

FORM **SQ-CLASS(00)**
 (10-6-2010)_P4
 U.S. DEPARTMENT OF COMMERCE
 Economics and Statistics Administration
 U.S. CENSUS BUREAU



DUE DATE ➔

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, U.S. Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return this report to the Census Bureau.

If you have any questions, call weekdays between 8:30 a.m. and 5 p.m., Eastern time on **1-800-253-1882**

BUSINESS AND PROFESSIONAL CLASSIFICATION REPORT

Census use only	001	NAICS CODE	002	TOC	003	ALPHA	004	XREF	005	BSR KB	STEPS

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

INTERNET REPORTING – You may complete this survey online at: www.census.gov/econhelp/sqclass

Username: _____ Password: _____ *Use your firm's unique username and original password.*



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 situations.

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

- | | |
|--|---|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Administrative and Support and Waste Management and Remediation Services |
| <input type="checkbox"/> Wholesale Distributor (i.e., distributor, jobber, importer, exporter) | <input type="checkbox"/> Accommodation and Food Services |
| <input type="checkbox"/> 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) | <input type="checkbox"/> Finance and Insurance Services |
| <input type="checkbox"/> Agent, broker, or electronic market (buying and selling on a commission basis) | <input type="checkbox"/> Information and Data Processing Services |
| <input type="checkbox"/> Transportation and Warehousing Services | <input type="checkbox"/> Health Care and Social Assistance Services |
| <input type="checkbox"/> Real Estate and Rental and Leasing Services | <input type="checkbox"/> Other Services |
| <input type="checkbox"/> Professional, Scientific, and Technical Services | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Arts, Entertainment, and Recreation Services | <input type="checkbox"/> Utilities |
| | <input type="checkbox"/> Other Area of Business (such as Agriculture, Fishing, Mining, Construction, Forestry, etc.) – <i>Specify</i> ↘ |

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 –

- Food 69%
- Alcoholic beverages consumed on the premises 31%
- Total

Principal product and service lines		Percent of total revenues		
1				
2				
3				
		100%		

4 Does this firm have revenues from e-commerce?

E-commerce includes sales, receipts, and contributions from any transaction completed over an Internet, extranet, EDI network, electronic mail, or other online system. Transactions are agreements between buyers and sellers to transfer ownership of, or rights to use, goods or services. Payment for these goods and services may or may not be made online.

028 Yes – *On average, what percent of total monthly revenues are e-commerce revenues?* 029 %

No

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.

Month	Mil.	Thou.	DoI.
006			
008			

6 a. Is this firm operated on a not-for-profit basis?

- 031 Yes – Go to **6b**
 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?

- 032 Yes
 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 in 5 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.

	Mil.	Thou.	Dol.
016			
	\$		
	Date of inventory		
	Month	Year	
017			

8 a. What is this firm's primary method of selling?

Mark (X) one box only.

- | | |
|--|---|
| 019 <input type="checkbox"/> Store or display showroom (selling from a fixed or permanent location with physical displays of priced merchandise and/or from a counter) | 023 <input type="checkbox"/> Home shopping via television |
| 020 <input type="checkbox"/> Warehouse or office (including telephone/fax/Internet orders or direct business-to-business selling by a sales representative) | 024 <input type="checkbox"/> 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) |
| 021 <input type="checkbox"/> Mail-order | 025 <input type="checkbox"/> Vending machines |
| 022 <input type="checkbox"/> E-commerce | 042 <input type="checkbox"/> Other – Specify ↴ |

b. As a general business practice, does this firm sell to household consumers and individual users?

- 1 Yes —→ **On average, what percent of total monthly sales are to household consumers and individual users?** 018 %
- 2 No

c. Does this firm sell to retailers/wholesalers for resale?

- 026 1 Yes —→ **On average, what percent of total monthly sales were for resale?** 030 %
- 2 No

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

- 027 1 Yes
- 2 No

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.

- 1 Yes – Enter the name, mailing address, and EIN of the owning or controlling company.
- 2 No

010

EIN —→ -

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

012

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EIN →

			-								
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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

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City

--	--	--	--	--	--	--	--	--	--	--	--

State ZIP Code

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More than one location

→ **What is the number of locations?** 014

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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?

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13 Whom should we contact if we have questions regarding this report?

Name — Please print	Telephone		
	Area code	Number	Extension
Title	FAX		
	Area code	Number	Extension
E-mail address			

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