



2011 ANNUAL ACCOMMODATION REPORT

HOTELS & CASINO HOTELS

DUE DATE

Need help or have questions?

Call 1-800-327-4389, option "2"
(8:30 a.m. - 5:00 p.m. EST, M-F)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the U.S. Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

(Please correct any errors in name, address, and ZIP Code.)

Return via Internet:

www.census.gov/econhelp/arts

Username:

Password:

Use your firm's unique username and original password. If you change your password, please keep a record for future reference.

Return via Fax:

1-800-447-4613

Return via Mail:

U.S. CENSUS BUREAU
1201 East 10th Street
Jeffersonville, IN 47132-0001

GENERAL INSTRUCTIONS

- Always provide book figures. If they are not available, carefully prepared estimates, labeled "Est." are acceptable.
- Any significant change in your firm's operations should be noted in the "REMARKS" section of this report.
- To view the results of this survey, visit **www.census.gov/retail**.

INCLUDE

- All domestic/U.S. accommodations establishments operated by your firm and its subsidiaries
- Data for auxiliary facilities of your firm engaged in furnishing supporting services to your covered establishment(s) (such as warehouses, garages, central administrative offices, and repair services)
- Data for establishment(s) sold or acquired during 2011 for the period they were operated by your firm

EXCLUDE

- Data for establishments operated by other firms, such as franchises
- Departments and concessions operated by other firms in your covered establishment(s)

72111016



1A OWNERSHIP OR CONTROL

1. Does another firm own more than 50 percent of the working stock or have the power to control management and policies of this firm?

Yes - Enter the following information of the owning or controlling company ↴

No - Go to line 2

Name of owning or controlling company		Employer Identification Number (EIN) for owning or controlling company (9 digits)			
				-	
Address (Number and street)					
City		State	ZIP Code		
				-	

2. Did your firm experience any organizational change during 2011?

Yes

No - Go to **1B**

3. Which one of the following best describes your firm's organizational change?

Sold to

Merged with

Acquired

Date of sale/merger or acquisition →

AND enter name and address of company sold to/merged with/acquired ↴

2011	
Month	Year

Name of company sold to/merged with/acquired		EIN (9 digits)			
				-	
Address (Number and street, P.O. Box, etc.)					
City		State	ZIP Code		
				-	

1B NUMBER OF ESTABLISHMENTS

1. How many establishments, including those your firm manages for another firm, were covered by this report as of December 31, 2011?

Mark "X" if None

Number as of December 31, 2011

2. How many of the above establishments were:

a. Both owned AND managed by your firm?

b. Owned by YOUR firm, but managed by ANOTHER firm?

c. Owned by ANOTHER firm, but managed by YOUR firm?

72111024



2A REVENUE

INCLUDE

- Receipts from guest rooms or unit rentals for all establishments owned and/or managed by your firm
- Receipts from rentals of public rooms such as ballrooms, conference rooms, etc.
- Sales of meals, alcoholic beverages, and other merchandise
- Sales of gaming operations
- Site rental and equipment usage fees
- Receipts from valet, laundry, parking, and other guest services provided by this firm
- For casino hotels, report sales net of promotional allowances
- Credit and cash sales of merchandise
- E-commerce sales if not submitted on a separate Annual Retail Trade Report
- Excise taxes (such as those on gasoline, liquor, and tobacco) which are included in the cost of goods purchased by this firm

EXCLUDE

- Sales from auxiliary establishments
- Carrying or other finance charges
- Commissions (such as vending machine operators, government lottery tickets, or other stores)
- Non-operating receipts (such as interest income, income from investments, and receipts from the rental or sale of real estate)
- Sales made by departments and concessions operated by other firms in your firm's accommodation establishment(s)
- Franchise fees and royalties
- Management fees and reimbursable revenues
- Revenue from casinos without accommodations
- Revenue from timeshares or vacation ownership

DEDUCT

- Refunds and allowances for returned goods
- Actual value of rebates and discounts granted to the purchaser, even if granted as an increase in trade-in allowances

1. What was your firm's revenue for 2011?
(INCLUDE e-commerce sales and excise taxes on gasoline, liquor, and tobacco. EXCLUDE all sales taxes.)
2. Did your firm collect any sales taxes during 2011?
- Yes - What were the total sales taxes collected?
(Exclude excise taxes reported in line 1.)
- No - Go to **2B**
3. What was the total revenue including sales taxes for 2011?
(Sum of lines 1 and 2.)

Mark "X" if None

2011			
\$ Bil.	Mil.	Thou.	Dol.

2B REVENUE REPORT PERIOD

Do the reported data in **2A** represent the calendar year (January 1 through December 31) for 2011?

- Yes - Go to **2C**
- No - What were your beginning and ending dates for 2011?

2011		
Beginning Date		
Month	Day	Year
2011		
Ending Date		
Month	Day	Year

72111032



2C E-COMMERCE REVENUE, INCLUDING ROOMS BOOKED ONLINE

1. Did your firm have any e-commerce revenue during 2011?

E-commerce revenue and other operating receipts are sales of goods and services where an order is placed by the buyer; or price and terms of the sale are negotiated over an Internet, extranet, EDI network, electronic mail, or other online system. Payment may or may not be made online.

Yes

No - Go to 8

2011			
\$ Bil.	Mil.	Thou.	Dol.

2. What was the total e-commerce revenue? (Exclude sales taxes.)

3-8 Not Applicable.

9 TOTAL OPERATING EXPENSES, INCLUDING PAYROLL

INCLUDE

- Expenses arising from the normal course of business
- Payroll

EXCLUDE

- Bad debt
- Purchases of goods for resale or cost of goods sold
- Income taxes
- Sales and other taxes collected directly from customers and paid directly to a local, State, or Federal government agency
- Interest expenses
- Impairment (reduction in value of long-lived assets due to reappraisal)
- Capitalized expenses (except payroll and fringe benefits)

What were the total operating expenses, including payroll, during 2011 for establishments reported in 1B?

Mark "X" if None

2011			
\$ Bil.	Mil.	Thou.	Dol.

72111040



REMARKS - Please use this space to explain any significant year-to-year changes, to clarify your responses, or to indicate where data were estimated.

