Attachment A

Department of Commerce United States Census Bureau OMB Information Collection Request 2017-2019 Report of Organization OMB Control Number 0607-0444

Form NC-99001



☑ Notifications ① Logout

2017 Economic Census

Economic Census: OMB No.: 0607-XXXX Approval Expires XX/XX/XXXX Economic Census of Island Areas: OMB No.: 0607-0937 Approval Expires XX/XX/XXXX Report of Organization: OMB No.: 0607-0444 Approval Expires XX/XX/XXXX 05/18/2018

Welcome to the 2017 Economic Census

Due Date: June 12, 2018

YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code, Sections 131, 182, and 191 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information **CONFIDENTIAL** and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number for the Economic Census is 0607-XXXX, for the Economic Census of Island Areas is 0607-0937, and for the Report of Organization is 0607-0444 and appears at the upper right of this screen. Without this approval we could not conduct these surveys.

For reporting instructions and additional information, please visit our Help Site or call 1-XXX-XXXX (8:00am-6:00pm ET/M-F)

Report for this survey by clicking the "Continue" button:

Continue

Note: Your session will expire if you remain on one screen for 45 minutes without navigating to another screen. To ensure data are saved, navigate to the next screen.

Mailing	Address	Additional	Information
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MAILING ADDRESS

ATTN					
RECORD_ATTN_TXT					
Name 1					
RECORD_NAME1					
Name 2					
RECORD_NAME2					
Street					
ADDR_STREET					
City	State			ZIP Code	
ADDR_CITY			•	99999-9999	
For Census Bureau Use O	only				
CFN					
RECORD_CFN	ELECTRONIC_BAT(
	-				
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				-	
	1				

Item 1: Ownership or Control - Voting Stock Validation

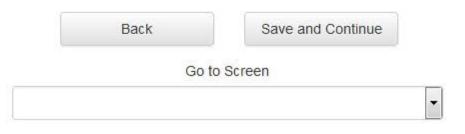
CFN:

ITEM 1: OWNERSHIP OR CONTROL - VOTING STOCK VALIDATION

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

O Yes

No



Item 1: Ownership or Control - Management Policy

CFN:

. 2 .

ITEM 1: OWNERSHIP OR CONTROL - MANAGEMENT AND POLICY

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

O Yes

No



Item 1: Ownership or Control - Percent of Voting Stock

CFN:

1

ITEM 1: OWNERSHIP OR CONTROL - PERCENT OF VOTING STOCK HELD

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

Cess than 50%

50%

More than 50%

Back	Save and Continue
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CFN:

ITEM 1: 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 co	mpany
City, town, village, etc.	State ZIP Code
EIN	Select State or Territory
99-9999999	
Home office address (Number ar	d street)
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Item 1: Foreign Ownership Or Control

CFN:

ITEM 1: FOREIGN OWNERSHIP OR CONTROL

Does a foreign entity (company, individual, government, etc.) own directly or indirectly 10 percent or more of the voting stock or other equity rights of your company?

O Yes

No

Back	Save and Continue
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	-

3

CFN:

ITEM 1: FOREIGN OWNERSHIP OR CONTROL - COMPANY INFORMATION

What is the name, address, and country of the foreign entity (company, individual government)?

Name of foreign beneficial owner				
Home office address (Number and street)				
City				
Country				
	Back	Save and Continue		
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Item 1: Foreign Ownership or Control - Percent of Voting Stock Owned Additional Information

CFN:

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ITEM 1: FOREIGN OWNERSHIP OR CONTROL - PERCENT OF VOTING STOCK OWNED

What percent of voting stock was owned directly or indirectly by a foreign entity (company, individual, government)?

10% to 24%			
25% to 49%			
© 50%			
⊘ 51% to 99%			
© 100%			
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CFN:

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ITEM 1: FOREIGN AFFILIATES

Does this company alone, or with its domestic affiliates, own 10 percent or more of the voting stock of an incorporated foreign business enterprise, or an equivalent interest in an unincorporated business enterprise, including ownership of real estate?

Yes
 No
 Back Save and Continue
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Item 2: Research and Development Additional Information

CFN:

10

ITEM 2: RESEARCH AND DEVELOPMENT

Did your company perform or fund research and development (R&D) in 2017?

