

Attachment D-7

**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
Sectors 48-49**

Attachment	Sector	Instrument Path	Instrument Path Title
D-7	48-49	48100	Air Transportation
		48400	Truck Transportation
		48700	Scenic and Sightseeing Transportation
		4930X	Warehousing and Storage (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

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
\$ 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

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

What was the total operating revenue?

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 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.

Scheduled air transportation481111 001 Passenger carrier, including commuter481112 001 Freight carrier**Courier service, including delivery of parcels weighing 100 pounds or less**492110 201 Air courier service492210 002 Courier service - local, except by air492110 102 Courier service - intercity, except by air**Nonscheduled air transportation - no regular routes or regular schedules**481211 001 Passenger service, including air taxi and charters481212 001 Freight service without passengers487990 003 Sightseeing airplane, helicopter, or hot air balloon621910 001 Ambulance or rescue service, including air ambulance481219 001 Variety of specialized flying services - performing a variety of specialized flying services, e.g., crop dusting, aerial forest fire fighting, aerial advertising and photography, aviation clubs, aerial surveying - Describe

Describe

Airport and aircraft services488111 001 Air traffic control, except military488119 001 Airport operation and terminal services, including fixed base operators (FBOs), airfreight handling, hangar operations, runway maintenance, airport terminal services, aircraft storage, baggage handling, airports and flying fields, etc.488190 001 Aircraft maintenance and repair424720 003 Aircraft fueling service, except on contract basis561720 008 Aircraft janitorial service485320 001 Limousine or luxury sedan **with drivers**, except scheduled airport shuttle and taxi service485113 002 Bus or motor vehicle transit system - with regular routes and schedules within a metropolitan area and its adjacent nonurban areas485310 001 Taxi service by automobile or van485999 101 Scheduled airport shuttle service532411 902 Aircraft rental or leasing **without crew and/or pilot**488190 002 Other airport and aircraft transportation services - Describe

Describe

Arrangement of transportation for passengers561510 001 Travel agency561520 002 Tour operator**Arrangement of transportation for freight and cargo**488510 101 Freight forwarding service488510 203 Freight/shipping agent or broker, except freight forwarding

Other principal business or activity

774000 001 Other principal business or activity - Describe

Describe

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. Domestic, scheduled passenger transportation by air, first class and business class	<input type="checkbox"/>	7002975000
2. Domestic, scheduled passenger transportation by air, coach class	<input type="checkbox"/>	7003000000
3. International, scheduled passenger transportation by air, first class and business	<input type="checkbox"/>	7003025000
4. International, scheduled passenger transportation by air, coach class	<input type="checkbox"/>	7003050000
5. Domestic non-scheduled passenger transportation by air	<input type="checkbox"/>	7003075000
6. International non-scheduled passenger transportation by air	<input type="checkbox"/>	7003100000
7. Transportation of perishable/climate-controlled boxed, palletized, and other packed goods, by air	<input type="checkbox"/>	7011425000
a. Domestic, scheduled transportation of perishable/climate-controlled boxed, palletized, and other packed goods, by air	<input type="checkbox"/>	7011425003
b. International, scheduled transportation of perishable/climate-controlled boxed, palletized, and other packed goods, by air	<input type="checkbox"/>	7011425006
c. Domestic, non-scheduled transportation of perishable/climate-controlled boxed, palletized, and other packed goods, by air	<input type="checkbox"/>	7011425009
d. International, non-scheduled transportation of perishable/climate-controlled boxed, palletized, and other packed goods, by air	<input type="checkbox"/>	7011425012
8. Transportation of non-perishable/not climate-controlled boxed, palletized, and other packed goods, by air	<input type="checkbox"/>	7011500000
a. Domestic, scheduled transportation of bundled postal mail by air	<input type="checkbox"/>	7011500003
b. Domestic, scheduled transportation of non-perishable/not climate-controlled boxed, palletized, and other packed goods, by air	<input type="checkbox"/>	7011500006
c. International, scheduled transportation of bundled postal mail by air	<input type="checkbox"/>	7011500009
d. International, scheduled transportation of non-perishable/not climate-controlled boxed, palletized, and other packed general freight, by air	<input type="checkbox"/>	7011500012
e. Domestic, non-scheduled transportation of non-perishable/not climate-controlled boxed, palletized, and other packed general freight, by air	<input type="checkbox"/>	7011500015
f. International, non-scheduled transportation of non-perishable/not climate-controlled boxed, palletized, and other packed general freight, by air	<input type="checkbox"/>	7011500018
9. Transportation of bulk liquids and gases by air	<input type="checkbox"/>	7011300000
10. Transportation of automobiles and light trucks by air	<input type="checkbox"/>	7011675000
11. Transportation of other goods by air	<input type="checkbox"/>	7011850000

