	PAPER		ON ACT SUBN	<b>/IISSION</b>			
S	Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.						
1. A	GENCY/SUBAGENCY ORIGINATING REQUEST	Γ	2. OMB CONTR	OL NUMBER			
			a	[	b. NONE		
3. T	YPE OF INFORMATION COLLECTION (X one)		4. TYPE OF RE\ a. REGULAR	VIEW REQUESTE	D (X one)		
	a. NEW COLLECTION b. REVISION OF A CURRENTLY APPROVED COLLEC	CTION	b. EMERGE	NCY - APPROVAL	REQUESTED BY:	//	
	c. EXTENSION OF A CURRENTLY APPROVED COLLECTION  c. DELEGATED  5. SMALL ENTITIES						
	d. REINSTATEMENT, WITHOUT CHANGE, OF A PR APPROVED COLLECTION FOR WHICH APPROVA				n have a significar er of small entities		
	e. REINSTATEMENT, WITH CHANGE, OF A PREVIO APPROVED COLLECTION FOR WHICH APPROVA		YES 6. REQUESTED	EXPIRATION DA	NO		
	f. EXISTING COLLECTION IN USE WITHOUT AN O NUMBER	MB CONTROL	a. THREE Y b. OTHER:	EARS FROM APPR	OVAL DATE		
7.	TITLE						
8.	AGENCY FORM NUMBER(S) (if applicable)						
0	KENIMORDE						
9.	KEYWORDS						
10.	ABSTRACT						
11. /	AFFECTED PUBLIC (Mark primary with "P" and all o	11.5	(")	12. OBLIGATION	TO RESPOND (Mark p	rimary with "P" and all ers that apply with "X")	
	۱	FARMS	_	a. VOLUNT			
	b. BUSINESS OR OTHER FOR-PROFIT e. FEDERAL GOVERNMENT					ETAIN BENEFITS	
c. NOT-FOR-PROFIT INSTITUTIONS f. STATE, LOCAL OR TRI			IBAL GOVERNMENT         c. MANDATORY           14. ANNUALIZED COST TO RESPONDENTS (In thousands of dollars)				
	ANNUAL REPORTING AND RECORDKEEPING	HOUR BURDEN	-		·	ousands of dollars)	
	a. NUMBER OF RESPONDENTS a. TOTAL CAPITAL/STARTUP COSTS						
	TOTAL ANNUAL RESPONSES		-	JAL COSTS (O&M)			
	(1) Percentage of these responses collected electronically       %       c. TOTAL ANNUALIZED COST REQUESTED         c. TOTAL ANNUAL HOURS REQUESTED       d. CURRENT OMB INVENTORY						
d.	CURRENT OMB INVENTORY		e. DIFFERENCE				
u. e.	DIFFERENCE (+, -)			(+, -) DN OF DIFFERENCE	·.		
f.	EXPLANATION OF (1) Program change (+, -,	,	-	change (+, -)			
· ·	DIFFERENCE: (2) Adustment $(+, -)$	/	(1) Program (2) Adustme	5 ( )			
15	PURPOSE OF INFORMATION COLLECTION (M	lask primary with			PING OR REPORT	ING (X all that apply)	
	"P" and all others that apply with "X")	ark primary with	a. RECORD		b. THIRD PARTY		
		PROGRAM PLANNING	c. REPORTI		⊥ ·····		
	0.1	OR MANAGEMENT		n Occasion	(2) Weekly	(3) Monthly	
-		RESEARCH		uarterly	(5) Semi-Annually	(6) Annually	
		REGULATORY OR COMPLIANCE		ennially	(8) Other (Describe)		
17. 9	STATISTICAL METHODS	18. AGENCY CC	ONTACT (Person w	ho can best answe	r questions regarding	the content of this	
	Does this information collection employ	submission)					
	statistical methods?	a. NAME			b. TELEPHONE NUM	BER (Include area code)	
	YES NO						

OMB	FORM	83-I,	10/95
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OMB CONTROL NUMBER	TITLE						
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19. CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS							
a. PROGRAM OFFICIAL CERTIFICATION (Internal DOC Use Only)							
Type name		Date					
On behalf of this Federal a complies with 5 CFR 1320	gency, I certify that the collection of information encom	passed by this request					
<b>NOTE:</b> The text of 5 CFR instructions. <i>The certifications instructions.</i>	<b>NOTE:</b> The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. <i>The certification is to be made with reference to those regulatory provisions as set forth in the instructions.</i>						
The following is a summar certification covers:	The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:						
(a) It is necessary for the p	proper performance of agency functions;						
(b) It avoids unnecessary d	uplication;						
(c) It reduces burden on sn	nall entities;						
(d) It uses plain, coherent,	and unambiguous language that is understandable to re-	spondents;					
