

Attachment J

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

Form NC-99001(S)

Do Not Submit - For Informational Purposes ONLY

OMB No.: 0607-0444

Mailing this survey to the U.S. Census Bureau does not fulfill your reporting obligation

Approval Expires: XX/XX/XXXX

2020 Report of Organization

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Mailing Address Additional Information

MAILING ADDRESS

ATTN

Name 1

Name 2

Street

City

State

ZIP Code

99999-9999

For Census Bureau Use Only

CFN

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Item 1A: Ownership or Control

CFN:

ITEM 1A: OWNERSHIP OR CONTROL

Is your company owned or controlled by another domestic company?

- Yes
- No

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Item 1B: Ownership or Control - Voting Stock Validation

CFN:

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

CFN:

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

CFN:

ITEM 1D: 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 1E: Ownership or Control - Company Information Additional Information

CFN:

ITEM 1E: 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 1F: Foreign Ownership or Control

CFN:

ITEM 1F: 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 1G: Foreign Ownership or Control - Company Information

CFN:

ITEM 1G: 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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Item 1H: Foreign Ownership or Control - Percent of Voting Stock Owned Additional Information

CFN:

ITEM 1H: 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 1I: Foreign Affiliates

CFN:

ITEM 1I: 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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Item 2A: Research and Development Additional Information

CFN:

ITEM 2A: RESEARCH AND DEVELOPMENT

Did your company perform or fund research and development (R&D) in 2020?

- Yes
- No

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Item 2B: Research and Development Expenses

CFN:

ITEM 2B: RESEARCH AND DEVELOPMENT EXPENSES

What were your company's worldwide expenses for research and development (R&D) in 2020?

- Less than \$3 million
- \$3 million or more

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Item 3A: Professional Employer Organization

CFN:

ITEM 3A: 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 2020?
(Permanent workforce excludes temporary staffing from a staffing service and contractors)

Yes

No

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Item 3B: Business Cooperative

CFN:

ITEM 3B: 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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Item 4A: Certification

CFN:

ITEM 4A: 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:

Enter To Date:

MM

YYYY

MM

YYYY

Select Month

Select Year

Select Month

Select Year

Name of person to contact regarding this report

Title

Phone Number

Fax Number

E-mail address

Date Completed:
MMDDYYYY

MMDDYYYY

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Item 4B: Remarks

CFN:

ITEM 4B: 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 5B: Additional Locations of Operation Additional Information

ITEM 5B: ADDITIONAL LOCATIONS OF OPERATION

A. LOCATION INFORMATION

What is this establishment's physical location?
(P.O. Box and rural route addresses are not physical locations)

CFN input field

EIN input field with value 99-9999999

Name input field

Secondary Name input field

Store or plant No. input field

Physical Location (Number and Street) input field

City, town, village, etc. input field

State dropdown menu with text Select State or Territory

ZIP Code input field with value 99999-9999

Date establishment opened or is expected to open input field with format MMDDYYYY

B. EMPLOYMENT AND PAYROLL

- Include the 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
Include 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.

What was the number of employees for pay period including March 12? 2020 input field

What was the annual payroll? 2020 \$ [input] ,000.00

What was the first quarter payroll (January-March 2020)? 2020 \$ [input] ,000.00

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C. MAJOR ACTIVITY CODE

Select the ACTIVITY CODE that best describes the activity of this establishment and what were the principal products or services?

Activity Code	Principal products or services
<input type="text"/>	<input type="text"/>

D. FORMER OWNER OR OPERATOR INFORMATION

If this establishment was acquired, who was the former owner or operator, and when was this establishment acquired?

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.	State	ZIP Code
<input type="text"/>	Select State or Territory	99999-9999
Month Acquired	Year Acquired	
<input type="text"/>	<input type="text"/>	

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