

Attachment D-13

**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 56**

Attachment	Sector	Instrument Path	Instrument Path Title
D-13	56	5611C	Employment Services (Classification)
		56120	Facilities Support Services
		56150	Travel Arrangement and Reservation Services
		5622X	Waste Treatment and Disposal (Enterprise Support)

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

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 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 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.

Management services - providing management staff to direct or coordinate a client's business operation, but not providing staff for complete operation of the client's business (Exclude management services provided to own establishments.)

561110 001 Management and administrative services - providing day-to-day administrative services such as personnel management, bookkeeping, billing, etc., for a client's business or operation (exclude administrative activities provided for own company)

561110 005 Hotel and restaurant management

561110 006 Medical office management

561210 007 Corrections management

777541 089 Construction management for buildings, including acting as an agent for owners of construction projects - Describe

Describe

777541 161 Logistics management services - Describe

Describe

777541 085 Other management services - Describe

Describe

Facilities support services

561210 001 Facilities support management (exclude computer facilities) - providing operating staff to perform a range of services to support operations within the client's facilities, but not involved with or responsible for the core activities of the client's business operations

561210 006 Military base management

561210 005 Correctional facilities management and operation

541513 002 Computer systems facilities management and operation services

777541 083 Other facilities management, including complete operation of a client's business site or operation - Describe

Describe

Corporate, subsidiary, or regional managing office

551114 002 Central administrative office/headquarters administering, overseeing, and managing other establishments of own company or enterprise (Exclude operations or services provided for a client's business.)

777541 087 Other office providing services to other establishments of own company or enterprise - Describe type of services

Describe

Management consulting - providing advice and counsel to clients on various aspects of operating a business or other type of organization, but not providing management services for day-to-day operations

541611 002 Administrative and general management consulting services, including strategic planning and organizational change

541612 301 Human resources and personnel management consulting services

541613 001 Marketing consulting services, including sales management, customer service, and marketing planning/strategy

541614 001 Physical distribution and logistics consulting services

777541 084 Other management consulting services - Describe

Describe

Other principal business or activity

621999 101 Medical case management - assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet an individual's health care needs to provide quality and cost-effective outcomes

773000 001 Other principal business or activity - Describe

Describe

ITEM 28: SPECIAL INQUIRIES - MERCHANDISE SALES

Did the sale of merchandise account for more than half of the total receipts of this establishment in 2017?

Yes - Describe merchandise sold

Describe

No

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_STORE

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

A. Receipts

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

What were the total operating receipts?

Check
if
None

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

B. Exported Services

NOTE: An exported service is a product (e.g., service performed, license agreement) that is sold or transferred to, or performed for a customer or client (individual, government, business establishment, etc.) located **outside** the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

Include:

- Products provided to unaffiliated and affiliated foreign firms (e.g., foreign parent firms, subsidiaries, branches)

Exclude:

- Products provided to domestic subsidiaries of foreign firms

What were the receipts or revenue for exported services?

Check
if
None

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

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

Check if None	2017
	\$ <input type="text"/> ,000.00

Item 8: Support Services

ITEM 8: SUPPORT SERVICES

Was this establishment primarily engaged in providing management, administrative, or support services to other establishments of your enterprise (rather than for the general public or other business firms) in 2017?

- Yes
- No

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.

Facilities support services

561210 001 Facilities support management (exclude computer facilities) - providing operating staff to perform a range of services to support operations within the client's facilities, but not involved with or responsible for the core activities of the client's business operations

561210 006 Military base management

561210 005 Correctional facilities management and operation

541513 002 Computer systems facilities management and operation services

777541 083 Other facilities management, including complete operation of a client's business site or operation - Describe

