



# Industry Classification Report

Bureau of Labor Statistics  
U.S. Department of Labor  
O.M.B. No. 1220-0141  
Expires April 30, 2018

Please complete and return this form. If you need help completing this form, send an e-mail to NAICSHelp@bls.gov, or call toll free at 1-855-388-3196. Thank you!

### 1 What is your contact information?

Please provide contact information for the person who completed this form.

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Business website: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

### 2 If the address below is not correct, please enter the updated address in the space provided.

Enter Address Corrections for Physical Location below

[FILL COMPANY NAME]

\_\_\_\_\_

[FILL ADDRESS 1]

\_\_\_\_\_

[FILL ADDRESS 2]

\_\_\_\_\_

[CITY, STATE, ZIP]

\_\_\_\_\_

[RUN\_DESC]

\_\_\_\_\_

### 3 Our records show the main business activities, products, goods, or services at the worksite listed in Question 2 are [FILL. Is this correct?]

Yes

No → Please enter your correct economic activity in BOX A on Page 4

#### Listed Business Activities

### 4 Does this company have a single location (the worksite listed in Question 2), or is it part of a larger enterprise with multiple locations?

Single Location

Multiple Locations

### 5 How many employees are employed at the worksite listed in Question 2?

**Include:**

- Full or part-time paid workers
- Workers on paid leave
- Workers assigned temporarily to other units
- Incorporated firms: paid owners, officers, and staff

**Do Not Include:**

- Contractors and temporary employees not on your payroll
- Unpaid family workers
- Workers on unpaid leave
- Owners, proprietors, and partners of unincorporated firms
- Workers not covered by unemployment insurance

\_\_\_\_

Enter Number of Employees

\_\_\_\_\_



## Activities at this Worksite

**6** Are any products manufactured or any goods produced at the worksite listed in Question 2?

Yes, Go to 6a, then 6b

No, Go to 7

**6a** Does the worksite listed in Question 2 manufacture any products or produce any goods for your company, or for sale by your company?

Yes

No

**6b** Does the worksite listed in Question 2 manufacture any products or produce any goods under contract for other companies?

Yes

No

**7** Does the worksite listed in Question 2 arrange for the manufacture of any products or the production of any goods outside of the U.S., either by a manufacturing facility owned by your company or by an independent manufacturer?

Yes

No

**8** Does the worksite listed in Question 2 arrange for the manufacture of any products or the production of any goods inside the U.S. by an independent manufacturer? Exclude products manufactured by facilities owned by your company.

Yes

No

**If you answered *no* to Questions 6, 7, and 8, please skip to Question 10.  
If you answered *yes* to Questions 6, 7, or 8, please answer Question 9.**

**9** For the manufacturing activities described above, does the worksite listed in Question 2:

	Yes, for <b>all</b> products	Yes, for <b>some</b> products	<b>No</b> , not for any products	Don't know
a. Determine the specifications or design for manufactured products or goods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Arrange for the manufacturing of products or goods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Own the products or goods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Set the sales price on the products or goods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Arrange for the sale of the products or goods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Assume any loss due to defective or unsold products or goods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Sources of Revenue

**10** What percent of the total revenue for the worksite listed in Question 2 comes from each of the below sources?

*If you are unable to provide revenue percentage estimates, please complete BOX B on Page 4*

	Percent of total revenue
a. Manufacturing at this worksite for your company	<input type="text"/> <input type="text"/> <input type="text"/> %
b. Manufacturing at this worksite for other companies	<input type="text"/> <input type="text"/> <input type="text"/> %
c. Manufacturing done outside the U.S. for your company	<input type="text"/> <input type="text"/> <input type="text"/> %
d. Manufacturing done by another, unaffiliated, company inside the U.S. for your company	<input type="text"/> <input type="text"/> <input type="text"/> %
e. Other manufacturing, specify: → <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
f. Largest single source of non-manufacturing revenue, specify: → <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
g. All other revenue-generating activities	<input type="text"/> <input type="text"/> <input type="text"/> %
<b>Total</b>	<b>1 0 0</b> %

**11** In order to assign the correct North American Industry Classification System (NAICS) code to this worksite, we need information on the products your company sells.

For all manufacturing activities described in Questions 6, 7, and 8, including those done at the worksite listed in Question 2 and those done elsewhere under contract for the worksite, what are the three best-selling product lines?

Product Line	For each product line, report →	% of sales revenue
1. <input type="text"/>	→	<input type="text"/> <input type="text"/> <input type="text"/> %
2. <input type="text"/>	→	<input type="text"/> <input type="text"/> <input type="text"/> %
3. <input type="text"/>	→	<input type="text"/> <input type="text"/> <input type="text"/> %

**12** If you have any comments about this report, please note them here:

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Thank you for completing this report. Please return it using the postage-paid, return envelope.



**BOX A**

Only complete this if you marked 'NO' for Question 3 on Page 1.

Our records show the main business activities, products, goods, or services at the worksite listed in Question 2 are:

[FILL]

If this is not correct, please enter your correct economic activity in the fields below.


Return to Question 4 on Page 1 to continue completing this form.

**BOX B**

From which of the following activities does the worksite in Question 2 generate revenue?

*Mark all that apply.*

- Manufacturing at this worksite for your company
- Manufacturing at this worksite for other companies
- Manufacturing done outside the U.S. for your company
- Manufacturing done by another, unaffiliated, company inside the U.S. for your company
- Other manufacturing, specify:

Return to Question 11 on Page 3 to continue completing this form.