



PAPERWORK REDUCTION ACT (PRA) EXECUTIVE SUMMARY FORM

TITLE OF COLLECTION: Monthly Wholesale Trade Survey
OMB CONTROL NUMBER: 0607-0190
DIVISION/PROGRAM OFFICE: EID
AGENCY CONTACT: William Abriatis

TYPE OF INFORMATION COLLECTION REQUEST:

<input type="checkbox"/> New collection		
<input type="checkbox"/> Revision of a currently approved collection	[current expiration date:]	
<input checked="" type="checkbox"/> Extension, without change, of a currently approved collection	[current expiration date: 7/31/2017]	
<input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired		
<input type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired		
<input type="checkbox"/> Existing collection in use without an OMB Control Number		

PURPOSE OF COLLECTION:

The Monthly Wholesale Trade Survey provides the only continuous measure of monthly wholesale sales, end-of-month inventories, and inventories/sales ratios in the United States by selected kinds of business for merchant wholesalers, excluding manufacturers' sales branches and offices. The Bureau of Economic Analysis uses this information to improve the inventory valuation adjustments applied to estimates of the Gross Domestic Product. The Bureau of Labor Statistics uses the data as input to their Producer Price Indexes and in developing productivity measurements.

DATA COLLECTION START DATE: Report forms are mailed to respondents at the end of each month and request data for the month just ending.

REQUESTED OMB EXPIRATION DATE: Three years from approval date Other date: []

60-DAY FEDERAL REGISTER

82 FR 8823

DATE PUBLISHED: 1/31/2017

CITATION:

**MANDATORY OR VOLUNTARY
COLLECTION?**

Mandatory

Voluntary

N/A

Is THIS A REIMBURSABLE COLLECTION CONDUCTED BY CENSUS ON BEHALF OF ANOTHER AGENCY/ENTITY?

Yes [Specify agency/entity:]

No

Shared Sponsorship [Specify agency/entity:]

LEGAL AUTHORITY(IES) FOR INFORMATION COLLECTION:

Date: Double click here to enter today's date

Title 13 U.S.C., Sections 131 and 182.

SURVEY INFORMATION:

What is the source of the sampling frame for this collection? **Business Register**

What are the mode(s) for collection? Paper Internet Computer Assisted Personal Interviewing (CAPI)
 Computer Assisted Telephone Interviewing (CATI) Other

PUBLIC BURDEN:

Average Estimated Time per Response: Hours 7 Minutes

ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN:

Number of Respondents **4200**

Number of Responses **50400**

Requested Annual Burden Hours **5880**

Current Annual OMB Inventory **5880**

Difference (+, -) Click to enter difference

Reason for Difference in Burden Hours: Program Change Adjustment No Difference

Explanation of Difference (if applicable):

PRIVACY ACT (PA):

Is this collection a Privacy Act System of Records?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - If yes, a Privacy Act Statement that identifies the appropriate Systems of Records Notice (SORN) is required.
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TITLE 13 CONFIDENTIALITY:

Is this collection of information confidential under Title 13, Section 9? Yes No

If yes, has the confidentiality pledge been updated per the Federal Cybersecurity Enhancement Act of 2015¹? Yes No

Has the respondent messaging been reviewed and updated in the collection materials per the "Updates to Census Bureau Confidentiality Messaging and PRA Required Language" memo, if applicable? Yes No

¹ Please refer to the "[Updates to Census Bureau Confidentiality Messaging and PRA Required Language](#)" Memo

Date: Double click here to enter today's date

PLACEMENT OF REQUIRED PAPERWORK REDUCTION ACT AND PRIVACY ACT LANGUAGE: In the table below, please indicate where the following PRA/PA statement requirements are located in the respondent materials:								
Required PRA/PA Language	PRA	PA Statement	Invitation letter	FAQs	Collection Instrument	Instructions	Other	N/A
Reason/purpose for the information collection, including the way the information will be used.	X	X	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
The legal authority(ies) that authorize the collection of information.	X	X	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Whether responses are mandatory or voluntary (citing the authority)	X	X	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
The nature and extent of confidentiality to be provided (if any) citing authority	X		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
An estimate of the average respondent burden together with a request that the public direct to the agency any comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden	X		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
OMB control number	X		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
A statement that an agency may not conduct (and a person is not required to respond to) an information collection request unless it displays a currently valid OMB control number.	X		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Published routine use for which information is subject and citation to relevant SORN		X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
The effects on the individual for not providing the requested information		X	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Comments:								
ADDITIONAL INFORMATION: Please include any special circumstances or other information that would help expedite the review of this package (ex. if the collection is at the request of a congressional inquiry).								
								