

Attachment D-2

**Department of Commerce
United States Census Bureau
OMB Information Collection Request
2017 Economic Census
OMB Control Number 0607-XXXX**

**Draft Previews of Standard, Consolidated, and Classification Questionnaires
Sector 22**

Attachment	Sector	Instrument Path	Instrument Path Title
D-2	22	2211A	Electric Power Generation, Transmission and Distribution (Consolidated)
		22110	Electric Power Generation, Transmission and Distribution
		22120	Natural Gas Distribution
		22130	Water, Sewage and Other Systems

DEFINITION OF REPORTING UNIT

The reporting unit for this questionnaire is a consolidation of all your company's domestic establishments for the industry specified in the "Industry" field below. Establishments are generally single physical locations. Please update the pre-identified establishments for this industry in Item 29A, Locations of Operation.

Name 1
RECORD_NAME1

Name 2
RECORD_NAME2

NAICS
ARU_NAICS

Industry
ARU_INDUSTRY

GENERAL REPORTING GUIDELINES

- Please provide information for each establishment owned or controlled by the company or organization.
- Information for each establishment should cover calendar year 2017. If book figures are not available, **estimates are acceptable**. If your fiscal year covers at least 10 months of calendar year 2017, you may report all items except payroll on a fiscal year basis. Calendar year figures for payroll should be available from your Internal Revenue Service (IRS) Form 941, Employer's Quarterly Federal Tax Return, or Form 944, Employer's Annual Federal Tax Return. Indicate the exact dates covered in the submission certification.

How to Report Dollar Figures:

Dollar figures should be rounded to thousands of dollars

EXAMPLE - if a dollar figure is \$2,036,355.25, report:

Check if None

2017	
\$ 2036	,000.00

EXAMPLE - if a dollar figure is "0" (or less than \$500.00), report:

Check if None

2017	
\$,000.00

How to Report Percents:

Percents should be **rounded** to **whole** percents

EXAMPLE - if figure is 38.76% of total sales, report:

2017	
39	%

ITEM 5: SALES, SHIPMENTS, RECEIPTS, OR REVENUE

What was the total operating revenue?

Check
if
None

2017
\$,000.00

ITEM 7: EMPLOYMENT AND PAYROLL

Include:

- Full- and part-time employees for this consolidated reporting unit whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return

Exclude:

- Temporary staffing obtained from a staffing service
- Contractors, subcontractors, or independent contractors
- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN
- Purchased or managed services, such as janitorial, guard, or landscape services
- Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services

For further clarification, click "Additional Information" link above.

A. Employment

What was the number of employees for pay period including March 12?

Check if None	2017
	<input type="text"/>

B. Payroll before deductions

(Exclude employer's cost for fringe benefits.)

1. What was the annual payroll?

Check if None	2017
	\$ <input style="width: 100px;" type="text"/> ,000.00

2. What was the first quarter payroll (January-March 2017)?

Check if None	\$ <input style="width: 100px;" type="text"/> ,000.00
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ITEM 17: PRINCIPAL BUSINESS OR ACTIVITY

Which ONE of the following best describes this consolidated reporting unit's principal kind of business or activity in 2017?
If none of the provided selections seem appropriate, provide a specific description of the primary business activity.

Select only ONE.

Electric services

221111 001 Hydroelectric power generation

221112 001 Fossil fuel power generation

221113 001 Nuclear power generation

221114 001 Solar power generation

221115 001 Wind power generation

221116 001 Geothermal power generation

221117 001 Biomass power generation, except at landfill

221118 001 Other power generation - Describe

Describe

562213 002 Nonhazardous solid waste combustors and incinerators producing electricity at landfill

562211 004 Hazardous solid waste combustors and incinerators producing electricity at landfill

221121 001 Bulk power transmission and control

221122 001 Electric power distribution

221122 002 Electric power marketers and brokers

221210 006 Natural gas distribution and/or natural gas marketing

Finance services

523130 002 Commodity trading company

Other principal business or activity

774000 001 Other principal business or activity - Describe

Describe

ITEM 20: CLASS OF CUSTOMER

What was the percentage of this reporting unit's total operating revenue (reported in **Item 5**) by class of customer?

	2017 Whole percent of revenue
1. Residential (Include apartment buildings.)	<input type="text"/> %
2. Commercial (Include farms.)	<input type="text"/> %
3. Industrial	<input type="text"/> %
4. Institutional	<input type="text"/> %
5. Government (Exclude utilities.)	<input type="text"/> %
6. Government-owned utilities	<input type="text"/> %
7. Private utilities (Include co-ops, etc.)	<input type="text"/> %
8. Other	<input type="text"/> %
<input type="text" value="Describe"/>	<input type="text"/> %
9. TOTAL - Sum of lines 1 through 8 should equal 100%. (Exclude utilities.)	<input type="text"/> %

ITEM 22: DETAIL OF SALES, SHIPMENTS, RECEIPTS OR REVENUEOf the \$,000.00 of Sales, Shipments, Receipts, or Revenue reported in **Item 5**, what products and services were included?**Select ALL that apply.**

1. Electricity generation	<input type="checkbox"/>	6000075000
a. Electricity generation (except waste energy generation - incineration at landfill)	<input type="checkbox"/>	6000075003
b. Non-hazardous waste energy generation services (by incineration at landfill)	<input type="checkbox"/>	6000075006
c. Hazardous waste energy generation services	<input type="checkbox"/>	6000075009
2. Electricity distribution and support services (except marketing and brokering)	<input type="checkbox"/>	6000125000
3. Electricity (power) marketing and brokering	<input type="checkbox"/>	6000150000
4. Natural gas distribution and support services	<input type="checkbox"/>	6000025000
a. Natural gas distribution and support services (except marketing and brokering)	<input type="checkbox"/>	6000025003
b. Natural gas (power) marketing and brokering	<input type="checkbox"/>	6000025006
5. Electricity transmission services	<input type="checkbox"/>	6000100000
6. Transportation of natural gas by pipeline, excluding gas field gathering services	<input type="checkbox"/>	7011150000
7. Oil and gas field gathering services	<input type="checkbox"/>	1001800000
8. Extraction of butane (C ₄) (at least 80 percent purity)	<input type="checkbox"/>	1000475000
9. Extraction of propane (C ₃) (at least 80 percent purity)	<input type="checkbox"/>	1000450000
10. Retailing services for major household appliances and related parts and accessories	<input type="checkbox"/>	5000700000
11. Retailing services for household fuels, including oil, LP gas, wood, coal	<input type="checkbox"/>	5001750000

Item 22: Detail of Sales, Shipments, Receipts, or Revenue - Continued

Of the \$,000.00 of Sales, Shipments, Receipts, or Revenue reported in **Item 5**, what was the value for each product or service?

Description	Value	Product Code
1. Electricity generation		
a. Electricity generation (except waste energy generation - incineration at landfill)	\$ <input type="text"/> ,000.00	6000075003
b. Non-hazardous waste energy generation services (by incineration at landfill)	\$ <input type="text"/> ,000.00	6000075006
c. Hazardous waste energy generation services	\$ <input type="text"/> ,000.00	6000075009
Subtotal	\$ <input type="text"/> ,000.00	6000075000
2. Electricity distribution and support services (except marketing and brokering)	\$ <input type="text"/> ,000.00	6000125000
3. Electricity (power) marketing and brokering	\$ <input type="text"/> ,000.00	6000150000
4. Natural gas distribution and support services		
a. Natural gas distribution and support services (except marketing and brokering)	\$ <input type="text"/> ,000.00	6000025003
b. Natural gas (power) marketing and brokering	\$ <input type="text"/> ,000.00	6000025006
Subtotal	\$ <input type="text"/> ,000.00	6000025000
5. Electricity transmission services	\$ <input type="text"/> ,000.00	6000100000
6. Transportation of natural gas by pipeline, excluding gas field gathering services	\$ <input type="text"/> ,000.00	7011150000
7. Oil and gas field gathering services	\$ <input type="text"/> ,000.00	1001800000
8. Extraction of butane (C₄) (at least 80 percent purity)	\$ <input type="text"/> ,000.00	1000475000
9. Extraction of propane (C₃) (at least 80 percent purity)	\$ <input type="text"/> ,000.00	1000450000
10. Retailing services for major household appliances and related parts and accessories	\$ <input type="text"/> ,000.00	5000700000
11. Retailing services for household fuels, including oil, LP gas, wood, coal	\$ <input type="text"/> ,000.00	5001750000
12. Other utilities or waste management operating revenue		
a. Other utilities or waste management operating revenue - write-in #1		
Describe <input type="text"/>	\$ <input type="text"/> ,000.00	6001025003
b. Other utilities or waste management operating revenue - write-in #2		
Describe <input type="text"/>	\$ <input type="text"/> ,000.00	6001025006
c. Other utilities or waste management operating revenue - write-in #3		
Describe <input type="text"/>	\$ <input type="text"/> ,000.00	6001025009

