

MULTIPLE WORKSITE REPORT

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.

INDIANA

HELPLINE 1-800-784-0360
 FAX: 317-233-6699

NOTE: Do not e-mail unless password protected

Supplement to Employer's Quarterly Contributions Report

EMPLOYER NAME AND MAILING ADDRESS

QUARTERLY REPORT INFORMATION

U.I. NUMBER: _____

QUARTER ENDING: _____

DUE DATE: _____

CONTACT PERSON

NAME: _____

TITLE: _____

PHONE: _____ EXT: _____

NAME (DIVISION,SUBSIDIARY,ETC.) STREET ADDRESS (PHYSICAL LOCATION) CITY, STATE, & ZIP CODE WORKSITE DESCRIPTION (STORE #, PLANT NAME, ETC.)	NUMBER OF EMPLOYEES (Includes the 12th of the month)			TOTAL QUARTERLY WAGES OF WORKSITE (Round to the nearest dollar)
	MONTH1	MONTH2	MONTH3	
	COMMENTS:			
	COMMENTS:			
	COMMENTS:			
	COMMENTS:			
	COMMENTS:			

NOTE: The totals must agree (except for rounding) with the Employer's Quarterly Contributions Report (Form UC-1).

TOTALS				
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