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 B. ADDITIONAL LOCATIONS OF OPERATION

Column (a) - List separately any establishments of your company and its subsidiaries that were not included on the PRE-IDENTIFIED LOCATIONS OF OPERATION. If your company operates at locations for which you have received separate report forms, do not list them, instead complete those forms. For acquired establishments that you list, complete column (c2).

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 Forms 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 (c1) - Enter the code from the MAJOR ACTIVITY CODES list that best describes the activity of each establishment and specify the principal products or services.

Column (c2) - Complete for acquired establishments.

MAJOR ACTIVITY CODES FOR COLUMN (c1)

01 - Agricultural production
02 - Agricultural services
03 - Minerals extraction/ore processing
04 - Mining services/oil and gas field services
05 - Utilities
06 - Construction
07 - Manufacturing
08 - Merchant wholesaler
09 - Commission merchant/broker/agent/electronic marketer (business to business)
10 - Manufacturers' sales branch/manufacturers' sales office
11 - Retail
12 - Transportation/public warehousing
13 - Information services/publishing/telecommunications
14 - Finance/insurance
15 - Real estate/renting/leasing
16 - Professional/scientific/technical service
17 - Waste management/remediation service/administrative/support service
18 - Educational service
19 - Health care
20 - Social assistance
21 - Arts/entertainment/recreation
22 - Accommodation/food service
23 - Corporate/subsidiary/regional/managing office
24 - Other - *Specify major activity along with principal products or services in column (c1) below.*

IMPORTANT - DO NOT DUPLICATE ESTABLISHMENTS PRELISTED IN 5A.

Company Establishments and Subsidiaries *(Enter Employer Identification Number (EIN), establishment name, your store or plant number, if any, address of physical location, including ZIP Code.)* **(a)**	Employment and Payroll **(b)**	Major Activity in 2015 *(Enter code from the MAJOR ACTIVITY CODES list and specify the principal products or services.)* **(c1)**
EIN -	2015 Number of employees for pay period including March 12	Code / Specify
Name		**(c2)** Former Owner or Operator
Secondary name / Store/Plant No.	First quarter payroll (January-March 2015) $Bil. Mil. Thou.	Name of former owner or operator
Physical location (Number and street)		Mailing address (Number and street, P.O. Box, etc.)
City, town, village, etc. / State / ZIP Code	2015 Annual payroll $Bil. Mil. Thou.	City, town, village, etc. / State / ZIP Code
Date establishment opened or is expected to open . . . . Month / Day / Year		Date acquired . . . Month / Year

99003014

Form NC-99001 (10-27-2015)

5 B. ADDITIONAL LOCATIONS OF OPERATION - Continued

(a) Company Establishments and Subsidiaries	**(b)** Employment and Payroll	**(c1)** Major Activity in 2015

EIN - | 2015 Number of employees for pay period including March 12 | Code | Specify

Name

Secondary name | **Store/Plant No.**

Physical location (Number and street)

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

Date establishment opened or is expected to open . . . . Month | Day | Year

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

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

(c2) Former Owner or Operator

Name of former owner or operator

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

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

Date acquired . . . Month | Year

EIN - | 2015 Number of employees for pay period including March 12 | Code | Specify

Name

Secondary name | **Store/Plant No.**

Physical location (Number and street)

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

Date establishment opened or is expected to open . . . . Month | Day | Year

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

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

(c2) Former Owner or Operator

Name of former owner or operator

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

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

Date acquired . . . Month | Year

EIN - | 2015 Number of employees for pay period including March 12 | Code | Specify

Name

Secondary name | **Store/Plant No.**

Physical location (Number and street)

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

Date establishment opened or is expected to open . . . . Month | Day | Year

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

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

(c2) Former Owner or Operator

Name of former owner or operator

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

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

Date acquired . . . Month | Year

99003022