2020 Instructions

Report of Organization

NC-99001(S):

This survey contains questions about the organization and questions for any locations being added to this organization (if any).

Estimates are acceptable if book figures are not readily available.

This survey is completed online by one of the following options:

- The 'Download Spreadsheet Template' option requires downloading the spreadsheet from the online instrument, filling out the spreadsheet, and uploading the completed spreadsheet back to the instrument.

- The online option is a question-by-question response driven approach. You navigate through the survey, provide responses to questions, and click the 'Save and Continue' button.

Once data are completed, review and correct the responses (as needed) and submit the responses within the online instrument.

Burden Statement

We estimate this survey will take an average of 3.4 hours to complete, which includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: ESMD Survey Comments 0607- 0444, U.S. Census Bureau, 4600 Silver Hill Road, Room ESMD-5H160, Washington, DC 20233. You may e-mail comments to esmd.surveys@census.gov. Be sure to use "ESMD Survey Comments 0607-0444" as the subject.

Response to this collection of information is not required unless it displays a valid approval number from the Office of Management and Budget (OMB). The OMB eight-digit number appears in the upper right corner of the instrument.

Ceased Operation or Sold or leased to another operator - If your organization ceased operation or sold or leased to another operator before 2020, enter the information in ITEM 4: REMARKS along with the effective date of the status change. If your organization was in operation for any part of 2020, a completed survey is required for the portion of the year in 2020 in which your organization was in operation.

Census File Number (CFN) - A CFN has been assigned to your company. Always refer to the complete number in any correspondence with the U.S. Census Bureau.

Employer Identification Number (EIN) - The EIN is the nine-digit taxpayer identification number assigned by the Internal Revenue Service (IRS) and used by all business firms and other legal entities to file federal employment tax **returns** such as Forms 941 and 943; and federal income tax returns such as Forms 1065, 1120, and 990 series.

Company - An economic unit comprising one or more establishments under common ownership or control.

Subsidiary - A company that is owned or controlled by another firm or company. Subsidiaries include firms in which your company owns more than 50 percent of the outstanding voting stock, as well as firms in which your company has the power to direct or cause the direction of the management and policies.

Establishment - An establishment is a single physical location where business is conducted or where services or industrial operations are performed (for example: a factory, mill, store, hotel, movie theater, mine, farm, and administrative office). If distinctly separate activities are performed at the same location, and if there is significant employment in each activity, then each activity should be treated as a separate establishment, except agricultural production as explained below (for example: construction activities operated out of the same physical location as a lumber yard).

For firms engaged in construction, real estate management or operation, transportation, communication, electric, gas, and sanitary services, and similar types of physically dispersed activities, it is not necessary to list separately each individual site, project, field, network, line, or system. It is only necessary to report for main or branch offices, terminals, stations, etc., which are either (a) directly responsible for supervising such activities, or (b) the base from which personnel operate to carry out these activities.

Foreign Locations - Report a foreign location only if any of the employees at the location are reported on an IRS Form 941 for an EIN that is also used to report employees at domestic locations. You only need to report one foreign location for each such EIN. If more than one such establishment exists for an EIN, consolidate the employment and payroll data at the headquarters location, using foreign employees as the secondary name.

MAILING ADDRESS

This information is what the U.S. Census Bureau has on file for this establishment and lists the location this survey was mailed to. Respondents may update ATTN, Name 1, Name 2, Street, City, State, and ZIP Code fields if the information displayed is incorrect.

ITEM 1A: OWNERSHIP OR CONTROL

Select the suitable answer to indicate if your company is owned or controlled by another domestic company.

ITEM 1B: OWNERSHIP OR CONTROL - VOTING STOCK VALIDATION

Select the suitable answer to indicate if another domestic company owns more than 50 percent of the voting stock of your company.

ITEM 1C: OWNERSHIP OR CONTROL - MANAGEMENT AND POLICY

Select the suitable answer to indicate if another domestic company has the power to control the management and policies of your company.

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

Select the suitable answer to indicate the percentage of voting stock held by the owning or controlling company. Franchisees should not list their franchisor as a controlling company unless they own more than 50 percent of the voting stock.

ITEM 1E: OWNERSHIP OR CONTROL - COMPANY INFORMATION

Enter the name, address, and Employer Identification Number (EIN) of the owning or controlling company.

Note: Do not list the company for which you operate a franchise.

ITEM 1F: FOREIGN OWNERSHIP OR CONTROL

Select the suitable answer to indicate if a foreign entity (company, individual, government, etc.) owns directly or indirectly 10 percent or more of the voting stock or other equity rights of your company.

ITEM 1G: FOREIGN OWNERSHIP OR CONTROL - COMPANY INFORMATION

Enter the name, address, and country of the foreign entity (company, individual, government).

ITEM 1H: FOREIGN OWNERSHIP OR CONTROL - PERCENT OF VOTING STOCK OWNED

Select the suitable answer to indicate the percentage of voting stock owned directly or indirectly by a foreign entity (company, individual, government).

All direct and indirect ownership interests held by the foreign entity should be summed to determine the foreign entity's percentage of ownership.

ITEM 1I: FOREIGN AFFILIATES

Select the suitable answer to indicate if this company alone, or with its domestic affiliates, owns 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.

