

FORM **NC-99530**  
(DRAFT)

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

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

**2014 OWNERSHIP OR CONTROL**

**A.** Is your company owned or controlled by another domestic company

**OR**

does your company operate at more than one physical location?

- Yes - (Complete lines B and C and return this form with your completed 2014 Annual Survey of Manufactures form.)
- No - (Discard this form (NC-99530) and return your completed 2014 Annual Survey of Manufactures form.)

**B.** Ownership or control

**1.** 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?

- Yes - (Enter the following information of the owning or controlling company.)
- No - (Go to line C.)

Name of owning or controlling company	Employer Identification Number (EIN) of owning or controlling company (9 digits)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>												
Home office address (Number and street)														
City, town, village, etc.	State	ZIP Code												
		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>												

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

- Less than 50%
- 50%
- More than 50%

2014						
Number						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>						

**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 **1** on the first page of the 2014 Annual Survey of Manufactures form . . . . .

**If more than one establishment:**

- Provide the physical location address and other information requested on the back of this form for each location.
- Provide the headquarters location first, followed by all other locations.
- The sum of sales, shipments, receipts, or revenue for all locations should equal the amount reported in **5** and **22** under, census code 7700000, TOTAL of the 2014 Annual Survey of Manufactures form.
- The sum of employment and payroll for all locations should equal the amounts reported in **7** of the 2014 Annual Survey of Manufactures form.
- 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.

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**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 ❶ 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.

Name		Estimates are acceptable		
Secondary name		2014		
Store/Plant No.		\$ Bil.	Mil.	Thou.
Physical location (Number and street)		Sales, shipments, receipts, or revenue		
City, town, village, etc.		2014		
State		Number		
ZIP Code		Number of employees for pay period including March 12 . . . . .		
Describe kind of business at this location		2014		
		\$ Bil.	Mil.	Thou.
		First quarter payroll (Jan-Mar 2014) . . .		
		Annual payroll . . .		
Name		Estimates are acceptable		
Secondary name		2014		
Store/Plant No.		\$ Bil.	Mil.	Thou.
Physical location (Number and street)		Sales, shipments, receipts, or revenue		
City, town, village, etc.		2014		
State		Number		
ZIP Code		Number of employees for pay period including March 12 . . . . .		
Describe kind of business at this location		2014		
		\$ Bil.	Mil.	Thou.
		First quarter payroll (Jan-Mar 2014) . . .		
		Annual payroll . . .		
Name		Estimates are acceptable		
Secondary name		2014		
Store/Plant No.		\$ Bil.	Mil.	Thou.
Physical location (Number and street)		Sales, shipments, receipts, or revenue		
City, town, village, etc.		2014		
State		Number		
ZIP Code		Number of employees for pay period including March 12 . . . . .		
Describe kind of business at this location		2014		
		\$ Bil.	Mil.	Thou.
		First quarter payroll (Jan-Mar 2014) . . .		
		Annual payroll . . .		

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