

Attachment A

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

Form NC-99001

2017 Economic Census

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

Welcome to the 2017 Economic Census

Due Date: June 12, 2018

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

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

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

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

Continue

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

MAILING ADDRESS

ATTN

RECORD_ATTN_TXT

Name 1

RECORD_NAME1

Name 2

RECORD_NAME2

Street

ADDR_STREET

City

ADDR_CITY

State

ZIP Code

99999-9999

For Census Bureau Use Only

CFN

RECORD_CFN

ELECTRONIC_BATC

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Save and Continue

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Item 1: Ownership or Control - Voting Stock Validation

CFN:

ITEM 1: OWNERSHIP OR CONTROL - VOTING STOCK VALIDATION

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

Yes

No

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Item 1: Ownership or Control - Management Policy

CFN:

ITEM 1: OWNERSHIP OR CONTROL - MANAGEMENT AND POLICY

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

Yes

No

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Item 1: Ownership or Control - Percent of Voting Stock

CFN:

ITEM 1: 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%

More than 50%

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CFN:

ITEM 1: OWNERSHIP OR CONTROL - COMPANY INFORMATION

What is the name, address, and 9-digit Employer Identification Number (EIN) of the owning or controlling company?

Name of owning or controlling company

City, town, village, etc.

State

Select State or Territory

ZIP Code

99999-9999

EIN

99-9999999

Home office address (Number and street)

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Item 1: Foreign Ownership Or Control

CFN:

ITEM 1: FOREIGN OWNERSHIP OR CONTROL

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

Yes

No

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Item 1: Foreign Ownership or Control - Company Information

CFN:

ITEM 1: FOREIGN OWNERSHIP OR CONTROL - COMPANY INFORMATION

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

Name of foreign beneficial owner

Home office address (Number and street)

City

Country

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CFN:

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

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

10% to 24%

25% to 49%

50%

51% to 99%

100%

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Item 1: Foreign Affiliates

CFN:

ITEM 1: FOREIGN AFFILIATES

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

Yes

No

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CFN:

ITEM 2: RESEARCH AND DEVELOPMENT

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

Yes

No

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Item 2: Research and Development Expenses

CFN:

ITEM 2: RESEARCH AND DEVELOPMENT EXPENSES

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

Less than \$3 million

\$3 million or more

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Item 3: Professional Employer Organization

CFN:

ITEM 3: PROFESSIONAL EMPLOYER ORGANIZATION

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

Yes

No

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Item 3: Business Cooperative

CFN:

ITEM 3: BUSINESS COOPERATIVE

A cooperative is a business or organization owned by, controlled by, and operated for the benefit of members using its services. Members (also known as user-owners) can be individuals or organizations, and benefit from the use of services, products, and/or earnings generated by the co-op. This includes purchasing co-ops, member/patron organizations, member-controlled non-profits, consumer co-ops, marketing co-ops, worker co-ops, etc.

Is this company a cooperative?

Yes

No

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CFN:

ITEM 4: CERTIFICATION

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

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

Yes

No - Enter time period covered below

Enter From Date:

MM	YYYY	MM	YYYY
Select ▾	Select ▾	Select ▾	Select ▾

Name of person to contact regarding this report

Title

Phone Number

999-999-9999

Fax Number

999-999-9999

E-mail address

Date Completed: MMDDYYYY

MMDDYYYY



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Submit

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Item 4: Remarks

CFN:

ITEM 4: 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 characters remaining

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ITEM 5A: PRE-IDENTIFIED LOCATIONS OF OPERATION**A. LOCATION INFORMATION**

We have listed establishments of your company based on Census records. Correct any errors or omissions below. Establishments are listed in the following sequence: Employer Identification Number (EIN), major activity, and geographic location.
(P.O. Box and rural route addresses are not physical locations)

Line No.

RECORD_L

EIN

99-9999999

NAICS

RECORD_NAICS

Major Activity

MAJOR_ACT

Name

RECORD_NAME1

Secondary Name

RECORD_NAME2

Store or plant No.

RECORD_STOREN

Physical Location (Number and Street)

ADDR_STREET

City, town, village, etc.

ADDR_CITY

State

Select State or Territory

ZIP Code

99999-9999

CFN

RECORD_CFN

B. EMPLOYMENT AND PAYROLL

Include:

- Number of employees and payroll for full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return
- Part-year operations

- Do not combine data for establishments
- If book figures are not available for employment and payroll for each establishment, please provide your best **estimates**.

Number of Employees for Pay Period including March 12

2017 Number

First Quarter Payroll
(January - March 2017)

2017

\$,000.00

Annual Payroll

2017

\$,000.00

C. 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

CEASED OPERATION OR SOLD OR LEASED INFORMATION

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

MMDDYYYY



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

Name of new owner/operator

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

City, town, village, etc.

State

ZIP Code

99999-9999

Save and Return to Location List

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Item 5B: ADDED LOCATION

A. LOCATION INFORMATION

What is this establishment's physical location?

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

CFN

EIN
99-9999999

Name

Secondary Name


Store or plant No.

Physical Location (Number and Street)

City, town, village, etc.

State
Select State or Territory ▼

ZIP Code
99999-9999

Date establishment opened or is expected to open
MMDDYYYY 

B. EMPLOYMENT AND PAYROLL

Include:

- Number of employees and payroll for full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return
- Part-year operations

- Do not combine data for establishments
- If book figures are not available for employment and payroll for each establishment, please provide your best **estimates**.

Number of Employees for Pay Period including March 12

2017 Number

First Quarter Payroll
(January - March 2017)

2017

\$,000.00

Annual Payroll

2017

\$,000.00

C. MAJOR ACTIVITY CODE

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

Activity Code	Specify
<input type="text"/>	<input type="text"/>

D. FORMER OWNER OR OPERATOR INFORMATION

Report information for this acquired establishment

Name of former owner or operator
<input type="text"/>

Mailing Address (Number and Street, P.O. Box, etc.)
<input type="text"/>

City, town, village, etc.
<input type="text"/>

State
Select State or Territory <input type="text"/>

ZIP Code
99999-9999 <input type="text"/>

Month Acquired
<input type="text"/>

Year Acquired
<input type="text"/>

Save and Return to Location List

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<input type="text"/>
