

Attachment D-9

**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 52**

| Attachment | Sector | Instrument Path | Instrument Path Title |
|------------|--------|-----------------|---|
| D-9 | 52 | 52111 | Monetary Authorities-Central Bank |
| | | 52230 | Financial Transactions Processing and Other Activities Related to Credit Intermediation |
| | | 52321 | Securities and Commodity Exchanges |
| | | 52410 | Health and Medical Insurance Carriers |

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 |

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| |
|------------|
| 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

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
 Select States and Territories

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

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

What was the total 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 | \$ <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.

521110 001 Federal Reserve bank or branch

775000 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. Loans to financial businesses - include federal funds More | <input type="checkbox"/> | 8000075000 |
| 2. Trading securities and commodity contracts on own account - net gains (losses) More | <input type="checkbox"/> | 8000150000 |
| a. Trading debt instruments on own account | <input type="checkbox"/> | 8000150003 |
| b. Trading equities on own account, including private equity | <input type="checkbox"/> | 8000150006 |
| c. Trading derivative contracts on own account | <input type="checkbox"/> | 8000150009 |
| d. Trading foreign currency (wholesale) on own account | <input type="checkbox"/> | 8000150012 |
| e. Trading other securities and commodity contracts on own account | <input type="checkbox"/> | 8000150015 |
| 3. Automated Clearing House (ACH) services More | <input type="checkbox"/> | 7005546000 |
| 4. Cash handling and management services for business More | <input type="checkbox"/> | 7005542000 |
| 5. Support services for financial and commodity markets More | <input type="checkbox"/> | 7005545000 |
| 6. Regulation of credit markets | <input type="checkbox"/> | 7017475000 |
| 7. Other products supporting financial services | <input type="checkbox"/> | 7005547000 |

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. Loans to financial businesses - include federal funds More | \$ <input type="text"/> ,000.00 | 8000075000 |
| 2. Trading securities and commodity contracts on own account - net gains (losses) More | | |
| a. Trading debt instruments on own account | \$ <input type="text"/> ,000.00 | 8000150003 |
| b. Trading equities on own account, including private equity | \$ <input type="text"/> ,000.00 | 8000150006 |
| c. Trading derivative contracts on own account | \$ <input type="text"/> ,000.00 | 8000150009 |
| d. Trading foreign currency (wholesale) on own account | \$ <input type="text"/> ,000.00 | 8000150012 |
| e. Trading other securities and commodity contracts on own account | \$ <input type="text"/> ,000.00 | 8000150015 |
| Subtotal | \$ <input type="text"/> ,000.00 | 8000150000 |
| 3. Automated Clearing House (ACH) services More | \$ <input type="text"/> ,000.00 | 7005546000 |
| 4. Cash handling and management services for business More | \$ <input type="text"/> ,000.00 | 7005542000 |
| 5. Support services for financial and commodity markets More | \$ <input type="text"/> ,000.00 | 7005545000 |
| 6. Regulation of credit markets | \$ <input type="text"/> ,000.00 | 7017475000 |
| 7. Other products supporting financial services | \$ <input type="text"/> ,000.00 | 7005547000 |
| 8. 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 |

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.

| |
|-----------------|
| 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 |

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| |
|------------|
| 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. Revenue

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

What was the total revenue?

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 | \$ <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.

Financial transaction processing

- 522320 201 Electronic funds transfer network
- 522390 008 Money transfer or wire transmission
- 522320 202 Electronic payment service
- 522320 203 Automated Teller Machine (ATM) or Automated Loan Machine (ALM) network
- 522320 204 Clearinghouse, bank or check
- 522320 301 Credit card services by nondepository credit institution
- 522320 902 Credit and/or debit card processing service

Other credit related services

- 522390 006 Check cashing agency
- 522390 005 Money order issuance
- 522390 007 Payday loans
- 523130 008 Foreign currency exchange
- 522310 002 Mortgage broker
- 522292 901 Mortgage banker, mortgage company, or loan correspondent
- 522390 001 Mortgage and non-mortgage loan servicing
- 522298 101 Pawn shop

