YOUR RESPONSE IS REOUIRED BY LAW. Title 13, U.S. Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return this report to the Census Bureau.

| Census <br> use only | 001 | NAICS CODE | 002 | TOC | 003 | ALPHA | 004 | XREF | 005 | BSR KB | STEPS |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |  |  |

## INSTRUCTIONS - This report covers this firm's locations in the United States that report payroll under

 the Federal Employer Identification Number (EIN) printed above.If this EIN has changed, complete this form for the locations that previously used it to report payroll. If all the locations have been closed or sold, base your answers on the last two months of operation. Use the space in to explain these or any other special situations.
(1) Which of the following best describes this firm's primary business?

See attached instruction sheet.

## $\square$ Retail Trade

Wholesale Distributor (i.e., distributor, jobber, importer, exporter)Manufacturers' sales branch or sales office (selling goods manufactured, refined, or mined in the United States by this firm, this firm's parent company, or subsidiary)Agent, broker, or electronic market (buying and selling on a commission basis)Transportation and Warehousing ServicesReal Estate and Rental and Leasing ServicesProfessional, Scientific, and Technical ServicesArts, Entertainment, and Recreation Services2 What is this firm's type of business? Be specific.
For example:

Enter "fast food restaurant" rather than "restaurant."
Enter "custom computer programming" rather than "computer services. For computer stores, specify one or more of the following: end use, for resale, custom assembly, used, value added reseller.
3 What are this firm's principal lines of merchandise sold, services provided, or products manufactured, and on average, what percent of total monthly sales/receipts are from each of these lines?
For example, restaurants that sell only food and alcoholic beverages should report in the following manner -

## Food

Alcoholic beverages consumed on the premises
4 Does this firm have e-commerce sales or receipts? E-commerce includes sales and receipts from any transaction completed over an Internet, extranet, EDI network, electronic mail, or other online system. Payment for these goods and services may or may not be made online.
$\square$ Administrative and Support and Waste Management and Remediation ServicesAccommodation and Food Services
$\square$ Finance and Insurance Services
$\square$ Information and Data Processing Services
$\square$ Health Care and Social Assistance Services
$\square$ Other Services
$\square$ Manufacturing
$\square$ Other Area of Business (such as Agriculture, Fishing, Mining, Construction, Forestry, etc.) - Specify $Z$
(5) What was this firm's total operating revenue for the months specified?

See additional instructions on attached instruction sheet.

- Estimates are acceptable.
- Include sales from e-commerce.

| Months |  |
| :--- | :--- |
| 006 | 007 |
| 008 | 009 |
|  | $\$$ |

(6) Is this firm owned or controlled by another company?Yes - Enter the name, mailing address, and EIN of the owning or controlling company.

7 Does this firm own or control any other company that operates under a different EIN?Yes - Enter the name, mailing address, and EIN of the owned or controlled company.
Continue in 11 if more than one company.

012
$\square \mathrm{No}$


8 How many locations report payroll under the EIN printed on the front of this form?
$\square$ One location $\longrightarrow$ Is the physical location the same as the mailing address printed on the front of this form?
$\square$ Yes - Go to INSTRUCTIONS before $\boldsymbol{9}$No - Enter name, street address, city, state and ZIP code and then go to the Instructions before $\mathbf{9}$.
$\square$ More than one locationWhat is the number of locations?
Provide the following information for each of these locations. If more space is required, continue in 11 or on another sheet of paper, using the same format as below.


## 9 FOR WHOLESALE FIRMS ONLY

What were this firm's inventories at the end of the latest month printed
in 5 or the latest period available? Specify date of inventory.

- Estimates are acceptable.
- Include goods owned regardless of where held.
- Exclude goods not for sale (such as fixtures, equipment, and supplies) and goods owned by others and held on consignment.


## FOR BOTH WHOLESALE AND RETAIL FIRMS

## a. What is this firm's primary method of selling?

 Mark (X) one box only.$\square$ Store or display showroom (selling from a fixed or permanent location with physical displays of priced merchandise and/or from a counter)
Warehouse or office (including telephone/fax/Internet orders or direct business-to-business selling by a sales representative)

021Mail-order
022 E-commerce

023Home shopping via television
024
Direct selling to the general public (selling in a face-to-face manner away from a fixed location, such as house-to-house, party plan, or temporary kiosk sales)
025 $\square$ Vending machines
042 $\square$ Other - Specify
b. As a general business practice, does this firm sell to household consumers and individual users?Yes $\longrightarrow$ On average, what percent of total monthly sales are to household
018
${ }_{2} \square \mathrm{~N}$
c. Does this firm sell to retailers/wholesalers for resale?
$0261 \square$ Yes $\longrightarrow$ On average, what percent of total monthly sales were for resale?
${ }_{2} \square$ No
d. Does this firm primarily sell nonconsumer durable goods (such as: industrial machinery, farm equipment, construction machinery, heavy trucks, and tractors)?
$0271 \square$ Yes
${ }_{2} \square$ No
Are there any remarks that help clarify your responses?
Whom should we contact if we have questions regarding this report?

| Name - Please print | Number |  | Extension |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  | Area code | Nelephone |  |
| Title | Area code | Number | Extension |

## email address

DETACH THE INSTRUCTION SHEET AND RETURN THE COMPLETED FORM IN THE ENCLOSED ENVELOPE. IF YOU PREFER, YOU MAY FAX THE COMPLETED FORM TO 1-800-447-4613.