Describe

Other principal business or activity

773000 001 Other principal business or activity - Describe

Describe

ITEM 20: CLASS OF CUSTOMER

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

	2017
1. Business firms and farms	<input type="text"/> %
2. Not-for-profit organizations (Include religious organizations.)	<input type="text"/> %
3. Federal government	<input type="text"/> %
4. State and local governments	<input type="text"/> %
5. Household consumers and individuals (Report receipts from individually owned businesses on line 1.)	<input type="text"/> %
6. TOTAL (Sum of lines 1 through 5 should equal 100%.)	<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. Facilities support services (Exclude correctional facilities.)	<input type="checkbox"/>	7014675000
2. Correctional facilities contract operation services	<input type="checkbox"/>	7014670000
3. Construction project management services	<input type="checkbox"/>	3004800000
4. Project management services, except construction	<input type="checkbox"/>	7014925000
5. IT infrastructure and network management services	<input type="checkbox"/>	7014450000
a. Network management services	<input type="checkbox"/>	7014450003
b. Computer systems management services	<input type="checkbox"/>	7014450006
6. Head office services to the enterprise including administering, overseeing, and managing other establishments for own company or enterprise (e.g., corporate offices, head offices, regional managing offices, holding companies that manage)	<input type="checkbox"/>	7014900000
7. Economic consulting services	<input type="checkbox"/>	7012265000
8. Information technology (IT) technical consulting services	<input type="checkbox"/>	7014225000
9. Scientific and technical consulting services, not elsewhere classified	<input type="checkbox"/>	7012270000
10. Operations and supply chain management consulting and implementation services	<input type="checkbox"/>	7014650000

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. Facilities support services (Exclude correctional facilities.)	\$ <input type="text"/> ,000.00	7014675000
2. Correctional facilities contract operation services	\$ <input type="text"/> ,000.00	7014670000
3. Construction project management services	\$ <input type="text"/> ,000.00	3004800000
4. Project management services, except construction	\$ <input type="text"/> ,000.00	7014925000
5. IT infrastructure and network management services		
a. Network management services	\$ <input type="text"/> ,000.00	7014450003
b. Computer systems management services	\$ <input type="text"/> ,000.00	7014450006
Subtotal	\$ <input type="text"/> ,000.00	7014450000
6. Head office services to the enterprise including administering, overseeing, and managing other establishments for own company or enterprise (e.g., corporate offices, head offices, regional managing offices, holding companies that manage)	\$ <input type="text"/> ,000.00	7014900000
7. Economic consulting services	\$ <input type="text"/> ,000.00	7012265000
8. Information technology (IT) technical consulting services	\$ <input type="text"/> ,000.00	7014225000
9. Scientific and technical consulting services, not elsewhere classified	\$ <input type="text"/> ,000.00	7012270000
10. Operations and supply chain management consulting and implementation services	\$ <input type="text"/> ,000.00	7014650000
11. All other products and services, not elsewhere classified		
a. All other products and services, not elsewhere classified - write-in #1		
<input type="text"/> Pick one <input type="text"/> Describe	\$ <input type="text"/> ,000.00	9000000003
b. All other products and services, not elsewhere classified - write-in #2		
<input type="text"/> Pick one <input type="text"/> Describe	\$ <input type="text"/> ,000.00	9000000006
c. All other products and services, not elsewhere classified - write-in #3		
<input type="text"/> Pick one <input type="text"/> 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 25: FRANCHISE

A. Was this establishment operating under any trademark(s) or brand name(s) authorized by a franchisor in 2017?

- Yes - franchisee-owned establishment
- Yes - franchisor-owned establishment
- No

B. If yes, what was the trademark(s) or brand name(s) operated under?

Describe

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

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.

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Name 1
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Store/Plant
RECORD_STORE

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.
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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

A. Report operating receipts of this establishment

- Travel agents, ticket offices/agencies, and reservation systems should include commissions or fees, not gross sales.
- Tour operators should include the difference between the selling price of their tours and the amount paid to suppliers.
- Convention, visitor, and tourist information bureaus should report total revenue, including contributions, gifts, and grants.

What were the total operating receipts?

Check
if
None

2017	
\$,000.00

B. Exported Services

NOTE: An exported service is a product (e.g., service performed, license agreement) that is sold or transferred to, or performed for a customer or client (individual, government, business establishment, etc.) located **outside** the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

Include:

- Products provided to unaffiliated and affiliated foreign firms (e.g., foreign parent firms, subsidiaries, branches)

Exclude:

- Products provided to domestic subsidiaries of foreign firms

What were the receipts or revenue for exported services?

