

## Guam

| DUE DATE |
| :---: |
| FEBRUARY 12, 2013 |
| Need help or have questions? |
| - Read the accompanying information sheet(s) before |
| answering the questions. |
| - Visit econhelp.census.gov |
| - Call 1-671-475-7057, between 8:00 a.m. and 5:00 p.m., |
| Eastern time, Monday through Friday. |



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.
- Do not use pencil or felt-tip pen.
- Please center numbers in their respective boxes.
- Place an "X" inside the box.


## Examples:

## $\times 0123456789$

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?
$0021 \square$ Yes - Go to 2
$0022 \quad \square \quad$ No - Enter current EIN (9 digits) $\qquad$ 0025

(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.)
$0031 \square$ Yes
0035 Number and street or location description

0032 $\square$ No - Enter $\longrightarrow$ physical location

(2) PHYSICAL LOCATION - Continued
B. District/village 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.)

## $0011 \quad \square$ In operation

$0013 \quad \square$ Temporarily or seasonally inactive
$0014 \quad \square$ Ceased operation - Give date at right
$0015 \square$ 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 $\nabla$

| 0060 Name of new owner or operator | 0061 |  |
| :--- | :--- | :--- |
|  |  |  |

0062 Mailing address (Number and street, P.O. Box, etc.)


0016 Other status - $\longrightarrow 0815$ Specify
(4) MONTHS IN OPERATION
.

Mark "X"

Number of months in operation during 2012 (If none, mark "X" and go to 30.)
Number
(5) SALES, SHIPMENTS, RECEIPTS, OR REVENUE

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

$\left.\xrightarrow{\text { Report } \longrightarrow}$| Mark "X" |
| :--- |
| if None | \right\rvert\,


| 2012 |  |  |  |
| :---: | :---: | :---: | :---: |
| \$ Mil. | Thou. | Dol. |  |
|  | 2 | 0 | 3 |
|  | 6 |  |  |
| $\square \triangle A$ | M | ■ |  |

(Exclude grants or any taxes collected.) . . . . . . . . . . . . . . . . . 0100

| Mark "X" <br> if None | 2012 |  |  |
| :---: | :---: | :---: | :---: |
|  | \$ Mil. | Thou. | Dol. |
|  |  |  |  |

## 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 $\mathbf{5}$ 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

0181 $\square$ Yes - Go to line B
$0182 \square$ No - Go to 7

- Electronic Data Interchange (EDI)
- Other online systems
. Percent of sales, shipments, receipts, and/or revenue reported in 5 that are a result of ecommerce transactions. (Exclude grants or any taxes collected. Report whole percents.
Estimates are acceptable.)


## 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

Mark "X"

2. For whom FICA taxes were NOT withheld 0274
3. TOTAL (Add lines A1 and A2) . 0320
B. Payroll before deductions (Exclude employer's cost for payroll taxes and benefits.)

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

| 2012 |  |  |  |
| :---: | :---: | :---: | :---: |
| \$ Mil. | Thou. | Dol. |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

C. Employer's cost for fringe benefits

1. Payroll taxes and any other legally required employee benefits.
2. Voluntarily provided fringe benefits (Include such items as payments for life insurance, medical insurance, pensions, etc.) 0222
3. TOTAL (Add lines C1 and C2) . 0220


|  |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |

8 Not Applicable.
(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?

0486Yes - Go to line B
$0487 \quad \square \quad$ No - Go to 12
B. Total Inventories
(Report the total value of inventories the establishment owned.)

| Mark "X" <br> if None | End of 2012 |  |  |
| :---: | :---: | :---: | :---: |
|  | \$ Mil. | Thou. | Dol. |
|  |  |  |  |
|  |  |  |  |
| 0460 |  |  |  |
|  |  |  |  |


| Mark "X" if None | End of 2011 |  |  |
| :---: | :---: | :---: | :---: |
|  | \$ Mil. | Thou. | Dol. |
| $\square$ |  |  |  |
| 0470 |  |  |  |

C. Did this establishment engage in either construction or manufacturing activities?

```
0368 \square Yes - Go to line D
0369 \square No - Go to (12
```

D. 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? (Total should equal the amounts reported in line B.)
$0388 \quad \square$ Yes - Complete lines 1 through 3. Total should equal the amounts reported in line B.
$0389 \quad \square \quad$ No - Go to 12


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.)
0691Individual (sole) proprietorship
$0692 \square$ Partnership
$0693 \quad \square$ Corporation
$0694 \quad$ Local government
$0695 \quad \square$ Federal government
$0696 \square$ Other-Specify

0806

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

13 CAPITAL EXPENDITURES AND DEPRECIATION CHARGES
Report the dollar value of capital expenditures including purchases under capital leases. (Exclude the value of buildings and equipment which you rent. Do not report payments under operating leases.)
A. Capital expenditures in 2012 for buildings and machinery

1. Building improvements and repairs (Exclude land.) $\qquad$
2. Machinery and equipment (Include vehicles.) . 0534
3. Total capital expenditures (Exclude land.) .0521
B. Depreciation charges (Include depreciation charges taken against tangible assets owned and used by your firm, tangible assets and improvements owned by your firm under leaseholds, tangible assets obtained, as the lessee, through capital lease agreements in 2012.)
and 15 Not Applicable.