Other principal business or activity

- 531210 101 Agent or broker - residential real estate
- 531210 901 Agent or broker - nonresidential real estate
- 524210 006 Insurance agent or broker
- 775000 001 Other principal business or activity - 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. Loans to financial businesses More | <input type="checkbox"/> | 8000075000 |
| 2. Loans to non-financial businesses More | <input type="checkbox"/> | 8000100000 |
| 3. Loans to governments More | <input type="checkbox"/> | 8000125000 |
| 4. Residential mortgage loans More | <input type="checkbox"/> | 7000300000 |
| 5. Other secured or guaranteed home loans to consumers More | <input type="checkbox"/> | 7000325000 |
| a. Home equity loans | <input type="checkbox"/> | 7000325003 |
| b. Secured or guaranteed home loans to consumers, except home equity loans More | <input type="checkbox"/> | 7000325006 |
| 6. Consumer vehicle loans More | <input type="checkbox"/> | 7002700000 |
| 7. Secured or guaranteed loans to consumers, except mortgage and vehicle loans More | <input type="checkbox"/> | 7005400000 |
| 8. Unsecured loans to consumers More | <input type="checkbox"/> | 7005425000 |
| 9. Credit card services More | <input type="checkbox"/> | 7005526000 |
| a. Credit card services for cardholders, business and government | <input type="checkbox"/> | 7005526003 |
| b. Credit card services for cardholders, consumer | <input type="checkbox"/> | 7005526006 |
| c. Credit card services for merchants More | <input type="checkbox"/> | 7005526009 |
| d. Credit card association products | <input type="checkbox"/> | 7005526012 |
| 10. Other credit financing services More | <input type="checkbox"/> | 7005531000 |
| 11. Brokering and dealing services for debt instruments More | <input type="checkbox"/> | 7005533000 |
| 12. Trading securities and commodity contracts on own account - net gains (losses) More | <input type="checkbox"/> | 8000150000 |
| 13. Deposit account service packages, except business More | <input type="checkbox"/> | 7005350000 |
| 14. Separately-priced deposit account services, except business More | <input type="checkbox"/> | 7005375000 |
| 15. Cash handling and management services for business More | <input type="checkbox"/> | 7005542000 |
| 16. Traveler's check services | <input type="checkbox"/> | 7003915000 |

| | | |
|--|--------------------------|------------|
| 17. Document payment services (except traveler's check services) More | <input type="checkbox"/> | 7005543000 |
| 18. Foreign currency exchange services, retail | <input type="checkbox"/> | 7003725000 |
| 19. Trust services - fiduciary fees More | <input type="checkbox"/> | 7005544000 |
| 20. Automated Clearing House (ACH) services More | <input type="checkbox"/> | 7005546000 |
| 21. Personal financial planning and investment management services | <input type="checkbox"/> | 7005450000 |
| 22. Financial management consulting and implementation services for businesses and governments | <input type="checkbox"/> | 7014575000 |
| 23. Other products supporting financial services | <input type="checkbox"/> | 7005547000 |

