

# EMPLOYER DATA FORM

FILE THIS FORM BEFORE THE END OF EACH CALENDAR QUARTER

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

DATE: \_\_\_\_\_

EMPLOYER NUMBER (TIN or SSN) \_\_\_\_\_

NAICS industry classification \_\_\_\_\_

E-MAIL \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

This information is required by Commonwealth law to be collected by the Department of Labor

## I. FULL-TIME EMPLOYEES

O-NET JOB CLASSIFICATION	U.S. CITIZEN EMPLOYEES	U.S. PERM. RES. EMPLOYEES	CNMI PERM. RES. EMPLOYEES	FAS CITIZEN EMPLOYEES	IMM. REL. EMPLOYEES