Public reporting burden for this collection of information is estimated to average 34 minutes, including the time for assembling data from existing records and completing this form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Paperwork Project 0607-0013, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-0013" as the subject. Respondents are not required to respond to any information collection 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 form.

10 CERTIFICATION - This report is substantially accurate and has been prepared in accordance with the instructions.

Name of person to contact regarding this report *(Please print)*

Address - Number and street				City	State	ZIP Code	
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Telephone	Area code	Number		Extension	Fax	Area code	Number	
		-					-	

Internet address (firm's homepage)

http://

Signature of authorized person	Title	Date completed
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Thank you for completing your 2011 ANNUAL ACCOMMODATION REPORT form.
WE SUGGEST YOU RETAIN A PHOTOCOPY OF THIS REPORT FOR YOUR RECORDS.

72111057



2011 ANNUAL WHOLESALE TRADE REPORT WHOLESALE DISTRIBUTORS

DUE DATE											
Need help or have questions? Call 1-800-327-4389, option "3" (8:30 a.m. - 4:30 p.m. EST, M-F)											
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Return via Internet: www.census.gov/econhelp/awts Username: Password:	Return via Fax: 1-800-447-4613	Return via Mail: U.S. Census Bureau 1201 East 10th Street Jeffersonville, IN 47132-0001									
GENERAL INSTRUCTIONS											
<ul style="list-style-type: none"> * This report should cover ALL wholesale distributor establishments in the United States reporting payroll under the Employer Identification Number (EIN) as referenced in ❶. * For establishments sold or acquired during 2010, report data only for the period the establishments were operated by your firm. * Any significant change in your firm's operations should be noted in section ❷ REMARKS. * Include data for auxiliary facilities operated under this EIN primarily engaged in supporting services to your establishment(s) such as warehouses, garages, and central administrative offices. * Enter "0" where applicable. * Estimates are acceptable if book figures are not available. 											
SPECIAL INSTRUCTIONS											
❶ FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) A. Does your firm currently report payroll under EIN 12-3456789? <input type="checkbox"/> Yes - Go to ❷ <input type="checkbox"/> No B. If not, what is the current EIN under which your firm is reporting payroll? C. When did your firm start reporting payroll under this EIN?											
			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">EIN</td> </tr> <tr> <td colspan="2" style="text-align: center;">-</td> </tr> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	EIN		-		Month	Year		
EIN											
-											
Month	Year										

2 ORGANIZATIONAL CHANGE

- A. Did your firm experience any organizational change during 2011?
 Yes
 No - Go to 3

B. What was the organizational change?
Please provide detailed information below.

- Acquired
- Merged with
- Sold to
- Divested
- Other

3 COMPANY AFFILIATION

- A. Is your firm owned or controlled by a manufacturer?
 Yes
 No - Go to 4

- B. If yes, what type of manufacturer?
 Domestic
 Foreign
 Both

4 NUMBER OF ESTABLISHMENTS

How many establishments are covered by this report?

5 SALES

Include

- * Sales of products that are shipped on this firm's orders directly to customers
- * Retail sales made by wholesale establishments covered by this report
- * **Gross value** of sales made on a commission basis (not your actual commissions)
- * Receipts from freight, installations, rentals, maintenance, repairs, alterations, storage, and other such services
- * E-commerce sales
- * Excise taxes (such as those on gasoline, liquor, and tobacco) that are levied on the manufacturer and included in the cost of products purchased by this firm
- * Sales of nonconsumer durable goods (such as Industrial machinery, construction machinery, heavy trucks, and tractors)
- * Sales to farmers for farm use (such as farm equipment, seeds, fertilizer, and feed)

Exclude

- * Sales from establishments that are primarily selling products manufactured or mined in the United States by your firm
- * Foreign sales of products that never enter the United States
- * Taxes (sales, excise, and other) collected directly from customers and paid directly to a local, State, or Federal tax agency
- * Nonoperating receipts (such as interest income, income from investments, and receipts from the rental or sale of real estate)
- * Commissions earned for the sale of products
- * Receipts from customers for carrying or other credit charges

Deduct

- * Refunds and allowances for returned products
- * The actual value of rebates and discounts granted to the purchaser, even if granted as an increase in trade-in allowance

- A. Did you report sales in item ÜC for the year beginning January 1, 2011 and ending December 31, 2011?
 Yes - Go to 6C
 No

B. If not, what are your beginning and ending dates?

Beginning Date		
Month	Date	Year
Ending Date		
Month	Date	Year

<p>C. What are the amounts of sales and other operating receipts for the wholesale establishments reported in ❶?</p>	Mil.	Thou.	Dol.
<p>D. Did your firm collect any sales taxes during 2011? <input type="checkbox"/> Yes <input type="checkbox"/> No - Go to ❷</p>			
<p>E. What were the total sales taxes collected? EXCLUDE excise taxes reported in X.</p>	Mil.	Thou.	Dol.
<p>F. What were the total sales including sales taxes for 2011? Sum of ❸C and ❸E.</p>	Mil.	Thou.	Dol.

❸ E-COMMERCE
 E-commerce is the sale of goods and services where the buyer places an order, or the price and terms of the sale are negotiated over an Electronic Data Interchange (EDI), the Internet, mobile device (M-commerce) or any other system. Payment may or may not be made online.

*EDI is the exchange of documents in standardized electronic form between organizations in an automated manner directly from a computer application in one organization to an application in another.

*Other online systems include the Internet, mobile device (M-commerce), extranets, e-mail, and instant messaging.

<p>A. Did this firm have any e-commerce sales (as described above) during 2011? <input type="checkbox"/> Yes <input type="checkbox"/> No - Go to ❹</p>			
<p>B. What was the total e-commerce sales for 2011? *This amount should equal the sum of B1 and B2 shown below. *Also include this amount in C</p>	Mil.	Thou.	Dol.
<p>1. What were the EDI network sales during 2011, if any? *This includes EDI over the Internet. *EDI is the exchange of documents in standardized electronic form between organizations in an automated manner directly from a computer application in one organization to an application in another.</p>	Mil.	Thou.	Dol.
<p>2. What were the online system sales during 2011? *This excludes EDI over the Internet. *Other online systems include the Internet, mobile device (M-commerce), extranets, e-mail, and instant messaging.</p>	Mil.	Thou.	Dol.