12. Rental of air ("Dry Leasing"), rail, and water transportation equipment	<input type="checkbox"/>	7009300000
13. Rental of aircraft with crew for air carrier use ("Wet Leasing")	<input type="checkbox"/>	7009325000
14. Air traffic control services	<input type="checkbox"/>	7015025000
15. Fixed-base-operator (FBO) services	<input type="checkbox"/>	7015050000
16. Airport operation and administration services	<input type="checkbox"/>	7015075000
a. Parking services for aircraft	<input type="checkbox"/>	7015075003
b. Other airport operation and administration services	<input type="checkbox"/>	7015075006
17. Other air transportation support services, not elsewhere classified	<input type="checkbox"/>	7015100000
18. Leased display advertising media space	<input type="checkbox"/>	7012375000
a. Leased display advertising media space, large format	<input type="checkbox"/>	7012375003
b. Leased display advertising media space, transit	<input type="checkbox"/>	7012375006
c. Leased display advertising media space, street furniture and other urban fixtures	<input type="checkbox"/>	7012375009
d. Other leased display advertising media space	<input type="checkbox"/>	7012375012
19. Aerial support services, not elsewhere classified	<input type="checkbox"/>	7017000000
a. Aerial crop dusting services	<input type="checkbox"/>	7017000003
b. Other air specialty services, not elsewhere classified	<input type="checkbox"/>	7017000006
20. All other recreation, sports, and fitness services	<input type="checkbox"/>	7002025000
a. Air-based recreational services	<input type="checkbox"/>	7002025003
b. All other recreation, sports, and fitness services, not elsewhere classified	<input type="checkbox"/>	7002025006
21. Air ambulance emergency services	<input type="checkbox"/>	7004275000
22. Meals, snacks, other food items, and nonalcoholic beverages, prepared and served or dispensed, for immediate consumption	<input type="checkbox"/>	7000025000
23. Maintenance and repair and related services for aircraft	<input type="checkbox"/>	7009400000

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. Domestic, scheduled passenger transportation by air, first class and business class	\$ <input type="text"/> ,000.00	7002975000
2. Domestic, scheduled passenger transportation by air, coach class	\$ <input type="text"/> ,000.00	7003000000
3. International, scheduled passenger transportation by air, first class and business	\$ <input type="text"/> ,000.00	7003025000
4. International, scheduled passenger transportation by air, coach class	\$ <input type="text"/> ,000.00	7003050000
5. Domestic non-scheduled passenger transportation by air	\$ <input type="text"/> ,000.00	7003075000
6. International non-scheduled passenger transportation by air	\$ <input type="text"/> ,000.00	7003100000
7. Transportation of perishable/climate-controlled boxed, palletized, and other packed goods, by air		
a. Domestic, scheduled transportation of perishable/climate-controlled boxed, palletized, and other packed goods, by air	\$ <input type="text"/> ,000.00	7011425003
b. International, scheduled transportation of perishable/climate-controlled boxed, palletized, and other packed goods, by air	\$ <input type="text"/> ,000.00	7011425006
c. Domestic, non-scheduled transportation of perishable/climate-controlled boxed, palletized, and other packed goods, by air	\$ <input type="text"/> ,000.00	7011425009
d. International, non-scheduled transportation of perishable/climate-controlled boxed, palletized, and other packed goods, by air	\$ <input type="text"/> ,000.00	7011425012
Subtotal	\$ <input type="text"/> ,000.00	7011425000
8. Transportation of non-perishable/not climate-controlled boxed, palletized, and other packed goods, by air		
a. Domestic, scheduled transportation of bundled postal mail by air	\$ <input type="text"/> ,000.00	7011500003
b. Domestic, scheduled transportation of non-perishable/not climate-controlled boxed, palletized, and other packed goods, by air	\$ <input type="text"/> ,000.00	7011500006
c. International, scheduled transportation of bundled postal mail by air	\$ <input type="text"/> ,000.00	7011500009
d. International, scheduled transportation of non-perishable/not climate-controlled boxed, palletized, and other packed general freight, by air	\$ <input type="text"/> ,000.00	7011500012
e. Domestic, non-scheduled transportation of non-perishable/not climate-controlled boxed, palletized, and other packed general freight, by air	\$ <input type="text"/> ,000.00	7011500015
f. International, non-scheduled transportation of non-perishable/not climate-controlled boxed, palletized, and other packed general freight, by air	\$ <input type="text"/> ,000.00	7011500018
Subtotal	\$ <input type="text"/> ,000.00	7011500000
9. Transportation of bulk liquids and gases by air	\$ <input type="text"/> ,000.00	7011300000