Yes
 No
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Item 2: Research and Development Expenses

CFN:

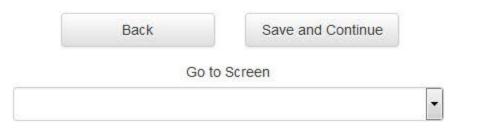
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ITEM 2: RESEARCH AND DEVELOPMENT EXPENSES

What were your company's worldwide expenses for research and development (R&D) in 2017?

Less than \$3 million

\$3 million or more



*

CFN:

ITEM 3: PROFESSIONAL EMPLOYER ORGANIZATION

Did your company lease 50 percent or more of its permanent full-and part-time workforce from a Professional Employer Organization during 2017? (Permanent workforce excludes temporary staffing from a staffing service and contractors)

Yes

No

Back	Save and Continue
Go	to Screen

CFN:

ITEM 3: 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) can be individuals or organizations, and benefit from the use of services, products, 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 company a cooperative?				
Ø Yes				
No	Back	Save and Continue		
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2

CFN:

ITEM 4: CERTIFICATION

This report is substantially accurate and was prepared in accordance with the instructions.

Is the time period covered by this report a calendar year?

Yes	
No - Enter time period covered below	
MM YYYY MM YYYY Select • Select •	
Name of person to contact regarding this report	
Title	
Phone Number 999-999-9999	
Fax Number 999-999-9999	
E-mail address	
Date Completed: MMDDYYYY MMDDYYYY	
	Back Submit
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A - DEMADKC						
M 4: REMARKS						
ase use this space for any explanations that ma	ay be essential in uno	derstanding your	r reported data.) M	aximum length is 1,	000 characters.	
					You have 1	1000 characters rem
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ITEM 5A: PRE-IDENTIFIED LOCATIONS OF OPERATION

A. 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.	EIN	NAIC	s	
RECORD_L	99-99999	99 REC	CORD_NAICS	
Major Activity				
MAJOR_ACT				
Name				
RECORD_NAME1				
Secondary Name		Store	e or plant No.	
RECORD_NAME2		REC	ORD_STOREN	
	Number and Street)			
Physical Location (I				
Physical Location (I ADDR_STREET				
		State		ZIP Code

B. EMPLOYMENT AND PAYROLL

Include:

Annual Payroll

• 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

2017 Number

- 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.

Number of Employees for Pay Period including March 12	
First Quarter Payroll (January - March 2017)	2017
	\$,000.00
	2017
Annual Devrall	\$.000.00

C. OPERATIONAL STATUS

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

-	a			1.160	
023	In.	nr	01	TOTI	nn
0.0	H L	UL	101	au	on
	20.24			-	100

Temporarily or seasonally inactive

- Ceased Operation
- Sold or leased to another operator

Other

Describe

CEASED OPERATION OR SOLD OR LEASED INFORMATION

If the establishment ceased operation or was sold or leased to another operator, enter the date:

MMDDYYYY

If the establishment was sold or leased to another operator, what is the name and address of this establishment's new owner or operator?

Name of new owner/operator					
Mailing Address (Number and Str	eet, P.O. Box, etc.)				
City, town, village, etc.	State		•	ZIP Code 99999-9999	
		Save and Return to Loc	ation List		
		Go to Screen			
				•	

Item 5B: Ad	dded Location	Information A	Additional I	nformation

Item 5B: ADDED LOCATION

A. LOCATION INFORMATION

What is this establishment's physical location?

(P.O. Box and rural route addresses are not physical locations)

CFN		
EIN 99-9999999		
Name		
Secondary Name	Store or plant No.	
Physical Location (Number and Stre	eet)	
City, town, village, etc.	State Select State or Territory	ZIP Code 99999-9999
Date establishment opened or is expected to open		

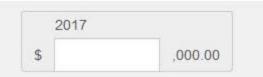
B. EMPLOYMENT AND PAYROLL

Include:

- 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
- 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.







Number of Employees for Pay Period including March 12

First Quarter Payroll (January - March 2017)

Annual Payroll

C. MAJOR ACTIVITY CODE

Select the ACTIVITY CODE that best describes the activity of this establishment and Specify the principal products or services.

D. FORMER OWNER OR OPERATOR INFORMATION

Report information for this acquired establishment

Name of former owner or operator

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

City, town, village, etc.	State		ZIP Code
	Select State or Territory	-	99999-9999

Month	Year
Acquired	Acquired
-	-

Save and Return to Location List

Go to Screen

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