

# MONTHLY WHOLESALE TRADE REPORT



FORM **SM-42(06)**  
(5-9-2006)  
**U.S. DEPARTMENT OF COMMERCE**  
Economics and Statistics Administration  
**U.S. CENSUS BUREAU**

For assistance in completing this form you may visit <http://www.census.gov/econhelp/whl>

**NOTICE** — Your report to the Census Bureau is **confidential** by law (Title 13, U.S. Code). It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. The law also provides that copies retained in your files are **immune from legal process**.

## ITEM 1 MAILING ADDRESS

**RETURN COMPLETED FORM IN THE ENCLOSED ENVELOPE**  
or FAX: 1-800-447-4613  
For help call: 1-800-772-7852

## ITEM 2 CONTACT PERSON

Name
Title
Telephone (Area code, number, ext.)
FAX (Area code, number, ext.)

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

**ITEM 3 EMPLOYER IDENTIFICATION NUMBER (EIN)**  
Has this firm acquired any new EINs for its wholesale operation(s) since

Yes - List here and continue with next section.  
Use "Remarks" section to list additional EINs. 

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No - Continue with next section.

## REPORTING INSTRUCTIONS

This report covers all merchant wholesale establishments and their auxiliary locations owned by the company identified in the label.

**Note:** Exclude sales of goods which were **manufactured in the United States** by this firm, parent company or their subsidiaries.

## ITEM 4 SALES AND REPORTING PERIOD (See instructions on reverse side)

**a. Sales** – Enter total monthly sales including receipts from services.

- Explain any significant difference in sales from previous month in the "Remarks" section.
- Estimates are acceptable if book figures are not available.

Mil.	Thou.	Dol.

**b. Report period**

Mark one box to indicate the period covered by the sales entered in item 4a. If other than "Calendar month" is marked, specify ending date.

Calendar month  
 4-week period  
 5-week period } →

Ending date (Month and day)

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## ITEM 5 VALUE OF INVENTORIES (See instructions on reverse side)

**a. Inventories**

- Report inventories of products covered by this report which are owned as of the end of the month, regardless of where they are held. If book values are not available estimates are acceptable.
- Enter "NA" if inventory data are NOT AVAILABLE or "0" if inventory data are ZERO. Do not leave blank.
- Explain any significant difference in inventories from previous month in the "Remarks" section.

**Total inventories** (before Last-in, First-out (LIFO) adjustment, if any) . . . . .

**b. Date of inventories**  
Are the data reported in item 5a for a date other than the end of the month?

Yes – Enter the date that the data represents and continue with item 6     No – Continue with item 6

End of Month		
Mil.	Thou.	Dol.
End of Month		
Month	Day	Year

## ITEM 6 NUMBER OF ESTABLISHMENTS

Enter the total number of wholesale establishments covered by this report, including auxiliary locations (such as warehouses, garages, and central administrative offices) servicing these establishments. →

Number of establishments

**IMPORTANT – PLEASE READ INSTRUCTIONS**

(Carefully prepared estimates are acceptable if book figures are not available.)

**▶ ITEM 4 – SALES AND REPORTING PERIOD**

**INCLUDE**

- Credit and cash sales
- Retail sales made by wholesale establishments covered by this report
- Internet sales
- Receipts from freight, installations, maintenance, repairs, alterations, storage, and other such services
- Excise taxes (such as those on gasoline, liquor, tobacco) that are levied on the manufacturer and included in the cost of products purchased by this firm
- Sales of products that are shipped on this firm’s orders directly to customers
- **Gross value** of sales made on a commission basis for others (not actual commissions)
- Sales to farmers for farm use

**EXCLUDE**

- Foreign sales of products that never enter the United States
- Sales of establishments that are primarily selling products manufactured or mined by your firm in the United States
- Sales tax and other taxes collected directly from customers and paid directly to a local, State, or Federal tax agency
- Transfers (billings) to other establishments in this firm
- 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 5 – END-OF-MONTH 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

**EXCLUDE**

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

Remarks

Public reporting burden for this collection of voluntary information is estimated to average 7 minutes per response, 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 collection of information, including suggestions for reducing this burden, to: Associate Director for Finance and Administration; Attn: Paperwork Reduction Project; U.S. Census Bureau; Room 3104, FB 3; Washington, DC 20233-0001. PLEASE INCLUDE FORM NAME AND NUMBER IN ALL CORRESPONDENCE. Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the top right corner on the front of this form.