

**2020 Report of Organization**  
NC-99001(L) - Report of Organization

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Mailing Address

**MAILING ADDRESS** More

ATTN

Name 1

Name 2

Street

City

State

Select State or Territory

ZIP Code

99999-9999

**For Census Bureau Use Only**

CFN

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Item 1A: Ownership or Control

CFN:

**ITEM 1A: OWNERSHIP OR CONTROL**

Is your company owned or controlled by another domestic company?

- Yes
- No

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Item 1B: Ownership or Control - Voting Stock Validation

CFN:

**ITEM 1B: OWNERSHIP OR CONTROL - VOTING STOCK VALIDATION**

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

- Yes
- No

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Item 1C: Ownership or Control - Management and Policy

CFN:

**ITEM 1C: OWNERSHIP OR CONTROL - MANAGEMENT AND POLICY**

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

- Yes
- No

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Item 1D: Ownership or Control - Percent of Voting Stock Held

CFN:

**ITEM 1D: OWNERSHIP OR CONTROL - PERCENT OF VOTING STOCK HELD**

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

- Less than 50%
- 50%

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Item 1E: Ownership or Control - Company Information

CFN:

**ITEM 1E: OWNERSHIP OR CONTROL - COMPANY INFORMATION** [More](#)

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

Name of owning or controlling company		
<input type="text"/>		
Home office address (Number and street)		
<input type="text"/>		
City, town, village, etc.	State	ZIP Code
<input type="text"/>	Select State or Territory 	99999-9999
EIN		
99-9999999		

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Item 1F: Foreign Ownership or Control

CFN:

**ITEM 1F: 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

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Item 1G: Foreign Ownership or Control - Company Information

CFN:

**ITEM 1G: FOREIGN OWNERSHIP OR CONTROL - COMPANY INFORMATION**

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

Name of foreign beneficial owner

Home office address (Number and street)

City

Country

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Item 1H: Foreign Ownership or Control - Percent of Voting Stock Owned

CFN:

**ITEM 1H: FOREIGN OWNERSHIP OR CONTROL - PERCENT OF VOTING STOCK OWNED** [More](#)

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

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

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Item 1I: Foreign Affiliates

CFN:

**ITEM 1I: 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?

Yes

No

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Item 2A: Research and Development

CFN:

**ITEM 2A: RESEARCH AND DEVELOPMENT** [More](#)

Did your company perform or fund research and development (R&D) in 2020?

Yes

No

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Item 2B: Research and Development Expenses

CFN:

**ITEM 2B: RESEARCH AND DEVELOPMENT EXPENSES**

What were your company's worldwide expenses for research and development (R&D) in 2020?

- Less than \$3 million
- \$3 million or more

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Item 3A: Professional Employer Organization

CFN:

### ITEM 3A: 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 2020?  
*(Permanent workforce excludes temporary staffing from a staffing service and contractors)*

Yes

No

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Item 3B: Business Cooperative

CFN:

**ITEM 3B: BUSINESS COOPERATIVE**

A cooperative is a business or organization owned by, controlled by, and operated for the benefit of members using its services. Members (also known as user-owners) can be individuals or organizations, and benefit from the use of services, products, and/or earnings generated by the co-op. This includes purchasing co-ops, member/patron organizations, member-controlled non-profits, consumer co-ops, marketing co-ops, worker co-ops, etc.

Is this company a cooperative?

Yes

No

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Item 4A: Certification

CFN:

**ITEM 4A: 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

Enter From Date:

Enter To Date:

MM

YYYY

MM

YYYY

Select Month

Select Year

Select Month

Select Year

Name of person to contact regarding this report

Title

Phone Number

Fax Number

E-mail address

Date Completed:  
MMDDYYYY

MMDDYYYY

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Item 4B: Remarks

CFN:

**ITEM 4B: REMARKS (Optional - Enter remarks only if necessary)**

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

You have  characters remaining

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Item 5A: Pre-Identified Locations of Operation

ITEM 5A: PRE-IDENTIFIED LOCATIONS OF OPERATION More

A. LOCATION INFORMATION

We have listed establishments of your company based on Census records. Correct any errors or omissions below. (P.O. Box and rural route addresses are not physical locations)

EIN: 99-9999999; Store or plant No.

NAICS; Major Activity

Name

Secondary Name

Physical Location (Number and Street)

City, town, village, etc.; State: Select State or Territory; ZIP Code: 99999-9999

CFN; Line No.

B. EMPLOYMENT AND PAYROLL

- Include the number of employees and payroll for full- and part-time employees working at this establishment whose payroll was reported on 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.

What was the number of employees for pay period including March 12? 2020

What was the annual payroll? 2020 \$ ,000.00

What was the first quarter payroll (January-March 2020)? 2020 \$ ,000.00

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**C. OPERATIONAL STATUS**

Which of the following best describes this establishment's operational status at the end of 2020?

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

Describe

**CEASED OPERATION OR SOLD OR LEASED INFORMATION**

If this establishment ceased operation or was sold or leased to another operator, what was the date?

MMDDYYYY

MMDDYYYY

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

Name of new owner/operator

Mailing Address (Number and Street,  
P.O. Box, etc.)

City, town, village, etc.

State

Select State or Territory

ZIP Code

99999-9999

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Item 5B: Additional Locations of Operation

ITEM 5B: ADDITIONAL LOCATIONS OF OPERATION More

Do not add locations that already exist in one of the other listed surveys.

A. LOCATION INFORMATION

What is this establishment's physical location?
(P.O. Box and rural route addresses are not physical locations)

CFN
[Redacted]

EIN
99-9999999

Name
[Redacted]

Secondary Name
Store or plant No.
[Redacted]

Physical Location (Number and Street)
[Redacted]

City, town, village, etc.
State
Select State or Territory
ZIP Code
99999-9999

Date establishment opened or is expected to open
MMDDYYYY

B. EMPLOYMENT AND PAYROLL

- Include the number of employees and payroll for full- and part-time employees working at this establishment whose payroll was reported on 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.

What was the number of employees for pay period including March 12?
2020
[Redacted]

What was the annual payroll?
2020
\$ [Redacted] ,000.00

What was the first quarter payroll (January-March 2020)?
2020
\$ [Redacted] ,000.00

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**C. MAJOR ACTIVITY CODE**

Select the ACTIVITY CODE that best describes the activity of this establishment and what were the principal products or services?

Activity Code	Principal products or services
<input type="text"/>	<input type="text"/>

**D. FORMER OWNER OR OPERATOR INFORMATION**

If this establishment was acquired, who was the former owner or operator, and when was this establishment acquired?

Name of former owner or operator		
<input type="text"/>		
Mailing Address (Number and Street, P.O. Box, etc.)		
<input type="text"/>		
City, town, village, etc.	State	ZIP Code
<input type="text"/>	Select State or Territory	99999-9999
Month Acquired	Year Acquired	
<input type="text"/>	<input type="text"/>	

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