10. Transportation of automobiles and light trucks by air	\$,000.00	7011675000
11. Transportation of other goods by air	\$,000.00	7011850000
12. Rental of air ("Dry Leasing"), rail, and water transportation equipment	\$,000.00	7009300000
13. Rental of aircraft with crew for air carrier use ("Wet Leasing")	\$,000.00	7009325000
14. Air traffic control services	\$,000.00	7015025000
15. Fixed-base-operator (FBO) services	\$,000.00	7015050000
16. Airport operation and administration services				
a. Parking services for aircraft	\$,000.00	7015075003
b. Other airport operation and administration services	\$,000.00	7015075006
Subtotal	\$,000.00	7015075000
17. Other air transportation support services, not elsewhere classified	\$,000.00	7015100000
18. Leased display advertising media space				
a. Leased display advertising media space, large format	\$,000.00	7012375003
b. Leased display advertising media space, transit	\$,000.00	7012375006
c. Leased display advertising media space, street furniture and other urban fixtures	\$,000.00	7012375009
d. Other leased display advertising media space	\$,000.00	7012375012
Subtotal	\$,000.00	7012375000
19. Aerial support services, not elsewhere classified				
a. Aerial crop dusting services	\$,000.00	7017000003
b. Other air specialty services, not elsewhere classified	\$,000.00	7017000006
Subtotal	\$,000.00	7017000000
20. All other recreation, sports, and fitness services				
a. Air-based recreational services	\$,000.00	7002025003
b. All other recreation, sports, and fitness services, not elsewhere classified	\$,000.00	7002025006
Subtotal	\$,000.00	7002025000
21. Air ambulance emergency services	\$,000.00	7004275000
22. Meals, snacks, other food items, and nonalcoholic beverages, prepared and served or dispensed, for immediate consumption	\$,000.00	7000025000

23. Maintenance and repair and related services for aircraft		\$,000.00	7009400000
24. 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"/>	\$,000.00	9000000003
b. All other products and services, not elsewhere classified - write-in #2					
<input type="text" value="Pick one"/>	<input type="text" value="Describe"/>	\$,000.00	9000000006
c. All other products and services, not elsewhere classified - write-in #3					
<input type="text" value="Pick one"/>	<input type="text" value="Describe"/>	\$,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		\$,000.00	9900000000

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

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.

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Name 1
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RECORD_STOR

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Number and Street
ADDR_STREET

City, town, village, etc.
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Select State or Territory

ZIP Code
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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.

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

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

- Less than 50%
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Name of owning or controlling company

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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

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How many establishments operated under EIN at the end of 2017?

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 (Jan - March 2017)

2017
 \$,000.00

Annual Payroll

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Sales, Shipments, Receipts, or Revenue

2017
 \$,000.00

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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.
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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

What was the total operating revenue?
(Establishments which use purchased transportation and/or commissioned agents should include gross revenue regardless of amount retained by this establishment. Exclude sales of used equipment.)

