Do Not Submit - For Informational Purposes ONLY.

Mailing this to Census does not fulfill your reporting obligation.

NC-99001(L) - Report of Organization

Mailing Address

MAILING ADDRESS

Attention - Enter Attention field/Contact	
Name 1 - Enter Name 1	
Name 2 - Enter Name 2	
Street - Enter street address	
City - Enter city	
State - Enter state	
ZIP Code - Enter ZIP Code	

For Census Bureau Use Only

*CFN (census file number) - Unique identifier used for downloading and uploading data	
Electronic Batch Identification	

Ownership or Control - Voting Stock Validation

Does another domestic company own more than 50 percent of the voting stock of your company?

	Yes
	No

Ownership or Control - Management Policy

Does another domestic company have the power to control the management and policies of your company?

	No
	Yes

Ownership or Control - Percent of Voting Stock

What percent of voting stock was held by the owning or controlling company?

	50%
	Less than 50%
	More than 50%

Ownership Or Control - Company Information

What is the name, address, and 9-digit Employer Identification Number (EIN) of the owning or controlling company?

If AFFIL_OWNER_GT50 is "Yes" or AFFIL_CONTROL is "Yes - Enter name of the owning or controlling company	
If AFFIL_OWNER_GT50 is "Yes" or AFFIL_CONTROL is "Yes - Enter address (Number and street) of the owning or controlling company's home office	
If AFFIL_OWNER_GT50 is "Yes" or AFFIL_CONTROL is "Yes - Enter city of the owning or controlling company's home office	
If AFFIL_OWNER_GT50 is "Yes" or AFFIL_CONTROL is "Yes - Enter state of the owning or controlling company's home office	
If AFFIL_OWNER_GT50 is "Yes" or AFFIL_CONTROL is "Yes - Enter ZIP Code of the owning or controlling company's home office	
If AFFIL_OWNER_GT50 is "Yes" or AFFIL_CONTROL is "Yes - Enter Employer Identification Number (EIN) of the owning or controlling company	

Foreign Ownership Or Control

Does a foreign entity (company, individual, government, etc.) own directly or indirectly 10 percent or more of the voting stock or other equity rights of your company?

	Yes
	No

Foreign Ownership or Control - Company Information

What is the name, address, and country of the foreign entity (company, individual government)?

If AFFIL_FOR_GE10 is "Yes" - Enter name of foreign beneficial owner	
If AFFIL_FOR_GE10 is "Yes" - Enter home office address (Number and street) of foreign beneficial owner	
If AFFIL_FOR_GE10 is "Yes" - Enter city of foreign beneficial owner	
If AFFIL_FOR_GE10 is "Yes" - Enter country of foreign beneficial owner	

Foreign Ownership or Control - Percent of Voting Stock Owned

What percent of voting stock was owned directly or indirectly by a foreign entity (company, individual, government)?

	100%
	50%
	10% to 24%
	25% to 49%
	51% to 99%

Foreign Affiliates

Does this company alone, or with its domestic affiliates, own 10 percent or more of the voting stock of an incorporated foreign business enterprise, or an equivalent interest in an unincorporated business enterprise, including ownership of real estate?

	No
	Yes

Research and Development

Did your company perform or fund research and development (R&D) in 2016?

	Yes
	No

Research and Development Expenses

What were your company's worldwide expenses for research and development (R&D) in 2016?

	Less than $3 million
	$3 million or more

Professional Employer Organization

Did your company lease 50 percent or more of its permanent full-and part-time workforce from a Professional Employer Organization during 2016?

	Yes
	No

Certification

This report is substantially accurate and was prepared in accordance with the instructions. Is the time period covered by this report a calendar year?

	Yes
	No - Enter time period covered below
Certification - If not a calendar year - Enter estimated FROM month	
Certification - If not a calendar year - Enter estimated FROM year	
Certification - If not a calendar year - Enter estimated TO month	
Certification - If not a calendar year - Enter estimated TO year	
Certification - Name of person to contact regarding this report	
Certification - Title of person to contact regarding this report	
Certification - Telephone number of person to contact regarding this report	
Certification - Fax number of person to contact regarding this report	
Certification - Internet e-mail address of person to contact regarding this report	
Certification - Date report was completed	

Remarks

(Please use this space for any explanations that may be essential in understanding your reported data.) Maximum length is 1,000 characters.

