U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU

FORN

SA-42-AGBR (DR.

(DRAFT)

2014 ANNUAL WHOLESALE TRADE REPORT AGENTS, BROKERS, REPRESENTATIVES, AND ELECTRONIC MARKETS

DUE DATE

Need help or have questions?

Call 1-877-787-9860, option "3" (8:30 a.m. - 4:30 p.m. ET, M-F) or Visit

https://econhelp.census.gov/awts

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. Under the same law,

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

Return via Internet:

from legal process.

information that you report cannot be used for taxation, regulation, or investigation and are exempt from release under the Freedom of Information Act. Further, copies of your response retained in your files are immune

https://econhelp.census.gov/awts

Return via Fax: 1-800-447-4613

To view survey results:

https://census.gov/wholesale

Username:

Password:

GENERAL INSTRUCTIONS

- This report should cover ALL agent, broker, representative, and electronic market locations in the United States reporting payroll under the Employer Identification Number (EIN) as referenced in ② on page 2.
- •Include data for auxiliary facilities primarily engaged in supporting services to this EIN's establishment(s) such as warehouses, garages, and central administrative offices.
- Any significant change in this EIN's operations should be noted in 7 on page 4.
- For establishments sold or acquired in 2014, report data only for the period the establishments were operated by this EIN.
- Estimates are acceptable if book figures are not available.
- Enter "0" where applicable.

ANNOUNCEMENTS AND SPECIAL INSTRUCTIONS



| AGENTS, BROKERS, REPRESENTATIVES, OR ELECTRONIC MARK | ETS | |
|--|--|---------------------|
| This report applies to firms that primarily arrange for the sale or purchas on a fee or commission basis. Examples include: | se of goods owned by others, generally | |
| | ' representatives | |
| Commission merchants Merchandise b | | |
| Electronic markets (business to business) Import or export agents Purchasing agents Selling agents | ents | |
| Manufacturers' agents | | |
| <u> </u> | | |
| FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN | | |
| ☐ Yes - Go to 3 | | |
| | EIN (9 digits) | |
| No - Enter current 9-digit EIN AND date payroll was first reported for this EIN | | |
| | Month Day | Year |
| | | |
| | | |
| ORGANIZATIONAL CHANGE | | |
| A. Did this EIN experience any acquisitions, sales, mergers, and/o | or divestitures in 2014? | |
| ☐ Yes | | |
| □ No - Go to 4 | | |
| B. Which of the following organizational changes occurred in 20 | 14? | |
| Check all that apply. If more than one organizational change occurred page 4. | d during the reporting period, explain in | 7 on |
| | | |
| Acquisition | Month Day | Year |
| ☐ Acquisition Date of organizational change | | Year |
| ☐ Sale Date of organizational change | | Year |
| Date of organizational change | | Year |
| ☐ Sale Date of organizational change | | Year |
| ☐ Sale ☐ Merger ☐ Merger | | Year |
| ☐ Sale ☐ Merger ☐ Date of organizational change AND ☐ Inter detailed information below 7 | | Year |
| □ Sale □ Merger □ Divestiture □ Date of organizational change AND Enter detailed information below ₹ | | Year |
| □ Sale □ Merger □ Divestiture □ Date of organizational change AND Enter detailed information below ₹ | | Year |
| □ Sale □ Merger □ Divestiture Date of organizational change AND Enter detailed information below Name of company | | Year |
| □ Sale □ Merger □ Divestiture Date of organizational change AND Enter detailed information below Part Name of company Address (Number and street, P.O. Box, etc.) | EIN (9 digits) | Year |
| □ Sale □ Merger □ Divestiture □ Date of organizational change AND Enter detailed information below Name of company | | Year |
| Date of organizational change AND Enter detailed information below Name of company Address (Number and street, P.O. Box, etc.) | EIN (9 digits) | Year |
| Date of organizational change AND Enter detailed information below Name of company Address (Number and street, P.O. Box, etc.) City, town, village, etc. | EIN (9 digits) - State ZIP Code | Year |
| Date of organizational change AND Enter detailed information below Name of company Address (Number and street, P.O. Box, etc.) City, town, village, etc. | EIN (9 digits) - State ZIP Code - | Year |
| Date of organizational change | EIN (9 digits) State ZIP Code t for the fiscal year | Year |
| Date of organizational change | EIN (9 digits) State ZIP Code t for the fiscal year | |
| Date of organizational change | EIN (9 digits) State ZIP Code t for the fiscal year | |
| Date of organizational change | EIN (9 digits) State ZIP Code t for the fiscal year 2014 Beginning I Month Day | Date |
| Date of organizational change | EIN (9 digits) - State ZIP Code t for the fiscal year 2014 Beginning I Month Day | Date Year |
| Date of organizational change | EIN (9 digits) State ZIP Code t for the fiscal year 2014 Beginning I Month Day | Date Year |

