

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. Your voluntary cooperation is needed to make the results of this survey comprehensive, accurate, and timely.

SUPPLEMENT TO EMPLOYER'S QUARTERLY CONTRIBUTION REPORT

A. EMPLOYER NAME AND MAILING ADDRESS

☐ **Accuchex Payroll Management Services**
365 Bel Marin Keys Blvd.
Suite 201
Novato, CA 94949

B. QUARTERLY REPORT INFORMATION

U.I. Number : 277-1259-7
QUARTER ENDING : 09/30/2003
DUE DATE : 10/31/2003

C. CONTACT PERSON

NAME : _____
TITLE : _____
PHONE : () _____ Ext. _____

D. WORKSITES

(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 12th of the Month			(4) TOTAL QUARTERLY WAGES OF WORKSITE (Round to the nearest dollar)
	OFFICERS CA	0	0	0	127,237
		COMMENTS:			
	GENERAL & ADMINISTRATION CA	0	0	0	25,406
		COMMENTS:			
	ACCOUNTING CA	0	0	0	67,730
		COMMENTS:			
	MARKETING CA	0	0	0	60,305
		COMMENTS:			
	SALES CA	0	0	0	25,430
		COMMENTS:			
	TECH SUPPORT CA	0	0	0	2,080
		COMMENTS:			

NOTE: The totals must agree (except for rounding) with the Employer's Quarterly Contribution Report
BLS 3020

TOTALS	0	0	0	
---------------	----------	----------	----------	--

INCLUDE THE TOTALS FOR ALL WORKSITES ON THE LAST PAGE ONLY

	RESEARCH & DEVELOPMENT CA	0	0	0	34,944
	COMMENTS:				
	PRODUCTION & DISTRIBUTION CA	0	0	0	13,112
	COMMENTS:				
	PROJECT MANAGEMENT CA	0	0	0	37,810
	COMMENTS:				
	REGULATORY AFFAIRS CA	0	0	0	43,016
	COMMENTS:				

NOTE: The totals must agree (except for rounding) with the Employer's Quarterly Contribution Report
BLS 3020

TOTALS	0	0	0	437,071
---------------	---	---	---	----------------

INCLUDE THE TOTALS FOR ALL WORKSITES ON THE LAST PAGE ONLY

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. Your voluntary cooperation is needed to make the results of this survey comprehensive, accurate, and timely.

SUPPLEMENT TO EMPLOYER'S QUARTERLY CONTRIBUTION REPORT

A. EMPLOYER NAME AND MAILING ADDRESS

☐ **Accuchex Payroll Management Services**
 365 Bel Marin Keys Blvd.
 Suite 201
 Novato, CA 94949

B. QUARTERLY REPORT INFORMATION

U.I. Number : 4518245-5
QUARTER ENDING : 09/30/2003
DUE DATE : 10/31/2003

C. CONTACT PERSON

NAME : _____
TITLE : _____
PHONE : () _____ Ext. _____

D. WORKSITES

(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 12th of the Month			(4) TOTAL QUARTERLY WAGES OF WORKSITE (Round to the nearest dollar)
	REGULATORY AFFAIRS CA	0	0	0	8,013
COMMENTS:					

NOTE: The totals must agree (except for rounding) with the Employer's Quarterly Contribution Report
 BLS 3020

TOTALS	0	0	0	8,013
---------------	----------	----------	----------	--------------

INCLUDE THE TOTALS FOR ALL WORKSITES ON THE LAST PAGE ONLY