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 8: Support Services

ITEM 8: SUPPORT SERVICES

Was this establishment primarily engaged in providing management, administrative, or support services to other establishments of your enterprise (rather than for the general public or other business firms) in 2017?

- Yes
- No

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.

Travel agency and tour operator561510 001 Travel agency561520 001 Tour operator - assembling tour packages and selling directly to travelers or through other travel agencies**Other travel arrangement and reservation services**561599 701 Ticket agency, including airline, railroad, bus, theatrical, sports, cruise ships, amusement, and recreation561599 201 Automobile club561599 703 Reservation system, including airlines, hotels, automobiles, and restaurants561591 001 Convention and visitor/tourist information bureau561599 802 Vacation time share exchange services561599 202 Other membership travel club777560 002 Other travel arrangement and reservation services - Describe**Transportation services**485320 005 Limousine or luxury sedan **with drivers**, except scheduled airport shuttle and taxi service485510 004 Bus charter services - local485510 005 Bus charter services - interstate or interurban487110 005 Sightseeing bus, trolley, or steam train excursions487210 102 Scenic and sightseeing boat, including dinner cruises, excursions, and harbor tours487990 006 Sightseeing airplane or helicopter487990 005 Aerial tramway and cable lift - scenic or sightseeing488510 202 Shipping agents or brokers777560 005 Other transportation services - Describe**Other principal business or activity**773000 001 Other principal business or activity - Describe

ITEM 20: CLASS OF CUSTOMER

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

	2017 Whole percent of receipts
1. Household consumers and individuals (Report receipts from individually owned businesses on lines 2 and 3 as appropriate.)	<input type="text"/> %
2. Travel agencies and other resellers	<input type="text"/> %
3. All other business firms and farms	<input type="text"/> %
4. Not-for-profit organizations (Include religious organizations.)	<input type="text"/> %
5. Federal government	<input type="text"/> %
6. State and local governments	<input type="text"/> %
7. TOTAL (Sum of lines 1 through 6 should equal 100%)	<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. Trip planning services More	<input type="checkbox"/>	7003575000
2. Packaged tours with accommodation, except cruises and academic trips and tours More	<input type="checkbox"/>	7003275000
a. International packaged tours with accommodation, except cruises and academic trips and tours	<input type="checkbox"/>	7003275006
b. Domestic packaged tours with accommodation, except cruises and academic trips and tours	<input type="checkbox"/>	7003275003
c. Pre-packaged tour reselling services More	<input type="checkbox"/>	7003275009
3. Customized tours with accommodation, except cruises and academic trips and tours More	<input type="checkbox"/>	7003285000
a. International customized tours with accommodation, except cruises and academic trips and tours	<input type="checkbox"/>	7003285006
b. Domestic customized tours with accommodation, except cruises and academic trips and tours	<input type="checkbox"/>	7003285003
4. Public relations event management services More	<input type="checkbox"/>	7013050000
a. Convention and trade show organization services More	<input type="checkbox"/>	7013050003
b. Sports and performing arts event organization and management services	<input type="checkbox"/>	7013050006
c. All other public relations event management services	<input type="checkbox"/>	7013050009
5. Visitor information and sightseeing tour information services More	<input type="checkbox"/>	7003903000
6. Automobile club services More	<input type="checkbox"/>	7003906000
7. Condominium time-share exchange services More	<input type="checkbox"/>	7003900000
8. Travel document services	<input type="checkbox"/>	7003909000
9. Cellular phone and emergency travel services More	<input type="checkbox"/>	7003912000
10. Traveler's check services	<input type="checkbox"/>	7003915000
11. Insurance brokerage and agency services for travel insurance	<input type="checkbox"/>	7003775000
12. Reservation service for airline seats	<input type="checkbox"/>	7003325000
a. Reservation service for airline seats, international travel	<input type="checkbox"/>	7003325003
b. Reservation service for airline seats, domestic travel	<input type="checkbox"/>	7003325006

