

Annual Refiling Survey (ARS) Logon

Welcome to the Annual Refiling Survey. To report your survey data, you must logon with a valid password for the IDCF account number that is included in your Bureau of Labor Statistics (BLS) survey documents.

Account Number:

Password:

(password is [case-sensitive](#))

Address Label Example:



WARNING! You are using an Official United States Government System, which may be used only for authorized purposes. Unauthorized modification of any information stored on this system may result in criminal prosecution. The Government may monitor and audit the usage of this system, and all persons are hereby notified that the use of this system constitutes consent to such monitoring and auditing. Unauthorized attempts to upload information and/or change information on these web sites are strictly prohibited and are subject to prosecution under the Computer Fraud and Abuse Act of 1986 and Title 18 U.S.C. Sec. 1001 and 1030.

I Accept

Maintenance activities may be conducted on Sundays from noon to 6:00 p.m. Eastern Time in order to keep the Internet Data Collection Facility (IDCF) at its peak performance and to cause as little disruption in service as possible to our customers. If the system is unavailable, please try back at a later time.

Please read:
Due to security reasons, your session will time out after 30 minutes of system inactivity. You will need to logon to the website again to continue.

If you have questions or comments please send e-mail to: ars.helpdesk@bls.gov
Version: 1.0
URL: <https://idcfars.bls.gov/ARS/Default.jsp>


Annual Refiling Survey Logout

Welcome to the Annual Refiling Survey

UI Account Number: 0000571726 State: New Jersey Legal Name: F MCCONNELL & SONS INC

Industry Verification Form, BLS 3023-NVS
Form Approved, O.M.B. No. 1220-0032
NEW JERSEY DEPT OF LABOR & WORKFORCE DEVELOPMENT
In cooperation with the U.S. Department of Labor.

This report is mandatory under New Jersey Unemployment Compensation Law, Section 43:21-11, 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. Purpose, use and help information are located on the back of this form.



The purpose of this report is to update information on your products or services. The information will be used to ensure that we assign the correct North American Industry Classification System (NAICS) code to this business location and that our records contain the correct name and address. The information collected on the 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.

The Bureau of Labor Statistics, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent. This report is authorized by law, 29 U.S.C. §2. Your voluntary cooperation is needed to make the results of this report comprehensive, accurate, and timely.

Time of completion is estimated to vary from 2 to 30 minutes with an average of 5 minutes per account. 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, please contact your State Agency which is located at the bottom of this page. 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.

If you have questions about the Annual Refiling Survey, please contact:
NEW JERSEY DEPT OF LABOR & WORKFORCE DEVELOPMENT
DIV OF LABOR MARKET & DEMOGRAPHIC RESEARCH, CET
PO BOX 934
State address 2
TRENTON, NJ 08625-0934
PH: (609) 292-2633 PH: (603) 228-4100 FAX: (609) 292-4115
additional info

If you have questions about the website, please send an e-mail to ars.helpdesk@bls.gov

Version: 1.0
URL: <https://idcfars.psb.bls.gov/ARS/content/index.jsp>

Local Intranet 100%

Annual Refiling Survey

Logout

Additional Physical Location(s)

UI Account Number: 0000571726 State: New Jersey Legal Name: F MCCONNELL & SONS INC

Please enter information for your additional worksites in the boxes provided. Do not include P.O. Box or out of State addresses.

(*Required Field)

Delete Location

*Trade Name:

*Address1:

Address2:

*City:

*State: NJ *Zip Code: -

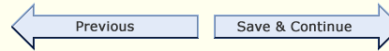
*County:

*Approx. # of Employees:

*Worksite Description:

*Main Business Activity:

Add Another Location



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Done

Local intranet

Wednesday, October 26, 2011

Annual Refiling Survey

Logout

Main Business Activity

UI Account Number: 0000571726 State: New Jersey Legal Name: F MCCONNELL & SONS INC

Please review the description of your main business activities, goods, products, or services in this State. This is a general description of your main business activity and may not be an exact match. There may be activities listed in which you do not participate. If the information displayed below is correct for a majority of your business, please check "YES". If it is incorrect for a majority of your business, please check "NO" and click the continue button.