## SELECTED EXPENSES

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

| Mark "X" if None | 2012 |  |  |
| :---: | :---: | :---: | :---: |
|  | \$ Mil. | Thou. | Dol. |
| $\square$ |  |  |  |

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

|  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |

and 18 Not Applicable.
PRINCIPAL KIND OF BUSINESS
Which ONE of the following best describes this establishment's PRINCIPAL kind of business in 2012?
(Mark "X" only ONE box. Continue with 19 on the following pages.)
Health care and social assistance

| 621110001 | $\square$ | Office of physician (M.D. or D.O.) |
| :--- | :--- | :--- |
| 621210002 | $\square$ | Office of dentist |
| 621310002 | $\square$ | Office of chiropractor |
| 621320003 | $\square$ | Office of optometrist |
| 621390001 | $\square$ | Office of other health practitioners |
| 621410006 | $\square$ | Family planning center |
| 621420006 | $\square$ | Outpatient mental health and substance abuse center |
| 621610006 | $\square$ | Home health care services |
| 623310001 | $\square$ | Residential care facilities for the elderly |

PRINCIPAL KIND OF BUSINESS - Continued
Health care and social assistance - Continued
$62411000 \mathrm{C} \quad \square$ Social assistance service for children and youth
62412000 C

624410007 Child day care services

77200000 B
Other health care and social assistance - Specify 7

## Repair and maintenance services

| 811110001 | $\square$ | General automotive repair shop |
| :--- | :--- | :--- |
| 811120001 | $\square$ | Automotive body, paint, interior, glass repair, and maintenance |
| 811190001 | $\square$ | Carwash, oil change, lubrication, or other automotive services and maintenance |
| 811210001 | $\square$ | Electronic repair and maintenance |
| 811310001 | $\square$ | Commercial or industrial equipment repair and maintenance |
| 772000008 | $\square$ | Other maintenance and repair services - Specify |

## Accommodations

$721110006 \quad \square$ Hotel or motel
$772000004 \quad \square$ Other traveler accommodation - Specify $\square$

## Food services

$722511001 \quad \square$ Full-service restaurants
$722515001 \quad \square$ Refreshment places selling snacks and nonalcoholic beverages
$722320003 \quad \square$ Caterer for banquets, weddings, conferences, seminars, etc.
$722410009 \quad \square$ Bar, tavern, pub, or other drinking place (alcoholic beverages)
$772000002 \quad \square$ Other food services - Specify $\square$

Information, professional, business, educational and personal services

511110001

511120002

519130001

Newspaper publisher except Internet publisher
Periodical publisher and shopping news publisher except Internet publisher
Internet publishing and broadcasting

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

19 PRINCIPAL KIND OF BUSINESS - Continued
Information, professional, business, educational and personal services - Continued

77220000 Z

0701

512130001

541110003

541190001

541211006

541310001

54133000 E

541430001

541610001

541810003

541900003

551111002

561320006

56172000 B

56173000 B

611620001

713120001

812100001

812200001

812300001

772300003

0701

Other publisher except Internet publisher - Specify

19 PRINCIPAL KIND OF BUSINESS - Continued
Transportation and warehousing - Continued
0700

| 561510001 | $\square$ | Travel agency |
| :--- | :--- | :--- |
| 561520002 | $\square$ | Tour operator |
| 772300004 | $\square$ | Other travel arrangement and reservation services - Specify |

0701

488110005

488410002

488510002

492110002

492210004

493110005

562110003

772200005

0701

## Retail

44111000 D

441120006

441310001

441320002

442110001

442210001

442290001
443140001

444130001

444220002

445110006
445120001

445200003

445210002

445290003

Motor vehicle dealer new and used
$\square$ Motor vehicle dealer, used
$\square \quad$ Automotive parts and accessories store
$\square \quad$ Tire dealer
$\square$ Furniture store
Floor coverings store
$\square$ Homefurnishing store
$\square$ Electronics and appliance stores
$\square$ Hardware store
Nursery, garden center, or farm supplies store or dealer
Supermarket or grocery store
Convenience food store
Specialty food stores including meat, fish, or fruit and vegetable markets and other specialty stores

