



MONTHLY WHOLESALE TRADE REPORT

FORM
SM4212-E (04-09-2014)

Due Date	
Need help or have questions? Call 1-800-772-7852 (8:30 a.m. - 4:30 p.m. ET, M-F) or Visit econhelp.census.gov/mwts	
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(Please correct any errors in name, address, and ZIP Code.)

Return via Internet: econhelp.census.gov/mwts	Return via Fax: 1-800-447-4613	To view survey results: census.gov/wholesale
Username:		
Password:		

GENERAL INSTRUCTIONS

- This report should cover ALL wholesale distributor establishments in the United States reporting payroll **under the Employer Identification Number (EIN)** as referenced in **1** on page 2
- **Include** data for auxiliary facilities primarily engaged in supporting services to this EIN's establishment(s) such as warehouses, garages, and central administrative offices
- Any significant change in this EIN's operations should be noted in **5** on page 3
- For establishments sold or acquired during the month, report data only for the period the establishments were operated by this EIN
- Estimates are acceptable if book figures are not available
- Enter "0" where applicable

ANNOUNCEMENTS AND SPECIAL INSTRUCTIONS

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1 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)

Does this firm report payroll under EIN

Yes

No - Enter current 9-digit EIN **AND** date payroll was first reported for this EIN

EIN (9 digits)		
	-	
Month	Day	Year

2 NUMBER OF ESTABLISHMENTS

How many wholesale establishments (including auxiliary facilities primarily engaged in supporting services such as warehouses, garages, and central administrative offices) did this EIN operate in

The remainder of this report refers to the establishments reported here.

Number

3 SALES, RECEIPTS, OR REVENUE

Include:

- Sales of products that are shipped on this EIN'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 this firm's actual commissions)
- Receipts from freight, installations, rentals, maintenance, repairs, alterations, storage, and other such services
- 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 EIN

Exclude

- Sales from establishments that are primarily selling products manufactured or mined in the United States by this EIN
- Foreign sales of products that never entered the United States
- 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

A. What type of reporting period do this month's sales represent?

- Calendar month reporting period - Go to **3C**
- 4-week reporting period
- 5-week reporting period

B. If not a calendar month reporting period, what is the ending date for the period you are reporting sales?

Ending Date	
Month	Day

C. What were this EIN's sales and other operating receipts in

\$ Bil.	Mil.	Thou.	Dol.

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4 VALUE OF INVENTORIES

INCLUDE

- All inventories of products covered by this report, including auxiliary locations (such as warehouses, garages, and central administrative offices) servicing these establishments, regardless of where held
- Inventory held in Foreign Trade Zones or in bond warehouses in the United States
- Report at cost or market value as of the end of this EIN's reporting period

EXCLUDE

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

A. Did this EIN own inventories, regardless of where held, at the end of the month (or the end of the period for which you are reporting)?

- Yes
- No - Go to **5**

\$ Bil.	Mil.	Thou.	DoL.

B. What was the value of inventories (before Last-in, First-out (LIFO) adjustment)?

C. Were inventories reported as of

- Yes - Go to **5**
- No

Month	Day

D. If not end of the month, inventories were reported as of what date?

5 REMARKS - Please use this space to explain any significant month-to-month changes, to clarify responses, or indicate where data were estimated.

6 CONTACT INFORMATION

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-

THANK YOU
for completing your Monthly Wholesale Trade Report.
 We suggest you keep a copy for your records.

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; 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.

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