❹ INVENTORIES

<p>Include</p> <ul style="list-style-type: none"> * All inventories of products covered by this report, including auxiliary locations (such as warehouses, garages, and central administrative offices) servicing these establishments, regardless of where held * Inventory held in Foreign Trade Zones or in bond warehouses in the United States * Report at cost or market value as of the end of your reporting period * If any part of inventory is valued using the LIFO method, report the amount of inventories before any adjustment for LIFO reserve 	<p>Exclude</p> <ul style="list-style-type: none"> * Items such as fixtures, equipment, and supplies not held for resale * Products owned by others that are being held on consignment
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A. Do establishments covered by this report own inventories, regardless of where held, at the end of the month (or the end of the period for which you are reporting)?

- Yes
- No - Go to ④ on the next page

B. Are you reporting inventories as of December 31, 2011?

- Yes - Go to 4D
- No

C. For what date are you reporting inventories?

Month	Year

D. What are the value of your inventories?

1. Total inventories (if applicable, before Last-in, First-out (LIFO) adjustment)
2. LIFO reserve, if applicable (enter zero if not applicable)
3. Book value of inventories (⑦D1 minus ⑦D2)

Mil.	Thou.	Dol.
Mil.	Thou.	Dol.
Mil.	Thou.	Dol.

E. Were any of the inventories reported in ⑦D1 stored outside or en route to the 50 states and the District of Columbia?

- Yes
- No

F. What was the value of the inventories stored outside or en route to the 50 states and the District of Columbia? *Exclude inventory held in Foreign Trade Zones or in bond warehouses in the U.S.*

Mil.	Thou.	Dol.

③ INVENTORY VALUATION METHOD

A. Were any of the inventories reported in ⑦D1 subject to the LIFO valuation method?

- Yes
- No

B. How much of the inventory was subject to:

1. LIFO valuation method before adjustment
2. Any other valuation method
3. Verify Total (Add ③B1 and ③B2. Total must equal ⑦D1 above.)

④ PURCHASES OF PRODUCTS

Include

- * Amounts allowed for trade-ins
- * Both raw and finished goods
- * Products in transit to you for which you have taken title
- * Freight, delivery, and other transportation costs included in product cost
- * Import duties (if paid separately)
- * Value of goods shipped from your manufacturing plants to be sold
- * The cost of services resold without processing
- * Parts and supplies used in repair work or other service type activities

Exclude

- * Returns, allowances, and trade and cash discounts
- * Purchases of containers, wrapping, packaging, and selling supplies
- * Expenditures for supplies, equipment, and parts purchased for your company's use
- * Taxes (sales, excise, and other) collected directly from customers and paid directly to a local, State, or Federal tax agency
- * Intra-company purchases between establishments of this reporting unit

What was the total cost of all products purchased for resale for which you took title whether or not payment was made during 2011?

Mil.	Thou.	Dol.

NOTE: If purchases are greater than sales, please explain in 11.

10 OPERATING EXPENSES

Include

- * Expenses arising from the normal course of business, including payroll

Exclude

- * Bad debt/customer related loss
- * Purchases of goods for resale or cost of goods sold
- * Income taxes
- * Taxes (sales, excise, and other) collected directly from customers and paid directly to a local, State, or Federal tax agency
- * Interest expense
- * Impairment (reduction in value of long-lived assets due to reappraisal)
- * Capitalized expenses (except payroll and fringe benefits)
- * Transfers made within the company

What were the total operating expenses for the wholesale establishments reported in 9?

Mil.	Thou.	Dol.

11 REMARKS - Please use this space to explain any significant month-to-month changes, clarify your responses, or indicate where data are estimated.

12 CONTACT INFORMATION

Name of person to contact regarding this report (Please print)

Title

Telephone

Fax

Company Website

THANK YOU

for completing your Annual Wholesale Trade Report

We suggest you keep a copy for your records.

Public reporting burden for this collection of voluntary information is estimated to average 7 minutes per response, including the time for assembling data from existing records and completing the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0190, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-0190" as the subject. Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the top right corner of this form.

MONTHLY WHOLESALE TRADE REPORT OCTOBER 2010

DUE DATE	
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GENERAL INSTRUCTIONS

- * This report should cover ALL wholesale distributor establishments in the United States reporting payroll **under the Employer Identification Number (EIN)** as referenced in ❶.
- * For establishments sold or acquired during 2010, report data only for the period the establishments were operated by your firm.
- * Any significant change in your firm's operations should be noted in section ❷ REMARKS.
- * Include data for auxiliary facilities operated under this EIN primarily engaged in supporting services to your establishment(s) such as warehouses, garages, and central administrative offices.
- * Enter "0" where applicable.
- * Estimates are acceptable if book figures are not available.

SPECIAL INSTRUCTIONS

❶ FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)

A. Does your firm currently report payroll under EIN 12-3456789?
 Yes - Go to ❷
 No

B. If not, what is the current EIN under which your firm is reporting payroll?

EIN	
-	
Month	Year

C. When did your firm start reporting payroll under this EIN?

❷ NUMBER OF ESTABLISHMENTS
 How many establishments are covered by this report?

3 SALES

Include

- * Sales of products that are shipped on this firm's orders directly to customers
- * Retail sales made by wholesale establishments covered by this report
- * **Gross value** of sales made on a commission basis (not your actual commissions)
- * Receipts from freight, installations, rentals, maintenance, repairs, alterations, storage, and other such services
- * E-commerce sales
- * Excise taxes (such as those on gasoline, liquor, and tobacco) that are levied on the manufacturer and included in the cost of products purchased by this firm
- * Sales of nonconsumer durable goods (such as Industrial machinery, construction machinery, heavy trucks, and tractors)
- * Sales to farmers for farm use (such as farm equipment, seeds, fertilizer, and feed)

Exclude

- * Sales from establishments that are primarily selling products manufactured or mined in the United States by your firm
- * Foreign sales of products that never enter the United States
- * Taxes (sales, excise, and other) collected directly from customers and paid directly to a local, State, or Federal tax agency
- * Nonoperating receipts (such as interest income, income from investments, and receipts from the rental or sale of real estate)
- * Commissions earned for the sale of products
- * Receipts from customers for carrying or other credit charges

Deduct

- * Refunds and allowances for returned products
- * The actual value of rebates and discounts granted to the purchaser, even if granted as an increase in trade-in allowance

A. What type of reporting period do this month's sales represent?

- Calendar month reporting period - Go to 3C
- 4-week reporting period
- 5-week reporting period

B. If not a calendar month reporting period, what is the **ending date** for the period you are reporting sales?

Month	Date	Year

C. What are the amounts of monthly sales and other operating receipts for the wholesale establishments reported in 2?

Mil.	Thou.	Dol.