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. Loans to financial businesses More | \$ <input type="text"/> ,000.00 | 8000075000 |
| 2. Loans to non-financial businesses More | \$ <input type="text"/> ,000.00 | 8000100000 |
| 3. Loans to governments More | \$ <input type="text"/> ,000.00 | 8000125000 |
| 4. Residential mortgage loans More | \$ <input type="text"/> ,000.00 | 7000300000 |
| 5. Other secured or guaranteed home loans to consumers More | | |
| a. Home equity loans | \$ <input type="text"/> ,000.00 | 7000325003 |
| b. Secured or guaranteed home loans to consumers, except home equity loans More | \$ <input type="text"/> ,000.00 | 7000325006 |
| Subtotal | \$ <input type="text"/> ,000.00 | 7000325000 |
| 6. Consumer vehicle loans More | \$ <input type="text"/> ,000.00 | 7002700000 |
| 7. Secured or guaranteed loans to consumers, except mortgage and vehicle loans More | \$ <input type="text"/> ,000.00 | 7005400000 |
| 8. Unsecured loans to consumers More | \$ <input type="text"/> ,000.00 | 7005425000 |
| 9. Credit card services More | | |
| a. Credit card services for cardholders, business and government | \$ <input type="text"/> ,000.00 | 7005526003 |
| b. Credit card services for cardholders, consumer | \$ <input type="text"/> ,000.00 | 7005526006 |
| c. Credit card services for merchants More | \$ <input type="text"/> ,000.00 | 7005526009 |
| d. Credit card association products | \$ <input type="text"/> ,000.00 | 7005526012 |
| Subtotal | \$ <input type="text"/> ,000.00 | 7005526000 |
| 10. Other credit financing services More | \$ <input type="text"/> ,000.00 | 7005531000 |
| 11. Brokering and dealing services for debt instruments More | \$ <input type="text"/> ,000.00 | 7005533000 |
| 12. Trading securities and commodity contracts on own account - net gains (losses) More | \$ <input type="text"/> ,000.00 | 8000150000 |
| 13. Deposit account service packages, except business More | \$ <input type="text"/> ,000.00 | 7005350000 |
| 14. Separately-priced deposit account services, except business More | \$ <input type="text"/> ,000.00 | 7005375000 |
| 15. Cash handling and management services for business More | \$ <input type="text"/> ,000.00 | 7005542000 |
| 16. Traveler's check services | \$ <input type="text"/> ,000.00 | 7003915000 |

| | | | | | |
|--|---------------------------------------|----|---------|------------|------------|
| 17. Document payment services (except traveler's check services) More | \$ | | ,000.00 | 7005543000 | |
| 18. Foreign currency exchange services, retail | \$ | | ,000.00 | 7003725000 | |
| 19. Trust services - fiduciary fees More | \$ | | ,000.00 | 7005544000 | |
| 20. Automated Clearing House (ACH) services More | \$ | | ,000.00 | 7005546000 | |
| 21. Personal financial planning and investment management services | \$ | | ,000.00 | 7005450000 | |
| 22. Financial management consulting and implementation services for businesses and governments | \$ | | ,000.00 | 7014575000 | |
| 23. Other products supporting financial services | \$ | | ,000.00 | 7005547000 | |
| 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 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

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

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. Revenue

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

What was the total revenue?

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 type="text"/> ,000.00 |

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

| | |
|---------------|---------------------------------|
| Check if None | \$ <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.

523210 001 Securities exchange

523210 002 Commodities exchange

523999 002 Securities/commodities exchange clearinghouse

775000 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. Support services for financial and commodity markets More | <input type="checkbox"/> | 7005545000 |
| a. Payment clearing and settlement services for financial transactions, except trades of securities and commodity contracts | <input type="checkbox"/> | 7005545003 |
| b. Trade execution, clearing, and settlement services for security and commodity contracts | <input type="checkbox"/> | 7005545006 |
| c. Trading and clearing system services for security and commodity contracts | <input type="checkbox"/> | 7005545009 |
| d. Listing services for security and commodity contracts | <input type="checkbox"/> | 7005545012 |
| e. Support services for financial market and clearing products, not elsewhere classified | <input type="checkbox"/> | 7005545015 |
| 2. Regulation of securities markets | <input type="checkbox"/> | 7017450000 |
| 3. Other products supporting financial services | <input type="checkbox"/> | 7005547000 |

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. Support services for financial and commodity markets More | | |
| a. Payment clearing and settlement services for financial transactions, except trades of securities and commodity contracts | \$ <input type="text"/> ,000.00 | 7005545003 |
| b. Trade execution, clearing, and settlement services for security and commodity contracts | \$ <input type="text"/> ,000.00 | 7005545006 |
| c. Trading and clearing system services for security and commodity contracts | \$ <input type="text"/> ,000.00 | 7005545009 |
| d. Listing services for security and commodity contracts | \$ <input type="text"/> ,000.00 | 7005545012 |
| e. Support services for financial market and clearing products, not elsewhere classified | \$ <input type="text"/> ,000.00 | 7005545015 |
| Subtotal | \$ <input type="text"/> ,000.00 | 7005545000 |
| 2. Regulation of securities markets | \$ <input type="text"/> ,000.00 | 7017450000 |
| 3. Other products supporting financial services | \$ <input type="text"/> ,000.00 | 7005547000 |
| 4. 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 |

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.

| |
|-----------------|
| 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

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
 Select States and Territories

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

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

What was the total 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.

