

REPORTING PERIOD COVERED

a. Do the reported data cover the calendar year 2014?

95 1 YES

2 NO – Specify period covered → 3

FROM		
Month	Day	Year

TO		
Month	Day	Year

OWNERSHIP INFORMATION

a. Was this business in operation on December 31, 2014?

96 1 YES

2 NO – Give date operations ceased → 3

Month	Day	Year

b. Did the ownership of this business change during the year ending December 31, 2014?

97 1 YES – Specify date of change AND fill in c. below

2 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

Federal Employer Identification Number – If applicable, please list the EIN of the business you are reporting for in the box provided	EIN	
---	-----	--

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

Name of person to contact regarding this report (Please print or type)	Telephone number	Area code	Number	
Printed name of person completing this report	Telephone number	Area code	Number	
E-mail address	Date	Month	Day	Year

Please be sure to correct any name, address, and ZIP Code errors to the imprinted address on the front of this survey form.

PLEASE RETURN YOUR COMPLETED FORM TO

**U.S. Census Bureau
1201 East 10th Street
Jeffersonville, IN 47132-0001**

OR

**FAX the form to
1-800-438-8040**

For more information, refer to: <https://econhelp.census.gov/aces> or call 1-800-528-3049.



INFORMATIONAL COPY TO REPORT

18044024