DUE DATE:



MONTHLY RETAIL TRADE REPORT

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

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NOTICE — Your report to the U.S. Census Bureau is confidential by law (Title 13, U.S. Code, Section 9). Only persons sworn to uphold the confidentiality of U.S. Census Bureau information may see the questionnaires and may use them only for statistical purposes. Additionally, all reports are immune from legal process.
RETURN COMPLETED FORM IN THE ENCLOSED ENVELOPE

or FAX: 1-800-447-4613 For help call: 1-800-772-7852

ITEM 2 CONTACT PERSON

Name

Title

Telephone (Area code, number, ext.)

FAX (Area code, number)

ITEM 1	MAILING ADDRESS
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(Please correct any error(s) in name, address, and ZIP Code)

ITEM 3 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)

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

I. Coverage Instructions

- III. Auxiliary Establishments are facilities primarily engaged in furnishing supporting services (such as warehouses, garages and central administrative offices) to your retail establishments.
- II. E-Commerce Sales 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.
- IV. Leased Departments and Concessions are separate businesses that lease space on the premises of another business.

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/mrts/www/mrts.html

ITI	M 4 SALES AND REPORT PERIOD					
	Estimates are acceptable if book figures are not available					
а	. Sales		Dollars			
	(1) Total Sales					
	(1) Total Sales					
	(2) E-Commerce Sales – Report e-commerce sales or their percent of total sales in item 4a(1)	. %				
h	. Report period Calendar month	Ending da	ate (Month	and day)		
IJ	Mark (X) one box to indicate the period covered by the sales entered in item 4a(1) 4-week period					
	If other than "Calendar month" is marked, specify ending date.					
С	Do the sales reported in item 4a(1) represent book figures or estimates?	□Book	□Es	timate		
	INCLUDE EXCLUDE					
		om customers and paid directly to a				
	 Leased departments and concessions operated by your firm 	local, State, or Federal tax agency				
	 in other establishments E-commerce sales if not submitted on a separate monthly Nonoperating receipts (such as from investments, and receipts (such as from investments) 	interest in from the r	come, inc ental or s	ome ale of		
	retail report					
	such as wholesale sales, deliveries, installation, repairs	Commissions from sales of government lottery tickets				
	etc. • Sales from auxiliary extablishing	ents				
	 Excise taxes (such as those on gasoline, liquor, and tobacco) which are levied on the manufacturer or wholesaler. 					
ITI	MERCHANDISE INVENTORIES					
	Report merchandise inventories covered by this report, regardless					
of where held, owned as of the end of the month.						
				Dollars		
а	Merchandise in retail stores covered by this report. Include leased departments and concessions operated by your firm in other establishments					
b	Merchandise in warehouses, offices, or in transit for distribution to your retail stores.					
C	. TOTAL merchandise inventories (before Last-in, First-out adjustment if any) – Sum of items 5a and 5b					
d	Are the data reported in items 5a through 5c for a date other than the end of the month specified?	Month	Day	Year		
	□ No _₹ □ Yes – Enter the date the data represent —————					
	, and the second					
	INCLUDE EXCLUDE					
	 Merchandise under contract for sale Merchandise curred by this firm but held by others for 	s not held	for resale	:		
	 Merchandise owned by this firm but held by others for sale on consignment 					
ITI	NUMBER OF RETAIL ESTABLISHMENTS					
	Enter the total number of retail establishments, leased departments, and concessions covered by this report	<u> </u>				
RE	MARKS – Please use this space for comments or to explain any large differences in data from the prior	month.				
	Public reporting burden for this collection of voluntary information is estimated to average minutes per response	nse, includi	ng the tim	e for		
	reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information.	ng and revi	ewing the			
	suggestions for reducing this burden, to: Paperwork Project 0607-0717, U.S. Census Bureau, 4600 Silver Hill Road, Washington, DC 20233. You may e-mail comments to Paperwork@census.gov use "Paperwork Project 0607-0717"	AMSD - 3K	138.	,		
	Respondents are not required to respond to any information collection unless it displays a valid approval number Management and Budget. This 8-digit number appears in the top right corner on the front of this form.	from the O	ffice of			
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FORM SM-44(06)BE (11-8-2007) Page 2