OFFICES OF CHIROPRACTORS

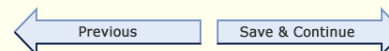
Offices of health practitioners having the degree of DC (Doctor of Chiropractic) primarily engaged in the independent practice of chiropractic. These practitioners provide diagnostic and therapeutic treatment of neuromusculoskeletal and related disorders through the manipulation and adjustment of the spinal column and extremities and operate private or group practices in their own offices (centers, clinics) or in the facilities of others, such as hospitals or HMO medical centers.

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* While your business may not be engaged in all of the economic activities listed above, does the description above accurately include your main business activity during the past 12 months?

YES NO

If you answer 'NO' you will be able to choose your correct economic activity on the next page.



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Done

Local intranet

100%

Main Business Activity Selection

UI Account Number: 0000571726 State: New Jersey Legal Name: F MCCONNELL & SONS INC

Step 1: Search for your Main Business Activity.

Please use the key-word search to select a description from the list provided that best describes your business. (Example: If you are a Restaurant, type in "Restaurant" in the search box.) You will choose the description from the list provided that best describes your establishment. If you do not see an appropriate description, you can select "I cannot find an applicable description of my business" and provide a description in the space provided below.

Type your key word search:

- Carryout restaurants
- Delicatessens restaurants
- Delicatessens (except grocery store, restaurants)
- Drive-in restaurants
- Family restaurants, full service
- Family restaurants, limited-service
- Fast-food restaurants
- Fine dining restaurants, full service
- Full service restaurants
- Furniture, restaurant-type, manufacturing
- Reservation (e.g., airline, car rental, hotel, restaurant) services
- Restaurant associations
- Restaurant construction

Limited-service restaurants

Providing meal-type foods at limited service or "fast food" restaurants where customers generally order or select food items and pay before eating. Food and drink may be eaten on the premises, taken out, or delivered to customers' locations. These food services may be provided in combination with selling alcoholic beverages. Examples may include, but are not limited to:

- * Carry out sandwich shops
- * Fast food hamburger restaurants
- * Pizza delivery shops
- * Drive-in restaurants
- * Limited-service delicatessens
- * Take-out eating places

DOES NOT INCLUDE: Full service restaurants, where customers receive waiter/waitress service and pay after eating; cafeterias; specialty snack shops selling nonalcoholic beverages or a limited line of snack foods such as ice cream, donuts, or coffee; or grill buffets.

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Step 2: Verify your Main Business Activity.

*Does the Main Business Activity selected above accurately reflect your business?

YES, the Main Business Activity selected above accurately represents my business.

NO, I am unable to find an applicable Main Business Activity description.

Step 3: Describe your Main Business Activity.

*Please enter a description of your main business activities, goods, products, or services in this State, as though you were telling a prospective employee what you do. Please describe the activities in the boxes below and provide approximate percentage of sales revenues resulting from each item. Percentages should total 100%.

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Summary Page

UI Account Number: 0000571726 State: New Jersey Legal Name: F MCCONNELL & SONS INC

Please remember to **print** this page for your records.

This is a summary of the data that you are about to submit. If you need to make any changes, please use the navigation bar to return to the appropriate screens. If you are satisfied with your response, please click the "Submit" button. You may wish to print this page for your records prior to submitting.

[Business Mailing Address - Edit](#)

Attention:
Legal Name: F MCCONNELL & SONS INC
Trade Name:
Address1: 45-1123 KAMEHAMEHA HWY
Address2:
City: JERSEY CITY
State: NJ
Zip Code: 07302 5656

[Physical Location Address - Edit](#)

Address1: 45-1123 KAMEHAMEHA HWY
Address2:
City: JERSEY CITY
State: NJ
Zip Code: 07302 5656

[County - Edit](#)

County: HUDSON -- UNION CITY

[Main Business Activity - Edit](#)

Industry Verification:

OFFICES OF CHIROPRACTORS

Offices of health practitioners having the degree of DC (Doctor of Chiropractic) primarily engaged in the independent practice of chiropractic. These practitioners provide diagnostic and therapeutic treatment of neuromusculoskeletal and related disorders through the manipulation and adjustment of the spinal column and extremities and operate private or group practices in their own offices (centers, clinics) or in the facilities of others, such as hospitals or HMO medical centers.

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[Contact Information - Edit](#)

Contact Name: Naveen
Contact Phone: (111) 111-1111
Contact Email: you@you.com

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