

SECTION I - Organization (continued)

4. Please check the box below that most closely describes your business organization.

sole proprietorship	xxxx	<input type="checkbox"/>
partnership	xxxx	<input type="checkbox"/>
corporation	xxxx	<input type="checkbox"/>
LLC	xxxx	<input type="checkbox"/>
Other, specify _____	xxxx	<input type="checkbox"/>

5. Please indicate the number of locations (offices, shops, nurseries, or yards) of your business. (If you have several types of facilities at one address, please count it as one location).

xxxx Number of locations in Arizona _____

xxxx Total number of locations _____

6. Total acres in production including field/containers space and greenhouse space (retail only = 0)
xxxx _____ acres

7. Based on the total gross receipts for your business conducted in **Arizona and other states** in 2018, please indicate the approximate percent of receipts earned from business conducted in Arizona. (If all of your gross receipts are from Arizona operations, enter 100%).
xxxx _____%

8. Please rank the following factors from 1- 3, with 1 having the least effect and 3 having the most effect, based on their capacity to limit your ability to expand in Arizona. (Place a "✓" in appropriate boxes)

		LEAST	1	MOST	2	3	N/A
water supply	xxxx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
hourly labor availability	xxxx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ability to hire managers	xxxx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
land availability	xxxx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
competition	xxxx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
government regulations	xxxx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
market demand	xxxx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
availability of capital	xxxx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
other (please list) _____	xxxx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION II - Sales and Labor: In this section, please report the gross receipts for your business in 2018. Use information for the 2018 calendar year or your 2018 fiscal year.

9. What were your total gross receipts from your Arizona facilities in 2018? (Include revenues from production, wholesale, retail, landscape design, landscape installation, interior and exterior landscape maintenance, salvage/reveg operations, water feature and irrigation installations, and arborist operations).

xxxx \$ _____

Administrative/Office Support	xxxx _____
Sales, cashiers, distributors	xxxx _____
Other	xxxx _____
	100%

SECTION III –Nursery related Sales and Production: This section deals with gross receipts and the area in production for only your **nursery-related** business. If your business deals only with landscape services, please skip to Section IV, page 5. Use information for the 2018 calendar year or your 2018 fiscal year.

14. What percent of your total gross receipts from your Arizona facilities were from the following categories: (Include receipts either wholesale or retail).

Container plant production	xxxx _____%
In ground production of horticultural products	xxxx _____%
Greenhouse bedding plant production	xxxx _____%
Sod production	xxxx _____%
Salvage/Revegetation operations	xxxx _____%
Re-wholesale trade of greenhouse/nursery products	xxxx _____%
Retail seller of greenhouse/nursery products	xxxx _____%
Other, specify _____	xxxx _____%
	100%

15. What percent of your total gross receipts from Arizona facilities were from:

Arizona buyers	xxxx _____ %
Nevada buyers	xxxx _____ %
California buyers	xxxx _____ %
Texas and New Mexico buyers	xxxx _____ %
Rest of U.S.	xxxx _____ %
Mexico buyers	xxxx _____ %
	100 %

16. What percent of your total gross receipts from your Arizona facilities were to:

Wholesale distributors	xxxx _____ %
Retail distributors	xxxx _____ %
Landscape service firms	xxxx _____ %
Final user/general public	xxxx _____ %
	100 %

SECTION IV - Landscape-related Sales: This section deals with gross receipts for only your **landscape-related** business. If your business deals only with nursery production, wholesaling, or retailing then please skip to Section V, page 6. Use information for the 2018 calendar year or your 2018 fiscal year.

17. What percent of your total gross revenues from your Arizona facilities were to:

Residential customers	xxxx _____ %
Commercial customers	xxxx _____ %
HOA/Common Area customers	xxxx _____ %
Municipalities	xxxx _____ %
	100

18. What percent of your total 2018 gross receipts from your Arizona facilities were from the following categories: (include landscape design, landscape installation, interior and exterior landscape maintenance, salvage\reveg operations, water feature and irrigation installations, and arborist operations)

Landscape design\consultation	xxxx _____ %
Landscape installation	xxxx _____ %
Landscape maintenance	xxxx _____ %
	100 %

18a. Please, indicate below the percent of your total gross receipts by activity and type of customer.

<u>Activity</u>	<u>Residential</u>	<u>Commercial</u>	<u>HOA/Common Area</u>	<u>Municipalities</u>
Landscape design\consulting	xxxx _____ %	xxxx _____ %	xxxx _____ %	xxxx _____ %
Landscape installation	xxxx _____ %	xxxx _____ %	xxxx _____ %	xxxx _____ %
Landscape maintenance	xxxx _____ %	xxxx _____ %	xxxx _____ %	xxxx _____ %

SECTION V - Salaries and Expenditures: Both nursery-related and landscape-related businesses should complete this section. Please report expenses from your Arizona facilities for the 2018 calendar year or your 2018 fiscal year.

