



FORM **SM4206-E**  
 (11-5-2009)  
**U.S. DEPARTMENT OF COMMERCE**  
 Economics and Statistics Administration  
**U.S. CENSUS BUREAU**

# MONTHLY WHOLESALE TRADE REPORT

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 U.S. CENSUS BUREAU  
 1201 East 10TH Street  
 Jeffersonville, IN 47132-0001

**ITEM 1 MAILING ADDRESS**

**ITEM 2 CONTACT**

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)**

Does your firm currently report payroll under EIN ?

Yes - Continue with next section.

No - Enter current EIN and continue with next section

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**REPORTING INSTRUCTIONS**

This report covers all wholesale distributor establishments and their auxiliary locations reporting payroll under the firm's EIN referenced in item 3.

**Note:** Exclude sales from establishments that are primarily selling products manufactured or mined in the United States by your firm.

**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)

**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) . . . . .

End of Month		
Mil.	Thou.	Dol.

**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		
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**

- 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 your firm
- Foreign sales of products that never enter 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 5 – 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

**EXCLUDE**

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

Remarks

**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**.

Public reporting burden for this collection of voluntary information is estimated to average 7 minutes per response, including the time for assembling data from existing records and completing the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0190, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may e-mail comments to [Paperwork@census.gov](mailto:Paperwork@census.gov); use "Paperwork Project 0607-0190" as the subject. 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 of this form.