13. Reservation service for vehicle rental	<input type="checkbox"/>	7003425000
14. Reservation service for cruises	<input type="checkbox"/>	7003450000
a. Reservation service for cruises of one day or less	<input type="checkbox"/>	7003450003
b. Reservation service for cruises of more than one day	<input type="checkbox"/>	7003450006
15. Reservation service for passenger transportation, not elsewhere classified	<input type="checkbox"/>	7003465000
a. Reservation service for bus seats and airport shuttle services	<input type="checkbox"/>	7003465003
b. Reservation service for rail seats	<input type="checkbox"/>	7003465006
c. Reservation service for ferry transportation	<input type="checkbox"/>	7003465009
16. Lodging reservation service	<input type="checkbox"/>	7003475000
a. Lodging reservation service, domestic travel	<input type="checkbox"/>	7003475006
b. Lodging reservation service, international travel	<input type="checkbox"/>	7003475003
17. Reservation service for packaged tours More	<input type="checkbox"/>	7003500000
a. Reservation service for packaged tours, domestic travel	<input type="checkbox"/>	7003500006
b. Reservation service for packaged tours, international travel	<input type="checkbox"/>	7003500003
18. Event ticket sales and reservation services	<input type="checkbox"/>	7003550000
19. Application service provisioning	<input type="checkbox"/>	7014275000
a. Computerized reservation system application provisioning	<input type="checkbox"/>	7014275003
b. Application service provisioning with integration services	<input type="checkbox"/>	7014275006
c. Application service provisioning without integration services	<input type="checkbox"/>	7014275009

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. Trip planning services More	\$ <input type="text"/> ,000.00	7003575000
2. Packaged tours with accommodation, except cruises and academic trips and tours More		
a. International packaged tours with accommodation, except cruises and academic trips and tours	\$ <input type="text"/> ,000.00	7003275006
b. Domestic packaged tours with accommodation, except cruises and academic trips and tours	\$ <input type="text"/> ,000.00	7003275003
c. Pre-packaged tour reselling services More	\$ <input type="text"/> ,000.00	7003275009
Subtotal	\$ <input type="text"/> ,000.00	7003275000
3. Customized tours with accommodation, except cruises and academic trips and tours More		
a. International customized tours with accommodation, except cruises and academic trips and tours	\$ <input type="text"/> ,000.00	7003285006
b. Domestic customized tours with accommodation, except cruises and academic trips and tours	\$ <input type="text"/> ,000.00	7003285003
Subtotal	\$ <input type="text"/> ,000.00	7003285000
4. Public relations event management services More		
a. Convention and trade show organization services More	\$ <input type="text"/> ,000.00	7013050003
b. Sports and performing arts event organization and management services	\$ <input type="text"/> ,000.00	7013050006
c. All other public relations event management services	\$ <input type="text"/> ,000.00	7013050009
Subtotal	\$ <input type="text"/> ,000.00	7013050000
5. Visitor information and sightseeing tour information services More	\$ <input type="text"/> ,000.00	7003903000
6. Automobile club services More	\$ <input type="text"/> ,000.00	7003906000
7. Condominium time-share exchange services More	\$ <input type="text"/> ,000.00	7003900000
8. Travel document services	\$ <input type="text"/> ,000.00	7003909000
9. Cellular phone and emergency travel services More	\$ <input type="text"/> ,000.00	7003912000
10. Traveler's check services	\$ <input type="text"/> ,000.00	7003915000
11. Insurance brokerage and agency services for travel insurance	\$ <input type="text"/> ,000.00	7003775000
12. Reservation service for airline seats		
a. Reservation service for airline seats, international travel	\$ <input type="text"/> ,000.00	7003325003