13. All other products and services, not elsewhere classified

a. All other products and services, not elsewhere classified - write-in #1

Pick one

Describe

\$,000.00

9000000003

b. All other products and services, not elsewhere classified - write-in #2

Pick one

Describe

\$,000.00

9000000006

c. All other products and services, not elsewhere classified - write-in #3

Pick one

Describe

\$,000.00

9000000009

Add Additional Products

TOTAL - Sum of lines should equal total Sales, Shipments, Receipts, or Revenue reported in Item 5

\$,000.00

9900000000

ITEM 28: SPECIAL INQUIRIES - EXPORTED ENERGY

What was the percentage of revenue (reported in **Item 5**) from exports to customers in Canada and Mexico?

Check
if
None

2017
Whole
percent of
revenue

%

ITEM 28: SPECIAL INQUIRIES- COST OF ELECTRICITY

	<input type="checkbox"/>	2017
1. What was the cost of electricity purchased for resale?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
2. What was the revenue from the sale of electricity purchased for resale? (Revenue reported here should be less than or equal to the revenue reported in Item 5 .)	<input type="checkbox"/>	\$ <input type="text"/> ,000.00

ITEM 28: SPECIAL INQUIRIES - COST OF NATURAL GAS

Check
if
None

1. Cost of natural gas purchased for resale

	2017	
\$	<input type="text"/>	,000.00

2. Revenue from the sale of natural gas purchased for resale
(Revenue reported here should be less than or equal to the revenue reported in **Item 22**.)

\$	<input type="text"/>	,000.00
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ITEM 28: SPECIAL INQUIRIES - NEW CONSTRUCTION, INCLUDING RENOVATION

Was this consolidated reporting unit involved in new construction or renovation of buildings, structures, or communication lines during 2017?

- Yes
- No

ITEM 28: SPECIAL INQUIRIES - NEW CONSTRUCTION, INCLUDING RENOVATION

1. What were the capital expenditures for new construction, including renovation?
(Include labor and materials. Exclude land and the value of production machinery and equipment not an integral part of a structure.)

2017	
\$	<input type="text"/>
	,000.00

2. What percentage of the capital expenditures reported above represented work done by your own employees as opposed to work done by contractors or other hired labor?

Check if None

2017	
<input type="text"/>	%

ITEM 28: SPECIAL INQUIRIES - MAINTENANCE AND REPAIR

Was this consolidated reporting unit involved in maintenance and repair of buildings, structures, or communication lines owned by your enterprise during 2017?
(Report "No" if expenses were limited to activities, such as janitorial services, cleaning, lawn maintenance, etc.)

- Yes
- No

ITEM 28: SPECIAL INQUIRIES - MAINTENANCE AND REPAIR

1. What were your expenses for maintenance and repairs?

(Exclude expenses for such activities as janitorial services, cleaning, lawn maintenance, etc.)

2017	
\$	<input type="text"/>
	,000.00

2. What percentage of the expenses for maintenance and repairs reported above represented work done by your own employees as opposed to work done by contractors or other hired labor?

Check if None

2017	
<input type="text"/>	%

ITEM 29: LOCATIONS OF OPERATION

- A. Complete Item 29A: Pre-Identified Locations of Operation
- B. Complete Item 29B: Additional Locations of Operation
- C. Number of locations

Include:

- All locations in operation or temporarily inactive in Item 29A
- All locations added in Item 29B

Exclude:

- All locations that have ceased operation or were sold

For further clarification, click the "Additional Information" link above.

Check
if
None

2017

What was the **total** number of locations in operation in 2017?

ITEM 29A: PRE-IDENTIFIED LOCATIONS OF OPERATION

LOCATION INFORMATION

We have listed establishments of your company based on Census records. Correct any errors or omissions below. Establishments are listed in the following sequence: Employer Identification Number (EIN), major activity, and geographic location.
(P.O. Box and rural route addresses are not physical locations)

Line No. RECORD_ID	EIN EIN_NUM	NAICS RECORD_NAICS
Major Activity MAJOR_ACTIVITY		
Name RECORD_NAME1		
Secondary Name RECORD_NAME2	Store/Plant Number RECORD_STORE	
Physical Location (Number and Street) ADDR_STREET		
City, town, village, etc. ADDR_CITY	State Select State or Territory	ZIP Code ADDR_ZIP
CFN RECORD_CFN		

EMPLOYMENT AND PAYROLL

- Include the number of employees and payroll for full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return
- Include part-year operations
- Do not combine data for establishments
- If book figures are not available for employment and payroll for each establishment, please provide your best **estimates**.

What was the number of employees for pay period including March 12?

2017	<input type="text"/>
------	----------------------

What was the annual payroll?

2017	\$ <input type="text"/> ,000.00
------	---------------------------------

What was the first quarter payroll (January-March 2017)?

2017	\$ <input type="text"/> ,000.00
------	---------------------------------

OPERATIONAL STATUS

Which of the following best describes this establishment's operational status at the end of 2017?


- In operation
- Temporarily or seasonally inactive
- Ceased operation
- Sold or leased to another operator

Other

Describe

SOLD OPERATION DATE AND INFORMATION

When was this establishment sold or leased to another operator?

MMDDYYYY
 

What is the name and address of this establishment's new owner or operator?

Name of new owner/operator

Mailing Address (Number and Street, P.O. Box, etc.)

City, town, village, etc.

State
Select State or Territory

ZIP Code

ITEM 29B: ADDITIONAL LOCATIONS OF OPERATION

List separately any establishments of your company and its subsidiaries that were not included in Item 29A, PRE-IDENTIFIED LOCATIONS OF OPERATION but were in operation and engaged in the industry. If your company operates at locations for which you have received separate reporting instruments, do not list them, instead complete those instruments.

LOCATION INFORMATION

What is this establishment's physical location?
(P.O. Box and rural route addresses are not physical locations)

EIN

Name

Secondary Name	Store/Plant
<input type="text"/>	<input type="text"/>

Physical Location (Number and Street)

City, town, village, etc.

State

ZIP Code

Date establishment opened or is expected to open

CFN

EMPLOYMENT AND PAYROLL

- Include the number of employees and payroll for full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return
- Include part-year operations
- Do not combine data for establishments
- If book figures are not available for employment and payroll for each establishment, please provide your best **estimates**.

What was the number of employees for pay period including March 12?

2017

What was the annual payroll?

2017
 \$,000.00

What was the first quarter payroll (January-March 2017)?

2017
 \$,000.00

MAJOR ACTIVITY CODE

What is the ACTIVITY CODE that best describes the activity of this establishment?

Activity Code	Principal products or services
<input type="text"/>	<input type="text"/>
	Specify
	<input type="text"/>

FORMER OWNER OR OPERATOR INFORMATION

Who was the former owner or operator, and when was this establishment acquired?

Name of former owner or operator

Mailing Address (Number and Street, P.O. Box, etc.)

City, town, village, etc.

State
Select State or Territory

ZIP Code

Month Acquired

Year Acquired

Remarks

REMARKS

(Please use this space for any explanations that may be essential in understanding your reported data.) Maximum length is 1,000 characters.

You have

1000

characters left.

