

# Multiple Worksite Report - BLS 3020

Form Approved, O.M.B. No. 1220-0134  
In Cooperation with the U.S. Department of Labor



STATE OF IOWA

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**1** This report is mandatory by Section 96.11-6a, Code of Iowa, 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 totals on this form must match the corresponding totals on your Employer's Contribution and Payroll Report (Forms 65-5300 (2000)).

**2** **QUARTERLY REPORT INFORMATION**

**U.I. NUMBER**  
**QUARTER ENDING**  
**DUE DATE**

*Please update address and contact information in the address block shown at the left.*

**3** **WORKSITES** **SEE INSTRUCTIONS ON THE BACK OF THIS PAGE**

OFFICE USE	BUSINESS NAME (division, subsidiary, etc) STREET ADDRESS (physical location) CITY, STATE, AND ZIP CODE WORKSITE DESCRIPTION (plant name, store number, etc)	NUMBER OF EMPLOYEES (subject to UI laws) During the Pay Period Which Includes the 12 <sup>th</sup> of the Month			QUARTERLY WAGES OF WORKSITE (subject to UI laws) Round to the nearest dollar
					.00
		COMMENTS:			
					.00
		COMMENTS:			
					.00
		COMMENTS:			
					.00
		COMMENTS:			
					.00
		COMMENTS:			

Note: The totals MUST agree (except for rounding) with your Form 65-5300 (2000).

TOTALS | | | | | .00

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CONTACT PERSON (for questions regarding this report). Please print.

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

VOICE PHONE: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ FAX NUMBER: (\_\_\_\_) \_\_\_\_\_ DATE: \_\_\_\_\_