Meat market
Other specialty food stores

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.
19 PRINCIPAL KIND OF BUSINESS - Continued
Retail - Continued
$445310001 \quad \square$ Liquor store

446110001
$446130007 \quad \square$ Optical goods store including sunglasses stores

447110001

447190001

448110001

448120001

448130001

448140001

448210001

448310001

448320001

451110001

451210001

452110001

452990001

453110001

453220008

453210006

453310001

453910006

772000009

19 PRINCIPAL KIND OF BUSINESS - Continued

## Wholesale

0700
$772200007 \square$ Merchant wholesaler, durable goods such as automobiles, furniture, construction materials, equipment and supplies, computer and computer equipment, hardware, appliances, machinery, etc. - Specify

772200008

## Manufacturing

| 311000004 | $\square$Food manufacturing including fruit and <br> seafood preparation and packaging or |
| :--- | :--- |
| 323000001 | $\square$ |

## Construction

236000001

237000001

238000001

Finance, insurance, and real estate

| 522110003 | $\square$ | Commercial bank |
| :--- | :--- | :--- |
| 522120003 | $\square$ | Savings institution |
| 522130001 | $\square$ | Credit union |
| 522290008 | $\square$ | Consumer finance or small loan company |
| 522310003 | $\square$ | Mortgage and other loan brokers |
| 524110001 | $\square$ | Life, accident, health, and medical insurance carrier |
| 52421000 E | $\square$ | Insurance agent |
| 531110002 | $\square$ | Lessor of residential buildings and dwellings |
| 531120002 | $\square$ | Lessor of nonresidential buildings |
| 531210003 | $\square$ | Real estate agent or broker |
| 772000006 | $\square$ | Other finance, insurance and real estate - Specify $Z$ | buildings by general contractors or operative builders etc. activities, etc.

Building construction - residential and nonresidential construction or remodeling/additions to

Heavy and civil engineering construction including streets, bridges, sewers, land subdivision,

Specialty trade contractors including painting, electrical work, plumbing, site preparation


Other kinds of business or activity
$813110002 \quad \square$ Church or other religious organization
$813410003 \quad \square$ Civic, social, or fraternal organizations
77220000 G Utility-Specify $\quad \square$

0701

814110001

110000001

77200000 C

Private household, employing domestic help, e.g., cooks, maids, etc.
$\square$ Crop or animal production or agricultural services
$\square$ Other business or activity - Specify Guam to foreign countries, the United States, and U.S. territories.)
B. Excluding the exports reported in line A, estimate the percentage of this establishment's total sales and receipts (reported in (5) by class of customer:

1. Household consumers (Exclude visiting tourists.)
2. Visiting tourists 6252
3. Retailers 0263
4. Wholesalers 0264
5. Construction contractors 0269
6. Local government 3109
7. Federal government 3105
8. Other-Specifyマ

9. TOTAL (Add lines B1 through B8-should add to 100\%)

272


21 Not Applicable.

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

 PERCENTS
## Percents should be rounded to

whole percents.

If figure is $\mathbf{3 8} .76 \%$ of total sales: Report

## DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

A. Briefly describe your principal business activities and report as whole percent of total sales, shipments, revenue, or other operating receipts reported in (5).


Note - Answer only if the principal kind of business activity reported in $\mathbf{1 9}$ for this establishment is HOTEL, MOTEL, or OTHER TRAVELER ACCOMMODATION. Otherwise, go to 27.
B. Report receipts by source, as a whole percent of total receipts (reported in (5).

Do not combine data for two or more receipt lines.


## 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

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?
$2921 \quad \square$ Yes
$2922 \quad \square$ No
27 OWNERSHIP
A. Citizenship of majority ownership of this establishment in 2012 (Mark "X" only ONE box.)
6095 U.S. citizen - Guam born
$6096 \quad \square$ U.S. citizen - Other
$6088 \quad \square$ Japanese citizen
$6089 \quad \square$ Filipino citizen
$6090 \quad \square$ Korean citizen
$6085 \square$ Dual citizenship/other citizenship - Specify

0885
$0699 \quad \square$ Not known/not determinable (Such as publicly traded)
B. Gender of majority ownership of this establishment in 2012 (Mark "X" only ONE box.)
$6077 \quad \square$ Male-owned
$6084 \quad \square$ Female-owned
$6078 \quad \square \quad 50 / 50$ Male/Female - Equal percent of ownership
$6079 \quad \square$ Not known/not determinable (Such as publicly traded)
28 and 29 Not Applicable.

## If not shown, please enter your 11-digit Census File

 Number (CFN) from the mailing address.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.



Thank you for completing your 2012 ECONOMIC CENSUS form.