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 type="text"/> ,000.00

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

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

Local trucking without storage - goods carried within a single metropolitan area and its adjacent nonurban areas; generally same-day return trips484210 102 Used household goods moving484110 101 General freight, truckload (TL)484110 201 General freight, less-than-truckload (LTL)484220 302 Dump trucking, including coal, gravel, and sand hauling562111 003 Solid waste collection, excluding hazardous waste562112 003 Hazardous waste collection777480 002 Other waste collection - Describe484220 101 Hazardous materials trucking, except waste484220 201 Agricultural products trucking, including log hauling484220 404 Specialized trucking **without storage**, including auto transport, boat transport, manufactured (mobile) home transport, water transport, refrigerated transport, and newspaper deliver - Describe**Local trucking with storage - goods carried within a single metropolitan area and its adjacent nonurban areas; generally same-day return trips**484210 302 Used household goods moving484110 301 General freight, truckload (TL)484110 401 General freight, less-than-truckload (LTL)484220 502 Specialized trucking **with storage** - Describe**Long-distance trucking - goods carried between metropolitan areas**484210 202 Used household goods moving484121 001 General freight, truckload (TL)484122 001 General freight, less-than-truckload (LTL)484230 101 Hazardous materials trucking, except waste484230 201 Agricultural products trucking, including log hauling484230 304 Specialized trucking, including auto transport, boat transport, water transport, refrigerated transport, and coal hauling - Describe**Courier and messenger service, including delivery of parcels weighing 100 pounds or less, except by means of air transportation**492210 001 Local messenger and delivery services, including bicycles492110 101 Intercity courier and delivery services**Warehousing and storage facilities**493130 001 Cotton and linters493130 002 Grain elevators, storage only493130 003 Other farm products, except cold storage493120 003 Refrigerated products, except fur storage

493120 004 Fur storage

531130 002 Self-service storage or miniwarehouses

493190 101 Household goods

493110 002 General warehousing and storage, including public and contract warehousing and storage

493190 202 Document warehousing and storage

493110 004 Distribution warehouse/center - Describe

Describe

493190 201 Specialized goods, including bulk petroleum, chemicals, automobile dead storage, and other products requiring special storage - Describe

Describe

Other transportation-related activities

541614 005 Physical distribution or logistics consulting services

488510 203 Freight/shipping agent or broker, except freight forwarding

488510 101 Freight forwarding service

488490 008 Motor freight terminal and joint terminal maintenance facility

532120 104 Truck rental, **without drivers**

532120 204 Truck leasing, **without drivers**, except finance leasing

561330 003 Driver leasing, without trucks

Other principal business or activity

774000 001 Other principal business or activity - Describe

Describe

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. Household moving services	<input type="checkbox"/>	7000450000
2. Commercial moving	<input type="checkbox"/>	7011050000
3. Moving of other goods requiring special handling	<input type="checkbox"/>	7011075000
4. Local transportation and delivery of purchased or serviced items	<input type="checkbox"/>	7011125000
5. Transportation services for small packages, documents, and letters	<input type="checkbox"/>	7011100000
a. Station-to-station transportation of documents and parcels	<input type="checkbox"/>	7011100003
b. Other transportation services for small packages, documents, and letters	<input type="checkbox"/>	7011100006
6. Transportation of bulk liquids and gases in intermodal tank containers by road	<input type="checkbox"/>	7011200000
7. Transportation of bulk liquids and gases, except in intermodal tank containers, by road	<input type="checkbox"/>	7011225000
8. Transportation of dry bulks, except in intermodal containers, by road	<input type="checkbox"/>	7011325000
9. Transportation of climate-controlled boxed, palletized, and other packed goods, except in intermodal containers, by road	<input type="checkbox"/>	7011375000
10. Transportation of boxed, palletized, and other packed goods, not climate-controlled and not in intermodal containers, by road	<input type="checkbox"/>	7011450000
a. Transportation of boxed, palletized, and other packed goods, not climate-controlled and not in intermodal containers, by road, truckload service	<input type="checkbox"/>	7011450003
b. Transportation of boxed, palletized, and other packed goods, not climate-controlled and not in intermodal containers, by road, less-than-truckload service	<input type="checkbox"/>	7011450006
11. Transportation of climate-controlled intermodal containers, nec., by road	<input type="checkbox"/>	7011525000
12. Transportation of other intermodal containers, not climate-controlled, nec., by road	<input type="checkbox"/>	7011575000
13. Transportation of automobiles and light trucks by road	<input type="checkbox"/>	7011625000
14. Transportation of livestock by road	<input type="checkbox"/>	7011700000
15. 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

