BUSINESS AND PROFESSIONAL CLASSIFICATION REPORT

Due Date

Need help or have questions?
Call 1-800-253-1882
(8:30 a.m. - 5:00 p.m. ET, M-F)
Visit econhelp.census.gov/sqclass

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the U.S. Census Bureau. YOUR CENSUS REPORT IS CONFIDENTIAL. It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes.

INSTRUCTIONS - This report covers this firm’s locations in the United States that report payroll under the Federal Employer Identification Number (EIN) printed above.

If this EIN has changed, complete this form for the locations that previously used it to report payroll. If all the locations have been closed or sold, base your answers on the last two months of operation. Use the space in 12 to explain these or any other special instructions.

Which of the following best describes this firm’s primary business? See attached instruction sheet.

☐ Retail Trade
☐ Wholesale Distributor (i.e., distributor, jobber, importer, exporter)
☐ Manufacturers’ sales branch or sales office (selling goods manufactured, refined, or mined in the United States by this firm, this firm’s parent company, or subsidiary)
☐ Agent, broker, or electronic market (buying and selling on a commission basis)
☐ Transportation and Warehousing Services
☐ Real Estate and Rental and Leasing Services
☐ Professional, Scientific, and Technical Services
☐ Arts, Entertainment, and Recreation Services

☐ Administrative and Support and Waste Management and Remediation Services
☐ Accommodation and Food Services
☐ Finance and Insurance Services
☐ Information and Data Processing Services
☐ Health Care and Social Assistance Services
☐ Other Services (except Public Administration)
☐ Manufacturing
☐ Utilities
☐ Other Area of Business (such as Agriculture, Fishing, Mining, Construction, Forestry, etc.) - Specify
2 What is this firm's primary business activity?
   Be specific.
   For example:
   • For retail book stores, specify the following: general bookstore, college bookstore, or specialty bookstore.
   • Enter "fast food restaurant" rather than "restaurant."
   • Enter "custom computer programming" rather than "computer services."
   • For computer stores, specify one or more of the following: end use, for resale, custom assembly, used, value added reseller.

3 What are this firm’s principal lines of merchandise sold, services provided, or products manufactured, and on average, what percent of total monthly revenues are from each of these lines?
   For example, restaurants that sell only food and alcoholic beverages should report in the following manner -

<table>
<thead>
<tr>
<th>Principal product and service lines</th>
<th>% of total revenues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>69%</td>
</tr>
<tr>
<td>Alcoholic beverages consumed on the premises</td>
<td>31%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

4 Does this firm have revenues from e-commerce?
   E-commerce is the sale of goods and services where the buyer places an order, or the price and terms of the sale are negotiated, over an Electronic Data Interchange (EDI), the Internet, mobile device (M-Commerce), electronic mail, or any other online system. Payment may or may not be made online.

5 What was this firm's total operating revenue for the months specified?
   See additional instructions on attached instruction sheet.
   • Estimates are acceptable.
   • Include revenues from e-commerce.

6 a. Is this firm operated on a not-for-profit basis?
   1 Yes - Go to 6b
   2 No - Go to 7

   b. Was all or part of the income of this firm or organization exempt from Federal income taxes under section 501 of the Internal Revenue Code?
   1 Yes
   2 No
INSTRUCTIONS - If this firm operates as a Wholesale Distributor or a Manufacturer's Sales Branch - Go to 7.
If this firm operates in Retail Trade - Go to 8.
If this firm operates in Other Areas of Business - Go to 9.

7 What were this firm's inventories at the end of the latest month printed on or the latest period available? Specify date of inventory.

- Estimates are acceptable.
- Include goods owned regardless of where held.
- Exclude goods not for sale (such as fixtures, equipment, and supplies) and goods owned by others and held on consignment.

8 a. What is this firm's primary method of selling?
   Mark (X) one box only.

   - Store or display showroom (selling from a fixed or permanent location with physical displays of priced merchandise and/or from a counter)
   - Warehouse or office (including telephone/fax/Internet orders or direct business-to-business selling by a sales representative)
   - Mail-order
   - E-commerce
   - Home shopping via television
   - Direct selling to the general public (selling in a face-to-face manner away from a fixed location, such as house-to-house, party plan, or temporary kiosk sales)
   - Vending machines
   - Other - Specify

b. As a general business practice, does this firm sell to household consumers and individual users?
   On average, what percent of total monthly sales are to household consumers and individual users? . . .

c. Does this firm sell to retailers/wholesalers for resale?
   On average, what percent of total monthly sales were for resale? . .

d. Does this firm primarily sell nonconsumer durable goods (such as: industrial machinery, farm equipment, construction machinery, heavy trucks, and tractors)?

9 Is this firm owned or controlled by another company?
   A firm is owned or controlled if another domestic company owns more than 50 percent of the voting stock of that firm, or if another domestic company has the power to direct or cause the direction of the management or policies of that firm. Do not list as a controlling company, the company for which you operate a franchise.

   - Enter the name, mailing address, and EIN of the owning or controlling company.

   - Yes - Enter the name, mailing address, and EIN of the owning or controlling company.
   - No
Thank you for completing this survey.

10 Does this firm own or control any other company that operates under a different EIN?

A company is owned or controlled if another domestic firm owns more than 50 percent of the voting stock of that company, or if another domestic firm has the power to direct or cause the direction of the management or policies of that company.

1 Yes - Enter the name, mailing address, and EIN of the owned or controlled company. If more than one company and more space is required, continue in 12 or on another sheet of paper, using the same format as above.

2 No

EIN: 

11 How many locations report payroll under the EIN printed on the front of this form?

☐ One location — Is the physical location the same as the mailing address printed on the front of this form?

☐ Yes - Go to 12

☐ No - Enter street address, city, state and ZIP code and then go to 12

Street Address: 

City: 

State ZIP Code: 

☐ More than one location — What is the number of locations?

014

Provide the following information for each of these locations. If more space is required, continue in 12 or on another sheet of paper, using the same format as below.

Name and physical location (Street address, city, state, and ZIP code): 

Primary Business Activity at this location:

12 Are there any remarks that help clarify your responses?

13 CONTACT INFORMATION

Name of person to contact regarding this report (Please print) 

Title: 

Telephone Area code Number Extension Fax Area code Number

PLEASE RETURN THE COMPLETED FORM IN THE ENCLOSED ENVELOPE.
IF YOU PREFER, YOU MAY FAX THE COMPLETED FORM TO 1-800-447-4613.