DEFINITION OF ESTABLISHMENT

The reporting unit for this questionnaire is an **establishment**. An establishment is generally a single physical location where business is conducted or where services or industrial operations are performed.

MAILING ADDRESS

Please update the mailing address if needed.

ATTN
RECORD_ATTN_TXT

Name 1
RECORD_NAME1

Store/Plant
RECORD_STOR

Name 2
RECORD_NAME2

Number and Street
ADDR_STREET

City, town, village, etc.
ADDR_CITY

State
Select State or Territory

ZIP Code
ADDR_ZIP

PHYSICAL LOCATION

Please update the physical location if needed.
(P.O. Box and rural route addresses are not physical locations.)

Number and Street
PHYSLOC_ADDR_STREET

City, town, village, etc.
PHYSLOC_ADDR_CITY

State
Select State or Territory

ZIP Code
PHYSLOC_A

For Census Bureau Use Only

CFN
RECORD_CFN

ELECTRONIC_B

LEGAL BOUNDARY AND MUNICIPALITY

Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

- Yes
- No
- No legal boundaries
- Do not know

In what type of municipality is this establishment physically located?

- City, village, or borough
- Town or township
- Other
- Do not know

Item 1: Employer Identification Number

ITEM 1: EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) used on this establishment's latest 2017 Internal Revenue Service Form 941, Employer's Federal Quarterly Tax Return?

- Yes
- No

ITEM 1: EMPLOYER IDENTIFICATION NUMBER

What is this establishment's 9-digit Employer Identification Number (EIN) used on its latest 2017 Internal Revenue Service Form 941, Employer's Federal Quarterly Tax Return?

EIN
<input type="text"/>

ADDITIONAL REPORTING GUIDELINES

GENERAL INSTRUCTIONS

- Please report information for each establishment owned or controlled by the company or organization.
- Each report form should cover calendar year 2017. If book figures are not available, **estimates are acceptable**. If your fiscal year covers at least 10 months of calendar year 2017, you may report all items except payroll on a fiscal year basis. Calendar year figures for payroll should be available from your Internal Revenue Service (IRS) Form 941, Employer's Quarterly Federal Tax Return, or Form 944, Employer's Annual Federal Tax Return. Indicate the exact dates covered when the report form(s) is submitted.

How to Report Dollar Figures:

Dollar figures should be rounded to thousands of dollars

EXAMPLE: If a dollar figure is \$2,036,355.25

Report	Check if None	2017
	<input type="checkbox"/>	\$ 2036 ,000.00

EXAMPLE: If a dollar figure is "0" (or less than \$500.00):

Report	Check if None	2017
	<input checked="" type="checkbox"/>	\$,000.00

How to Report Percents:

Percents should be **rounded to whole** percents

EXAMPLE: If figure is 38.76% of total sales

Report	2017
	39 %

ITEM 2A: OWNERSHIP OR CONTROL

Is your company owned or controlled by another domestic company?

- Yes
- No

ITEM 2A: OWNERSHIP OR CONTROL - VOTING STOCK VALIDATION

Does another domestic company own more than 50 percent of the voting stock of your company?

- Yes
- No

ITEM 2A: OWNERSHIP OR CONTROL - MANAGEMENT AND POLICY

Does another domestic company have the power to control the management and policies of your company?

- Yes
- No

ITEM 2A: OWNERSHIP OR CONTROL - PERCENT OF VOTING STOCK HELD

What percent of voting stock was held by the owning or controlling company?

- Less than 50%
- 50%

ITEM 2A: OWNERSHIP OR CONTROL - COMPANY INFORMATION

What is the name, address, and 9-digit Employer Identification Number (EIN) of the owning or controlling company?

Name of owning or controlling company

Home office address (Number and street)

City, town, village, etc.

State
Select States and Territories

ZIP Code

EIN

ITEM 2B: NUMBER OF ESTABLISHMENTS - MORE THAN ONE LOCATION

Does your company operate in more than one location?

- Yes
- No

Item 2B: Number of Establishments

ITEM 2B: NUMBER OF ESTABLISHMENTS

How many establishments operated under EIN at the end of 2017?

2017

ITEM 2B: NUMBER OF ESTABLISHMENTS - ESTABLISHMENTS OF THIS COMPANY

This company owns and operates establishments under EIN at the end of 2017.

- Use the 'Add Establishment' button to add ALL establishments in the company and their respective data.
- Provide the headquarters location first, then all the other locations.
- Data for establishments operated during 2017, but not in operation at the end of the year, should be included with the headquarters location.
- Please ensure all establishments of this company are listed below with one establishment per row.
- Use the 'Edit' button on each row to update the location's physical address or other information.

ITEM 2B: NUMBER OF ESTABLISHMENTS - ESTABLISHMENT INFORMATION

Name

Secondary Name

Store/Plant Number

Number and Street

City, town, village, etc.

State

ZIP Code

Describe kind of business at this location

For employees that worked at more than one location, report the employment and payroll data for employees at the ONE location where they spent most of their working time.

Number of Employees for Pay Period including March 12

2017 Number

First Quarter Payroll
 (Jan - March 2017)

2017
 \$,000.00

Annual Payroll

2017
 \$,000.00

Sales, Shipments, Receipts, or Revenue

2017
 \$,000.00

ITEM 2B: NUMBER OF ESTABLISHMENTS - CONSOLIDATING DATA INSTRUCTIONS

Consolidating Data for EIN :

- Add the values reported in Sales, Shipments, Receipts, or Revenue for all establishments of the EIN and report the combined total in the questions for **Item 5**, Sales, Shipments, Receipts, or Revenue and **Item 22**, Detail of Sales, Shipments, Receipts, or Revenue that follow.
- Add the values reported in Employment, First Quarter Payroll, and Annual Payroll for all establishments of the EIN and report the combined totals in the question for **Item 7**, Employment and Payroll that follows.
- Report combined data for all other questions that follow.

ITEM 3: OPERATIONAL STATUS

Which of the following best describes this establishment's operational status at the end of 2017?

- In operation
- Temporarily or seasonally inactive
- Ceased operation
- Sold or leased to another operator
- Other


Describe

Item 3: Operational Status - Ceased Operation Date

ITEM 3: OPERATIONAL STATUS - CEASED OPERATION DATE


When did this establishment cease operation?

MMDDYYYY



ITEM 3: OPERATIONAL STATUS - SOLD OPERATION DATE AND INFORMATION

When was this establishment sold or leased to another operator?

MMDDYYYY
 

What is the name, address, and 9-digit Employer Identification Number (EIN) of this establishment's new owner or operator?

Name of new owner/operator

Mailing Address (Number and Street, P.O. Box, etc.)

City, town, village, etc.

State
Select States and Territories

ZIP Code

EIN

Item 4: Months in Operation

ITEM 4: MONTHS IN OPERATION

What was the number of months in operation during 2017?

Check
if
None

2017
Number

ITEM 5: SALES, SHIPMENTS, RECEIPTS, OR REVENUE

What was the total operating revenue?

Check
if
None

2017
\$,000.00

ITEM 7: EMPLOYMENT AND PAYROLL

Include:

- Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) in **Item 1**

Exclude:

- Temporary staffing obtained from a staffing service
- Contractors, subcontractors, or independent contractors
- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN
- Purchased or managed services, such as janitorial, guard, or landscape services
- Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services

For further clarification, click the "Additional Information" link above.

A. Employment

What was the number of employees for pay period including March 12?

Check if None	2017
	<input type="text"/>

B. Payroll before deductions

(Exclude employer's cost for fringe benefits.)

1. What was the annual payroll?

Check if None	2017
	\$ <input style="width: 100px;" type="text"/> ,000.00

2. What was the first quarter payroll (January-March 2017)?

Check if None	2017
	\$ <input style="width: 100px;" type="text"/> ,000.00

ITEM 17: PRINCIPAL BUSINESS OR ACTIVITY

Which ONE of the following best describes this establishment's principal kind of business or activity in 2017?
 If none of the provided selections seem appropriate, provide a specific description of the primary business activity.
Select only ONE.