Direct insurance carriers524114 006 Health insurance carrier524113 003 Accident and disability income insurance carrier524114 002 Dental and/or vision insurance carrier524114 003 Health maintenance organization office - NOT providing hospital, medical, and/or dental services524114 004 Preferred provider organization office - NOT providing hospital, medical, and/or dental services524114 005 Dental insurance plan office - NOT providing hospital, medical, and/or dental services524126 101 Property and casualty insurance carrier524113 001 Life insurance carrier524128 004 Other **direct** insurance carrier - Describe

Describe

Reinsurance carriers524130 008 Life **reinsurance** carrier524130 007 Accident and health **reinsurance** carrier524130 006 Hospital and/or medical service plan office - **reinsurance**524130 009 Other **reinsurance** carrier - Describe

Describe

Other principal business or activity524210 006 Insurance agent or broker775000 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. Health and accident insurance underwriting services - net premiums earned | <input type="checkbox"/> | 7005000000 |
| a. Dental service plans for groups and individuals - underwriting services | <input type="checkbox"/> | 7005000003 |
| b. Individual medical service plans - underwriting services | <input type="checkbox"/> | 7005000006 |
| c. Supplemental Medicare insurance plans - underwriting services | <input type="checkbox"/> | 7005000009 |
| d. Supplemental CHAMPUS/TRICARE insurance plans - underwriting services | <input type="checkbox"/> | 7005000012 |
| e. Group managed care medical service plans - underwriting services | <input type="checkbox"/> | 7005000015 |
| f. Group fee-for-service medical service plans - underwriting services | <input type="checkbox"/> | 7005000018 |
| g. Accidental death and dismemberment, and disability income insurance plans - underwriting services | <input type="checkbox"/> | 7005000021 |
| h. Other health and medical insurance - underwriting services | <input type="checkbox"/> | 7005000024 |
| 2. Life insurance underwriting services - net premiums earned | <input type="checkbox"/> | 7004975000 |
| 3. Pensions and annuities underwriting services - fees | <input type="checkbox"/> | 7005475000 |
| 4. Reinsurance services for life and health insurance and annuities - premiums assumed | <input type="checkbox"/> | 7005555000 |
| 5. Reinsurance services for surety bond and related insurance - premiums assumed | <input type="checkbox"/> | 7005556000 |
| 6. Reinsurance services for property and casualty insurance - premiums assumed | <input type="checkbox"/> | 7005557000 |
| 7. Reinsurance services, not elsewhere classified - premiums assumed | <input type="checkbox"/> | 7005558000 |
| 8. Claims adjustment services More | <input type="checkbox"/> | 7005561000 |
| 9. Insurance support services, not elsewhere classified, including third party administration | <input type="checkbox"/> | 7005563000 |
| 10. Trading securities and commodity contracts on own account - net gains (losses) More | <input type="checkbox"/> | 8000150000 |

