

2020 Report of Organization
NC-99007 - Report of Organization

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Location Information

DEFINITION OF ESTABLISHMENT

The reporting unit for this questionnaire is an **establishment**. An establishment is generally a single physical location where business is conducted or where services or industrial operations are performed.

MAILING ADDRESS

ATTN		
Name 1		
Name 2	Store/Plant	
Number and Street		
City, town, village, etc.	State Select State or Territory	ZIP Code 99999-9999

PHYSICAL LOCATION

Please update the physical location if needed.
(P.O. Box and rural route addresses are not physical locations.)

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

For Census Bureau Use Only

CFN	
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Item 1A: Ownership or Control - Voting Stock Validation

EIN:
Store / Plant:
CFN:

ITEM 1A: 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 1B: Ownership or Control - Management and Policy

EIN:
Store / Plant:
CFN:

ITEM 1B: 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 1C: Ownership or Control - Percent of Voting Stock Held

EIN:
Store / Plant:
CFN:

ITEM 1C: 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 1D: Ownership or Control - Company Information

EIN:
Store / Plant:
CFN:

ITEM 1D: 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 <input type="button" value="▼"/>	99999-9999
EIN		
99-9999999		

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Item 4: Remarks

EIN:
Store / Plant:
CFN:

ITEM 4: 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.)

[Empty text area for remarks]

You have characters remaining

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Item 5: Number of Establishments

EIN:
Store / Plant:
CFN:

ITEM 5: NUMBER OF ESTABLISHMENTS

	2020
How many establishments operated under EIN at the end of 2020?	

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Item 5: Establishment Information

ITEM 5: ESTABLISHMENT INFORMATION

Form fields for CFN, Name, Secondary Name, Store/Plant, Number and Street, City, town, village, etc., State, ZIP Code, and Describe kind of business at this location.

For employees that worked at more than one location, report the employment and payroll data for employees at the ONE location where they spent most of their working time.

Form fields for employee count and payroll data for 2020, including questions about pay period including March 12, annual payroll, and first quarter payroll (January - March 2020).

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