



U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU

# 2012 ECONOMIC CENSUS

## Northern Mariana Islands

FORM

**IA-98183** (DRAFT)

OMB No. : Approval Expires

IA-98183

**Need help or have questions about filling out this form?**

**Visit** www.census.gov/econhelp

**Call** 1-800-233-6136, between 8:00 a.m. and 6:00 p.m., Eastern time, Monday through Friday.

- OR -

**Write** to the address below. Include your 11-digit Census File Number (CFN) printed in the mailing address.

**Mail** your completed form to:

**U.S. CENSUS BUREAU**  
**1201 East 10th Street**  
**Jeffersonville, IN 47132-0001**

*(Please correct any errors in this mailing address.)*

**YOUR RESPONSE IS REQUIRED BY LAW.** Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the U.S. Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

- Use blue or black ballpoint pen.
- Please center numbers in their respective boxes. Examples:
- Do not use pencil or felt-tip pen.
- Do not put slashes through 0 or 7.
- Place an "X" inside the box.

0 1 2 3 4 5 6 7 8 9

The reporting unit for this form is an establishment. An **establishment** is generally a single physical location where business is conducted or where services or industrial operations are performed or a permanent office, payroll office, or other place where business activities related to construction are conducted. For further clarification, see information sheet(s).

**1 EMPLOYER IDENTIFICATION NUMBER**

Is the Employer Identification Number (EIN) shown in the mailing address the same as the one used for this establishment on its latest 2012 Internal Revenue Service Form 941-SS, Employer's Quarterly Federal Tax Return, or Form 944-SS, Employer's Annual Federal Tax Return?

0021

Yes - Go to **2**

0022

No - Enter current EIN (9 digits) →

0025

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98183015



**2 PHYSICAL LOCATION**

**A.** Is this establishment's physical location the same as shown in the mailing address?  
(P.O. box and rural route addresses are not physical locations.)

0031  Yes

0032  No - Enter physical location

0035 Number and street or location description			
0036 City, town, village, etc.	0037 State, other	0038 ZIP Code	

**B.** Village where this establishment is physically located

0853

**C.** Island where this establishment is physically located

0049

**3 OPERATIONAL STATUS**

Which ONE of the following best describes this establishment's operational status at the end of 2012?  
(Mark "X" only ONE box.)

0011  In operation

0013  Temporarily or seasonally inactive

0014  Ceased operation - Give date at right

0015  Sold or leased to another operator - Give date at right AND enter name and address of new owner or operator and Employer Identification Number (EIN) below

Month	Day	Year

0060 Name of new owner or operator	0061 EIN (9 digits)	
0062 Mailing address (Number and street, P.O. Box, etc.)		
0063 City, town, village, etc.	0064 State, other	0065 ZIP Code

0016  Other status - Specify 0815

**4 MONTHS IN OPERATION**

Mark "X" if None 2012 Number

Number of months in operation during 2012 (If none, mark "X" and go to 30.) . . . . . 0002

**HOW TO REPORT DOLLAR FIGURES**



Dollar figures should be rounded to thousands of dollars.

If a figure is **\$2,035,628.79**:

**Report** →

Mark "X" if None

If a value is "0" (or less than \$500.00):

**Report** →

2012		
\$ Mil.	Thou.	Dol.
2	036	
EXAMPLE		

**5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE**

Mark "X" if None

Sales of merchandise, shipments, operating receipts, and/or revenue (Exclude grants, sales taxes, or other taxes collected.) . . . . . 0100

2012		
\$ Mil.	Thou.	Dol.