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| | | | | | | | . 0 | | |
|---|---|--|---------------------|--------------|------------|---------------|------|--|--|
| 5 | SALES, RECEIPTS, OR REVENUE | | | | | | | | |
| _ | INCLUDE | | | | | | | | |
| | • All revenue from locations identified in 1 | EXCLUDENonoperating receipts (such as interest income | | | | | | | |
| | • Receipts from freight, installations, rentals, | income from in rental or sale o | | | ceipts fro | om the | | | |
| | maintenance, repairs, alterations, storage, and other such services | • Receipts from o | | - / | vina or o | ther credit | | | |
| | • Excise taxes (such as those on gasoline, liquor, and | changes | | | ,g o. o | | | | |
| | tobacco) that are levied on the manufacturer and included in the cost of products purchased by this EIN | | | | | | | | |
| | | | Mark "X" | | | | | | |
| | | | if None | \$ Bil. | Mil. | Thou. | Dol. | | |
| | A. What were this EIN's commissions and selling or earned in 2014? | | . 🗆 | | | | | | |
| | B. What were product sales of goods that this EIN of title to), if any, or other operating revenue earner | | . 🗆 | | | | | | |
| | C. What were the TOTAL commissions, fees, sales, revenue in 2014? (GA + GB = GC) | and operating | . 🗆 | | | | | | |
| | D. What was the gross selling value of the goods the commission or fees for in Item 5 A in 2014? | or fees for in Item ⑤A in 2014? | | | | | | | |
| | Gross selling value is the total value of the goods sold | d | | | | | | | |
| | • Exclude commissions and fees reported in 5 A | | | | | | | | |
| | •Include any e-commerce sales conducted for others | | . ⊔ | | | | | | |
| | | | | | | | 2014 | | |
| | E. What was the AVERAGE commission rate earned | te earned in 2014? | | | | | | | |
| | ● ⑤ A divided by ⑥ D X 100 ● Round to the nearest whole percent | | | | | | | | |
| | • nound to the hearest whole percent | | | | | | | | |
| | Have questions? Call 1 | -800-327-4389 (| option 3) | | | | | | |
| 6 | OPERATING EXPENSES | | | | | | | | |
| | INCLUDE | EXCLUDE | | | | | | | |
| | • Expenses arising from the normal course of | Bad debt/customer related loss | | | | | | | |
| | business, including payroll | • Interest expenses | | | | | | | |
| | | Purchases of goods for resale or cost of goods sold | | | | | | | |
| | | | g | | | | | | |
| | | f long-live | ed assets | | | | | | |
| | | due to reappraisal) • Transfers made within the company | | | | | | | |
| | | | | | | | | | |
| | | | Mark "X" if None | \$ Bil. | Mil. | 2014 Thou. | Dol. | | |
| | What were the total operating expenses for this EIN broker, representative and electronic market location | l's agent, | 11 140110 | Э БП. | IVIII. | mou. | DOI. | | |
| | in 2014? | | | | | | | | |
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| t | EMARKS - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate to take the description of the second se |
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| Name of person to contact regarding this report (Please print) | | | | Title | | | | | | |
|--|-----------|--------|--|-----------|------|-----|-----------|--|--------|--|
| | | | | | | | | | | |
| | Area code | Number | | Extension | | | Area code | | Number | |
| Telephone | | - | | |] | Fax | | | 1 | |
| E-mail address | | | | Website | | | | | | |
| | | | | | www. | | | | | |

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 information is estimated to average 24 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 0607-0195, 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 0607-0195" 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.