Remarks - Enter any explanations that may be essential in understanding your reported data.	

Pre-Identified Location of Operations

LOCATION INFORMATION We have listed establishments of your company based on Census records. Correct any errors or omissions below. Establishments are listed in the following sequence: Employer Identification Number (EIN), major activity, and geographic location.

Line Number - Establishments are listed in the following sequence: Employer Identification Number (EIN), major activity, and geographic location	
EIN (Employer Identification Number) - Enter corrections to prelisted EIN	
NAICS - North American Industry Classification System code - Enter corrections to prelisted NAICS code	
Major activity of the establishment - Enter corrections to prelisted major activity	
Name - Enter corrections to prelisted name	
Secondary name - Enter corrections to prelisted secondary name	
Store or plant number - Enter corrections to prelisted store or plant number	
Physical location - Enter corrections to prelisted street address	
City, town, village, etc. - Enter number and street address of the new/added establishmentcorrect ions to prelisted city	
State - Enter corrections to prelisted state	
ZIP Code - Enter corrections to prelisted ZIP Code	
*CFN (census file number) - Unique identifier used for downloading and uploading data	

EMPLOYMENT AND PAYROLL

Number of employees for pay period including March 12, 2016	
First quarter payroll (January - March 2016) (Report in thousands of dollars)	
Annual payroll (Report in thousands of dollars)	

OPERATIONAL STATUS Which of the following best describes this establishment's operational status at the end of 2016?

	Temporarily or seasonally inactive
	Sold or leased to another operator
	Ceased operation
	In operation
	Other

Provide description for 'Other' operational status	

If the establishment ceased operation or was sold or leased to another operator, enter the date:

Enter date for ceased or sold/leased establishments	

If the establishment was sold or leased to another operator, what is the name and address of this establishment's new owner or operator?

Enter new owner name for sold/leased establishments	
Enter new owner number and street (P.O. Box, etc.) address for sold/leased establishments	
Enter new owner city, town, village, etc. for sold/leased establlishments	
Enter new owner state for sold/leased establishments	
Enter new owner ZIP Code for sold/leased establishments	

Added Location Information

LOCATION INFORMATION What is this establishment's physical location?

*CFN (Census File Number - Unique identifier used for uploading data for the Additional Locations of Operation - Enter a unique CFN of the new/added establishment (if not already generated by Census online reporting system)	EXAMPLE
EIN (Employer Identification Number) - Enter EIN of the new/added establishment	
Name - Enter name of the new/added establishment	
Secondary name - Enter secondary name of the new/added establishment	
Store or plant number - Enter store or plant number of the new/added establishment	
Physical location - Enter number and street address of the new/added establishment	
City, town, village, etc. - Enter number and street address of the new/added establishment	
State - Enter state of the new/added establishment	
ZIP Code - Enter ZIP Code of the new/added establishment	
Date establishment opened or is expected to open	

EMPLOYMENT AND PAYROLL

Number of employees for pay period including March 12, 2016	
First quarter payroll (January-March 2016) (Report in thousands of dollars)	
Annual payroll (Report in thousands of dollars)	

MAJOR ACTIVITY CODE Select the ACTIVITY CODE that best describes the activity of this establishment and Specify the principal products or services.

Code - Enter code from the Major Activity Codes list from the Welcome tab	
Specify - Describe the principle products or services	

FORMER OWNER OR OPERATOR INFORMATION Report information for this acquired establishment

Name of former owner or operator - Enter previous owner name for acquired establishments	
Mailing address - Enter previous owner number and street (P.O. Box, etc.) address for acquired establishments	
City, town, village, etc. - Enter previous owner city, town, village, etc. for acquired establishments	
State - Enter previous owner state for acquired establishments	

ZIP Code - Enter previous owner ZIP Code for acquired establishments	
Date acquired - Enter month the establishment was acquired	
Date acquired - Enter year the establishment was acquired	