98183023

**If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.**

**6 E-COMMERCE SALES, SHIPMENTS, RECEIPTS, OR REVENUE**

**A.** Were any of the sales, shipments, receipts, and/or revenue reported in **5** a result of e-commerce transactions? *(Transactions are agreements between buyers and sellers to transfer ownership of, or rights to use, goods or services. Payment for these goods or services may or may not be made online. Please see the information sheet(s) for further clarification.)*

**E-commerce transactions include:**

- Internet
- E-mail
- Extranet
- Electronic Data Interchange (EDI)
- Other online systems

0181  Yes - Go to line B

0182  No - Go to **7**

2012	
Whole percent of sales and receipts	%

**B.** Percent of total sales, shipments, receipts, and/or revenue reported in **5** that are a result of e-commerce transactions. *(Exclude sales taxes. Report whole percents. Estimates are acceptable.)* . . . 0109

**7 EMPLOYMENT AND PAYROLL**

**Include:**

- Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941-SS, Employer's Quarterly Federal Tax Return, or Form 944-SS, Employer's Annual Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in **1**.
- Non-residential employees working at this establishment, whether or not FICA taxes were withheld.

*For further clarification, see information sheet(s).*

**A.** Number of paid employees for pay period including March 12, 2012

1. For whom FICA taxes were withheld . . . . . 0254
2. For whom FICA taxes were NOT withheld . . . . . 0274
3. **TOTAL** (Add lines A1 and A2) . . . . . 0320

Mark "X" if None	2012	
	Number	

**B.** Payroll before deductions *(Exclude employer's cost for fringe benefits.)*

1. Annual payroll for 2012 . . . . . 0300
2. First quarter payroll (January-March, 2012) . . . . . 0310

Mark "X" if None	2012		
	\$ Mil.	Thou.	Dol.

**C.** Employer's cost for fringe benefits

1. Legally required fringe benefits *(Include employer payments for Social Security, Medicare, unemployment compensation, workmen's compensation, and local disability programs, if required.)* . . . . . 0221
2. Voluntarily provided fringe benefits *(Include such items as payments for life insurance, medical insurance, pensions, welfare benefits, and union-negotiated benefits.)* . . . . . 0222
3. **TOTAL** (Add lines C1 and C2) . . . . . 0220

**8** Not Applicable.

98183031



**9 INVENTORIES**

Report inventories using current cost (if using LIFO method of valuation, adjust to obtain FIFO or current cost).

**A.** Did this establishment own inventory, regardless of where held, at the end of 2012 and/or 2011?

0486  Yes - Go to line B

0487  No - Go to 12

**B.** Total Inventories

(Report the total value of inventories the establishment owned.) . . . . . 0460

Mark "X" if None	End of 2012			Mark "X" if None	End of 2011		
	\$ Mil.	Thou.	Dol.		\$ Mil.	Thou.	Dol.
<input type="checkbox"/>				<input type="checkbox"/>			

**C.** Did this establishment have inventories by stage of fabrication (finished goods; work-in-process; and/or materials, supplies, fuels, etc.) at the end of 2012 and/or 2011?

0388  Yes - Complete lines 1 through 3. Total should equal the amounts reported in line B.

0389  No - Go to 12

	Mark "X" if None	End of 2012				Mark "X" if None	End of 2011		
		\$ Mil.	Thou.	Dol.			\$ Mil.	Thou.	Dol.
1. Finished goods . . . . . 0461	<input type="checkbox"/>				0471	<input type="checkbox"/>			
2. Work-in-process . . . . . 0463	<input type="checkbox"/>				0473	<input type="checkbox"/>			
3. Materials, supplies, fuels, etc. . . . . 0462	<input type="checkbox"/>				0472	<input type="checkbox"/>			

**10 and 11** Not Applicable.

**12 LEGAL FORM OF ORGANIZATION**

Legal form of organization that best describes this establishment at the end of 2012 (Mark "X" only ONE box.)

0691  Individual proprietorship

0692  Partnership

0694  Corporation

0696  Other - Specify

0806

**13 CAPITAL EXPENDITURES AND DEPRECIATION EXPENSES**

Report the dollar value of capital expenditures and depreciation expenses.

**A.** Capital expenditures (Include purchases of equipment, spending on buildings and structures that were capitalized, and capital lease agreements in 2012.) . . . 0520

**B.** Depreciation expenses (Include depreciation charges taken against tangible assets owned and used by your firm, tangible assets and improvements owned by your firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights) in 2012.) . . . . . 0540

Mark "X" if None	2012		
	\$ Mil.	Thou.	Dol.
<input type="checkbox"/>			
<input type="checkbox"/>			

**14 and 15** Not Applicable.

98183049



**If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.**

**16** SELECTED EXPENSES

Mark "X" if None

2012		
\$ Mil.	Thou.	Dol.