ITEM 2A: RESEARCH AND DEVELOPMENT

Select the suitable answer to indicate if your company performed or funded research and development in 2020.

Research and Development (R&D) is planned, creative work aimed at discovering new knowledge or developing new or significantly improved goods and services.

This **includes:**

- activities aimed at acquiring new knowledge or understanding without specific immediate commercial applications or uses (basic research)
- activities aimed at solving a specific problem or meeting a specific commercial objective (applied research)
- systematic use of research and practical experience to produce new or significantly improved goods, services, or processes (development)

The term research and development **excludes:**

- routine product testing, quality control, and technical services unless they are an integral part of an R&D project
- market research
- efficiency surveys or management studies
- literary, artistic, or historical projects
- prospecting or exploration for natural resources

ITEM 2B: RESEARCH AND DEVELOPMENT EXPENSES

Select the suitable answer to indicate your company's worldwide expenses for research and development in 2020.

ITEM 3A: PROFESSIONAL EMPLOYER ORGANIZATION

Select the suitable answer to indicate if your company leased 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.

ITEM 3B: BUSINESS COOPERATIVE

Select the suitable answer to indicate if your company is a 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.

ITEM 5B: ADDITIONAL LOCATIONS OF OPERATION

This survey contains questions for locations being added to the organization.

Do not add locations for which you received an MA-10000 survey.

A. Location Information

For each new establishment being added enter the EIN, Name, Secondary Name, Store or plant No., Physical Location, City, State, ZIP Code, and date establishment opened or is expected to open.

Special Instructions for Off-Site Employees and Selected Industries

Off-Site Employees e.g., work at home, virtual office, telecommuting, field or remote personnel

Include employment and payroll data for these employees at regional or district offices, if available. If there are no regional or district offices, consolidate and report the data for these employees by state. Enter an appropriate description in the Secondary Name field.

Agricultural production

Establishments having any agricultural production regardless of whether it is the major activity should be listed separately and the employment and payroll data allocated if appropriate. Agricultural production includes the raising of/or production of crops (including horticultural products), poultry, or livestock for sale.

When adding establishments engaged in agricultural production, be sure to give the type of crops, livestock, etc.

Construction establishment

A construction establishment is a relatively permanent office, or other place of business, where the usual business activities related to construction are conducted. With some exceptions, a relatively permanent office is one which has been established for the management of more than one project or job and which is expected to be maintained on a continuing basis.

Banks

When adding establishments, list only the EINs used to report either Federal employment taxes (IRS Form 941) or income (IRS Forms 1065, 1120, and 990). DO NOT LIST EINs assigned to trust funds or estates managed by the bank and reported on IRS Form 1041, U.S. Fiduciary Income Tax Return. Report main and branch locations as separate establishments. Individual ATM outlets should not be listed as separate establishments.

Retail departments or concession

List as a separate establishment (including specific street address) those retail or service outlets operated by your firm as a department of a retail or service establishment, such as shoe departments or beauty salons in department stores, meat or bakery departments in grocery stores, or millinery departments in clothing stores.

Medical

Part-time offices should not be considered as separate establishments. List only the offices that are staffed on a full-time basis and include the employment and payroll for the part-time offices. Home health care services should not consider the customers' locations as separate establishments. Employment and payroll for these locations should be included with the main or branch office from which the work is supervised.

Legal

Part-time, temporary, or special offices should not be considered separate establishments for purpose of this report. Data for such locations should be included with the controlling main or branch location where the service is primarily performed.

B. Employment and Payroll

Enter the number of employees for the pay period including March 12th, the first quarter payroll, and the annual payroll for the location for the survey year.

Employment:

Please use the number of employees, both full- and part-time whose payroll was reported on your organization's Internal Revenue Service Form(s) 941, Employer's Quarterly Federal Tax Return. Include as employees all persons on paid sick leave, paid holidays, and paid vacations; include salaried officers and executives of incorporated firms.

Exclude full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN and temporary staffing obtained from a staffing service.

Payroll:

Include the total of wages paid, tips reported, and other compensation paid to your employees in the calendar year, whether or not subject to income or social security taxes. Include all wages, salaries, commissions, fees, bonuses, vacation allowances, sick leave pay, severance pay, the amount of reported tips, and the value of taxable fringe benefits. Also, include any employee contributions to a qualified pension plan, such as the 401(k) plan. Also, include the spread on stock options that are taxable to employees as wages.

For incorporated businesses, include the salary of all officers and executives.

Exclude pensions, annuities, supplemental unemployment compensation benefits, nontaxable fringe benefits, and commissions and fees paid to independent contractors. Also, exclude employer contributions for pension plans, health insurance, and qualified benefits under a cafeteria plan. For unincorporated businesses, exclude the profit or compensation paid to proprietors or partners.

The sum of payroll reported for individual establishments for an EIN should equal the taxable Medicare wages and tips reported on Item 5c of IRS form 941, Employer’s Quarterly Federal Tax Return plus the spread on stock options that are taxable to employees.

C. Major Activity Code

Select the Activity Code that best describes the activity of this establishment and describe the principal products or services.

D. Former Owner or Operator Information

If this establishment was acquired, enter the Name of the former owner, the Mailing Address (Number and Street), City, State, ZIP Code, and the date this location was acquired.