(e) Its implementation will	be consistent and compatible with current reporting and	recordkeeping practices;					
(f) It indicates the retention	(f) It indicates the retention periods for recordkeeping requirements;						
(g) It informs respondents	(g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3) about:						
(i) Why the information	(i) Why the information is being collected;						
(ii) Use of information;	(ii) Use of information;						
(iii) Burden estimate;	(iii) Burden estimate;						
(iv) Nature of response	(iv) Nature of response (voluntary, required for a benefit, or mandatory);						
(v) Nature and extent	(v) Nature and extent of confidentiality; and						
(vi) Need to display cur	(vi) Need to display currently valid OMB control number;						
<ul> <li>(h) It was developed by an management and use of</li> </ul>	(h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);						
(i) If applicable, it uses eff	(i) If applicable, it uses effective and efficient statistical survey methodology; and						
(j) It makes appropriate us	(j) It makes appropriate use of information technology.						
If you are unable to certify reason in Item 18 of the S	compliance with any of these provisions, identify the it- upporting Statement.	em below and explain the					
b. SENIOR OFFICIAL OR DESIGNEE O	ERTIFICATION						
Type name		Date					

OMB CONTROL NUMBER	TITLE		an a	ola a facilitati a la constructiva e cons	na (n. Braddog), genor, genor, "Arth, A. Howersteine)	
0607 - 0717	Monthly Retail	Surveys (MRS)				
19. CERTIFICATION FOR PAP	ERWORK RED	JCTION ACT SUBN	ISSIONS	5		
a. PROGRAM OFFICIAL CERTIFICA	ATION (Internal I	OOC Use Only)			l D-tr	
Type name John H. Thompson, Director, U.S.	Census Bureau	Q-14)-	$\checkmark$	÷	Date 4121/2017	
On behalf of this Federal a complies with 5 CFR 1320		that the collection	of information encon	npasse	d by this request	
<b>NOTE:</b> The text of 5 CFR instructions. <i>The certifica instructions.</i>	1320.9, and t tion is to be m	ne related provision ade with reference	s of 5 CFR 1320.8(b) to those regulatory pr	(3), ap ovision	pear at the end of the is as set forth in the	
The following is a summan certification covers:	The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:					
(a) It is necessary for the p	proper perform	ance of agency fund	ctions;			
(b) It avoids unnecessary of	duplication;					
(c) It reduces burden on sr	mall entities;					
(d) It uses plain, coherent,	and unambigu	ous language that i	understandable to re	spond	ents;	
(e) Its implementation will	be consistent a	and compatible with	o current reporting and	d recor	dkeeping practices;	
(f) It indicates the retentio	(f) It indicates the retention periods for recordkeeping requirements;					
(g) It informs respondents	(g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3) about:					
(i) Why the information	(i) Why the information is being collected;					
(ii) Use of information	;					
(iii) Burden estimate;						
(iv) Nature of response	(iv) Nature of response (voluntary, required for a benefit, or mandatory);					
(v) Nature and extent	(v) Nature and extent of confidentiality; and					
(vi) Need to display cu	(vi) Need to display currently valid OMB control number;					
	(h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);					
(i) If applicable, it uses effective and efficient statistical survey methodology; and						
(j) It makes appropriate us	(j) It makes appropriate use of information technology.					
If you are unable to certify reason in Item 18 of the S			visions, identify the it	tem be	low and explain the	
b. SENIOR OFFICIAL OR DESIGNEE (	CERTIFICATION					
Type name Jennifer Jessup, Departmental Pape	rwork Clearance O	fficer			Date	