4 INVENTORIES

Include

- * All inventories of products covered by this report, including auxiliary locations (such as warehouses, garages, and central administrative offices) servicing these establishments, regardless of where held
- * Inventory held in Foreign Trade Zones or in bond warehouses in the United States
- * Report at cost or market value as of the end of your reporting period
- * If any part of inventory is valued using the LIFO method, report the amount of inventories before any adjustment for LIFO reserve

Exclude

- * Items such as fixtures, equipment, and supplies not held for resale
- * Products owned by others that are being held on consignment

A. Do establishments covered by this report own inventories, regardless of where held, at the end of the month (or the end of the period for which you are reporting)?

- Yes
- No - Go to 5 on the next page

B. Are you reporting inventories as of the last day of the month?

- Yes - Go to 4D
- No

Mil.	Thou.	Dol.
Month	Year	

C. What are the value of your inventories (before Last-in, First-out (LIFO) adjustment)?

D. For what date are you reporting inventories?

⑤ **REMARKS** - *Please use this space to explain any significant month-to-month changes, clarify your responses, or indicate where data are estimated.*

⑥ **CONTACT INFORMATION**

Name of person to contact regarding this report (Please print)

Title

Telephone

Fax

Company Website

THANK YOU
for completing your Monthly Wholesale Trade Report
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2011 Annual Services Report

Service Annual Survey

FORM

SA-62TE

REPORT DUE

Need help or have questions?

Call 1-800-772-7851

M-F, 8:30 a.m. - 5:00 p.m. EST

or

Visit our web site:

www.census.gov/econhelp/sas

or

Write to:

U.S. Census Bureau

1201 East 10th Street

Jeffersonville, IN 47132-0001

Internet Reporting

To complete this report online go to: www.census.gov/econhelp/sas

Username:

Click on "Census Taker" and enter your username and password to login

Password:

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YOUR RESPONSE IS IMPORTANT

The services industries account for nearly 70 percent of all economic activity. We conduct this survey to obtain timely, comprehensive, and consistent measures needed by policy-makers, businesses, and the public to accurately assess domestic economic performance.

General Instructions

- * Any significant change in your firm's operations should be noted in the "REMARKS" section of this report.
- * Estimates are acceptable if book figures are not available.
- * Enter "0" where applicable.
- * For establishments sold or acquired during 2010, report data only for the period the establishments were operated by your firm.

Include:

- * Data for auxiliary facilities operated under this EIN primarily engaged in supporting services to your establishment(s).

Need to add detailed instructions from instruction sheet (TBD)

1. SURVEY COVERAGE

Does this firm provide the business activities described in the statement above?

Yes - Go to **2**.

No - Specify the firm's business activity and go to **2**.

--

2. FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)

Did your firm report payroll under this EIN <123456789>?

Yes - Go to **3**.

No - Enter current EIN (9 digits) and date you started reporting payroll under this EIN.

EIN	

Month	Day	Year

3. ORGANIZATIONAL CHANGE

A. Did your firm experience any organizational change during 2011?

Yes

No - Go to **4**.

B. What was the organizational change?

Please provide detailed information below.

- Acquired
- Merged with
- Sold to
- Divested
- Other

Name of new owner	Employer Identification Number Enter EIN of new owner (9 digits)	
Mailing address (Number and street, P.O. Box., etc.)		
City, town, village, etc.	State	ZIP Code

4. NUMBER OF ESTABLISHMENTS

How many establishments, including auxilliary establishments, are covered by this report?

--

5. TAX STATUS

A. Is this establishment operated on a not-for-profit basis?

- Yes - Go to **4.B.**
- No - Go to **5.**

B. Was all or part of the income of this establishment or organization exempt from Federal income taxes under section 501 of the Internal Revenue Code?

- Yes
- No

6. REPORTING PERIOD

What time period is covered by the data to be provided in this report?

- Calendar year
- Other than calendar year - enter time period covered

Beginning Date		
Month	Day	Year

Ending Date		
Month	Day	Year

7. SALES, RECEIPTS, OR REVENUE

Report the total revenue for this firm's locations defined in 1. for the following categories.

Include:

- Revenue from services provided in fulfillment of legal contracts.

Exclude:

- Transfers made within the company.

A. NET REVENUE

Patient Care Revenue

- Using net patient revenues, report your success of funding in each of the following categories.

1. Medicare - Report fee for service revenue under traditional Medicare parts A and B and part D. Exclude Medicare part C, revenue from Medicare under arrangement with a private health insurance plan for HMOs.....

Mark "X" if None

Bil.	Mil.	Thou.	Dol.

2. Medicaid - Report fee for service and funding from the State Children's Health Insurance Program (SCHIP). **Exclude** Medicaid managed care plans.....

Mark "X" if None

Bil.	Mil.	Thou.	Dol.

3. Other government - Report reveue from government entities, except Medicare and Medicaid revenue reported in lines 1 and 2, e.g., state and local medical assistance, Civilian Health and Medical Programs of the Veteran's Admin (CHAMPVA), Department of Defense TRICARE, Substance Abuse and Mental Health Services Administration (SAMSHA), and Indian Health Services.....
Specify

Mark "X" if None

Bil.	Mil.	Thou.	Dol.

4. Worker's compensation.....

Mark "X"
if None

Bil.	Mil.	Thou.	Dol.

5. Private Insurance

a. Private health insurance - Report health benefits paid for by employers and/or individuals and financed by insurance premiums, such as group or self-insured plans, HMO, Federal, State, and Local government health insurance, Medicare Part C and Supplemental Insurance, Medicaid managed care plans.....

Mark "X"
if None

Bil.	Mil.	Thou.	Dol.

b. Property/Casualty and auto insurance.....