b. Reservation service for airline seats, domestic travel	\$,000.00	7003325006
Subtotal	\$,000.00	7003325000
13. Reservation service for vehicle rental	\$,000.00	7003425000
14. Reservation service for cruises				
a. Reservation service for cruises of one day or less	\$,000.00	7003450003
b. Reservation service for cruises of more than one day	\$,000.00	7003450006
Subtotal	\$,000.00	7003450000
15. Reservation service for passenger transportation, not elsewhere classified				
a. Reservation service for bus seats and airport shuttle services	\$,000.00	7003465003
b. Reservation service for rail seats	\$,000.00	7003465006
c. Reservation service for ferry transportation	\$,000.00	7003465009
Subtotal	\$,000.00	7003465000
16. Lodging reservation service				
a. Lodging reservation service, domestic travel	\$,000.00	7003475006
b. Lodging reservation service, international travel	\$,000.00	7003475003
Subtotal	\$,000.00	7003475000
17. Reservation service for packaged tours More				
a. Reservation service for packaged tours, domestic travel	\$,000.00	7003500006
b. Reservation service for packaged tours, international travel	\$,000.00	7003500003
Subtotal	\$,000.00	7003500000
18. Event ticket sales and reservation services	\$,000.00	7003550000
19. Application service provisioning				
a. Computerized reservation system application provisioning	\$,000.00	7014275003
b. Application service provisioning with integration services	\$,000.00	7014275006
c. Application service provisioning without integration services	\$,000.00	7014275009
Subtotal	\$,000.00	7014275000
20. 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
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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
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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
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TOTAL - Sum of lines should equal total Sales, Shipments, Receipts, or Revenue reported in Item 5	\$ <input type="text"/>	,000.00	9900000000
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ITEM 25: FRANCHISE

A. Was this establishment operating under any trademark(s) or brand name(s) authorized by a franchisor in 2017?

- Yes - franchisee-owned establishment
- Yes - franchisor-owned establishment
- No

B. If yes, what was the trademark(s) or brand name(s) operated under?

Describe

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

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

An **establishment** is generally a single physical location where business is conducted or where services or industrial operations are performed. This includes all locations of a company or organization, including administrative offices, warehouses, etc., that were in operation at any time during 2017. Report activity for each establishment on a separate form.

DEFINITION OF AN ENTERPRISE

An **enterprise** or company is a business, service, or membership organization consisting of one or more establishments within the United States under common ownership or control. It includes all establishments of subsidiary companies, where there is more than 50 percent ownership, as well as establishments of firms which the enterprise has the power to direct or cause the direction of management and policies.

DEFINITION OF AN ENTERPRISE SUPPORT ESTABLISHMENT

An **enterprise support establishment** is an establishment that is primarily engaged in performing management, supervision, general administrative functions, and supporting services for other establishments of the same enterprise, rather than for the general public or other business firms.

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 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

A. Sales, Receipts, or Revenue

Include:

- Sales, receipts, or revenue from customers **outside** your enterprise originating from this location.

Exclude:

- Sales, receipts, or revenue from other establishments within your own enterprise.

What were the sales, receipts, or revenue (exclude billings) from customers **outside** your enterprise originating from this location?

Check
if
None

2017
\$,000.00

B. Exported Services

NOTE: An exported service is a product (e.g., service performed, license agreement) that is sold or transferred to, or performed for a customer or client (individual, government, business establishment, etc.) located **outside** the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

Include:

- Products provided to unaffiliated and affiliated foreign firms (e.g., foreign parent firms, subsidiaries, branches)

Exclude:

- Products provided to domestic subsidiaries of foreign firms

What were the receipts or revenue for exported services?

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 8: Support Services

ITEM 8: SUPPORT SERVICES

Was this establishment primarily engaged in providing management, administrative, or support services to other establishments of your enterprise (rather than for the general public or other business firms) in 2017?

- Yes
- No

ITEM 8: SUPPORT SERVICES

PRINCIPAL BUSINESS OR ACTIVITY OF THE OPERATING ESTABLISHMENTS SERVICED

What principal kind of business or activity is performed by the establishments of your enterprise that are managed or serviced by this establishment?
Example: If this establishment is a corporate, subsidiary, or regional managing office, data processing service center, or administrative/support office to a chain of clothing stores, please describe "clothing stores" below.

ITEM 16: SELECTED EXPENSES

Report the payment of selected expenses allocated by category

- Report payments for expenses directly incurred by this establishment in column 1.
- Report payments made by this establishment for expenses incurred by other establishments of your enterprise in column 2 (where applicable).