16. Transportation of other goods by road	<input type="checkbox"/>	7011800000
17. Drayage services	<input type="checkbox"/>	7015325000
18. Warehousing and storage services	<input type="checkbox"/>	7011900000
19. Handling services for goods	<input type="checkbox"/>	7011975000
20. Packing services for goods	<input type="checkbox"/>	7012000000
21. Freight transportation arrangement and customs brokering services	<input type="checkbox"/>	7011925000
22. Towing services	<input type="checkbox"/>	7015300000
23. Rental of heavy trucks, truck trailers, and buses	<input type="checkbox"/>	7009275000
24. 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. Household moving services	\$ <input type="text"/> ,000.00	7000450000
2. Commercial moving	\$ <input type="text"/> ,000.00	7011050000
3. Moving of other goods requiring special handling	\$ <input type="text"/> ,000.00	7011075000
4. Local transportation and delivery of purchased or serviced items	\$ <input type="text"/> ,000.00	7011125000
5. Transportation services for small packages, documents, and letters		
a. Station-to-station transportation of documents and parcels	\$ <input type="text"/> ,000.00	7011100003
b. Other transportation services for small packages, documents, and letters	\$ <input type="text"/> ,000.00	7011100006
Subtotal	\$ <input type="text"/> ,000.00	7011100000
6. Transportation of bulk liquids and gases in intermodal tank containers by road	\$ <input type="text"/> ,000.00	7011200000
7. Transportation of bulk liquids and gases, except in intermodal tank containers, by road	\$ <input type="text"/> ,000.00	7011225000
8. Transportation of dry bulks, except in intermodal containers, by road	\$ <input type="text"/> ,000.00	7011325000
9. Transportation of climate-controlled boxed, palletized, and other packed goods, except in intermodal containers, by road	\$ <input type="text"/> ,000.00	7011375000
10. Transportation of boxed, palletized, and other packed goods, not climate-controlled and not in intermodal containers, by road		
a. Transportation of boxed, palletized, and other packed goods, not climate-controlled and not in intermodal containers, by road, truckload service	\$ <input type="text"/> ,000.00	7011450003
b. Transportation of boxed, palletized, and other packed goods, not climate-controlled and not in intermodal containers, by road, less-than-truckload service	\$ <input type="text"/> ,000.00	7011450006
Subtotal	\$ <input type="text"/> ,000.00	7011450000
11. Transportation of climate-controlled intermodal containers, nec., by road	\$ <input type="text"/> ,000.00	7011525000
12. Transportation of other intermodal containers, not climate-controlled, nec., by road	\$ <input type="text"/> ,000.00	7011575000
13. Transportation of automobiles and light trucks by road	\$ <input type="text"/> ,000.00	7011625000
14. Transportation of livestock by road	\$ <input type="text"/> ,000.00	7011700000
15. Transportation of waste by road		
a. Transportation of non-hazardous waste by road	\$ <input type="text"/> ,000.00	7011750003
b. Transportation of non-hazardous recyclable material by road	\$ <input type="text"/> ,000.00	7011750006

c. Transportation of hazardous waste by road	\$,000.00	7011750009	
Subtotal	\$,000.00	7011750000	
16. Transportation of other goods by road	\$,000.00	7011800000	
17. Drayage services	\$,000.00	7015325000	
18. Warehousing and storage services	\$,000.00	7011900000	
19. Handling services for goods	\$,000.00	7011975000	
20. Packing services for goods	\$,000.00	7012000000	
21. Freight transportation arrangement and customs brokering services	\$,000.00	7011925000	
22. Towing services	\$,000.00	7015300000	
23. Rental of heavy trucks, truck trailers, and buses	\$,000.00	7009275000	
24. Operations and supply chain management consulting and implementation services	\$,000.00	7014650000	
25. 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"/>	Describe	\$,000.00	9000000003
b. All other products and services, not elsewhere classified - write-in #2					
<input type="text" value="Pick one"/>	Describe	\$,000.00	9000000006
c. All other products and services, not elsewhere classified - write-in #3					
<input type="text" value="Pick one"/>	Describe	\$,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	\$,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

ITEM 28: SPECIAL INQUIRIES - ANALYSIS OF OPERATING (TRUCKING) REVENUE

What percentage of motor carrier revenue was from the following?

	Check if None	2017 Percent
1. LOCAL (motor carrier service within a single metropolitan area and its adjacent nonurban areas, which may cross state lines)	<input type="checkbox"/>	<input type="text"/> %
2. LONG-DISTANCE (motor carrier service between metropolitan areas which may cross North American borders)	<input type="checkbox"/>	<input type="text"/> %
3. TOTAL (Sum of lines 1 and 2 should equal 100%.)		<input type="text"/> %

ITEM 28: SPECIAL INQUIRIES- PURCHASED TRANSPORTATION

What was the cost of transportation purchased for each of the following uses?

	Check if None	2017
1. Lease and rental payments for trucks and other motor vehicles with drivers	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00
2. Lease and rental payments for trucks and other motor vehicles without drivers	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00
3. Purchased transportation from other motor carriers	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00
4. All other purchased transportation (Include allowances to shippers less credits for equipment rents to others.)	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00
5. TOTAL (Add lines 1 through 4.)	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00

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_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 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

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

What was the total operating revenue?