19. Please estimate the amount of income, property and sales taxes paid by your firm in 2018.

Arizona corporate income tax	xxxx \$ _____
Property taxes paid in Arizona	xxxx \$ _____
Sales taxes paid in Arizona (collected by you on your sales)	xxxx \$ _____

20. What were the average **ANNUAL** salaries paid to each type of worker in 2018? (Report totals for only those categories that apply to your business).

<u>Type of Worker</u>	<u>Avg. Annual Salary or Avg. Hourly Wage</u>	
Nursery Business only		
Laborer	xxxx \$ _____	xxxx \$ _____
Field supervisors	xxxx \$ _____	xxxx \$ _____
Landscape Business only		
Laborer	xxxx \$ _____	xxxx \$ _____
Foremen	xxxx \$ _____	xxxx \$ _____
Tree Worker/Arborist	xxxx \$ _____	xxxx \$ _____
Nursery & Landscape Businesses		
Sales Representatives(include salary & commissions)	xxxx \$ _____	xxxx \$ _____
Administrative/Office Support	xxxx \$ _____	xxxx \$ _____
Managerial	xxxx \$ _____	xxxx \$ _____
Other, specify _____	xxxx \$ _____	xxxx \$ _____

SECTION V - Salaries and Expenditures (continued)

21. Please list the approximate annual expenses for the following items: Please report expenses from your Arizona facilities for the 2018 calendar year or your 2018 fiscal year. If you do not have expenses broken down by item, please provide the total expenses for your operation under item Y at the bottom of the table.

	Total Expenses Entire Operation	Percent Paid
Vehicle and Equipment Expenses:		
a. Vehicle lease or purchase expenses	xxxx \$ _____	xxxx _____ %
b. All other equipment purchases or leases	xxxx \$ _____	xxxx _____ %
	xxxx \$ _____	xxxx _____ %
_____ %		
e. All other vehicle and equipment expenses not reported above	xxxx \$ _____	xxxx _____ %
Supply Expenses:		
f. Plant material expenses	xxxx \$ _____	xxxx _____ %
g. Rock and other hardscape expenses	xxxx \$ _____	xxxx _____ %
h. Container and stake expenses	xxxx \$ _____	xxxx _____ %
i. Fertilizer and chemical expenses	xxxx \$ _____	xxxx _____ %
	xxxx \$ _____	xxxx _____ %
_____ %		
l. Irrigation materials/systems and landscape lighting expenses	xxxx \$ _____	xxxx _____ %
	xxxx \$ _____	xxxx _____ %
_____ %		
Utility Expenses:		
o. Water/ sewer utilities (include irrigation)	xxxx \$ _____	
p. Electricity and natural gas expenses	xxxx \$ _____	
q. Telephone and other communication expenses	xxxx \$ _____	
r. All other utility expenses not reported above	xxxx \$ _____	
Labor Expenses:		
s. Hired labor expenses (include cash wages and salaries only. also include the cash outlays for contracted labor. exclude taxes paid)	xxxx \$ _____	
t. Hired labor benefits expenses (include the cash outlays of benefits only, such as health insurance, paid time off, retirement contributions, etc. exclude taxes paid)	xxxx \$ _____	
u. Hired labor payroll taxes paid	xxxx \$ _____	
Other Expenses:		
v. Mortgage/leasing/rent expenses	xxxx \$ _____	
w. Facility maintenance or repair (excluding labor cost)	xxxx \$ _____	
x. Facility construction/remodeling expenses	xxxx \$ _____	
y. TOTAL EXPENSES IN 2018 (sum of items a - x)	xxxx \$ _____	

SECTION VI - Comments:

22. Please enter any comments that you wish to make.

Please mail in the enclosed postage – paid envelope.

Reported by _____ Date: _____

Phone Number: (_____) _____

OFFICE USE

910	001
-----	-----

5. Respondent Name:

9911
Phone: (_____) _____

9910	DD	MM
Date:	__	__

Survey Results: To receive the complete results of this survey on the release date, go to www.nass.usda.gov/Surveys/Guide_to_NASS_Surveys/

Would you rather have a brief summary mailed to you at a later date?

YES (Enter code 1) **NO** (Enter code _____)

9990

THANK YOU FOR YOUR COOPERATION

Response		Respondent		Mode		Enum.	Eval.	R. Unit	Change	Office Use for POID			
1-Comp	9901	1-Op/Mgr	9902	1-PASI (Mail)	9903	9998	9900	9921	9985	9989			
2-R		2-Sp		2-PATI (Tel)						_____ - _____ - _____			
3-Inac		3-Acct/Bkpr		3-PAPI (Face						_____ - _____ - _____			
4-Office Hold		4-Partner		to-						_____ - _____ - _____			
5-R – Est		9-Oth		Face)						_____ - _____ - _____			
6-Inac – Est		6-e-mail		9907						9908	9906	9909	
7-Off Hold – Est		7-Fax											
8-Known Zero		19-Other											
S/E Name													