Exclude:

- Transfers made within the company
- Capitalized expenses
- Impairment
- Interest
- Bad debt
- Income tax
- Taxes collected from customers (e.g., sales and excise)
- Cost of merchandise for resale

Personnel costs, except payroll

1. Employer's cost for employer paid insurance premiums, pension plans, payroll taxes, and other employee benefits More	<input type="checkbox"/> Check if None	2017 Expenses of this establishment ONLY \$ <input type="text"/> ,000.00
2. Temporary staff and leased employee expense More	<input type="checkbox"/>	\$ <input type="text"/> ,000.00

Expensed equipment and materials

3. Expensed computer hardware and other equipment More	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
4. Expensed purchases of other materials, parts, and supplies More	<input type="checkbox"/>	\$ <input type="text"/> ,000.00

Expensed purchased services

5. Expensed purchases of software More	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
6. Purchased electricity More	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
7. Purchased fuels (Exclude motor fuels.) More	<input type="checkbox"/>	\$ <input type="text"/> ,000.00

8. Data processing and other purchased computer services More	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/> Check if None	2017 Payments made by this establishment on behalf of other establishments of your enterprise \$ <input type="text"/> ,000.00
9. Purchased communication services More	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
10. Purchased repairs and maintenance to machinery, vehicles, and equipment More	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
11. Purchased repairs and maintenance to buildings, structures, and offices More	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
12. Water, sewer, refuse removal, and other utility payments More	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00

13. Purchased advertising and promotional services More	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
14. Purchased professional and technical services More	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
Other selected expenses				
15. Lease and rental payments for machinery, equipment, and other tangible items More	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
16. Lease and rental payments for land, buildings, structures, store spaces, and offices More	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
17. Governmental taxes and license fees (Exclude sales, excise, and income taxes.) More	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
18. Depreciation and amortization charges More	<input type="checkbox"/>	\$ <input type="text"/> ,000.00		
19. All other selected expenses (Describe - If more than 50% of TOTAL reported on line 20.) More	<input type="checkbox"/>	\$ <input type="text"/> ,000.00		
Describe				
20. TOTAL SELECTED EXPENSES of this establishment ONLY, excluding payroll (Add lines 1 through 19.)	<input type="checkbox"/>	\$ <input 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.

Waste treatment and disposal services, including combined collection and disposal

- 562212 001 Solid waste landfill
- 562211 003 Hazardous waste
- 562211 001 Medical waste
- 562213 001 Solid waste combustor and incinerator
- 562991 102 Septic tank cleaning services
- 777562 016 Other waste treatment and disposal services - Describe

Waste collection services, without treatment or disposal

- 562111 001 Solid waste, recyclables, and yard waste (exclude hazardous waste) collection services, local
- 562111 002 Solid waste transfer station
- 562112 001 Hazardous waste collection services
- 562112 002 Hazardous waste transfer station
- 777562 011 Other waste collection services - Describe

Other principal business or activity

- 562910 101 Remediation services - remediating/cleaning up contaminated buildings, mine sites, soil, or ground water
- 777562 012 Other waste management services (e.g., portable toilet rentals, parking lot cleaning services, or snowplowing) - Describe
- 773000 001 Other principal business or activity - Describe

ITEM 20: CLASS OF CUSTOMER

What was the percentage of this establishment's total operating receipts (reported in **Item 5**) from services provided to clients outside your enterprise by class of customer?

