

Attachment B

**Department of Commerce
United States Census Bureau
OMB Information Collection Request
2020-2022 Report of Organization
OMB Control Number 0607-0444**

Form NC-99007

2020 Report of Organization (Rpt. of Org.) and Annual Survey of Manufactures (ASM)

OMB No. 0607-0444, Approval Expires: XX/XX/XXXX | OMB No. 0607-0449, Approval Expires: 4/30/2022

Welcome to the 2020 Report of Organization (Rpt. of Org.) and Annual Survey of Manufactures (ASM)

Due Date: **March 12, 2021**

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.

This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number for Report of Organization is 0607-0444 and for ASM is 0607-0449 and appears at the upper right of this screen. Without this approval we could not conduct these surveys.

Note: Your session will expire if you remain on one screen for 15 minutes without navigating to another screen. To ensure data are saved, navigate to the next screen.

[Continue To Survey](#)

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Location Information

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

ATTN		
Name 1		
Name 2	Store/Plant	
Number and Street		
City, town, village, etc.	State Select State or Territory	ZIP Code 99999-9999

PHYSICAL LOCATION

Please update the physical location if needed.
(P.O. Box and rural route addresses are not physical locations.)

Number and Street		
City, town, village, etc.	State Select State or Territory	ZIP Code 99999-9999

For Census Bureau Use Only

CFN	
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Item 1A: Ownership or Control - Voting Stock Validation

EIN:
Store / Plant:
CFN:

ITEM 1A: 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 1B: Ownership or Control - Management and Policy

EIN:
Store / Plant:
CFN:

ITEM 1B: 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 1C: Ownership or Control - Percent of Voting Stock Held

EIN:
Store / Plant:
CFN:

ITEM 1C: 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%

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Item 1D: Ownership or Control - Company Information

EIN:
Store / Plant:
CFN:

ITEM 1D: 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 State or Territory

ZIP Code

99999-9999

EIN

99-9999999

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Item 4: Remarks

EIN:
Store / Plant:
CFN:

ITEM 4: REMARKS (Optional - Enter remarks only if necessary)

Please use this space only 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 5: Number of Establishments

EIN:
Store / Plant:
CFN:

ITEM 5: NUMBER OF ESTABLISHMENTS

	2020
How many establishments operated under EIN at the end of 2020?	<input type="text"/>

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Item 5: Number of Establishments - Establishment Information

ITEM 5: NUMBER OF ESTABLISHMENTS - ESTABLISHMENT INFORMATION

CFN		
Name		
Secondary Name	Store/Plant	
Number and Street		
City, town, village, etc.	State Select State or Territory	ZIP Code 99999-9999
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.

What was the number of employees for pay period including March 12?	2020
	<input type="text"/>
What was the annual payroll?	2020
	\$ <input type="text"/> ,000.00
What was the first quarter payroll (January - March 2020)?	2020
	\$ <input type="text"/> ,000.00