Mark "X"
if None

Bil.	Mil.	Thou.	Dol.

6. Patient (out-of-pocket) - Include all deductibles and co-insurance from private health insurance, Medicare, Medicaid, and other public programs.....

Mark "X"
if None

Bil.	Mil.	Thou.	Dol.

7. All other revenue for patient care not included in lines 1-6.

Specify

Mark "X"
if None

Bil.	Mil.	Thou.	Dol.

Non-Patient Care Revenue

- If you answered Yes in **5.A.** and **5.B.**, please complete lines 8 - 11.
- If you answered No to either **5.A.** and **5.B.** or both, please complete lines 10 and 11.

8. Contributions, gifts, and grants received.....

Mark "X"
if None

Bil.	Mil.	Thou.	Dol.

9. Investment and property income - Include interest and dividends. Exclude gains (losses) from assets sold.....

Mark "X"
if None

Bil.	Mil.	Thou.	Dol.

10. All other non-operating revenue - Include philanthropy, gift shop, cafeteria sales, parking lot receipts, florist receipts, etc.....

Specify

Mark "X"
if None

Bil.	Mil.	Thou.	Dol.

11. TOTAL NET REVENUE - Sum of lines 1 - 10.....

Mark "X"
if None

Bil.	Mil.	Thou.	Dol.

B. GROSS PATIENT REVENUE - Include the full established rates (charges) for all services rendered to inpatients and outpatients.....

Mark "X"
if None

Bil.	Mil.	Thou.	Dol.

C. SALES TAX

1. Did your firm collect any sales taxes during 2011?

- Yes
- No - go to **8**.

Mark "X"
if None

Bil.	Mil.	Thou.	Dol.

2. What were the total sales taxes collected.....
Exclude excise taxes reported in <item>

Mark "X"
if None

Bil.	Mil.	Thou.	Dol.

3. What was the total revenue including sales taxes for 2011.....
*Sum of **A11** , **B** , and **C2**.*

8. E-COMMERCE

E-commerce sales and other operating receipts are sales of goods and services where an order is placed by the buyer; or price and terms of the sale are negotiated over an Internet, mobile device (M-commerce), extranet, EDI network, electronic mail, or other online system. Payment may or may not be made online.

1. Did this firm have any e-commerce sales in 2011?

- Yes
- No - go to **14**.

Mark "X"
if None

Bil.	Mil.	Thou.	Dol.

2. What was the total e-commerce sales/receipts/revenue.....

9. - 13. NOT APPLICABLE

14. OPERATING EXPENSES

Report operating expenses for this firm's locations as defined in 1. for the following categories.

Exclude:

- Transfers made within the company
- Capitalized expenses
- Interest
- Bad debt
- Impairment
- Income tax

Personnel Costs

1. Gross annual payroll - Total annual Medicare salaries and wages for all employees as reported on your firm's IRS Form 941, Employer's Quarterly Federal Tax Return, line 5(c) for the four quarters that correspond to the survey period or IRS Form 944 Employer's Annual Federal Tax Return, line 4(c).....

Mark "X"
if None

Bil.	Mil.	Thou.	Dol.

2. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K and stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). **Exclude** employee contributions.....

Mark "X" if None
O

Bil.	Mil.	Thou.	Dol.

3. Temporary staff and leased employee expenses - Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. **Include** all charges for payroll, benefits, and services.....

Mark "X" if None
O

Bil.	Mil.	Thou.	Dol.

Expensed Materials, Parts, and Supplies (not for resale)

4. Medical supplies - Materials and supplies used in providing medical services to others. Report medical equipment in line 5.....

Mark "X" if None
O

Bil.	Mil.	Thou.	Dol.

5. Expensed equipment - Expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Report packaged software in line 7. Report leased and rented equipment in line 9.....

Mark "X" if None
O

Bil.	Mil.	Thou.	Dol.

6. Expensed purchases of other materials, parts, and supplies - Materials and supplies used in providing services to others, materials and parts used in repairs, office and janitorial supplies, small tools, containers and other packaging materials, and motor fuels.....

Mark "X" if None
O

Bil.	Mil.	Thou.	Dol.

Expensed Purchased Services

7. Expensed purchases of software - Purchases of pre-packaged, custom coded, or vendor customized software. **Include** software developed or customized by others, web design services and purchases, licensing agreements, upgrades of software, and maintenance fees related to software upgrades and alterations.....

Mark "X" if None
O

Bil.	Mil.	Thou.	Dol.

8. Purchased electricity and fuels (except motor fuels) - If the cost of electricity and heating fuels (e.g., natural gas, propane, oil, coal) are included in lease or rental payments, report in line 9.....

Mark "X" if None
O

Bil.	Mil.	Thou.	Dol.

9. Lease and rental payments - For land, building, offices, structures, machinery, equipment, and other tangible items. **Include** lease and rental of transportation equipment without operators and penalties incurred for broken leases. **Exclude** capital and financing lease agreements and licensing/leasing of software.....

Mark "X" if None
O

Bil.	Mil.	Thou.	Dol.

10. Purchased repair and maintenance - Include expensed repair and maintenance to buildings and integral building components (e.g., elevators, heating and cooling systems), structures, offices, machinery, vehicles, equipment, and computer hardware. **Exclude** materials, parts, and supplies used for repair and maintenance performed by this firm's employees. Report janitorial and grounds maintenance services in line 15.....

Mark "X"
if None

Bil.	Mil.	Thou.	Dol.

11. Purchased advertising and promotional services - Include marketing and public relations services.....

Mark "X"
if None

Bil.	Mil.	Thou.	Dol.

12. Professional liability insurance - The cost of professional liability insurance. **Include** professional liability insurance premiums and amounts set aside for self-insurance.....

Mark "X"
if None

Bil.	Mil.	Thou.	Dol.

Other Operating Expenses

13. Depreciation and amortization charges - Include depreciation charges taken against tangible assets owned and used by your firm, tangible assets and improvements owned by your firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against tangible assets (e.g., patents, copyrights). **Exclude** income taxes and sales and excise taxes collected from customers.....

Mark "X"
if None

Bil.	Mil.	Thou.	Dol.

