



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

2009 REPORT OF ORGANIZATION

FORM
NC-99007 (DRAFT)

OMB No. : Approval Expires

Mail your completed form to:
U.S. CENSUS BUREAU
1201 East 10th Street
Jeffersonville, IN 47132-0001

Need help or have questions
about filling out this form?

Visit our Web site at
www.census.gov/econhelp

- OR -

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

(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.

1 OWNERSHIP OR CONTROL

A. Does another domestic company own more than 50 percent of the voting stock of your company **or** have the power to control the management and policies of your company?

0008 Yes - Enter the following information of the owning or controlling company **7** 0009 No - Go to **2**

0080 Name of owning or controlling company		0081 Employer Identification Number (EIN) of owning or controlling company (9 digits) →	
0082 Home office address (Number and street)			
0083 City, town, village, etc.		0084 State	0085 ZIP Code

B. What percent of voting stock was held by owning **or** controlling company? (Mark "X" only ONE box.)

0027 Less than 50% 0028 50% 0029 More than 50%

2 NUMBER OF LOCATIONS OF OPERATION

How many locations report employment and payroll under the EIN whose last 5 digits are shown in the mailing address?

6068 One location - Go to **3** 6069 More than one location - Go to **4**

3 PHYSICAL LOCATION

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 - Go to **5**

0030 No - Enter physical location and go to **5**

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

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4 LOCATIONS OF OPERATION

2009
Number

How many locations were in operation at the end of 2009 under the EIN whose last 5 digits are shown in the mailing address?

(If your EIN had more than 3 physical locations at the end of 2009, copy this page and provide the requested data for all of your locations.)

- Provide the physical location address and other information requested for each location.
- Provide the headquarters location first, followed by all other locations.
- For employees that worked at more than one location, report the employment and payroll data for the employees at the ONE location where they spent most of their working time.

1	Name		Number of employees for pay period including March 12	2009		
	Secondary name			Estimates are acceptable		
	Store or plant No.			Number		
	Physical location (Number and street)			\$ Bil.	Mil.	Thou.
	City, town, village, etc.			First quarter payroll (January-March 2009)		
	State			Annual payroll		
	ZIP Code			Describe kind of business at this location		

2	Name		Number of employees for pay period including March 12	2009		
	Secondary name			Estimates are acceptable		
	Store or plant No.			Number		
	Physical location (Number and street)			\$ Bil.	Mil.	Thou.
	City, town, village, etc.			First quarter payroll (January-March 2009)		
	State			Annual payroll		
	ZIP Code			Describe kind of business at this location		

3	Name		Number of employees for pay period including March 12	2009		
	Secondary name			Estimates are acceptable		
	Store or plant No.			Number		
	Physical location (Number and street)			\$ Bil.	Mil.	Thou.
	City, town, village, etc.			First quarter payroll (January-March 2009)		
	State			Annual payroll		
	ZIP Code			Describe kind of business at this location		

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

Name of person to contact regarding this report	Telephone	Area code	Number	Extension

99007023

