



U.S. DEPARTMENT OF COMMERCE
U.S. CENSUS BUREAU

FORM

SM4217-A (09-13-2021)

MONTHLY WHOLESALE TRADE REPORT

Due Date

Need help or have questions?

Call 1-800-772-7852

(8:30 a.m. - 4:30 p.m. ET, M-F)

or

Visit <https://econhelp.census.gov/mwts>

Title 13 United States Code (U.S.C.), Sections 131 and 182, authorizes the Census Bureau to conduct this collection and to request your assistance. 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 is 0607-0190 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

(Please correct any errors in name, address, and ZIP Code.)

Return via Internet: <https://econhelp.census.gov/mwts>

To view Survey Results:

<https://www.census.gov/wholesale>

Username:

Password:

GENERAL INSTRUCTIONS

- **Include** data for auxiliary facilities primarily engaged in supporting services to this firm's establishment(s) such as warehouses, garages, and central administrative offices
- Any significant change in this firm's operations should be noted in **5** on page 3
- For establishments sold or acquired during the month, report data only for the period the establishments were operated by this firm
- Estimates are acceptable if book figures are not available
- Enter "0" where applicable

ANNOUNCEMENTS AND SPECIAL INSTRUCTIONS

We estimate this survey will take an average of 7 minutes to complete, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this voluntary collection of information, including suggestions for reducing this burden, to: eid.wholesale.indicator.branch@census.gov. Be sure to use "EID Survey Comments 0607-0190" as the subject.

CONTINUE ON PAGE 2

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Survey Instructions:

ITEM ③ SALES, RECEIPTS, or REVENUE

INCLUDE

- Sales of products that are shipped on this firm's orders directly to customers
- Retail sales made by wholesale establishments covered by this report
- Gross value of sales made on a commission basis (not your actual commissions)
- Receipts from freight, installations, rentals, maintenance, repairs, alterations, storage, and other such services
- E-commerce sales
- Excise taxes (such as those on gasoline, liquor, and tobacco) that are levied on the manufacturer and included in the cost of products purchased by this firm
- Sales of nonconsumer durable goods (such as Industrial machinery, construction machinery, heavy trucks, and tractors)
- Sales to farmers for farm use (such as farm equipment, seeds, fertilizer, and feed)

EXCLUDE

- Sales from establishments that are primarily selling products manufactured or mined in the United States by this firm
- Foreign sales of products that are not owned by establishments in the United States
- Taxes (sales, excise, and other) collected directly from customers and paid directly to a local, State, or Federal tax agency
- Nonoperating receipts (such as interest income, income from investments, and receipts from the rental or sale of real estate)
- Commissions earned for the sale of products
- Receipts from customers for carrying or other credit charges

DEDUCT

- Refunds and allowances for returned products
- The actual value of rebates and discounts granted to the purchaser, even if granted as an increase in trade-in allowance

ITEM ④ VALUE OF INVENTORIES

Report end-of-month inventories at cost or market for all wholesale establishments and internet operations covered by this report, including auxiliary locations (such as warehouses, garages, and central administrative offices) servicing these establishments. If any part of the inventory is valued using the LIFO method, report the amount of inventories before any adjustment for LIFO reserve.

INCLUDE

- All inventories of products, covered by this report, which are owned as of the end of the month, regardless of where held
- Inventories held in Foreign Trade Zones or in bond warehouses in the United States

EXCLUDE

- Items such as fixtures, equipment, and supplies not held for resale
- Products owned by others that are being held on consignment

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1 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**Has this firm acquired any new EINs for its wholesale operation(s) since last month?**☐ Yes - List here and continue with **2**. Report additional EIN(s) in **5** on page 3.☐ No

EIN (9 digits)		
	-	

2 NUMBER OF ESTABLISHMENTS**How many wholesale establishments (including auxiliary facilities primarily engaged in supporting services such as warehouses, garages, and central administrative offices) did this firm operate in**

Number

*The remainder of this report refers to the establishments reported here.***3 SALES, RECEIPTS, OR REVENUE** (Refer to page 2 for instructions on what should be included and excluded.)**A. What type of reporting period do this month's sales represent?**☐ Calendar month reporting period - Go to **3C** ☐ 4-week reporting period ☐ 5-week reporting period

Ending Date	
Month	Day

B. If not a calendar month reporting period, what is the ending date for the period you are reporting sales?

\$ Bil.	Mil.	Thou.	Dol.

C. What were this firm's sales and other operating receipts in**4 VALUE OF INVENTORIES** (Refer to page 2 for instructions on what should be included and excluded.)**A. Did this firm own inventories, regardless of where held, at the end of the month (or the end of the period for which you are reporting)?**☐ Yes ☐ No - Go to **5**

\$ Bil.	Mil.	Thou.	Dol.

B. What was the value of inventories (before Last-in, First-out (LIFO) adjustment) as of the end of the month?**C. Were inventories reported as of**☐ Yes - Go to **5** ☐ No

Month	Day
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D. If not end of the month, inventories were reported as of what date?**5 REMARKS** - Please use this space to explain any significant month-to-month changes, to clarify responses, or indicate where data were estimated.**6 CONTACT INFORMATION**

Name of person to contact regarding this report (Please print)				Title	
Telephone	Area code	Number		Extension	
			-		
E-mail address					

THANK YOU for completing your Monthly Wholesale Trade Report.

We suggest you keep a copy for your records.

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