Electric services221111 001 Hydroelectric power generation221112 001 Fossil fuel power generation221113 001 Nuclear power generation221114 002 Solar power generation221115 002 Wind power generation221116 002 Geothermal power generation221117 002 Biomass power generation, except at landfill221118 002 Other power generation - Describe

Describe

562213 002 Nonhazardous solid waste combustors and incinerators producing electricity at landfill562211 004 Hazardous solid waste combustors and incinerators producing electricity at landfill221121 001 Bulk power transmission and control221122 001 Electric power distribution221122 002 Electric power marketers and brokers221210 006 Natural gas distribution and/or natural gas marketing**Finance services**523130 002 Commodity trading company**Other principal business or activity**774000 001 Other principal business or activity - Describe

Describe

ITEM 20: CLASS OF CUSTOMER

What was the percentage of this establishment's total operating revenue (reported in **Item 5**) by class of customer?

	2017 Whole percent of revenue
1. Residential (Include apartment buildings.)	<input type="text"/> %
2. Commercial (Include farms.)	<input type="text"/> %
3. Industrial	<input type="text"/> %
4. Institutional	<input type="text"/> %
5. Government (Exclude utilities.)	<input type="text"/> %
6. Government-owned utilities	<input type="text"/> %
7. Private utilities (Include co-ops, etc.)	<input type="text"/> %
8. Other	<input type="text"/> %
<input type="text" value="Describe"/>	<input type="text"/> %
9. TOTAL - Sum of lines 1 through 8 should equal 100%. (Exclude utilities.)	<input type="text"/> %

ITEM 22: DETAIL OF SALES, SHIPMENTS, RECEIPTS OR REVENUEOf the \$,000.00 of Sales, Shipments, Receipts, or Revenue reported in **Item 5**, what products and services were included?**Select ALL that apply.**

1. Electricity generation	<input type="checkbox"/>	6000075000
a. Electricity generation (except waste energy generation - incineration at landfill)	<input type="checkbox"/>	6000075003
b. Non-hazardous waste energy generation services (by incineration at landfill)	<input type="checkbox"/>	6000075006
c. Hazardous waste energy generation services	<input type="checkbox"/>	6000075009
2. Electricity distribution and support services (except marketing and brokering)	<input type="checkbox"/>	6000125000
3. Electricity (power) marketing and brokering	<input type="checkbox"/>	6000150000
4. Natural gas distribution and support services	<input type="checkbox"/>	6000025000
a. Natural gas distribution and support services (except marketing and brokering)	<input type="checkbox"/>	6000025003
b. Natural gas (power) marketing and brokering	<input type="checkbox"/>	6000025006
5. Electricity transmission services	<input type="checkbox"/>	6000100000
6. Transportation of natural gas by pipeline, excluding gas field gathering services	<input type="checkbox"/>	7011150000
7. Oil and gas field gathering services	<input type="checkbox"/>	1001800000
8. Extraction of butane (C ₄) (at least 80 percent purity)	<input type="checkbox"/>	1000475000
9. Extraction of propane (C ₃) (at least 80 percent purity)	<input type="checkbox"/>	1000450000
10. Retailing services for major household appliances and related parts and accessories	<input type="checkbox"/>	5000700000
11. Retailing services for household fuels, including oil, LP gas, wood, coal	<input type="checkbox"/>	5001750000

Item 22: Detail of Sales, Shipments, Receipts, or Revenue - Continued

Of the \$,000.00 of Sales, Shipments, Receipts, or Revenue reported in **Item 5**, what was the value for each product or service?

Description	Value	Product Code
1. Electricity generation		
a. Electricity generation (except waste energy generation - incineration at landfill)	\$ <input type="text"/> ,000.00	6000075003
b. Non-hazardous waste energy generation services (by incineration at landfill)	\$ <input type="text"/> ,000.00	6000075006
c. Hazardous waste energy generation services	\$ <input type="text"/> ,000.00	6000075009
Subtotal	\$ <input type="text"/> ,000.00	6000075000
2. Electricity distribution and support services (except marketing and brokering)	\$ <input type="text"/> ,000.00	6000125000
3. Electricity (power) marketing and brokering	\$ <input type="text"/> ,000.00	6000150000
4. Natural gas distribution and support services		
a. Natural gas distribution and support services (except marketing and brokering)	\$ <input type="text"/> ,000.00	6000025003
b. Natural gas (power) marketing and brokering	\$ <input type="text"/> ,000.00	6000025006
Subtotal	\$ <input type="text"/> ,000.00	6000025000
5. Electricity transmission services	\$ <input type="text"/> ,000.00	6000100000
6. Transportation of natural gas by pipeline, excluding gas field gathering services	\$ <input type="text"/> ,000.00	7011150000
7. Oil and gas field gathering services	\$ <input type="text"/> ,000.00	1001800000
8. Extraction of butane (C₄) (at least 80 percent purity)	\$ <input type="text"/> ,000.00	1000475000
9. Extraction of propane (C₃) (at least 80 percent purity)	\$ <input type="text"/> ,000.00	1000450000
10. Retailing services for major household appliances and related parts and accessories	\$ <input type="text"/> ,000.00	5000700000
11. Retailing services for household fuels, including oil, LP gas, wood, coal	\$ <input type="text"/> ,000.00	5001750000
12. Other utilities or waste management operating revenue		
a. Other utilities or waste management operating revenue - write-in #1		
Describe <input type="text"/>	\$ <input type="text"/> ,000.00	6001025003
b. Other utilities or waste management operating revenue - write-in #2		
Describe <input type="text"/>	\$ <input type="text"/> ,000.00	6001025006
c. Other utilities or waste management operating revenue - write-in #3		
Describe <input type="text"/>	\$ <input type="text"/> ,000.00	6001025009
13. All other products and services, not elsewhere classified		

a. All other products and services, not elsewhere classified - write-in #1

Pick one

Describe

\$

,000.00

9000000003

b. All other products and services, not elsewhere classified - write-in #2

Pick one

Describe

\$

,000.00

9000000006

c. All other products and services, not elsewhere classified - write-in #3

Pick one

Describe

\$

,000.00

9000000009

Add Additional Products

TOTAL - Sum of lines should equal total Sales, Shipments, Receipts, or Revenue reported in Item 5

\$

,000.00

9900000000

ITEM 26: BUSINESS COOPERATIVE

A cooperative is a business or organization owned by, controlled by, and operated for the benefit of members using its services. Members (also known as user-owners) benefit from use of service and product operations and/or earnings generated by the co-op. This includes purchasing co-ops, member/patron organizations, member-controlled non-profits, consumer co-ops, marketing co-ops, worker co-ops, etc.

Is this establishment a cooperative?

Yes

No

ITEM 28: SPECIAL INQUIRIES - EXPORTED ENERGY

What was the percentage of revenue (reported in **Item 5**) from exports to customers in Canada and Mexico?

Check
if
None

2017 Whole percent of revenue	%
<input type="text"/>	

ITEM 28: SPECIAL INQUIRIES- COST OF ELECTRICITY

	<input type="checkbox"/>	2017
1. What was the cost of electricity purchased for resale?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
2. What was the revenue from the sale of electricity purchased for resale? (Revenue reported here should be less than or equal to the revenue reported in Item 5 .)	<input type="checkbox"/>	\$ <input type="text"/> ,000.00

ITEM 28: SPECIAL INQUIRIES - COST OF NATURAL GAS

Check
if
None

1. Cost of natural gas purchased for resale

	2017	
\$	<input type="text"/>	,000.00

2. Revenue from the sale of natural gas purchased for resale
(Revenue reported here should be less than or equal to the revenue reported in **Item 22**.)

\$	<input type="text"/>	,000.00
----	----------------------	---------

ITEM 28: SPECIAL INQUIRIES - NEW CONSTRUCTION, INCLUDING RENOVATION

Was this establishment involved in new construction or renovation of buildings, structures, or communication lines during 2017?

- Yes
- No

ITEM 28: SPECIAL INQUIRIES - NEW CONSTRUCTION, INCLUDING RENOVATION

1. What were the capital expenditures for new construction, including renovation?
(Include labor and materials. Exclude land and the value of production machinery and equipment not an integral part of a structure.)