	2017 Whole percent of receipts
1. Household consumers and individuals (Report receipts from individually owned businesses on lines 2, 3, 4, 5, or 6 as appropriate.)	<input type="text"/> %
2. Retailers	<input type="text"/> %
3. Banks, insurance companies, and other financial institutions	<input type="text"/> %
4. Hospitals and other health care services	<input type="text"/> %
5. Travel agencies and other resellers	<input type="text"/> %
6. All other business firms and farms	<input type="text"/> %
7. Not-for-profit organizations (Include religious organizations.)	<input type="text"/> %
8. Federal government	<input type="text"/> %
9. State and local governments	<input type="text"/> %
10. TOTAL (Sum of lines 1 through 9 should equal 100%.)	<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. Disposal services for non-hazardous waste	<input type="checkbox"/>	6000350000
a. Landfilling services for non-hazardous waste	<input type="checkbox"/>	6000350003
b. Incineration disposal services for non-hazardous waste	<input type="checkbox"/>	6000350006
c. Other disposal services for non-hazardous waste	<input type="checkbox"/>	6000350009
2. Disposal services for hazardous waste	<input type="checkbox"/>	6000525000
a. Disposal services for hazardous waste, by controlled confinement by landfilling	<input type="checkbox"/>	6000525003
b. Disposal services for hazardous waste, by controlled confinement other than landfilling	<input type="checkbox"/>	6000525006
c. Other disposal services for hazardous waste	<input type="checkbox"/>	6000525009
3. Hazardous waste brokerage services	<input type="checkbox"/>	6000575000
4. Treatment services for hazardous waste	<input type="checkbox"/>	6000500000
a. Treatment services for hazardous waste (biological-infectious waste)	<input type="checkbox"/>	6000500003
b. Treatment services for hazardous waste (radioactive waste)	<input type="checkbox"/>	6000500006
c. Treatment services for other hazardous waste (except waste water)	<input type="checkbox"/>	6000500009
5. Residential collection services for non-hazardous waste and recyclable material More	<input type="checkbox"/>	6000200000
a. Residential collection services for non-hazardous waste	<input type="checkbox"/>	6000200003
b. Residential collection services for non-hazardous recyclable material	<input type="checkbox"/>	6000200006
6. Nonresidential collection services for non-hazardous waste and recyclable material More	<input type="checkbox"/>	6000225000
a. Nonresidential collection services for non-hazardous industrial waste	<input type="checkbox"/>	6000225003
b. Nonresidential collection services for non-hazardous non-industrial waste	<input type="checkbox"/>	6000225006
c. Nonresidential collection services for non-hazardous recyclable material	<input type="checkbox"/>	6000225009
7. Collection services for non-hazardous construction and demolition waste	<input type="checkbox"/>	6000250000
8. Consolidation, storage, and preparation services for non-hazardous waste and recyclable material	<input type="checkbox"/>	6000325000

a. Transfer facility services for non-hazardous waste More	<input type="checkbox"/>	6000325003
b. Recovery and preparation services for non-hazardous recyclable material More	<input type="checkbox"/>	6000325006
9. Electricity generation	<input type="checkbox"/>	6000075000
a. Electricity generation (except waste energy generation)	<input type="checkbox"/>	6000075003
b. Non-hazardous waste energy generation services	<input type="checkbox"/>	6000075006
c. Hazardous waste energy generation services More	<input type="checkbox"/>	6000075009
10. Other non-hazardous waste management services, not elsewhere classified	<input type="checkbox"/>	6000425000
11. Collection services for hazardous waste More	<input type="checkbox"/>	6000450000
a. Residential collection services for hazardous waste	<input type="checkbox"/>	6000450003
b. Nonresidential collection services for hazardous waste	<input type="checkbox"/>	6000450006
c. Cleaning and removal services for hazardous waste holding facilities	<input type="checkbox"/>	6000450009
12. Consolidation, storage, and preparation services for hazardous waste and recyclable material More	<input type="checkbox"/>	6000475000
13. Transportation of waste by road	<input type="checkbox"/>	7011750000
a. Transportation of non-hazardous waste by road	<input type="checkbox"/>	7011750003
b. Transportation of non-hazardous recyclable material by road	<input type="checkbox"/>	7011750006
c. Transportation of hazardous waste by road	<input type="checkbox"/>	7011750009
14. Transportation of waste by water	<input type="checkbox"/>	7011775000
15. Non-hazardous waste brokerage services	<input type="checkbox"/>	6000400000
16. Hazardous waste management services, not elsewhere classified	<input type="checkbox"/>	6000600000
17. Manufacturing of other fuels, nec.	<input type="checkbox"/>	2019625000