14. Governmental taxes and license fees - Payments to government agencies for taxes and licenses. **Include** business and property taxes. **Exclude** income taxes and sales and excise taxes collected from customers.....

Mark "X"
if None

Bil.	Mil.	Thou.	Dol.

15. All other operating expenses - All other operating expenses not reported above, unless specifically excluded in the general instructions at the top of the page. Include office postage paid and package delivery. Exclude purchases of merchandise for resale and on-operating expenses.....

Mark "X"
if None

Bil.	Mil.	Thou.	Dol.

16. TOTAL OPERATING EXPENSES - Sum of lines 1 - 15.....

Mark "X"
if None

Bil.	Mil.	Thou.	Dol.

15. INTEREST EXPENSES

Report interest expense for this firm's locations as defined in 1. and operated on a not-for-profit basis.

Exclude:

- Transfers made within the company
- Capitalized expenses
- Impairment
- Bad debt
- Income tax

1. Interest Expense - Interest expense incurred in the financing of operations and long lived assets used in continuing operations.....

Mark "X"
if None

Bil.	Mil.	Thou.	Dol.

16. REMARKS

Please use this space to explain any significant year-to-year changes, to clarify your responses, or to indicate where data were estimated.

--

17. CONTACT INFORMATION

Name of person to contact regarding this report		Title	
Address	City	State	Zip
Telephone		Fax Number	
Internet Email address		Website address	

QUARTERLY SERVICES SURVEY

First Quarter 2011

FORM

QSS-2(E)

NOTICE - Your report to the Census Bureau is **confidential by law (Title 13, U.S. Code)**. It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. The law also provides that copies retained in your files are **immune from legal process**.

RETURN

COMPLETED FORM TO: U.S. CENSUS BUREAU 1201 East 10th Street Jeffersonville, IN 47132-0001 Fax: 1-800-447-4613

NEED HELP?

Visit our website:
<http://www.census.gov/econhelp/qss>
or
Call 1-800-772-7851 between 8:30 a.m. and 5:00 p.p. EST, Monday through Friday

(Please correct any errors in name, address, or ZIP Code)

INTERNET REPORTING

You may complete this survey online at:

<http://www.census.gov/econhelp/qss>

Username:

Password:

using your firm's unique username and original password. If you change your password, please keep a record for reference.

General Instructions

- *Any significant change in your firm's operations should be noted in the "REMARKS" section of this report.
 - *Estimates are acceptable if book figures are not available.
 - *Enter "0" where applicable.
 - *For establishments sold or acquired during this quarter, report data only for the period the establishments were operated by your firm.
- Include:
- * Data for auxiliary facilities operated under this EIN primarily engaged in supporting services to your establishment (s).

Need to add detailed instructions from the instruction sheet (TBD)

1. SURVEY COVERAGE

Does this firm provide the business activities described in the statement above for the time period covered by this report?

Yes - Continue with 2.

No - Specify your business activity and go to 2.

2. FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)

Did this firm report payroll under this EIN <EIN>?

Yes - Go to Item 3.

No - Enter current EIN and date you started reporting payroll under this EIN.

Federal Employer Identification Number (EIN)

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Month | Year

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3. ORGANIZATIONAL CHANGE

Did this firm undergo an organizational change during January 2011 - March 2011?

1. Yes →
 2. No - Go to 4.

Please provide detailed information below

1. acquired
 2. merged with
 3. sold to
 4. divested
 5. other

Name of company acquired/merged with/sold to

Number and street

City, State, and ZIP Code

Date of acquisition merger or sale.



EIN →

Month	Year

--

4. NUMBER OF ESTABLISHMENTS

How many establishments, including auxiliary establishments, are covered by this report?

--

5. REPORTING PERIOD

What time period is covered by the data to be provided in this report?

1. January 1, 2011 - March 31, 2011
 2. Other - Entire time period covered

Most recent quarter

Month	Day	Year	

Beginning date.....

Ending date.....

6. SALES, RECEIPTS, OR REVENUE

A. What was the firm's quarterly REVENUE ?.....

See page 5 for additional instructions

Jan 1 - Mar 31, 2011

Bil.	Mil.	Thou.	Dol.

7. INPATIENT DAYS AND DISCHARGES - See page 5 for additional instructions

Inpatient Days - The unit of measure in which lodging was provided and services rendered to inpatients.

A. What was the firm's quarterly INPATIENT days?.....

Jan 1 - Mar 31, 2011

Discharges - The termination of the granting of lodging in the hospital and the formal release of the patient (including patients admitted and discharged on the same day).

B. What was the firm's quarterly DISCHARGES?.....

Jan 1 - Mar 31, 2011

8. OPERATING EXPENSES

A. What was the firm's quarterly operating EXPENSES? Include payroll and employee benefits

See page 5 for additional instructions

Jan 1 - Mar 31, 2011

Bil.	Mil.	Thou.	Dol.

7. REMARKS - Please use this space to explain any significant quarter-to-quarter changes, to clarify your response, or to indicate where data was estimated.

8. CONTACT INFORMATION

Name of person to contact regarding this report	Telephone		
	Area code	Number	Extension
E-mail address	Fax		
Company website	Area code	Number	

THANK YOU
for completing your Quarterly Services Survey.

2010 ANNUAL RETAIL TRADE REPORT

GENERAL INSTRUCTIONS

- Any significant change in your firm's operations should be noted in the "REMARKS" section of this report.
- Estimates are acceptable if book figures are not available.
- For establishments sold or acquired during 2010, report data only for the period the establishment were operated by your firm.

Include

- All U.S. retail establishments reporting payroll on its latest Employer's Federal Tax Return (Treasury Form 941 or 944), under the Employer Identification Number (EIN) shown in item 1.
- Data for auxiliary facilities operated under this EIN primarily engaged in supporting services to your establishment(s) such as warehouses, garages, central administrative offices, and repair services.
- Retail leased departments and concessions operated by this firm in establishments of others (e.g., shoe departments in department stores or prescription counters in food stores) which report payroll under this firm's EIN shown in item 1.

Exclude

- Data for establishments operated by other firms, such as franchises
- Departments and concessions operated by other firms in your retail store(s).

1. FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)

Did your firm report payroll under this EIN <EIN>?

