FORM **NC-99530**
(11-20-2014)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

2014 OWNERSHIP OR CONTROL

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

A. Is your company owned or controlled by another domestic company

OR

does your company operate at more than one physical location?

☐ Yes - *(Complete lines B and C and return this form with your completed 2014 Annual Survey of Manufactures form.)*

☐ No - *(Discard this form (NC-99530) and return your completed 2014 Annual Survey of Manufactures form.)*

B. Ownership or control

1. Does another domestic company own more than 50 percent of the voting stock of your company **or** have the power to control the management and policies of your company?

☐ Yes - *(Enter the following information of the owning or controlling company.)* ☐ No - *(Go to line C.)*

Name of owning or controlling company	Employer Identification Number (EIN) of owning or controlling company (9 digits) →
	-
Home office address (Number and street)	
City, town, village, etc.	**State** / **ZIP Code**
	-

2. What percent of voting stock was held by the owning **or** controlling company? *(Mark "X" only ONE box.)*

☐ Less than 50%

☐ 50%

☐ More than 50%

C. Number of establishments operated at the end of 2014 under the EIN shown to the left of the mailing address or as corrected in ❶ on the first page of the 2014 Annual Survey of Manufactures form . . . . . .

2014 Number

If more than one establishment:

- Provide the physical location address and other information requested on the back of this form for each location.
- Provide the headquarters location first, followed by all other locations.
- The sum of sales, shipments, receipts, or revenue for all locations should equal the amount reported in ❺ and ㉒ under, census code 7700000, TOTAL of the 2014 Annual Survey of Manufactures form.
- The sum of employment and payroll for all locations should equal the amounts reported in ❼ of the 2014 Annual Survey of Manufactures form.
- For employees that worked at more than one location, report the employment and payroll data for the employees at the ONE location where they spent most of their working time.

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CONTINUE WITH LINE C ON PAGE 2

CONTINUE ON PAGE 2

C. Number of establishments operated at the end of 2014 under the EIN shown to the left of the mailing address or as corrected in ❶ on the first page of the 2014 Annual Survey of Manufactures form - Continued

BEFORE YOU BEGIN: *If your EIN had more than 3 physical locations at the end of 2014, copy this page and provide the requested data for all of your locations.*

1

Name

Secondary name | Store/Plant No.

Physical location (Number and street)

City, town, village, etc. | State

ZIP Code

Describe kind of business at this location

Estimates are acceptable

	2014 $ Bil.	2014 Mil.	2014 Thou.
Sales, shipments, receipts, or revenue			
Number of employees for pay period including March 12		2014 Number	
First quarter payroll (Jan-Mar 2014)			
Annual payroll			

2

Name

Secondary name | Store/Plant No.

Physical location (Number and street)

City, town, village, etc. | State

ZIP Code

Describe kind of business at this location

Estimates are acceptable

	2014 $ Bil.	2014 Mil.	2014 Thou.
Sales, shipments, receipts, or revenue			
Number of employees for pay period including March 12		2014 Number	
First quarter payroll (Jan-Mar 2014)			
Annual payroll			

3

Name

Secondary name | Store/Plant No.

Physical location (Number and street)

City, town, village, etc. | State

ZIP Code

Describe kind of business at this location

Estimates are acceptable

	2014 $ Bil.	2014 Mil.	2014 Thou.
Sales, shipments, receipts, or revenue			
Number of employees for pay period including March 12		2014 Number	
First quarter payroll (Jan-Mar 2014)			
Annual payroll			

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