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. Disposal services for non-hazardous waste		
a. Landfilling services for non-hazardous waste	\$ <input type="text"/> ,000.00	6000350003
b. Incineration disposal services for non-hazardous waste	\$ <input type="text"/> ,000.00	6000350006
c. Other disposal services for non-hazardous waste	\$ <input type="text"/> ,000.00	6000350009
Subtotal	\$ <input type="text"/> ,000.00	6000350000
2. Disposal services for hazardous waste		
a. Disposal services for hazardous waste, by controlled confinement by landfilling	\$ <input type="text"/> ,000.00	6000525003
b. Disposal services for hazardous waste, by controlled confinement other than landfilling	\$ <input type="text"/> ,000.00	6000525006
c. Other disposal services for hazardous waste	\$ <input type="text"/> ,000.00	6000525009
Subtotal	\$ <input type="text"/> ,000.00	6000525000
3. Hazardous waste brokerage services	\$ <input type="text"/> ,000.00	6000575000
4. Treatment services for hazardous waste		
a. Treatment services for hazardous waste (biological-infectious waste)	\$ <input type="text"/> ,000.00	6000500003
b. Treatment services for hazardous waste (radioactive waste)	\$ <input type="text"/> ,000.00	6000500006
c. Treatment services for other hazardous waste (except waste water)	\$ <input type="text"/> ,000.00	6000500009
Subtotal	\$ <input type="text"/> ,000.00	6000500000
5. Residential collection services for non-hazardous waste and recyclable material More		
a. Residential collection services for non-hazardous waste	\$ <input type="text"/> ,000.00	6000200003
b. Residential collection services for non-hazardous recyclable material	\$ <input type="text"/> ,000.00	6000200006
Subtotal	\$ <input type="text"/> ,000.00	6000200000
6. Nonresidential collection services for non-hazardous waste and recyclable material More		
a. Nonresidential collection services for non-hazardous industrial waste	\$ <input type="text"/> ,000.00	6000225003
b. Nonresidential collection services for non-hazardous non-industrial waste	\$ <input type="text"/> ,000.00	6000225006
c. Nonresidential collection services for non-hazardous recyclable material	\$ <input type="text"/> ,000.00	6000225009

Subtotal	\$,000.00	6000225000
7. Collection services for non-hazardous construction and demolition waste	\$,000.00	6000250000
8. Consolidation, storage, and preparation services for non-hazardous waste and recyclable material				
a. Transfer facility services for non-hazardous waste More	\$,000.00	6000325003
b. Recovery and preparation services for non-hazardous recyclable material More	\$,000.00	6000325006
Subtotal	\$,000.00	6000325000
9. Electricity generation				
a. Electricity generation (except waste energy generation)	\$,000.00	6000075003
b. Non-hazardous waste energy generation services	\$,000.00	6000075006
c. Hazardous waste energy generation services More	\$,000.00	6000075009
Subtotal	\$,000.00	6000075000
10. Other non-hazardous waste management services, not elsewhere classified	\$,000.00	6000425000
11. Collection services for hazardous waste More				
a. Residential collection services for hazardous waste	\$,000.00	6000450003
b. Nonresidential collection services for hazardous waste	\$,000.00	6000450006
c. Cleaning and removal services for hazardous waste holding facilities	\$,000.00	6000450009
Subtotal	\$,000.00	6000450000
12. Consolidation, storage, and preparation services for hazardous waste and recyclable material More	\$,000.00	6000475000
13. Transportation of waste by road				
a. Transportation of non-hazardous waste by road	\$,000.00	7011750003
b. Transportation of non-hazardous recyclable material by road	\$,000.00	7011750006
c. Transportation of hazardous waste by road	\$,000.00	7011750009
Subtotal	\$,000.00	7011750000
14. Transportation of waste by water	\$,000.00	7011775000
15. Non-hazardous waste brokerage services	\$,000.00	6000400000
16. Hazardous waste management services, not elsewhere classified	\$,000.00	6000600000
17. Manufacturing of other fuels, nec.	\$,000.00	2019625000

18. 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
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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
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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
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TOTAL - Sum of lines should equal total Sales, Shipments, Receipts, or Revenue reported in Item 5				\$ <input type="text"/>	,000.00	9900000000
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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.