FORM <b>ACE-2</b> (12-03-2013) Draft 3	U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU	requires businesses and other answer the questions and retu	rn the report to the U.S. Cens	is questionnaire to sus Bureau. By the
	UAL CAPITAL URES SURVEY	same law, <b>YOUR REPORT IS</b> persons sworn to uphold the c and may be used only for stati respondents' files are immune	onfidentiality of Census Bure stical purposes. Further, copi	au information
This questionnaire collects capital expenditures information from nonfarm businesses including but not limited to:				
• Small employer companie	S			
<ul> <li>Self employed persons</li> </ul>				
<ul> <li>Independent salespersons (e.g., cosmetic representatives)</li> </ul>				
<ul> <li>Independent commission workers (e.g., real estate and life insurance salespersons)</li> </ul>				
<ul> <li>Independent contractors (truckers, private duty nurses, construction contractors)</li> </ul>				
<ul> <li>Doctors, lawyers, investors accountants</li> </ul>	5,			
Even if this questionnaire was mailed to your home address and the business is	5			
not located at this address,		rrect any errors in name, addı	ess, and ZIP Code.)	
the form is applicable and must be completed.	Respondents are not required to re number from the Office of Manage	espond to any information col	lection unless it displays a	valid approval
Electronic Reporting				pp of the page.
To complete this survey onli	ne go to: <u>econhelp.census.gov/aces</u>	<u>3</u> .	User ID:	
Use the following User ID an			Password:	
PLEASE F	REFER TO THE ENCLOSED IN BEFORE COMPLET	STRUCTIONS AND DI TING THIS SURVEY.	EFINITIONS PAGE	
ITEM 1 Report the foll rounded to the	lowing capital expenditures da busands. Exclude land.	ata for the entire busin	ess. Report dollar va	alues
Report capital expenditure <b>business did not make</b> a	s your business made during the any capital expenditures enter	2013 reporting period. If "O" on the appropriate	' your e line(s).	Capital Expenditures
				for 2013
	Example: If fig			for 2013 Mil. Thou.
<b>a.</b> Total Capital Expenditu (The sum of lines b, c,	is \$2,600.00 r	$eport \rightarrow 3$	224	
(The sum of lines b, c,	is <b>\$2,600.00 r</b> ires <i>d, and e should equal the value re</i> e major additions, alterations, and	eported in line a.)	224 201	
(The sum of lines b, c, b. New Structures (Includ	is <b>\$2,600.00 r</b> ires <i>d, and e should equal the value re</i> e major additions, alterations, and	eported in line a.)		
(The sum of lines b, c, c) <b>b.</b> New Structures (Includ repairs to existing structures)	is <b>\$2,600.00 r</b> ires <i>d, and e should equal the value re</i> e major additions, alterations, and	eported in line a.)	201	
<ul> <li>(The sum of lines b, c, s)</li> <li>b. New Structures (Includ repairs to existing structures)</li> <li>c. Used Structures</li> </ul>	is <b>\$2,600.00 r</b> ires <i>d, and e should equal the value re</i> e major additions, alterations, and	eported in line a.)	201 211	
<ul> <li>(The sum of lines b, c, d)</li> <li>b. New Structures (Includ repairs to existing structures</li> <li>c. Used Structures</li> <li>d. New Equipment</li> <li>e. Used Equipment</li> <li>ITEM 2 Report the following the following structures</li> </ul>	is <b>\$2,600.00 r</b> ires <i>d, and e should equal the value re</i> e major additions, alterations, and	d capitalized	201 211 202	
<ul> <li>(The sum of lines b, c, d)</li> <li>b. New Structures (Includ repairs to existing structures</li> <li>c. Used Structures</li> <li>d. New Equipment</li> <li>e. Used Equipment</li> <li>ITEM 2 Report the foll Report in thou</li> <li>Report the estimated cost</li> </ul>	is \$2,600.00 r d, and e should equal the value re e major additions, alterations, and ctures)	eport	201 211 202 212 ed into	Mil. Thou.

a. Do the reported data cover t	he calend	ar vear 2013?								
95	ine curenu			FROM					ТО	
		-	Month	Day Yea	ar		Мо	nth	Day	Ye
<sup>2</sup> NO – Specify period cov	vered —	→ <sup>3</sup>				4				
OWNERSHIP INFORMATION										
a. Was this business in operation	on on Dec	ember 31, 201	3?							
<sup>96</sup> 1 <b>YES</b>							Мо	nth	Day	Ye
									Day	
<sup>2</sup> NO – Give date operation	ons ceased					→ 3				
b. Did the ownership of this bu		ange during th	е				Мо	nth	Dav	Va
year ending December 31, 20	013?								Day	Ye
<sup>97</sup> 1 YES – Specify date of c AND fill in c. bel	change —					→ 3				
2 🗌 NO										
	Cont	act name at naw as			6.	nto at a m		da <b>9</b> . m	hono	
<b>c.</b> Name of new operator/business	Cont	act name at new co	ompany			ntact are		ae & p	none	numi
Number and street address		City				State	ZIP	Code		
REMARKS – BRIEFLY DESCRIBE	E THE CAP	PITAL EXPEND	ITURES	3						
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<b>REMARKS – BRIEFLY DESCRIBE</b>	E THE CAP	PITAL EXPEND	ITURES	3						
Federal Employer Identification Number	- If applica				EIN					
Federal Employer Identification Number business you are reporting for in the box	- If applica x provided	ble, please list the	EIN of th	'ne						
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