**A.** Operating expenses (Include payroll, fringe benefits, depreciation, etc. Exclude cost of goods sold, interest, capital expenditures, and bad debt.) . . . . . 0136

**B.** Net purchases of merchandise for resale. (Include amounts allowed for trade-ins. Exclude returns, allowances, trade/cash discounts, and merchandise for further processing.) . . . . . 0137

**C.** Interest (Include both short-term and long-term interest paid in 2012.) . . . . . 5050

**17 and 18** Not Applicable.

**19** KIND OF BUSINESS

Which ONE of the following best describes this establishment's principal kind of business in 2012? (Mark "X" only ONE box.)

**Health care and social assistance**

- 0700 621 110 00 1  Office of physician (M.D. or D.O.)
- 621 210 00 2  Office of dentist
- 621 310 00 2  Office of chiropractor
- 621 320 00 3  Office of optometrist
- 621 390 00 1  Office of other health practitioners
- 621 610 00 6  Home health care services
- 624 110 00 C  Social assistance service for children and youth
- 624 120 00 C  Social assistance service for the elderly and disabled
- 624 410 00 7  Child day care services
- 772 000 00 B  Other health care and social assistance - Specify ↴

0701

**Repair and maintenance services**

- 811 110 00 1  General automotive repair shop
- 811 120 00 1  Automotive body, paint, interior, glass repair, and maintenance
- 811 210 00 1  Electronic repair and maintenance
- 811 310 00 1  Commercial or industrial equipment repair and maintenance
- 811 400 00 5  Household goods repair and maintenance including home appliances, reupholstery, furniture, footwear, leather goods, etc.
- 772 000 00 8  Other maintenance and repair services - Specify ↴

0701

CONTINUE WITH **19** ON PAGE 6

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**19** KIND OF BUSINESS - Continued

**Accommodations**

- 0700 721 110 00 7  Hotel (except with casino) or motel
- 721 120 00 2  Hotel with casino
- 713 200 00 1  Gambling industries except hotels with casinos
- 772 000 00 4  Other traveler accommodation - *Specify* ↴

0701

**Food services**

- 722 110 00 4  Full-service restaurant
- 722 210 00 1  Refreshment place, limited service restaurant, or fast food restaurant
- 722 410 00 9  Bar, tavern, pub, or other drinking place (alcoholic beverages)
- 722 320 00 3  Caterer for banquets, weddings, conferences, seminars, etc.
- 772 000 00 2  Other food services - *Specify* ↴

0701

**Information, professional, business, educational and personal services**

- 511 000 00 3  Publishing industries (except internet) including newspaper, periodical, book, and software publishers.
- 512 000 00 5  Motion picture and sound recording industries
- 515 100 00 2  Radio and television broadcasting
- 519 130 00 1  Internet publishing and broadcasting
- 517 000 00 3  Telecommunications including cellular, wired, satellite, cable, etc.
- 541 110 00 3  Office of lawyers
- 541 210 00 3  Accounting services including auditing, tax preparation, payroll, etc.
- 541 300 00 1  Architectural, engineering, and related services excluding landscaping
- 541 500 00 1  Computer systems design and related services
- 541 600 00 1  Management consulting services, including administrative and general management as well as marketing consulting services
- 541 810 00 3  Advertising agency
- 541 900 00 1  Other professional, scientific, and technical services
- 561 310 00 4  Employment placement agency
- 561 700 00 4  Services to buildings and dwellings, including janitorial and landscaping services
- 611 620 00 1  Sports and recreation instruction services
- 713 120 00 1  Arcades or family fun centers

CONTINUE WITH **19** ON PAGE 7

**CONTINUE ON PAGE 7**

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**If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.**