	2017	
\$	<input type="text"/>	,000.00

2. What percentage of the capital expenditures reported above represented work done by your own employees as opposed to work done by contractors or other hired labor?

Check if None

	2017	
	<input type="text"/>	%

ITEM 28: SPECIAL INQUIRIES - MAINTENANCE AND REPAIR

Was this establishment involved in maintenance and repair of buildings, structures, or communication lines owned by your enterprise during 2017?
(Report "No" if expenses were limited to activities, such as janitorial services, cleaning, lawn maintenance, etc.)

- Yes
- No

ITEM 28: SPECIAL INQUIRIES - MAINTENANCE AND REPAIR

1. What were your expenses for maintenance and repairs?
(Exclude expenses for such activities as janitorial services, cleaning, lawn maintenance, etc.)

2017	
\$	<input type="text"/>
	,000.00

2. What percentage of the expenses for maintenance and repairs reported above represented work done by your own employees as opposed to work done by contractors or other hired labor?

Check if None

2017	
<input type="text"/>	%

Remarks

REMARKS

(Please use this space for any explanations that may be essential in understanding your reported data.) Maximum length is 1,000 characters.

You have

1000

characters left.

DEFINITION OF ESTABLISHMENT

The reporting unit for this questionnaire is an **establishment**. An establishment is generally a single physical location where business is conducted or where services or industrial operations are performed.

MAILING ADDRESS

Please update the mailing address if needed.

ATTN
RECORD_ATTN_TXT

Name 1
RECORD_NAME1

Store/Plant
RECORD_STOR

Name 2
RECORD_NAME2

Number and Street
ADDR_STREET

City, town, village, etc.
ADDR_CITY

State
Select State or Territory

ZIP Code
ADDR_ZIP

PHYSICAL LOCATION

Please update the physical location if needed.
(P.O. Box and rural route addresses are not physical locations.)

Number and Street
PHYSLOC_ADDR_STREET

City, town, village, etc.
PHYSLOC_ADDR_CITY

State
Select State or Territory

ZIP Code
PHYSLOC_A

For Census Bureau Use Only

CFN
RECORD_CFN

ELECTRONIC_B

LEGAL BOUNDARY AND MUNICIPALITY

Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

- Yes
- No
- No legal boundaries
- Do not know

In what type of municipality is this establishment physically located?

- City, village, or borough
- Town or township
- Other
- Do not know

Item 1: Employer Identification Number

ITEM 1: EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) used on this establishment's latest 2017 Internal Revenue Service Form 941, Employer's Federal Quarterly Tax Return?

- Yes
- No

ITEM 1: EMPLOYER IDENTIFICATION NUMBER

What is this establishment's 9-digit Employer Identification Number (EIN) used on its latest 2017 Internal Revenue Service Form 941, Employer's Federal Quarterly Tax Return?

EIN
<input type="text"/>

ADDITIONAL REPORTING GUIDELINES

GENERAL INSTRUCTIONS

- Please report information for each establishment owned or controlled by the company or organization.
- Each report form should cover calendar year 2017. If book figures are not available, **estimates are acceptable**. If your fiscal year covers at least 10 months of calendar year 2017, you may report all items except payroll on a fiscal year basis. Calendar year figures for payroll should be available from your Internal Revenue Service (IRS) Form 941, Employer's Quarterly Federal Tax Return, or Form 944, Employer's Annual Federal Tax Return. Indicate the exact dates covered when the report form(s) is submitted.

How to Report Dollar Figures:

Dollar figures should be rounded to thousands of dollars

EXAMPLE: If a dollar figure is \$2,036,355.25

Report Check if None

	2017	
\$	2036	,000.00

EXAMPLE: If a dollar figure is "0" (or less than \$500.00):

Report Check if None

	2017	
\$,000.00

How to Report Percents:

Percents should be **rounded to whole** percents

EXAMPLE: If figure is 38.76% of total sales

Report

	2017	
	39	%

ITEM 2A: OWNERSHIP OR CONTROL

Is your company owned or controlled by another domestic company?

- Yes
- No

ITEM 2A: OWNERSHIP OR CONTROL - VOTING STOCK VALIDATION

Does another domestic company own more than 50 percent of the voting stock of your company?

- Yes
- No

ITEM 2A: OWNERSHIP OR CONTROL - MANAGEMENT AND POLICY

Does another domestic company have the power to control the management and policies of your company?

- Yes
- No

ITEM 2A: OWNERSHIP OR CONTROL - PERCENT OF VOTING STOCK HELD

What percent of voting stock was held by the owning or controlling company?

- Less than 50%
- 50%

ITEM 2A: OWNERSHIP OR CONTROL - COMPANY INFORMATION

What is the name, address, and 9-digit Employer Identification Number (EIN) of the owning or controlling company?

Name of owning or controlling company

Home office address (Number and street)

City, town, village, etc.

State
Select States and Territories

ZIP Code

EIN

ITEM 2B: NUMBER OF ESTABLISHMENTS - MORE THAN ONE LOCATION

Does your company operate in more than one location?

- Yes
- No

Item 2B: Number of Establishments

ITEM 2B: NUMBER OF ESTABLISHMENTS

How many establishments operated under EIN at the end of 2017?

2017

ITEM 2B: NUMBER OF ESTABLISHMENTS - ESTABLISHMENTS OF THIS COMPANY

This company owns and operates establishments under EIN at the end of 2017.

- Use the 'Add Establishment' button to add ALL establishments in the company and their respective data.
- Provide the headquarters location first, then all the other locations.
- Data for establishments operated during 2017, but not in operation at the end of the year, should be included with the headquarters location.
- Please ensure all establishments of this company are listed below with one establishment per row.
- Use the 'Edit' button on each row to update the location's physical address or other information.

ITEM 2B: NUMBER OF ESTABLISHMENTS - ESTABLISHMENT INFORMATION

Name

Secondary Name

Store/Plant Number

Number and Street

City, town, village, etc.

State

ZIP Code

Describe kind of business at this location

For employees that worked at more than one location, report the employment and payroll data for employees at the ONE location where they spent most of their working time.

Number of Employees for Pay Period including March 12

2017 Number

First Quarter Payroll
 (Jan - March 2017)

2017
 \$,000.00

Annual Payroll

2017
 \$,000.00

Sales, Shipments, Receipts, or Revenue

2017
 \$,000.00

ITEM 2B: NUMBER OF ESTABLISHMENTS - CONSOLIDATING DATA INSTRUCTIONS

Consolidating Data for EIN :

- Add the values reported in Sales, Shipments, Receipts, or Revenue for all establishments of the EIN and report the combined total in the questions for **Item 5**, Sales, Shipments, Receipts, or Revenue and **Item 22**, Detail of Sales, Shipments, Receipts, or Revenue that follow.
- Add the values reported in Employment, First Quarter Payroll, and Annual Payroll for all establishments of the EIN and report the combined totals in the question for **Item 7**, Employment and Payroll that follows.
- Report combined data for all other questions that follow.

ITEM 3: OPERATIONAL STATUS

Which of the following best describes this establishment's operational status at the end of 2017?

- In operation
- Temporarily or seasonally inactive
- Ceased operation
- Sold or leased to another operator
- Other


Describe

Item 3: Operational Status - Ceased Operation Date

ITEM 3: OPERATIONAL STATUS - CEASED OPERATION DATE


When did this establishment cease operation?

MMDDYYYY



ITEM 3: OPERATIONAL STATUS - SOLD OPERATION DATE AND INFORMATION

When was this establishment sold or leased to another operator?

MMDDYYYY
 

What is the name, address, and 9-digit Employer Identification Number (EIN) of this establishment's new owner or operator?

Name of new owner/operator

Mailing Address (Number and Street, P.O. Box, etc.)

City, town, village, etc.

State
Select States and Territories

ZIP Code

EIN

Item 4: Months in Operation

ITEM 4: MONTHS IN OPERATION

What was the number of months in operation during 2017?

