FORM **NC-99001**
(10-27-2015)

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

2015 REPORT OF ORGANIZATION

Refer to this CENSUS FILE NUMBER in any correspondence pertaining to this report

5 A. PRE-IDENTIFIED LOCATIONS OF OPERATION

We have listed establishments of your company based on Census records. Please update this list as follows:

Column (a) - Correct any errors or omissions in the information. The establishments are listed in the following sequence: Employer Identification Number (EIN), major activity, and geographic location.

Column (b) - Report the number of employees and payroll for full- and part-time employees working at each establishment whose payroll was reported on your Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return. Include part-year operations. Do not combine data for establishments. If book figures are not available for employment and payroll for each establishment, please provide your best **estimates**.

Column (c) - Report operational status of each establishment at the end of 2015.

Company Establishments and Subsidiaries *(Add store or plant number, if any, and correct any errors or omissions.)* **(a)**	Employment and Payroll **(b)**	Operational Status at the End of 2015 *(Mark "X" only ONE box.)* **(c)**
Line No. / EIN / NAICS	2015 Number of employees for pay period including March 12	☐ In operation ☐ Temporarily or seasonally inactive
Major activity		☐ Ceased operation - *Give date* → Month / Day / Year
Name	First quarter payroll (January-March 2015) $Bil. / Mil. / Thou.	☐ Sold or leased to another operator - *Give date above AND enter name and address of new owner or operator below*
Secondary name / Store/Plant No.		Name of new owner or operator
Physical location (Number and street)	2015 Annual payroll $Bil. / Mil. / Thou.	Mailing address (Number and street, P.O. box, etc.)
City, town, village, etc. / State / ZIP Code		City, town, village, etc. / State / ZIP Code
		☐ Other - *Specify* →
Line No. / EIN / NAICS	2015 Number of employees for pay period including March 12	☐ In operation ☐ Temporarily or seasonally inactive
Major activity		☐ Ceased operation - *Give date* → Month / Day / Year
Name	First quarter payroll (January-March 2015) $Bil. / Mil. / Thou.	☐ Sold or leased to another operator - *Give date above AND enter name and address of new owner or operator below*
Secondary name / Store/Plant No.		Name of new owner or operator
Physical location (Number and street)	2015 Annual payroll $Bil. / Mil. / Thou.	Mailing address (Number and street, P.O. box, etc.)
City, town, village, etc. / State / ZIP Code		City, town, village, etc. / State / ZIP Code
		☐ Other - *Specify* →

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5 A. PRE-IDENTIFIED LOCATIONS OF OPERATION - Continued

(a) Company Establishments and Subsidiaries	**(b)** Employment and Payroll	**(c)** Operational Status at the End of 2015

Establishment 1

Line No. | EIN | NAICS

Major activity

Name

Secondary name | Store/Plant No.

Physical location (Number and street)

City, town, village, etc. | State | ZIP Code

2015 Number of employees for pay period including March 12

First quarter payroll (January-March 2015) $Bil. | Mil. | Thou.

2015 Annual payroll $Bil. | Mil. | Thou.

☐ In operation ☐ Temporarily or seasonally inactive

☐ Ceased operation - *Give date* → Month | Day | Year

☐ Sold or leased to another operator - *Give date above AND enter name and address of new owner or operator below* ↓

Name of new owner or operator

Mailing address (Number and street, P.O. box, etc.)

City, town, village, etc. | State | ZIP Code

☐ Other - *Specify* →

Establishment 2

Line No. | EIN | NAICS

Major activity

Name

Secondary name | Store/Plant No.

Physical location (Number and street)

City, town, village, etc. | State | ZIP Code

2015 Number of employees for pay period including March 12

First quarter payroll (January-March 2015) $Bil. | Mil. | Thou.

2015 Annual payroll $Bil. | Mil. | Thou.

☐ In operation ☐ Temporarily or seasonally inactive

☐ Ceased operation - *Give date* → Month | Day | Year

☐ Sold or leased to another operator - *Give date above AND enter name and address of new owner or operator below* ↓

Name of new owner or operator

Mailing address (Number and street, P.O. box, etc.)

City, town, village, etc. | State | ZIP Code

☐ Other - *Specify* →

Establishment 3

Line No. | EIN | NAICS

Major activity

Name

Secondary name | Store/Plant No.

Physical location (Number and street)

City, town, village, etc. | State | ZIP Code

2015 Number of employees for pay period including March 12

First quarter payroll (January-March 2015) $Bil. | Mil. | Thou.

2015 Annual payroll $Bil. | Mil. | Thou.

☐ In operation ☐ Temporarily or seasonally inactive

☐ Ceased operation - *Give date* → Month | Day | Year

☐ Sold or leased to another operator - *Give date above AND enter name and address of new owner or operator below* ↓

Name of new owner or operator

Mailing address (Number and street, P.O. box, etc.)

City, town, village, etc. | State | ZIP Code

☐ Other - *Specify* →

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