- Yes
- No – *Enter current EIN and date you started reporting payroll under this EIN.*

2. ORGANIZATIONAL CHANGE

A. Did your firm experience any organizational change during 2010?

- Yes
- No – Go to 2.B

B. What was the organization change?

Please provide detailed information below.

- acquired
- merged with
- sold to
- divested
- other

3. NUMBER OF RETAIL ESTABLISHMENTS

How many retail establishments, including departments and concessions were covered by this report?

4. SALES, RECEIPTS, OR REVENUE

A.. Did you report sales in item 4 for the year beginning January 1, 2010 and ending December 31, 2010?

- Yes – Go to 4
- No – Please report the beginning and ending dates

B. What were the total sales of merchandise and other operating receipts for 2010?

C. Did your firm collect any sales taxes during 2010?

- Yes
- No – go to 5

D. What were the total sales taxes collected?

EXCLUDE excise taxes reported in 4.1.

E. What were the total sales of merchandise and other operating receipts including sales taxes for 2010?

F. LEASED DEPARTMENT SALES

1: Were there leased departments and concessions operated by other firms in your department store(s) in 2010?

- Yes
- No – Go to 6

2: What were the total sales collected by departments and concessions operated by other firms in your department store(s) for 2010?

Exclude sales tax. Do not include in 4.1.

5. E-COMMERCE

A. Did this firm have any e-commerce sales in 2010?

- Yes
- No, go to 7

B. What were the total e-commerce sales?

6. CLASS OF CUSTOMER

1. What percentage of sales reported in 4.B was received from the following classes of customers?

Household consumers and individual users
Wholesales and other retailers
Business firms and not-for-profit organizations
Government (Federal, state, local)

7. VALUE OF INVENTORIES

Include

A. Did establishments covered by this report own inventories, regardless of where held, at the end of 2010 (or the end of period for which you are reporting)?

- Yes
- No – Go to 9

B. Are you reporting inventories as of December 31, 2010?

- Yes – Go to 7.D
- No

C. For what date are you reporting inventories?

D. What was the value of inventories?

1. Merchandise inventories in retail stores (include leased departments and concessions operated by your firm in other establishments).
2. Merchandise inventories in warehouses, offices, or in transit for distribution to retail stores
3. Total inventories (if applicable, before Last-in, First-out (LIFO) adjustment)
4. LIFO reserve, if applicable (enter 0 if not applicable)
5. Book value of inventories

E. Were any of the inventories reported in 7.D.3, stored outside or en route to the 50 states and the District of Columbia?

- Yes
- No – go to 8

F. What was the value of the inventories stored outside or en route to the 50 states and the District of Columbia?

Exclude inventory held in Foreign Trade Zones or in bond warehouses in the U.S.

8. INVENTORY VALUATION METHOD

A. Were any of the inventories reported in 7.D subject to the LIFO valuation method?

- Yes
- No – Go to 10

- B. How much of the inventory was subject to
1. LIFO valuation method before adjustment
 2. Any other valuation method
 3. Verify Total (Add 8.B.1 and 8.B.2. Total must equal 7.D.3 above)

9. TOTAL PURCHASES

What was the total cost of all merchandise purchased for resale for which you took title, whether or not payment was made during the 2010?

***NOTE:** If purchases are greater than sales, explain in the "REMARKS" section.*

10. OPERATING EXPENSES

What were the total operating expenses for the retail establishments reporting in 2?

11. REMARKS

Please use this space to explain any significant year-to-year changes, to clarify your responses, or to indicate where data were estimated.

Due Date:
Form SM-44(06) AS
U.S. Department of Commerce

Omb No. xxxx-xxx: Approval Expires MM/DD/YYYY
ADVANCE MONTHLY RETAIL TRADE REPORT
For assistance in completing the form, you may visit www.census.gov/econhelp/marts

CONTACT PERSON
Name
Title
Telephone (Area Code, number)
Fax (Area Code, number)

Mailing Address

(Please correct any error(s) in name, address, and ZIP CODE)

1: FEDERAL EMPLOYER IDENTIFICATION (EIN)

Did your firm report payroll under this EIN (12-3456789)? Yes – Go to Item 4

No- Enter current EIN and date started reporting payroll under this EIN

		-							
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2: Number of Retail Establishments

How many establishments, including retail establishments, leased departments, and concessions are covered by this report?

3: Sales, Receipts, or Revenue

A. Reporting Period

Did you report sales in item 3B(1) for the month beginning <date> and ending <date>?

* Yes – Go to Item 4

* No – Please report the beginning and ending dates and 4 or 5 week period.

B. Sales

(1) What were the total sales in <month>?

Does the sales reported in item 4a(1) represent a book figure(s) or estimate(s)? Book Estimate

4: E-commerce

(1) Did this firm have any e-commerce sales in <month>?

* Yes

* No

(3) What was the total e-commerce sales?

OR

(4) If e-commerce sales not available- What was the percent of total sales in item 4a(1) that represents e-commerce?

REMARKS- Please use this space to explain any significant month-to-month changes, to clarify your responses, or to indicate where data were estimated.

US CENSUS BUREAU

COVERAGE INSTRUCTIONS AND DEFINITIONS OF DEPARTMENT STORES, E-COMMERCE SALES, AUXILLARY ESTABLISHMENTS, LEASED DEPARTMENTS AND CONCESSIONS

I. **Coverage Instructions**

II. **E-Commerce Sales and other operating receipts** are sales of goods and services where an order is placed by the buyer; or price and terms of the sale are negotiated over an Internet, mobile device (M-commerce), extranet, EDI network, electronic mail, or other online system. Payment may or may not be made online.

III. **Auxillary Establishments** are facilities primarily engaged in furnishing supporting services (such as warehouses, garages and central administrative offices) to your retail establishments.

IV. **Leased Departments and Concessions** are separate businesses by the lease space on the premises of another business.

V. **General Instructions**

Any significant change in your firm's operations should be noted in the "REMARKS" section of this report.

- Estimates are acceptable if book figures are not available.
- Enter "0" where applicable.
- For establishments sold or acquired during the month, report data only for the period the establishment were operated by your firm.