**19** KIND OF BUSINESS - Continued

**Information, professional, business, educational and personal services - Continued**

- 0700 713 900 00 1  Amusement and recreation industries including golf courses and country clubs, marinas, fitness and recreational sports centers, and bowling centers
- 812 110 00 5  Beauty shop, barber shop, facial, or nail salon
- 812 200 00 1  Death care services including funeral homes and cemeteries
- 812 300 00 1  Drycleaning and laundry services
- 541 920 00 1  Photographic studio, portrait
- 772 000 00 5  Other information, professional, business, educational, or personal services - *Specify* ↴

0701

**Transportation and storage services**

- 561 510 00 1  Travel agency
- 561 520 00 2  Tour operator
- 485 000 00 3  Transit and ground transportation including bus, taxis, and limousine services
- 488 000 00 3  Support activities for air and water transportation
- 493 110 00 5  Warehousing and storage for general merchandise
- 562 110 00 1  Waste collection
- 772 300 00 6  Other transportation and storage services - *Specify* ↴

0701

**Retail**

- 441 110 00 1  Motor vehicle dealer, new
- 441 120 00 6  Motor vehicle dealer, used
- 441 300 00 1  Automotive parts, accessories, and tire store
- 442 110 00 1  Furniture store
- 442 210 00 1  Floor coverings store
- 443 110 00 1  Household appliance/electronics store
- 443 120 00 1  Computer and/or software store
- 444 100 00 1  Building materials and supplies dealer including hardware stores and homecenters
- 445 110 00 6  Supermarket or grocery store
- 445 120 00 1  Convenience food store
- 446 000 00 3  Health and personal care stores including pharmacies and drug stores, beauty supplies, and optical goods

CONTINUE WITH **19** ON PAGE 8

**CONTINUE ON PAGE 8**

98183072



19 KIND OF BUSINESS - Continued

Retail - Continued

- 0700 447 100 00 1  Gasoline stations
- 448 110 00 3  Men's clothing store
- 448 120 00 1  Women's clothing store
- 448 130 00 1  Children's and infants' clothing store
- 448 140 00 1  Family clothing store
- 448 210 00 1  Shoe store
- 448 310 00 1  Jewelry store
- 448 320 00 1  Luggage and leather goods store
- 451 110 00 1  Sporting goods store
- 452 990 00 1  General merchandise store, including variety, dollar, and home and auto supply
- 453 110 00 1  Florist
- 453 220 00 8  Gift, novelty, craft, and souvenir store
- 453 210 00 7  Office supply/stationery/school supplies store
- 453 300 00 1  Used merchandise stores
- 772 000 00 9  Other retail business - *Specify* ↴

0701

Empty text box for specification

Wholesale

- 772 200 00 7  Merchant wholesaler, durable goods such as automobiles, furniture, construction materials, equipment and supplies, computer and computer equipment, hardware, appliances, machinery, etc. - *Specify* ↴

0701

Empty text box for specification

- 772 200 00 8  Merchant wholesaler, nondurable goods such as paper, groceries, plastic materials, petroleum and petroleum products, alcoholic beverages, etc. - *Specify* ↴

0701

Empty text box for specification

Manufacturing

- 311 000 00 3  Food manufacturing
- 315 000 00 3  Apparel manufacturing
- 323 000 00 1  Printing and related support activities
- 327 000 00 2  Nonmetallic mineral products manufacturing
- 772 200 00 Y  Other manufacturing - *Specify* ↴

0701

Empty text box for specification

CONTINUE WITH 19 ON PAGE 9

CONTINUE ON PAGE 9

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**If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.**

**19** KIND OF BUSINESS - Continued

**Construction**

- 0700 236 000 00 1  Building construction - residential and nonresidential construction or remodeling/additions to buildings by general contractors or operative builders
- 237 000 00 4  Heavy and civil engineering construction including streets, bridges, sewers, land subdivision, etc.
- 238 000 00 4  Specialty trade contractor including painting, electrical work, plumbing, site preparation activities, etc.