Check
if
None

2017
Number

Item 5: Sales, Shipments, Receipts, or Revenue

ITEM 5: SALES, SHIPMENTS, RECEIPTS, OR REVENUE

What was the total operating revenue?

Check
if
None

2017
\$,000.00

ITEM 7: EMPLOYMENT AND PAYROLL

Include:

- Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) in **Item 1**

Exclude:

- Temporary staffing obtained from a staffing service
- Contractors, subcontractors, or independent contractors
- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN
- Purchased or managed services, such as janitorial, guard, or landscape services
- Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services

For further clarification, click the "Additional Information" link above.

A. Employment

What was the number of employees for pay period including March 12?

Check if None	2017
	<input type="text"/>

B. Payroll before deductions

(Exclude employer's cost for fringe benefits.)

1. What was the annual payroll?

Check if None	2017
	\$ <input style="width: 100px;" type="text"/> ,000.00

2. What was the first quarter payroll (January-March 2017)?

Check if None	2017
	\$ <input style="width: 100px;" type="text"/> ,000.00

ITEM 17: PRINCIPAL BUSINESS OR ACTIVITY

Which ONE of the following best describes this establishment's principal kind of business or activity in 2017?
 If none of the provided selections seem appropriate, provide a specific description of the primary business activity.
Select only ONE.

Gas production and distribution

- 221210 003 Natural gas distribution
- 221210 004 Natural gas power marketers and brokers
- 486210 001 Pipeline transportation of natural gas and storage of natural gas
- 221210 005 Mixed, manufactured, or liquefied petroleum gas production and distribution
- 221122 003 Electric power distribution and/or electric power marketing

Finance services

- 523130 002 Commodity trading company

Other utility-related activities

- 454310 101 Heating/fuel oil dealer
- 454310 201 Liquefied petroleum (LP) gas dealer
- 561210 002 Facilities support management, except computer - Describe

Other principal business or activity

- 774000 001 Other principal business or activity - Describe

ITEM 20: CLASS OF CUSTOMER

What was the percentage of this establishment's total operating revenue (reported in **Item 5**) by class of customer?

	2017 Whole percent of revenue
1. Residential (Include apartment buildings.)	<input type="text"/> %
2. Commercial (Include farms.)	<input type="text"/> %
3. Industrial	<input type="text"/> %
4. Institutional	<input type="text"/> %
5. Government (Exclude utilities.)	<input type="text"/> %
6. Government-owned utilities	<input type="text"/> %
7. Private utilities (Include co-ops, etc.)	<input type="text"/> %
8. Other	<input type="text"/> %
<input type="text" value="Describe"/>	<input type="text"/> %
9. TOTAL - Sum of lines 1 through 8 should equal 100%. (Exclude utilities.)	<input type="text"/> %

ITEM 22: DETAIL OF SALES, SHIPMENTS, RECEIPTS OR REVENUEOf the \$,000.00 of Sales, Shipments, Receipts, or Revenue reported in **Item 5**, what products and services were included?**Select ALL that apply.**

1. Natural gas distribution and support services	<input type="checkbox"/>	6000025000
a. Natural gas distribution and support services (except marketing and brokering)	<input type="checkbox"/>	6000025003
b. Natural gas (power) marketing and brokering	<input type="checkbox"/>	6000025006
2. Electricity generation	<input type="checkbox"/>	6000075000
a. Electricity generation (except waste energy generation - incineration at landfill)	<input type="checkbox"/>	6000075003
b. Non-hazardous waste energy generation services (by incineration at landfill)	<input type="checkbox"/>	6000075006
c. Hazardous waste energy generation services	<input type="checkbox"/>	6000075009
3. Electricity distribution and support services (except marketing and brokering)	<input type="checkbox"/>	6000125000
4. Electricity (power) marketing and brokering	<input type="checkbox"/>	6000150000
5. Electricity transmission services	<input type="checkbox"/>	6000100000
6. Transportation of natural gas by pipeline, excluding gas field gathering services	<input type="checkbox"/>	7011150000
7. Oil and gas field gathering services	<input type="checkbox"/>	1001800000
8. Retailing services for major household appliances and related parts and accessories	<input type="checkbox"/>	5000700000
9. Retailing services for household fuels, including oil, LP gas, wood, coal	<input type="checkbox"/>	5001750000

Item 22: Detail of Sales, Shipments, Receipts, or Revenue - Continued

Of the \$,000.00 of Sales, Shipments, Receipts, or Revenue reported in **Item 5**, what was the value for each product or service?

Description	Value	Product Code
1. Natural gas distribution and support services		
a. Natural gas distribution and support services (except marketing and brokering)	\$ <input type="text"/> ,000.00	6000025003
b. Natural gas (power) marketing and brokering	\$ <input type="text"/> ,000.00	6000025006
Subtotal	\$ <input type="text"/> ,000.00	6000025000
2. Electricity generation		
a. Electricity generation (except waste energy generation - incineration at landfill)	\$ <input type="text"/> ,000.00	6000075003
b. Non-hazardous waste energy generation services (by incineration at landfill)	\$ <input type="text"/> ,000.00	6000075006
c. Hazardous waste energy generation services	\$ <input type="text"/> ,000.00	6000075009
Subtotal	\$ <input type="text"/> ,000.00	6000075000
3. Electricity distribution and support services (except marketing and brokering)	\$ <input type="text"/> ,000.00	6000125000
4. Electricity (power) marketing and brokering	\$ <input type="text"/> ,000.00	6000150000
5. Electricity transmission services	\$ <input type="text"/> ,000.00	6000100000
6. Transportation of natural gas by pipeline, excluding gas field gathering services	\$ <input type="text"/> ,000.00	7011150000
7. Oil and gas field gathering services	\$ <input type="text"/> ,000.00	1001800000
8. Retailing services for major household appliances and related parts and accessories	\$ <input type="text"/> ,000.00	5000700000
9. Retailing services for household fuels, including oil, LP gas, wood, coal	\$ <input type="text"/> ,000.00	5001750000
10. Other utilities or waste management operating revenue		
a. Other utilities or waste management operating revenue - write-in #1		
<input type="text" value="Describe"/>	\$ <input type="text"/> ,000.00	6001025003
b. Other utilities or waste management operating revenue - write-in #2		
<input type="text" value="Describe"/>	\$ <input type="text"/> ,000.00	6001025006
c. Other utilities or waste management operating revenue - write-in #3		
<input type="text" value="Describe"/>	\$ <input type="text"/> ,000.00	6001025009
11. All other products and services, not elsewhere classified		
a. All other products and services, not elsewhere classified - write-in #1		
<input type="text" value="Pick one"/> <input type="text" value="Describe"/>	\$ <input type="text"/> ,000.00	9000000003

b. All other products and services, not elsewhere classified - write-in #2

Pick one

Describe

\$

,000.00

9000000006

c. All other products and services, not elsewhere classified - write-in #3

Pick one

Describe

\$

,000.00

9000000009

Add Additional Products

TOTAL - Sum of lines should equal total Sales, Shipments, Receipts, or Revenue reported in Item 5

\$

,000.00

9900000000

ITEM 26: BUSINESS COOPERATIVE

A cooperative is a business or organization owned by, controlled by, and operated for the benefit of members using its services. Members (also known as user-owners) benefit from use of service and product operations and/or earnings generated by the co-op. This includes purchasing co-ops, member/patron organizations, member-controlled non-profits, consumer co-ops, marketing co-ops, worker co-ops, etc.

Is this establishment a cooperative?

Yes

No

ITEM 28: SPECIAL INQUIRIES - EXPORTED ENERGY

What was the percentage of revenue (reported in **Item 5**) from exports to customers in Canada and Mexico?

Check
if
None

2017
Whole
percent of
revenue

%

ITEM 28: SPECIAL INQUIRIES - COST OF NATURAL GAS

Check
if
None

1. Cost of natural gas purchased for resale

	2017	
\$	<input type="text"/>	,000.00

2. Revenue from the sale of natural gas purchased for resale
(Revenue reported here should be less than or equal to the revenue reported in **Item 22**.)

