

YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 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.

2018 ANNUAL CAPITAL EXPENDITURES SURVEY

This survey collects capital expenditures information from nonfarm businesses including but not limited to:

- Small employer companies
- Self employed persons (e.g., doctors, lawyers, investors, accountants)
- Independent sales persons (e.g., cosmetic representatives)
- Independent commission workers (e.g., real estate and life insurance salespersons)
- Independent contractors (truckers, private duty nurses, construction contractors)

Even if this survey request was mailed to your home address and the business is not located at this address, the form is applicable and must be completed.

Report Online - Do Not Return

PLEASE REFER TO THE INSTRUCTIONS AND DEFINITIONS PAGE BEFORE COMPLETING THIS SURVEY.

ITEM 1 Report the following capital expenditures data for the entire business. Exclude land.

Report capital expenditures your business made during calendar year 2018. If your business ceased operations during 2018, complete the survey for the period of time that the business was in operation.

Report dollar values rounded to thousands. Enter "0" in the thousands' column if expenditures are less than one thousand after rounding. **If your business did not make any capital expenditures during 2018, report "0" on applicable line.**

| | | |
|--|------|-------|
| Example: If figure is \$600.00 report → | Mil. | Thou. |
| | | 1 |

| | | |
|--|------|-------|
| Example: If figure is \$2,600.00 report → | Mil. | Thou. |
| | 3 | |

| Capital Expenditures for 2018 | |
|-------------------------------|-------|
| Mil. | Thou. |
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- a. Total Capital Expenditures *(The sum of lines b, c, d, and e should equal the value reported in line a.)*
- b. New Structures (Include major additions, alterations, and capitalized repairs to existing structures)
- c. Used Structures
- d. New Equipment
- e. Used Equipment

ITEM 2 Report the following capital lease data for the entire business for calendar year 2018.

Report dollar values rounded to thousands. Enter "0" in the thousands' column if the value is less than one thousand after rounding. **If your business did not have any capital lease arrangements during 2018, report "0".**

Report this same value in ITEM 1 as a new capital expenditure since the purchase of a structure and/or equipment has essentially taken place.

Report the estimated cost of assets acquired under capital lease arrangements entered into during the year. Exclude the value of structures and equipment which you rent and periodic payments made for leased structures and equipment. *(For additional information see Item 2 on page 2 of the Instructions and Definitions sheet.)*

| Capital Lease Arrangements for 2018 | |
|-------------------------------------|-------|
| Mil. | Thou. |
| | |

REPORTING PERIOD COVERED

a. Do the reported data cover the calendar year 2018?

YES

NO – *Specify period covered* →

| FROM | | |
|-------|-----|------|
| Month | Day | Year |
| | | |

| TO | | |
|-------|-----|------|
| Month | Day | Year |
| | | |

OWNERSHIP INFORMATION

a. Was this business in operation on December 31, 2018?

YES

NO – *Give date operations ceased* →

| Month | Day | Year |
|-------|-----|------|
| | | |

b. Did the ownership of this business change during the year ending December 31, 2018?

YES – *Specify date of change AND fill in c. below* →

NO

| Month | Day | Year |
|-------|-----|------|
| | | |

| | | | | | |
|---|--|------------------------------------|--------------|---|--|
| c. Name of new operator/business | | Contact name at new company | | Contact area code & phone number | |
| | | | | | |
| Number and street address | | City | State | ZIP Code | |
| | | | | | |

REMARKS - BRIEFLY DESCRIBE THE CAPITAL EXPENDITURES REPORTED IN ITEM 1

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|--|------------|
| Federal Employer Identification Number – If applicable, please provide the EIN of the business you are reporting for. | EIN |
| | |

CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

| | | | | |
|--|-------------------------|------------------|---------------|-------------|
| Name of person to contact regarding this report | Telephone number | Area code | Number | |
| | | | | |
| Printed name of person completing this report | Telephone number | Area code | Number | |
| | | | | |
| E-mail address | Date | Month | Day | Year |
| | | | | |

For more information, refer to: portal.census.gov or call 1-800-528-3049

THANK YOU FOR YOUR COOPERATION AND ASSISTANCE IN THIS SURVEY.