

**NAP QUARTERLY COMPLIANCE REPORT
WORKFORCE PARTICIPATION REQUIREMENT**

TIME PERIOD COVERED BY THIS REPORT ___ quarter _____ (calendar year).

This report is submitted quarterly due 35 days after the end of each calendar quarterly by NAP Authorized Retailers who employ citizen and permanent resident workers (as described in P.L. 15-108 unless exempt from the workforce participation requirement by the Department of Labor.

RETAILER NAME: _____ FS NO. _____

ESTABLISHMENT'S ADDRESS: _____

EMAIL: _____ OFFICE/CELL PHONE: _____

FAX NO: _____

FULL-TIME WORKFORCE: _____ employees: _____ citizen/permanent resident

CITIZEN AND PERMANENT RESIDENT EMPLOYMENT: Please list below (and reverse is necessary) for each CITIZEN and PERMANENT RESIDENT EMPLOYEE – the full name (last name first) of the employee, the last four digits of the employee's social security number, the date of hire, the percentage of work time (100% for full time employee and applicable percentages for part-time employee's), and employee's status (citizen or permanent resident).

Name of Employee (Last, First, M.I.)	SS no. (Last 4-digits only)	Date of Hire	Percentage	Status
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I declare under the penalty of perjury that the foregoing is true and correct.

Executed on _____ By: (Signature) _____

Print Name: _____ Title: _____