\$	<input type="text"/>	,000.00
----	----------------------	---------

ITEM 28: SPECIAL INQUIRIES- COST OF ELECTRICITY

	<input type="checkbox"/>	Check if None	2017
1. What was the cost of electricity purchased for resale?	<input type="checkbox"/>		\$ <input type="text"/> ,000.00
2. What was the revenue from the sale of electricity purchased for resale? (Revenue reported here should be less than or equal to the revenue reported in Item 5 .)	<input type="checkbox"/>		\$ <input type="text"/> ,000.00

ITEM 28: SPECIAL INQUIRIES - NEW CONSTRUCTION, INCLUDING RENOVATION

Was this establishment involved in new construction or renovation of buildings, structures, or communication lines during 2017?

- Yes
- No

ITEM 28: SPECIAL INQUIRIES - NEW CONSTRUCTION, INCLUDING RENOVATION

1. What were the capital expenditures for new construction, including renovation?
(Include labor and materials. Exclude land and the value of production machinery and equipment not an integral part of a structure.)

	2017	
\$	<input type="text"/>	,000.00

2. What percentage of the capital expenditures reported above represented work done by your own employees as opposed to work done by contractors or other hired labor?

Check if None

	2017	
	<input type="text"/>	%

ITEM 28: SPECIAL INQUIRIES - MAINTENANCE AND REPAIR

Was this establishment involved in maintenance and repair of buildings, structures, or communication lines owned by your enterprise during 2017?
(Report "No" if expenses were limited to activities, such as janitorial services, cleaning, lawn maintenance, etc.)

- Yes
- No

ITEM 28: SPECIAL INQUIRIES - MAINTENANCE AND REPAIR

1. What were your expenses for maintenance and repairs?
(Exclude expenses for such activities as janitorial services, cleaning, lawn maintenance, etc.)

2017	
\$	<input type="text"/>
	,000.00

2. What percentage of the expenses for maintenance and repairs reported above represented work done by your own employees as opposed to work done by contractors or other hired labor?

Check if None

2017	
<input type="text"/>	%

Remarks

REMARKS

(Please use this space for any explanations that may be essential in understanding your reported data.) Maximum length is 1,000 characters.

You have

1000

characters left.

DEFINITION OF ESTABLISHMENT

The reporting unit for this questionnaire is an **establishment**. An establishment is generally a single physical location where business is conducted or where services or industrial operations are performed.

MAILING ADDRESS

Please update the mailing address if needed.

ATTN
RECORD_ATTN_TXT

Name 1
RECORD_NAME1

Store/Plant
RECORD_STOR

Name 2
RECORD_NAME2

Number and Street
ADDR_STREET

City, town, village, etc.
ADDR_CITY

State
Select State or Territory

ZIP Code
ADDR_ZIP

PHYSICAL LOCATION

Please update the physical location if needed.
(P.O. Box and rural route addresses are not physical locations.)

Number and Street
PHYSLOC_ADDR_STREET

City, town, village, etc.
PHYSLOC_ADDR_CITY

State
Select State or Territory

ZIP Code
PHYSLOC_A

For Census Bureau Use Only

CFN
RECORD_CFN

ELECTRONIC_B

LEGAL BOUNDARY AND MUNICIPALITY

Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

- Yes
- No
- No legal boundaries
- Do not know

In what type of municipality is this establishment physically located?

- City, village, or borough
- Town or township
- Other
- Do not know

Item 1: Employer Identification Number

ITEM 1: EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) used on this establishment's latest 2017 Internal Revenue Service Form 941, Employer's Federal Quarterly Tax Return?

- Yes
- No

ITEM 1: EMPLOYER IDENTIFICATION NUMBER

What is this establishment's 9-digit Employer Identification Number (EIN) used on its latest 2017 Internal Revenue Service Form 941, Employer's Federal Quarterly Tax Return?

EIN
<input type="text"/>

ADDITIONAL REPORTING GUIDELINES

GENERAL INSTRUCTIONS

- Please report information for each establishment owned or controlled by the company or organization.
- Each report form should cover calendar year 2017. If book figures are not available, **estimates are acceptable**. If your fiscal year covers at least 10 months of calendar year 2017, you may report all items except payroll on a fiscal year basis. Calendar year figures for payroll should be available from your Internal Revenue Service (IRS) Form 941, Employer's Quarterly Federal Tax Return, or Form 944, Employer's Annual Federal Tax Return. Indicate the exact dates covered when the report form(s) is submitted.

How to Report Dollar Figures:

Dollar figures should be rounded to thousands of dollars

EXAMPLE: If a dollar figure is \$2,036,355.25

Report Check if None

2017
\$ 2036 ,000.00

EXAMPLE: If a dollar figure is "0" (or less than \$500.00):

Report Check if None

2017
\$,000.00

How to Report Percents:

Percents should be **rounded to whole** percents

EXAMPLE: If figure is 38.76% of total sales

Report

2017
39 %

ITEM 2A: OWNERSHIP OR CONTROL

Is your company owned or controlled by another domestic company?

- Yes
- No

ITEM 2A: OWNERSHIP OR CONTROL - VOTING STOCK VALIDATION

Does another domestic company own more than 50 percent of the voting stock of your company?

- Yes
- No

ITEM 2A: OWNERSHIP OR CONTROL - MANAGEMENT AND POLICY

Does another domestic company have the power to control the management and policies of your company?

- Yes
- No

ITEM 2A: OWNERSHIP OR CONTROL - PERCENT OF VOTING STOCK HELD

What percent of voting stock was held by the owning or controlling company?

- Less than 50%
- 50%

ITEM 2A: OWNERSHIP OR CONTROL - COMPANY INFORMATION

What is the name, address, and 9-digit Employer Identification Number (EIN) of the owning or controlling company?

Name of owning or controlling company

Home office address (Number and street)

City, town, village, etc.

State
Select States and Territories

ZIP Code

EIN

ITEM 2B: NUMBER OF ESTABLISHMENTS - MORE THAN ONE LOCATION

Does your company operate in more than one location?

- Yes
- No

Item 2B: Number of Establishments

ITEM 2B: NUMBER OF ESTABLISHMENTS

How many establishments operated under EIN at the end of 2017?

2017

ITEM 2B: NUMBER OF ESTABLISHMENTS - ESTABLISHMENTS OF THIS COMPANY

This company owns and operates establishments under EIN at the end of 2017.

- Use the 'Add Establishment' button to add ALL establishments in the company and their respective data.
- Provide the headquarters location first, then all the other locations.
- Data for establishments operated during 2017, but not in operation at the end of the year, should be included with the headquarters location.
- Please ensure all establishments of this company are listed below with one establishment per row.
- Use the 'Edit' button on each row to update the location's physical address or other information.

ITEM 2B: NUMBER OF ESTABLISHMENTS - ESTABLISHMENT INFORMATION

Name

Secondary Name

Store/Plant Number

Number and Street

City, town, village, etc.

State
 Select States and Territories

ZIP Code

Describe kind of business at this location

For employees that worked at more than one location, report the employment and payroll data for employees at the ONE location where they spent most of their working time.

Number of Employees for Pay Period including March 12

2017 Number

First Quarter Payroll
 (Jan - March 2017)

2017
 \$,000.00

Annual Payroll

2017
 \$,000.00

Sales, Shipments, Receipts, or Revenue

2017
 \$,000.00

ITEM 2B: NUMBER OF ESTABLISHMENTS - CONSOLIDATING DATA INSTRUCTIONS

Consolidating Data for EIN :

- Add the values reported in Sales, Shipments, Receipts, or Revenue for all establishments of the EIN and report the combined total in the questions for **Item 5**, Sales, Shipments, Receipts, or Revenue and **Item 22**, Detail of Sales, Shipments, Receipts, or Revenue that follow.
- Add the values reported in Employment, First Quarter Payroll, and Annual Payroll for all establishments of the EIN and report the combined totals in the question for **Item 7**, Employment and Payroll that follows.
- Report combined data for all other questions that follow.

ITEM 3: OPERATIONAL STATUS

Which of the following best describes this establishment's operational status at the end of 2017?