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 type="text"/> ,000.00

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

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

Scenic and sightseeing transportation

487110 004 Sightseeing bus excursions

487110 003 Horse-drawn cabs or carriages, for hire

487990 002 Aerial tramway and cable lift, scenic or sightseeing

487110 002 Scenic railroad or steam train

487990 007 Sightseeing by airplane, helicopter, or hot air balloon

487210 103 Scenic and sightseeing transportation by water, including dinner cruises, excursions, and harbor tours

487210 202 Charter fishing boat

487990 008 Other scenic or sightseeing transportation - Describe

Describe

Charter bus services

485510 003 Local

485510 002 Interstate/interurban

Other arrangement of passenger transportation NOT operated by a transportation company

561510 001 Travel agency

561520 002 Tour operator

Other principal business or activity

774000 001 Other principal business or activity - Describe

Describe

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. Sightseeing services by air	<input type="checkbox"/>	7003200000
2. Sightseeing services by rail	<input type="checkbox"/>	7003135000
3. Sightseeing services by ground vehicles, except rail	<input type="checkbox"/>	7003150000
4. Sightseeing services by water (Include dinner cruises, excursions, and harbor tours)	<input type="checkbox"/>	7003175000
5. Short-term access to communications services (Internet cafe, cruise ship, conference, etc.)	<input type="checkbox"/>	7014175000
6. Vanpool and carpool coordination services	<input type="checkbox"/>	7015350000
7. Other road transportation support services	<input type="checkbox"/>	7015375000
8. Coastal and Great Lakes fixed-route, passenger transportation by water	<input type="checkbox"/>	7003125000
9. Local passenger transportation by water	<input type="checkbox"/>	7002850000
10. Cruises (Deep sea)	<input type="checkbox"/>	7003250000
11. Long-distance, fixed-route passenger transportation by road	<input type="checkbox"/>	7002925000
12. Local, fixed-route, passenger transportation by road and transit rail	<input type="checkbox"/>	7002800000
13. Long-distance passenger transportation by road, except fixed-route	<input type="checkbox"/>	7002950000
14. Local passenger transportation by road (except fixed-route)	<input type="checkbox"/>	7002825000
15. Packaged tours with accommodation, except cruises and academic trips and tours	<input type="checkbox"/>	7003275000
16. Customized tours with accommodation, except cruises and academic trips and tours	<input type="checkbox"/>	7003285000
17. Academic trips and tours	<input type="checkbox"/>	7001750000
18. Retailing services for candy, prepackaged cookies, and snack foods	<input type="checkbox"/>	5000200000
19. Retailing services for soft drinks and nonalcoholic beverages	<input type="checkbox"/>	5000250000
20. Meals, snacks, other food items, and nonalcoholic beverages, prepared and served or dispensed, for immediate consumption	<input type="checkbox"/>	7000025000

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. Sightseeing services by air	\$ <input type="text"/> ,000.00	7003200000
2. Sightseeing services by rail	\$ <input type="text"/> ,000.00	7003135000
3. Sightseeing services by ground vehicles, except rail	\$ <input type="text"/> ,000.00	7003150000
4. Sightseeing services by water (Include dinner cruises, excursions, and harbor tours)	\$ <input type="text"/> ,000.00	7003175000
5. Short-term access to communications services (Internet cafe, cruise ship, conference, etc.)	\$ <input type="text"/> ,000.00	7014175000
6. Vanpool and carpool coordination services	\$ <input type="text"/> ,000.00	7015350000
7. Other road transportation support services	\$ <input type="text"/> ,000.00	7015375000
8. Coastal and Great Lakes fixed-route, passenger transportation by water	\$ <input type="text"/> ,000.00	7003125000
9. Local passenger transportation by water	\$ <input type="text"/> ,000.00	7002850000
10. Cruises (Deep sea)	\$ <input type="text"/> ,000.00	7003250000
11. Long-distance, fixed-route passenger transportation by road	\$ <input type="text"/> ,000.00	7002925000
12. Local, fixed-route, passenger transportation by road and transit rail	\$ <input type="text"/> ,000.00	7002800000
13. Long-distance passenger transportation by road, except fixed-route	\$ <input type="text"/> ,000.00	7002950000
14. Local passenger transportation by road (except fixed-route)	\$ <input type="text"/> ,000.00	7002825000
15. Packaged tours with accommodation, except cruises and academic trips and tours	\$ <input type="text"/> ,000.00	7003275000
16. Customized tours with accommodation, except cruises and academic trips and tours	\$ <input type="text"/> ,000.00	7003285000
17. Academic trips and tours	\$ <input type="text"/> ,000.00	7001750000
18. Retailing services for candy, prepackaged cookies, and snack foods	\$ <input type="text"/> ,000.00	5000200000
19. Retailing services for soft drinks and nonalcoholic beverages	\$ <input type="text"/> ,000.00	5000250000
20. Meals, snacks, other food items, and nonalcoholic beverages, prepared and served or dispensed, for immediate consumption	\$ <input type="text"/> ,000.00	7000025000
21. 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" 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

