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PAPERWORK REDUCTION ACT (PRA) EXECUTIVE SUMMARY FORM

TITLE OF COLLECTION: Monthly Retail Surveys (Formerly Monthly Retail Trade Survey (MRTS) and Advance Monthly Retail Trade Survey (MARTS))
OMB CONTROL NUMBER: 0607-0717
DIVISION/PROGRAM OFFICE: EID
AGENCY CONTACT: Rebecca DeNale

TYPE OF INFORMATION COLLECTION REQUEST:

- | | | |
|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> | New collection | |
| <input checked="" type="checkbox"/> | Revision of a currently approved collection | [current expiration date: 7/31/2017] |
| <input type="checkbox"/> | Extension, without change, of a currently approved collection | [current expiration date:] |
| <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 Retail Surveys (MRS), comprised of the Monthly Retail Trade Survey (MRTS) and the Advanced Monthly Retail Survey (MARTS), provide estimates of monthly retail sales, end-of-month merchandise inventories, and quarterly e-commerce sales of retailers in the United States by selected kinds of business. They also provide monthly sales of food service establishments. The Bureau of Economic Analysis (BEA) uses this information to prepare the National Income and Products Accounts and to benchmark the annual input-output tables. Statistics provided are used to calculate the gross domestic product (GDP).

DATA COLLECTION START DATE: This ongoing collection is conducted monthly.

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

60-DAY FEDERAL REGISTER CITATION: 82 FR 3717-3719 **DATE PUBLISHED:** 1/12/2017

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:

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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 **Fax, Phone.**

PUBLIC BURDEN:

Average Estimated Time per Response: Hours 7 Minutes

ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN:

Number of Respondents **12,000**

Number of Responses **144,000**

Requested Annual Burden Hours **16,799**

Current Annual OMB Inventory **14,427**

Difference (+, -) **+2,372**

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

Explanation of Difference (if applicable): **The increase in burden is attributable to the combining of these two surveys, previously submitted separately, under one clearance.**

PRIVACY ACT (PA):

Is this collection a Privacy Act System of Records? No Yes - If yes, a Privacy Act Statement that identifies the appropriate Systems of Records Notice (SORN) is required.

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

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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 checked="" type="checkbox"/>
The effects on the individual for not providing the requested information		X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" 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).

[Yellow highlighted area]