

DUE DATE:

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FORM **SM-20(06)I** (8-27-2007)  
**U.S. DEPARTMENT OF COMMERCE**  
Economics and Statistics Administration  
U.S. CENSUS BUREAU

# MONTHLY RETAIL TRADE REPORT

For assistance in completing this form, you may visit [www.census.gov/econhelp/mrts](http://www.census.gov/econhelp/mrts)

**NOTICE** - Your report to the U.S. Census Bureau is **confidential by law (Title 13, U.S. Code, Section 9)**. Only persons sworn to uphold the confidentiality of U.S. Census Bureau information may see the questionnaires and may use them only for statistical purposes. Additionally, all reports are **immune from legal process**.

## ITEM 1 MAILING ADDRESS

**RETURN COMPLETED FORM IN THE ENCLOSED ENVELOPE**  
or FAX: 1-800-447-4613  
For help call: 1-800-772-7852

## ITEM 2 CONTACT PERSON

Name

Title

Telephone (Area code, number, ext.)

FAX (Area code, number)

(Please correct any error(s) in name, address, and ZIP Code)

## ITEM 3 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)

## ITEM 4 MERCHANDISE INVENTORIES (END OF MONTH) (See instructions on reverse.)

- Report the cost value of all merchandise for the end of month.
- For inventories at LIFO cost, report the LIFO amount plus the LIFO reserve.
- Estimates are acceptable if book figures are not available.
- Explain any significant difference in inventories from previous month in "Remarks" section.

**Report merchandise inventories covered by this report, regardless of where held, owned as of the end of the month.**

- a.** Merchandise in retail stores covered by this report. **Include** leased departments and concessions operated by your firm in other establishments. . . . .
- b.** Merchandise in warehouses, offices, or in transit for distribution to your retail stores. . . . .
- c. TOTAL merchandise inventories** - (before Last-in, First-out adjustment if any) - **Sum of items 4a and 4b.** . . .

Dollars

**d.** Are the data reported in items 4a through 4c for a date other than the end of the month specified?

Month	Day	Year

No  Yes - Enter the date the data represent \_\_\_\_\_

## ITEM 5 NUMBER OF RETAIL ESTABLISHMENTS (See instructions on reverse.)

Enter the total number of retail establishments covered by this report.

## COVERAGE INSTRUCTIONS AND DEFINITIONS OF AUXILIARY ESTABLISHMENTS, LEASED DEPARTMENTS AND CONCESSIONS

### I. Coverage Instructions

**II. Auxiliary Establishments** are facilities primarily engaged in furnishing supporting services (such as warehouses, garages and central administrative offices) to your retail establishments.

**III. Leased Departments and Concessions** are separate businesses that lease space on the premises of another business.

For more help, access our Business Help Site at [www.census.gov/econhelp/MRTS](http://www.census.gov/econhelp/MRTS)

To view the results of this survey, visit [www.census.gov/mrts/www/mrts.html](http://www.census.gov/mrts/www/mrts.html)

### SPECIFIC INSTRUCTIONS FOR COMPLETING ITEMS 4 AND 5

#### ▶ Item 4 – Merchandise Inventories (End of Month)

##### **INCLUDE**

- Merchandise if title has passed to you, including merchandise in transit
- Merchandise under contract for sale
- Merchandise owned by this firm but held by others for sale on consignment
- Merchandise in auxiliary establishments
- Merchandise of leased departments and concessions which you operate or own but are located in other establishments – **Exclude if a department store.**

##### **EXCLUDE**

- Fixtures, equipment, and supplies not held for resale
- Merchandise owned by others such as those held on consignment
- Merchandise of leased departments and concessions operated by other firms in your retail establishments

#### ▶ Item 5 – Number of Retail Establishments

##### **INCLUDE**

- Total number of retail establishments covered by this report
- Leased departments and concessions operated by this firm in other establishments – **Exclude if a department store.**

##### **EXCLUDE**

- Auxiliary establishments
- Leased departments and concessions operated by other firms in your retail establishments

REMARKS – *Please use this space for comments or to explain any large differences in data from the prior month.*

Public reporting burden for this collection of voluntary information is estimated to average \_\_\_\_\_ minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0717, U.S. Census Bureau, 4600 Silver Hill Road, AMSD - 3K138, Washington, DC 20233. You may e-mail comments to [Paperwork@census.gov](mailto:Paperwork@census.gov); "Paperwork Project 0607-0717" as the subject. Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the top right corner on the front of this form.