For more help, access our Business Help Site at www.census.gov/econhelp/marts
To view the results of this survey, visit www.census.gov/retail

SPECIFIC INSTRUCTIONS FOR COMPLETING ITEMS 2 AND 3

Item 2 – Number of Retail Establishments

INCLUDE

- Total number of retail establishments, leased departments, and concessions covered by this report
- Leased departments and concessions operated by this firm in other establishments

EXCLUDE

- Auxiliary establishments
- Leased departments and concessions operated by other firms in your retail establishments

Item 3 – Sales, Receipts, or Revenue

INCLUDE

- Cash and credit sales of merchandise whether or not payment was received
- Leased departments and concessions operated in other establishments
- E-commerce sales if not submitted on a separate monthly retail report
- Wholesale sales made by retail establishments covered by this report
- Receipts from layaway purchases
- Receipts from the rental or leasing of vehicles, equipment, instruments, tools, etc.
- Receipts from deliveries
- Receipts from installations, maintenance, repairs, alterations, storage, and other such services
- Value of trade-ins taken as part payment for other merchandise
- Excise taxes (such as those on gasoline, liquor, and tobacco) which are levied on the manufacturer or wholesaler and included in the cost of goods purchased by this firm

EXCLUDE

- Sales taxes collected from customers and paid directly to a local, State, or Federal tax agency
- Leased departments and concessions operated by other firms in your retail establishments
- Carrying or other finance charges
- Commissions from vending machine operators
- Nonoperating receipts (such as interest income, income from investments, and receipts from the rental or sale of real estate)
- Commissions from sales of government lottery tickets • Sales from auxiliary establishments

DEDUCT

- Refunds and allowances for returned goods
- The actual value of rebates and discounts granted to the purchaser, even if granted as an increase in trade-in allowance

Automotive Dealers

INCLUDE

- In e-commerce the sales of cars where a binding sales price is established online through the dealer's or a third party's web site
- Charges for dealer preparation, warranty charges, and delivery costs.
- Combined sales for all new and used car locations and service facilities within the immediate vicinity of the new car showroom when such locations are considered integral parts of the "new car" business and separate books are

not maintained for their operations

EXCLUDE receipts from customers for tag and title fees, licenses, etc., forwarded to State or local licensing agencies.

US CENSUS BUREAU

Due Date:
Form SM-44(06) BE
U.S. Department of Commerce

Omb No. xxxx-xxx: Approval Expires MM/DD/YYYY

MONTHLY RETAIL TRADE REPORT

For assistance in completing the form, you may visit www.census.gov/econhelp/mrts

CONTACT PERSON
Name
Title
Telephone (Area Code, number)
Fax (Area Code, number)

Mailing Address

(Please correct any error(s) in name, address, and ZIP CODE)

COVERAGE INSTRUCTIONS AND DEFINITIONS OF DEPARTMENT STORES, E-COMMERCE SALES, AUXILLARY ESTABLISHMENTS, LEASED DEPARTMENTS AND CONCESSION

I. Coverage Instructions

II. E-Commerce Sales and other operating receipts are sales of goods and services where an order is placed by the buyer; or price and terms of the sale are negotiated over an Internet, mobile device (M-commerce), extranet, EDI network, electronic mail, or other online system. Payment may or may not be made online.

III. Auxillary Establishments are facilities primarily engaged in furnishing supporting services (such as warehouses, garages and central administrative offices) to your retail establishments.

IV. Leased Departments and Concessions are separate business lease space on the premises of another business.

V. General Instructions

- Estimates are acceptable if book figures are not available.
- Any significant change in your firm's operations should be noted in the "REMARKS" section of this report.
- For establishments sold or acquired during 2010, report data only for the period the establishment were operated by your firm.
- **Include** data for auxiliary facilities operated under this EIN primarily engaged in supporting services to your establishment(s) such as warehouses, garages and central administrative offices to your retail establishments.

- Enter "0" where applicable.
For more help, access our Business Help Site at www.census.gov/econhelp/mrts

To view the results of this survey, visit www.census.gov/retail

US CENSUS BUREAU

1: FEDERAL EMPLOYER IDENTIFICATION (EIN)

Did your firm report payroll under this EIN (12-3456789)? [®] Yes – Go to Item 4

[®] No- Enter current EIN and date started reporting payroll under this EIN

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2: Number of Retail Establishments

How many establishments, including retail establishments, leased departments, and concessions are covered by this report?

3: Sales, Receipts, or Revenue

- Report cash and credit sales
- **Include** sales from e-commerce if not submitted on a separate monthly retail report. E-commerce sales and other operating receipts are sales of goods and services where an order is placed by the buyer; or price and terms of the sale are negotiated over an Internet, mobile device (M-commerce), extranet, EDI network, electronic mail, or other online system. Payment may or may not be made online.
- **Include** leased departments and concessions operated in other establishments.
- **Exclude** leased departments and concessions operated by other firms in your retail establishment.
- **Exclude** sales taxes and finance charges.

A. Report Period

Did you report sales in item 3B(1) for the month beginning <date> and ending <date>?

* Yes – Go to Item 3B(1)

* No – Please report the beginning and ending dates and 4 or 5 week period.

B. Sales

(1) What were the total sales in <month>?

Does the sales reported in item 3B(1) represent a book figure(s) or estimate(s)? [®] Book [®] Estimate

4: E-commerce

(1) **Did this firm have any e-commerce sales in <month>?**

* Yes

* No – go to Item 5.

(3) **What was the total e-commerce sales?**

OR

(4) **If e-commerce sales not available- Enter percent of total sales in item 3B(1) that represents e-commerce**

5: Value of Inventories

INCLUDE

- The cost value of all merchandise for the end of the month
- Merchandise under contract for sale
- Merchandise owned by this firm but held by others for consignment.

EXCLUDE

Fixtures, equipment, and supplies not held for resale

What are the values of inventories of products covered by this report, regardless of where held, owned as of the end of the month?

- Merchandise inventories in retail stores. **Include** leased departments and concessions operated by your firm in other establishments.
- Merchandise in warehouses, offices, or in transit for distribution to retail stores.
- Total inventories** (if applicable, before Last-in, First-out (LIFO) adjustment).
- For what date are you reporting inventories?

REMARKS- Please use this space to explain any significant month-to-month changes, to clarify your responses, or to indicate where data were estimated.