ITEM 28: SPECIAL INQUIRIES - REVENUE-GENERATING EQUIPMENT

What were the inventories of revenue generating equipment as of December 31, 2017?

	2017 Number of vehicles Owned	2017 Number of vehicles Leased	2017 Number of vehicles Total
1. Vans	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Small buses (less than 35 seats)	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Large buses (35 seats or more)	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Taxicabs	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Limousines	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Other	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Describe"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 selling and service locations of a company and any other facilities such as warehouses, administrative offices, terminals, etc., that were in operation at any time during 2017. Permanent (or temporary) locations with no paid employees (such as unmanned warehouses) are not considered separate establishments.

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 such as trucking and warehousing 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

What were the sales to, or receipts or revenue from, customers **outside** your enterprise?
(Exclude billings, sales, receipts, or revenue from establishments of your own enterprise.)

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 type="text"/> ,000.00

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

Check if None	\$ <input type="text"/> ,000.00
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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 9: VALUE OF INVENTORIES

Did this establishment own inventories, regardless of where held, at the end of 2017 and/or 2016?

- Yes
- No

ITEM 9: VALUE OF INVENTORIES

What were the inventories and Last-in, First-out (LIFO) adjustment, if any, for products owned by this establishment as of December 31?

	Check if None	End of 2017	Check if None	End of 2016
1. Total inventories before LIFO adjustment (if any)	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
2. LIFO reserve (if any)	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
3. Total inventories after LIFO adjustment (Line 1 minus line 2.)	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00

ITEM 10: INVENTORIES BY VALUATION METHOD

How much of the inventory reported in **Item 9**, line 1, for 2017 is subject to the following valuation methods?

	Check if None	End of 2017
A. LIFO valuation method before adjustment	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/> ,000.00
B. First-in, First-out (FIFO)	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/> ,000.00
C. Average cost	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/> ,000.00
D. Standard cost	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/> ,000.00
E. Other valuation method - Describe	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/> ,000.00
Describe <input style="width: 300px;" type="text"/>		
F. TOTAL (Sum of lines A through E should equal Item 9 , line 1.)	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/> ,000.00

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

<p>1. Employer's cost for employer paid insurance premiums, pension plans, payroll taxes, and other employee benefits More</p>	<div style="border: 1px solid gray; padding: 2px; width: fit-content; margin: 0 auto;">Check if None</div> <input type="checkbox"/>	<div style="border: 1px solid gray; padding: 2px; width: fit-content; margin: 0 auto;">2017 Expenses of this establishment ONLY</div> <p>\$ <input style="width: 80px;" type="text"/> ,000.00</p>
<p>2. Temporary staff and leased employee expense More</p>	<input type="checkbox"/>	<p>\$ <input style="width: 80px;" type="text"/> ,000.00</p>

Expensed equipment and materials

<p>3. Expensed computer hardware and other equipment More</p>	<input type="checkbox"/>	<p>\$ <input style="width: 80px;" type="text"/> ,000.00</p>
<p>4. Expensed purchases of other materials, parts, and supplies More</p>	<input type="checkbox"/>	<p>\$ <input style="width: 80px;" type="text"/> ,000.00</p>

Expensed purchased services

<p>5. Purchased transportation More</p>	<input type="checkbox"/>	<p>\$ <input style="width: 80px;" type="text"/> ,000.00</p>
<p>6. Expensed purchases of software More</p>	<input type="checkbox"/>	<p>\$ <input style="width: 80px;" type="text"/> ,000.00</p>
<p>7. Purchased electricity More</p>	<input type="checkbox"/>	<p>\$ <input style="width: 80px;" type="text"/> ,000.00</p>
<p>8. Purchased fuels for transportation equipment More</p>	<input type="checkbox"/>	<p>\$ <input style="width: 80px;" type="text"/> ,000.00</p>
<p>9. Purchased fuels (Exclude motor fuels.) More</p>	<input type="checkbox"/>	<p>\$ <input style="width: 80px;" type="text"/> ,000.00</p>