- In operation
- Temporarily or seasonally inactive
- Ceased operation
- Sold or leased to another operator
- Other


Describe

Item 3: Operational Status - Ceased Operation Date

ITEM 3: OPERATIONAL STATUS - CEASED OPERATION DATE


When did this establishment cease operation?

MMDDYYYY



ITEM 3: OPERATIONAL STATUS - SOLD OPERATION DATE AND INFORMATION

When was this establishment sold or leased to another operator?

MMDDYYYY
 

What is the name, address, and 9-digit Employer Identification Number (EIN) of this establishment's new owner or operator?

Name of new owner/operator

Mailing Address (Number and Street, P.O. Box, etc.)

City, town, village, etc.

State
Select States and Territories

ZIP Code

EIN

Item 4: Months in Operation

ITEM 4: MONTHS IN OPERATION

What was the number of months in operation during 2017?

Check
if
None

2017
Number

ITEM 5: SALES, SHIPMENTS, RECEIPTS, OR REVENUE

What was the total operating revenue?

Check
if
None

2017
\$,000.00

ITEM 7: EMPLOYMENT AND PAYROLL

Include:

- Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) in **Item 1**

Exclude:

- Temporary staffing obtained from a staffing service
- Contractors, subcontractors, or independent contractors
- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN
- Purchased or managed services, such as janitorial, guard, or landscape services
- Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services

For further clarification, click the "Additional Information" link above.

A. Employment

What was the number of employees for pay period including March 12?

Check if None	2017
	<input type="text"/>

B. Payroll before deductions

(Exclude employer's cost for fringe benefits.)

1. What was the annual payroll?

Check if None	2017
	\$ <input style="width: 100px;" type="text"/> ,000.00

2. What was the first quarter payroll (January-March 2017)?

Check if None	2017
	\$ <input style="width: 100px;" type="text"/> ,000.00

ITEM 17: PRINCIPAL BUSINESS OR ACTIVITY

Which ONE of the following best describes this establishment's principal kind of business or activity in 2017?
If none of the provided selections seem appropriate, provide a specific description of the primary business activity.
Select only ONE.

Water, sewerage, and other systems

- 221310 003 Water supply and water treatment, except irrigation
- 221310 001 Irrigation system
- 221320 002 Sewerage system, including sewage treatment plant and waste water
- 221330 001 Steam or air-conditioning supply, including geothermal

Other principal business or activity

- 774000 001 Other principal business or activity - Describe

Describe

ITEM 20: CLASS OF CUSTOMER

What was the percentage of this establishment's total operating revenue (reported in **Item 5**) by class of customer?

	2017 Whole percent of revenue
1. Residential (Include apartment buildings.)	<input type="text"/> %
2. Commercial (Include farms.)	<input type="text"/> %
3. Industrial	<input type="text"/> %
4. Institutional	<input type="text"/> %
5. Government (Exclude utilities.)	<input type="text"/> %
6. Government-owned utilities	<input type="text"/> %
7. Private utilities (Include co-ops, etc.)	<input type="text"/> %
8. Other	<input type="text"/> %
<input type="text" value="Describe"/>	<input type="text"/> %
9. TOTAL - Sum of lines 1 through 8 should equal 100%. (Exclude utilities.)	<input type="text"/> %

ITEM 22: DETAIL OF SALES, SHIPMENTS, RECEIPTS OR REVENUE

Of the **\$,000.00** of Sales, Shipments, Receipts, or Revenue reported in **Item 5**, what products and services were included?

Select ALL that apply.

- | | | |
|---|--------------------------|------------|
| 1. Water supply and sewage treatment services (including waste water treatment) | <input type="checkbox"/> | 6000175000 |
| <hr/> | | |
| a. Water supply, transmission, treatment, and distribution, including water supply through irrigation systems | <input type="checkbox"/> | 6000175003 |
| <hr/> | | |
| b. Sewage treatment | <input type="checkbox"/> | 6000175006 |
| <hr/> | | |
| 2. Steam distribution services, including air-conditioning | <input type="checkbox"/> | 6000050000 |

Item 22: Detail of Sales, Shipments, Receipts, or Revenue - Continued

Of the \$,000.00 of Sales, Shipments, Receipts, or Revenue reported in Item 5, what was the value for each product or service?

Description	Value	Product Code
1. Water supply and sewage treatment services (including waste water treatment)		
a. Water supply, transmission, treatment, and distribution, including water supply through irrigation systems	\$ <input type="text"/> ,000.00	6000175003
b. Sewage treatment	\$ <input type="text"/> ,000.00	6000175006
Subtotal	\$ <input type="text"/> ,000.00	6000175000
2. Steam distribution services, including air-conditioning		
	\$ <input type="text"/> ,000.00	6000050000
3. Other utilities or waste management operating revenue		
a. Other utilities or waste management operating revenue - write-in #1		
<input type="text" value="Describe"/>	\$ <input type="text"/> ,000.00	6001025003
b. Other utilities or waste management operating revenue - write-in #2		
<input type="text" value="Describe"/>	\$ <input type="text"/> ,000.00	6001025006
c. Other utilities or waste management operating revenue - write-in #3		
<input type="text" value="Describe"/>	\$ <input type="text"/> ,000.00	6001025009
4. All other products and services, not elsewhere classified		
a. All other products and services, not elsewhere classified - write-in #1		
<input type="text" value="Pick one"/> <input type="text" value="Describe"/>	\$ <input type="text"/> ,000.00	9000000003
b. All other products and services, not elsewhere classified - write-in #2		
<input type="text" value="Pick one"/> <input type="text" value="Describe"/>	\$ <input type="text"/> ,000.00	9000000006
c. All other products and services, not elsewhere classified - write-in #3		
<input type="text" value="Pick one"/> <input type="text" value="Describe"/>	\$ <input type="text"/> ,000.00	9000000009
<input type="button" value="Add Additional Products"/>		
TOTAL - Sum of lines should equal total Sales, Shipments, Receipts, or Revenue reported in Item 5	\$ <input type="text"/> ,000.00	9900000000

ITEM 26: BUSINESS COOPERATIVE

A cooperative is a business or organization owned by, controlled by, and operated for the benefit of members using its services. Members (also known as user-owners) benefit from use of service and product operations and/or earnings generated by the co-op. This includes purchasing co-ops, member/patron organizations, member-controlled non-profits, consumer co-ops, marketing co-ops, worker co-ops, etc.

Is this establishment a cooperative?

Yes

No

ITEM 28: SPECIAL INQUIRIES - NEW CONSTRUCTION, INCLUDING RENOVATION

Was this establishment involved in new construction or renovation of buildings, structures, or communication lines during 2017?

- Yes
- No

ITEM 28: SPECIAL INQUIRIES - NEW CONSTRUCTION, INCLUDING RENOVATION

1. What were the capital expenditures for new construction, including renovation?
(Include labor and materials. Exclude land and the value of production machinery and equipment not an integral part of a structure.)

2017	
\$	<input type="text"/>
	.000.00

2. What percentage of the capital expenditures reported above represented work done by your own employees as opposed to work done by contractors or other hired labor?

Check if None

2017	
<input type="text"/>	%

ITEM 28: SPECIAL INQUIRIES - MAINTENANCE AND REPAIR

Was this establishment involved in maintenance and repair of buildings, structures, or communication lines owned by your enterprise during 2017?
(Report "No" if expenses were limited to activities, such as janitorial services, cleaning, lawn maintenance, etc.)

- Yes
- No

ITEM 28: SPECIAL INQUIRIES - MAINTENANCE AND REPAIR

1. What were your expenses for maintenance and repairs?

(Exclude expenses for such activities as janitorial services, cleaning, lawn maintenance, etc.)

2017	
\$	<input type="text"/>
	,000.00

2. What percentage of the expenses for maintenance and repairs reported above represented work done by your own employees as opposed to work done by contractors or other hired labor?

Check if None

2017	
<input type="text"/>	%

Remarks

REMARKS

(Please use this space for any explanations that may be essential in understanding your reported data.) Maximum length is 1,000 characters.

You have

1000

characters left.