**Finance, insurance, and real estate**

- 522 100 00 1  Depository credit intermediation including banks, savings institutions, and credit unions
- 522 290 00 8  Consumer finance or small loan company
- 524 110 00 1  Life, accident, health, and medical insurance carrier
- 524 210 00 1  Insurance agent or broker
- 531 110 00 2  Lessor of residential buildings and dwellings
- 531 120 00 2  Lessor of nonresidential buildings
- 531 210 00 3  Real estate agent or broker
- 772 000 00 6  Other finance, insurance and real estate - *Specify* ↴

0701

**Rental and leasing services, except real estate**

- 532 100 00 1  Automotive equipment rental and leasing
- 532 200 00 4  Consumer goods rental including electronics, appliance, formal wear, video tape, or other consumer good rentals
- 532 230 00 4  Video tape rental
- 532 290 00 5  Rental of personal items or items for the home including hospital beds, party supplies, etc.
- 772 300 00 1  Other business support services including security and cleaning - *Specify* ↴

0701

- 532 400 00 3  Commercial and industrial machinery and equipment rental and leasing
- 772 200 00 F  Other rental and leasing excluding real estate - *Specify* ↴

0701

**Other kinds of business or activity**

- 813 110 00 2  Church or other religious organization
- 772 200 00 G  Utility - *Specify* ↴

0701

98183098





**If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.**

*HOW TO REPORT PERCENTS*

If figure is **38.76%** of total sales:

**Report whole percents**

2012		
Percent		
3	9	%

**22** DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

2012		
Whole percent of sales and receipts		
		%

**A.** Percent of this establishment's sales, shipments, revenue, or other operating receipts (reported in **5**), for products manufactured at this establishment . . . . . 0110

**B.** Briefly describe your principal business activities and report as whole percent of total sales, shipments, revenue, or other operating receipts reported in **5** (e.g., gasoline 60%, auto repairs 21%, oil 8%).

Description of principal business activities	Census use	2012	
		Whole percent of sales and receipts	%
0723	0720	0722	
<b>1.</b>	19811		%
<b>2.</b>	19812		%
<b>3.</b>	19813		%

**23-25** Not Applicable.

**26** SPECIAL INQUIRIES

**NOTE** - Answer only if the principal kind of business reported in **19** for this establishment is **HOTEL, MOTEL, OR OTHER TRAVELER ACCOMMODATION**. Otherwise, go to **27**.

NUMBER AND TYPE OF ACCOMMODATIONS

2012	
Number as of December 31	

**1.** Number of rooms, units, or quarters primarily rented as transient as of December 31, 2012 (Consists of the number which can be rented as single units. Suites of rooms which cannot be subdivided should be counted as a single unit.) . . . . . 2402

**2.** Were more than half of guestroom or unit rental receipts from transient guests?

2921  Yes

2922  No

98183114



**27** OWNERSHIP

**A.** Citizenship of majority ownership of this establishment in 2012 (Mark "X" only ONE box.)

- 6086  U.S. citizen - CNMI born (*Chamorro or Carolinian*)
- 6097  U.S. citizen - CNMI born (*NOT Chamorro or Carolinian*)
- 6087  U.S. citizen - not CNMI born
- 6088  Japanese citizen
- 6089  Filipino citizen
- 6090  Korean citizen
- 6098  Chinese citizen
- 6085  Dual citizenship/other citizenship - *Specify* ↴

0885

- 0699  Not known/not determinable (*Such as publicly traded*)

**B.** Gender of majority ownership of this establishment in 2012 (Mark "X" only ONE box.)

- 6077  Male-owned
- 6084  Female-owned
- 6078  50/50 Male/Female - Equal percent of ownership
- 6079  Not known/not determinable (*Such as publicly traded*)

**28 and 29** Not Applicable.

REMARKS (*Please use this space for any explanations that may be essential in understanding your reported data.*)

**30** CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.

Is the time period covered by this report a calendar year?

- Yes
- No - Enter time period covered →

FROM	Month	Year	TO	Month	Year

Name of person to contact regarding this report

Title

Telephone	Area code	Number	Extension	Fax	Area code	Number

Internet e-mail address

Date completed

Month Day Year

**Thank you for completing your 2012 ECONOMIC CENSUS form.**  
**PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.**

98183122

