Attachment D

ORM NC-99	530		E If not shown		ntor					
DRAFT)	550	U.S. DEPARTMENT OF COMMERC Economics and Statistics Administration U.S. CENSUS BUREA		ociiaua i	ile					
20	14 OWNERSHIP	POR CONTROL	Number (CFN mailing addre) from the ss.	e					
A. Is your	company owned or	controlled by another dome	stic company							
	OR									
does yo	our company operate	at more than one physical	location?							
□ Ye	es - (Complete lines E	3 and C and return this form	n with your compl	eted 2014	Annual	Survey	of Ma	anufact	ures	form.)
	o - (Discard this form	(NC-99530) and return you	r completed 2014	Annual Su	urvey of	^r Manufa	cture	s form.)	
B Owners	ship or control									
1. Doe	s another domestic d	ompany own more than 50 ent and policies of your con	percent of the vo npany?	ting stock	of your	compar	y or	have tl	ne po	ower
	\Box Yes - (Enter the following information of the owning or controlling company.) γ \Box No - (Go to line C.)									
	Name of owning or c	ontrolling company	Employer Identifi	cation						
			Number (EIN) of owning or contro	olling						
			company (9 digit	s) ———•						
	Home office address	(Number and street)								
	City, town, village, etc	2.		State	ZIP Cod	е				
								-		
	rk "X" only ONE box. Less than 50% 50%)								
More than 50%										
2014 Number										
the mai	iling address or as co	perated at the end of 2014 prrected in 1 on the first pa	ge of the 2014 Ar	inual Surv	e left of ey of 					
If more	e than one establis	hment:								
		tion address and other info			ack of t	his form	for e	ach loc	atior	٦.
		s location first, followed by ents, receipts, or revenue fo			the am	ount ron	ortod	l in 🗛 /	and 4	22
und	er, census code 7700	000, TOTAL of the 2014 Ani	nual Survey of Ma	anufacture	s form.					
• The Surv	sum of employment vey of Manufactures	and payroll for all locations form.	s should equal the	e amounts	reporte	ed in 🖸 c	of the	2014 A	Annu	al
• For	employees that work	ed at more than one location	on, report the emp	oloyment a	and pay	roll data	for th	ne emp	loye	es at
tne	UNE location where	they spent most of their wo	orking time.							

CONTINUE WITH LINE C ON PAGE 2

99530016

Form NC-99530 (DRAFT)

99530024

C. Number of establishments operated at the end of 2014 under the EIN shown to the left of the mailing address or as corrected in **O** on the first page of the 2014 Annual Survey of Manufactures form - Continued

BEFORE YOU BEGIN: If your EIN had more than 3 physical locations at the end of 2014, copy this page and provide the requested data for all of your locations.

NameStorePlan No.StorePlan No.StateName <t< th=""><th>_</th><th>Name</th><th></th><th></th><th>Eati</th><th>mento</th><th></th><th>a a a a a ta b la</th><th></th></t<>	_	Name			Eati	mento		a a a a a ta b la			
		Name	Estimates are acceptable								
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Number of employees March 12		Physical location (Number and street)				2014					
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				2014							
(Jan-Mar 2014) (Jan-Mar 2014) Jan-Mar 2014 Jan-Mar 2014 Jan-Mar 2014) Jan-Mar 2014 Jan-Ma		ZIP Code		\$ Bil.		Mil. Thou.					
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