<p>10. Data processing and other purchased computer services More</p>	<input type="checkbox"/>	<p>\$ <input style="width: 80px;" type="text"/> ,000.00</p>	<div style="border: 1px solid gray; padding: 2px; width: fit-content; margin: 0 auto;">Check if None</div> <input type="checkbox"/>	<div style="border: 1px solid gray; padding: 2px; width: fit-content; margin: 0 auto;">2017 Payments made by this establishment on behalf of other establishments of your enterprise</div> <p>\$ <input style="width: 80px;" type="text"/> ,000.00</p>
<p>11. Purchased communication services More</p>	<input type="checkbox"/>	<p>\$ <input style="width: 80px;" type="text"/> ,000.00</p>	<input type="checkbox"/>	<p>\$ <input style="width: 80px;" type="text"/> ,000.00</p>
<p>12. Purchased repairs and maintenance to transportation equipment More</p>	<input type="checkbox"/>	<p>\$ <input style="width: 80px;" type="text"/> ,000.00</p>	<input type="checkbox"/>	<p>\$ <input style="width: 80px;" type="text"/> ,000.00</p>

13. Purchased repairs and maintenance to machinery and equipment More	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
14. 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
15. 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
16. Purchased advertising and promotional services More	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
17. 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				
18. 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
19. 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
20. 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
21. Cost of insurance More	<input type="checkbox"/>	\$ <input type="text"/> ,000.00		
22. Depreciation and amortization charges More	<input type="checkbox"/>	\$ <input type="text"/> ,000.00		
23. All other selected expenses (Describe - If more than 50% of TOTAL reported on line 24) More	<input type="checkbox"/>	\$ <input type="text"/> ,000.00		
<input type="text" value="Describe"/>				
24. TOTAL SELECTED EXPENSES of this establishment ONLY, excluding payroll (Add lines 1 through 23.)	<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.

Warehousing and storage facilities493130 001 Cotton and linters493130 002 Grain elevators, storage only493130 003 Other farm products, except cold storage493120 003 Refrigerated products, except fur storage493120 004 Fur storage531130 002 Self-service storage or miniwarehouses493190 101 Household goods493110 002 General warehousing and storage, including public and contract warehousing and storage493190 202 Document warehousing and storage493110 004 Distribution warehouse/center - Describe493190 201 Specialized goods, including bulk petroleum, chemicals, automobile dead storage, and other products requiring special storage - Describe**Other transportation-related activities**541614 005 Physical distribution or logistics consulting services488510 203 Freight/shipping agent or broker, except freight forwarding488510 101 Freight forwarding service488490 008 Motor freight terminal and joint terminal maintenance facility532120 104 Truck rental, **without drivers**532120 204 Truck leasing, **without drivers**, except finance leasing561330 003 Driver leasing, without trucks**Other principal business or activity**774000 001 Other principal business or activity - Describe

ITEM 22: DETAIL OF SALES, SHIPMENTS, RECEIPTS OR REVENUE

Of the **\$,000.00** of Sales, Shipments, Receipts, or Revenue reported in **Item 5**, what products and services were included?

Select ALL that apply.

- | | | |
|--|--------------------------|------------|
| 1. Warehousing and storage services | <input type="checkbox"/> | 7011900000 |
| 2. Handling services for goods | <input type="checkbox"/> | 7011975000 |
| 3. Packing services for goods | <input type="checkbox"/> | 7012000000 |
| 4. Freight transportation arrangement and customs brokering services | <input type="checkbox"/> | 7011925000 |
| 5. 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. Warehousing and storage services	\$ <input type="text"/> ,000.00	7011900000
2. Handling services for goods	\$ <input type="text"/> ,000.00	7011975000
3. Packing services for goods	\$ <input type="text"/> ,000.00	7012000000
4. Freight transportation arrangement and customs brokering services	\$ <input type="text"/> ,000.00	7011925000
5. Operations and supply chain management consulting and implementation services	\$ <input type="text"/> ,000.00	7014650000
6. 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
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
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
<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

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.