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. Health and accident insurance underwriting services - net premiums earned | | |
| a. Dental service plans for groups and individuals - underwriting services | \$ <input type="text"/> ,000.00 | 7005000003 |
| b. Individual medical service plans - underwriting services | \$ <input type="text"/> ,000.00 | 7005000006 |
| c. Supplemental Medicare insurance plans - underwriting services | \$ <input type="text"/> ,000.00 | 7005000009 |
| d. Supplemental CHAMPUS/TRICARE insurance plans - underwriting services | \$ <input type="text"/> ,000.00 | 7005000012 |
| e. Group managed care medical service plans - underwriting services | \$ <input type="text"/> ,000.00 | 7005000015 |
| f. Group fee-for-service medical service plans - underwriting services | \$ <input type="text"/> ,000.00 | 7005000018 |
| g. Accidental death and dismemberment, and disability income insurance plans - underwriting services | \$ <input type="text"/> ,000.00 | 7005000021 |
| h. Other health and medical insurance - underwriting services | \$ <input type="text"/> ,000.00 | 7005000024 |
| Subtotal | \$ <input type="text"/> ,000.00 | 7005000000 |
| 2. Life insurance underwriting services - net premiums earned | \$ <input type="text"/> ,000.00 | 7004975000 |
| 3. Pensions and annuities underwriting services - fees | \$ <input type="text"/> ,000.00 | 7005475000 |
| 4. Reinsurance services for life and health insurance and annuities - premiums assumed | \$ <input type="text"/> ,000.00 | 7005555000 |
| 5. Reinsurance services for surety bond and related insurance - premiums assumed | \$ <input type="text"/> ,000.00 | 7005556000 |
| 6. Reinsurance services for property and casualty insurance - premiums assumed | \$ <input type="text"/> ,000.00 | 7005557000 |
| 7. Reinsurance services, not elsewhere classified - premiums assumed | \$ <input type="text"/> ,000.00 | 7005558000 |
| 8. Claims adjustment services More | \$ <input type="text"/> ,000.00 | 7005561000 |
| 9. Insurance support services, not elsewhere classified, including third party administration | \$ <input type="text"/> ,000.00 | 7005563000 |
| 10. Trading securities and commodity contracts on own account - net gains (losses) More | \$ <input type="text"/> ,000.00 | 8000150000 |
| 11. 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

Pick one

Describe

\$

,000.00

9000000009

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

ITEM 28: SPECIAL INQUIRIES - ADMINISTRATIVE EXPENSES AND BENEFITS PAID (LOSSES)

What were the benefits paid to policyholders (losses) and administrative expenses from providing insurance by this establishment in 2017?

INSTRUCTIONS FOR ADMINISTRATIVE EXPENSES

Include:

- Commissions paid to salespersons on premiums and annuity considerations, including commissions and expense allowances on reinsurance assumed (net of commissions received on reinsurance ceded)
- Wages, salaries, and other compensation
- Insurance taxes, licenses, and fees
- Increase in loading on, and cost of collection in excess of loading on, deferred and uncollected premiums
- Aggregate write-ins for deductions
- Investment expenses, including investment taxes, licenses, and fees, depreciation on real estate and other invested assets. Assign real estate investment expenses to **line 8** (all other activities); assign all other investment expenses according to the distribution of reserves.
- Other general insurance expenses

Exclude:

- Federal income taxes

Activity

| | Benefits Paid (Losses) | Administrative Expenses |
|--|---------------------------------|---------------------------------|
| 1. Health insurance and hospital and medical services plans | \$ <input type="text"/> ,000.00 | \$ <input type="text"/> ,000.00 |
| 2. Health and medical reinsurance | \$ <input type="text"/> ,000.00 | \$ <input type="text"/> ,000.00 |
| 3. Life insurance and annuities | \$ <input type="text"/> ,000.00 | \$ <input type="text"/> ,000.00 |
| 4. Life reinsurance | \$ <input type="text"/> ,000.00 | \$ <input type="text"/> ,000.00 |
| 5. Accident insurance | \$ <input type="text"/> ,000.00 | \$ <input type="text"/> ,000.00 |
| 6. Accident reinsurance | \$ <input type="text"/> ,000.00 | \$ <input type="text"/> ,000.00 |
| 7. Providing claims processing and other administrative services for other parties | | \$ <input type="text"/> ,000.00 |
| 8. All other activities (i.e., property and casualty, including reinsurance, etc.) | \$ <input type="text"/> ,000.00 | \$ <input type="text"/> ,000.00 |
| 9. TOTAL (Add lines 1 through 8.) | \$ <input type="text"/> ,000.00 | \$ <input 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.