to verify the industry description for each worksite. The paper version of the Industry Verification form also asks that they verify their worksite addresses. However, respondents have already verified the addresses through MWRweb so it is not necessary to ask again. On this page, they can also opt out of web reporting and request a paper form.

An NVMweb voluntary state example is shown below and continued on the next page.


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UI Account Number: [REDACTED] **State:** Pennsylvania **Legal Name:** [REDACTED]
 Industry Verification Form, BLS 3023-NVM
 Form Approved, O.M.B. No. 1220-0032
 Pennsylvania Dept of Labor and Industry
 In cooperation with U.S. Department of Labor

Please verify the description of your main business activities, goods, products, or services in this State. If the information displayed below is correct, please check "Correct". If it is incorrect, please check "Incorrect" and type your business description in the box. When you have reviewed each worksite, please hit "Continue" in order to submit your data.

Tip: To sort worksites, click on a column header. The first click will sort ascending (▲), and the next click will sort descending (▼).

Worksite Address ▲	Worksite Description	Main Business Activity	Correct Select All	Incorrect Select All
[REDACTED]		Sheet metal work manufacturing Click here for full description	<input type="radio"/>	<input type="radio"/>
[REDACTED]		Ornamental and architectural metal work mfg. Click here for full description	<input type="radio"/>	<input type="radio"/>

Ornamental and architectural metal work mfg.
[Click here for full description](#)



I do not have sufficient information to fill out this form. Please mail a paper copy.

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Legal Authorization in Pennsylvania

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 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.

If you have questions or comments please send e-mail to: mwr.helpdesk@bls.gov | Version: 4.2

If you have questions or concerns about your data, please contact: mwrweb-pa@bls.gov

Pennsylvania Dept of Labor and Industry
Center for Workforce Information & Analysis
651 Boas St Rm 220
Harrisburg, PA 17121-0750
PH: 1-800-238-9412 or PH: (717) 772-1381, FAX: (717) 772-8319

An NVMweb mandatory state example is shown below and continued on the next page.

UI Account Number: [REDACTED] State: Florida Legal Name [REDACTED]
Industry Verification Form, BLS 3023-NVM
Form Approved, O.M.B. No. 1220-0032
Florida Department of Economic Opportunity
In cooperation with U.S. Department of Labor

Please verify the description of your main business activities, goods, products, or services in this State. If the information displayed below is correct, please check "Correct". If it is incorrect, please check "Incorrect" and type your business description in the box. When you have reviewed each worksite, please hit "Continue" in order to submit your data.

Tip: To sort worksites, click on a column header. The first click will sort ascending (▲), and the next click will sort descending (▼).

Worksite Address ▲	Worksite Description	Main Business Activity	Correct Select All	Incorrect Select All
[REDACTED]	Offices of miscellaneous health practitioners Click here for full description		<input type="radio"/>	<input type="radio"/>
[REDACTED]	Offices of miscellaneous health practitioners Click here for full description		<input type="radio"/>	<input type="radio"/>
[REDACTED]	Offices of miscellaneous health practitioners Click here for full description		<input type="radio"/>	<input type="radio"/>
[REDACTED]	Offices of miscellaneous health practitioners Click here for full description		<input type="radio"/>	<input type="radio"/>



Offices of miscellaneous health practitioners
[Click here for full description](#)

 

Offices of miscellaneous health practitioners
[Click here for full description](#)

I do not have sufficient information to fill out this form. Please mail a paper copy.

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The Industry Verification is MANDATORY in Florida

This report is mandatory under Florida Statutes, Chapter 443, 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. 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.

If you have questions or comments please send e-mail to: mwr.helpdesk@bls.gov | Version: 4.2

If you have questions or concerns about your data, please contact: mwrweb-fl@bls.gov

Florida Department of Economic Opportunity
Bureau of Labor Market Statistics
107 East Madison St, MSC G-020
Tallahassee, FL 32399-4111
PH: (800) 672-4664 or PH: (850) 245-7228, FAX: (850) 245-7202

Once respondents complete all of the information for their UI accounts, they are taken to a summary page. On this summary page, respondents can view, edit, and print their data prior to submitting to BLS.

Summary Page

Your data are NOT yet submitted.

You can use this page to review your information and edit or print if necessary. Please click on the **"View"** button to view the data entered for each Unemployment Insurance account. **You must click the "Submit Data to BLS" button to complete your form.** Once you submit this page, you will not be able to log back in to edit or print your data.

[Print All Accounts](#) 

Details		State	UI Account Number	Legal Name	Print
View	Edit	Florida	[REDACTED]	[REDACTED]	
View	Edit	New York	[REDACTED]	[REDACTED]	
View	Edit	Pennsylvania	[REDACTED]	[REDACTED]	

[Submit Data to BLS](#)

If you have questions or comments please send e-mail to: mwr.helpdesk@bls.gov | Version: 4.2