



# 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.

This report is authorized by law, 29 U.S.C. 2, and is mandatory under Section 320.5 of the California Unemployment Insurance Code and Section 320-1 Title 22 of California Administrative Code. Your cooperation is needed to make the results of this survey comprehensive, accurate, and timely.

Form Approved  
 O.M.B. No. 1220-0134  
 See estimate of reporting hours in Time of Completion Statement on reverse side.

SUPPLEMENT TO QUARTERLY WAGE AND WITHHOLDING REPORT (DE 6)

**A. EMPLOYER NAME AND MAILING ADDRESS**

**ATTN: PAYROLL DEPARTMENT  
 ANY COMPANY OF CALIFORNIA  
 12345 ANY AVENUE  
 ANYTOWN CA 90210**

**B. QUARTERLY REPORT INFORMATION**

UI NUMBER: **2001234**  
 QUARTER ENDING: **March 31, XXXX**  
 DUE DATE: **April 30, XXXX**

**C. CONTACT PERSON**

NAME: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 PHONE: **(916) 123-4567 Ext. 89**

**D. WORKSITES**

**SEE INSTRUCTIONS ON REVERSE**

(1) DO NOT USE	(2) NAME (division, subsidiary, etc.) STREET ADDRESS (physical location) CITY, STATE, AND ZIP CODE WORKSITE DESCRIPTION (store number, plant name, etc.)	(3) NUMBER OF EMPLOYEES During the Pay Period which includes the 12 <sup>th</sup> of the month			(4) TOTAL QUARTERLY WAGES OF WORKSITE  (Round to the nearest dollar)		
		JAN	FEB	MAR			
0001 5 50 5812 037	ANY RESTAURANT #1 12345 ANY AVENUE ANYTOWN CA 90210-1234 >> STORE 1	10	11	10	\$ 52,456.00		
COMMENTS:							
0002 5 50 5812 037	ANY RESTAURANT #2 125 ELM STREET ANYTOWN CA 90213- >> STORE 2	8	10	8	\$ 41,343.00		
COMMENTS:							
0003 5 50 5812 037	ANY RESTAURANT #3 9191 ANY BLVD ANYTOWN CA 90209- >> STORE 3	9	10	0	\$ 32,500.00		
COMMENTS: <i>Closed in March for remodeling.</i>							
0004 5 50 5812 037	ANY RESTAURANT #4 2000 ANY WAY ANYTOWN CA 90210-1234 >> STORE 4	10	0	0	\$ 18,501.00		
COMMENTS: <i>Sold to Any Eatery (UI# 012-7777) on February 5.</i>							
0005 5 50 5812 037	ANY RESTAURANT >> _____ >> _____ CA _____ - _____ >> ENTER DATA FOR NEW WORKSITES						
COMMENTS:							
COMMENTS:							
COMMENTS:							
<b>NOTE: The totals must agree (except for rounding) with the Quarterly Wage and Withholding Report (Form DE 9).</b>		<b>TOTALS:</b>		<b>37</b>	<b>31</b>	<b>18</b>	<b>\$ 144,800.00</b>

**GENERAL INFORMATION**

**PURPOSE OF THIS REPORT**

This Multiple Worksite Report is designed to collect information showing the distribution of the employment and wages of business establishments by industry and geographic area. This data will enable our agency to prepare accurate reports on the economic condition of business activities by geographic area and industry within our State.

**TIME OF COMPLETION**

Time of completion is estimated to vary from 10 minutes to 60 minutes per response, with an average of 22 minutes per response. This includes time to review instructions, searching for 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 form, send them to the Bureau of Labor Statistics, Division of Management Systems (1220-0134), 441 G Street NW, Washington, D.C. 20212 and to the Office of Management and Budget, Paperwork Reduction Project, (1220-0134), Washington, D.C. 20503.

**FILING INSTRUCTIONS**

The California Employment Development Department requires employers to submit these reports in addition to the Quarterly Wage and Withholding Report (Form DE 6), if they operate the same business activity in more than one location or conduct different business activities from one or more locations within our State.

The **DUE DATE** for filing this reporting is preprinted in **SECTION B** along with the **QUARTER ENDING** date.

**INSTRUCTIONS**

**SECTION A**

The address (in Section A) for your firm has been preprinted from information that you have previously supplied to this agency. Please review it and make any necessary corrections.

**SECTION C**

Please enter your name, title, and phone number (including the area code) on the first page of the form in Section C. This information is needed in case any questions arise concerning this report.

**SECTION D**

- COLUMN 2** Please review the name (division, subsidiary, etc.), physical location address, and worksite description information (i.e., store number, plant name, or principal business activity that uniquely identifies each worksite) that has been preprinted for each of the worksites listed and correct where necessary.
- COLUMN 3** For each month of the quarter, please enter the total number of full- and part-time employees who worked at each worksite in any part of the pay period which includes the 12<sup>th</sup> of the month.
- COLUMN 4** Please enter total wages paid during the quarter for each worksite rounded to the nearest dollar.
- COMMENTS** Please explain any large changes in employment or wages, such as store closure, strikes, layoffs, bonuses, seasonal changes, etc., in the Comments section for the worksite.
- TOTALS** THE TOTALS FOR COLUMNS 3 AND 4 MUST AGREE WITH THE CORRESPONDING TOTALS ON THE QUARTERLY WAGE AND WITHHOLDING REPORT (FORM DE 6).

**NEW OR OMITTED UNITS (SINCE YOUR LAST QUARTERLY REPORT):**

If any units of your company have been omitted because you have expanded operations to a new location or purchased units from another company, please complete columns 2-4 for each worksite.

In addition, for each unit, please provide in the Comments section:

1. The name of the county in which each is located, if known.
2. A description of the business activity(s) that will be conducted at each worksite.

If units were purchased from another company, also provide:

1. The name of the company,
2. The effective date of the transaction, and
3. The Unemployment Insurance Number of the seller, if known.

**SOLD OR INACTIVE UNITS (SINCE YOUR LAST QUARTERLY REPORT):**

Please indicate in the Comments section any worksites that became inactive or were sold to another company.

In addition, for each unit sold, please provide in the Comments section:

1. The name of the company,
2. The effective date of the transaction, and ...
3. The Unemployment Insurance Number of the purchaser, if known.

**If more space is needed, please attach a separate sheet of paper using the same format.**

**PLEASE RETURN COMPLETED FORM(S) IN THE ENCLOSED RETURN ENVELOPE.**

**IF YOU HAVE ANY QUESTIONS CONCERNING THIS REPORT, PLEASE WRITE OR CALL:**

**California Employment Development Department  
Labor Market Information Division  
P.O. Box 1881**

**Sacramento, CA 95812-1881**

**Phone: (916) 262-1856 Fax: (916) 262-2350**