PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.

AGENCY/SUBAGENCY ORIGINATING REQUEST

2. OMB CONTROL NUMBER

1. A	GENCY/SUBAGENCY ORIGINATING REQUEST		2. OMB CONTROL NUMBER				
Department of Commerce/Census Bureau/ Associate Directorate of							
Demographic Programs			0607	0040			
		110000	a. <u>0607</u>	0049	b. NONE		
3. T	YPE OF INFORMATION COLLECTION (X one)		4. TYPE OF REV	IEW REQUESTE	D (X one)		
	from mile to whom to his commen	TETE MINUSCO	X a. REGULAR	SUBMISSION		William Street	
	a. NEW COLLECTION		L CHEROCE	NOV ADDDOVA	DEQUESTED BY	1	
	b. REVISION OF A CURRENTLY APPROVED COLLECTION			b. EMERGENCY - APPROVAL REQUESTED BY:			
17	EVERNOON OF A CURRENTLY ARREQUED COLLECTIO	c. DELEGATED					
C. EXTENSION OF A CURRENTLY APPROVED COLLECTION			5. SMALL ENTITIES				
d. REINSTATEMENT, WITHOUT CHANGE, OF A PREVIOUSLY		ISLY	Will this information collection have a significant economic				
APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIR			IRED impact on a substantial number of small entities?				
	e. REINSTATEMENT, WITH CHANGE, OF A PREVIOUSLY		YES	X	NO		
	APPROVED COLLECTION FOR WHICH APPROVAL HAS		6. REQUESTED	EXPIRATION DA	ATE		
f. EXISTING COLLECTION IN USE WITHOUT AN OMB CONTRO			X a. THREE YEARS FROM APPROVAL DATE				
	NUMBER	3111102	b. OTHER:	/ /			
7.	TITLE				ding new years		
Cur	rent Population Survey Basic Demographics						
8. AGENCY FORM NUMBER(S) (if applicable)							
CPS	-263, CPS-263(SP), CPS-264, CPS-264(SP), CPS-266, BC-1	1428, BC-1428(SP)	, BC-1433, BC-1433	3(SP), CPS-692			
9. KEYWORDS							
J.	ILL WORDS					No. 1	
	ABSTRACT						
The	CPS demographic data include age, marital status, sex, Arme	ed Forces status, edi	neation, race, Hispan	nic origin, and cour	ntry of birth. The data	are used for subject	
spec	ific (labor-force and supplement) analytic research, for interr	iai anaiytic research	i, for evaluating other	er surveys, and for	selecting other survey	samples.	
11. AFFECTED PUBLIC (Mark primary with "P" and all others that apply with "			(") 12. OBLIGATION TO RESPOND (Mark primary with "P" and all others that apply with "X")				
P	P a. INDIVIDUALS OR HOUSEHOLDS d. FARMS		P a. VOLUNTARY				
	b. BUSINESS OR OTHER FOR-PROFIT e. FEDEI	FOR-PROFIT e. FEDERAL GOVERNMENT		b. REQUIRED TO OBTAIN OR RETAIN BENEFITS			
	c. NOT-FOR-PROFIT INSTITUTIONS f. STAT	E, LOCAL OR TRIBA	AL GOVERNMENT	c. MANDA	MANDATORY		
13.	ANNUAL REPORTING AND RECORDKEEPING HOU	R BURDEN	14. ANNUALIZI	ED COST TO RE	SPONDENTS (In the	ousands of dollars)	
a.	NUMBER OF RESPONDENTS	JMBER OF RESPONDENTS 708,000 a. TOTAL CAPITAL/STARTUP COSTS 0.00					
b.	TOTAL ANNUAL RESPONSES	708,000	b. TOTAL ANNUAL COSTS (O&M) 0.00				
(1)	ercentage of these responses collected electronically OTAL ANNUAL HOURS REQUESTED 66,080 d. CURRENT OMB INVENTORY			0.00			
c.	TOTAL ANNUAL HOURS REQUESTED	d. CURRENT OMB INVENTORY 0					
d.				E (+, -)			
e.	DIFFERENCE (+, -)	46,733	f. EXPLANATION	ON OF DIFFERENC	E:		
f.	EXPLANATION OF (1) Program change (+, -)		(1) Program	change (+, -)		0.00	
	DIFFERENCE: (2) Adustment (+, -)	46,733	(2) Adustme	ent (+, -)		0.00	
15. PURPOSE OF INFORMATION COLLECTION (Mark primary with			16. FREQUENCY OF RECORDKEEPING OR REPORTING (X all that apply)				
"P" and all others that apply with "X")			a. RECORDKEEPING b. THIRD PARTY DISCLOSURE				
a. APPLICATION FOR BENEFITS e. PROGRAM PLANNING			P c. REPORT	ING:			
b. PROGRAM EVALUATION OR MANAGE				n Occasion	(2) Weekly	P (3) Monthly	
Р	c. GENERAL PURPOSE STATISTICS f. RESEA		(4) Q	uarterly	(5) Semi-Annually	(6) Annually	
	d. AUDIT g. REGUI	LATORY OR PLIANCE		iennially	(8) Other (Describe)		
17.	STATISTICAL METHODS	NTACT (Person w	ho can best answe	er questions regarding	the content of this		
Does this information collection employ submission					3		
statistical methods? a. NAME					b. TELEPHONE NUME	BER (include area code)	
		Tim J. Marshall			301-763-3769		
Х	YES						

OMB CONTROL NUMBER	TITLE					
0607 - 0049	Current Population Survey Basic Demographics					
19. CERTIFICATION FOR PAI	PERWORK REDUCTION ACT SUBMISSIONS					
	(Internal DOC Use Only)					
Enrique Lamas, Performing the Bureau	Jon-Exclusive Functions and Duties of the Deputy Director, U.S. Census	Pate 9 18 18				
On behalf of this Federal complies with 5 CFR 132	agency, I certify that the collection of information encom 0.9.	passed by this request				
NOTE: The text of 5 CFF instructions. <i>The certificationstructions</i> .	R 1320.9, and the related provisions of 5 CFR 1320.8(b)(ation is to be made with reference to those regulatory pro	3), appear at the end of the ovisions as set forth in the				
The following is a summa certification covers:	ry of the topics, regarding the proposed collection of info	rmation, that the				
(a) It is necessary for the	proper performance of agency functions;					
(b) It avoids unnecessary	duplication;					
(c) It reduces burden on s	(c) It reduces burden on small entities;					
(d) It uses plain, coherent	, and unambiguous language that is understandable to res	spondents;				
(e) Its implementation wil	(e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;					
(f) It indicates the retention	f) It indicates the retention periods for recordkeeping requirements;					
(g) It informs respondents	(g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3) about:					
(i) Why the informat	ion is being collected;					
(ii) Use of information	and the contract of the contra					
(iii) Burden estimate;						
(iv) Nature of respons	(iv) Nature of response (voluntary, required for a benefit, or mandatory);					
and the second second	(v) Nature and extent of confidentiality; and					
(vi) Need to display co	(vi) Need to display currently valid OMB control number;					
(h) It was developed by a management and use	 (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions); 					
(i) If applicable, it uses e	(i) If applicable, it uses effective and efficient statistical survey methodology; and					
(j) It makes appropriate u	(j) It makes appropriate use of information technology.					
If you are unable to certife reason in Item 18 of the	y compliance with any of these provisions, identify the ite Supporting Statement.	em below and explain the				
9						
b. SENIOR OFFICIAL OR DESIGNEE Type name	CERTIFICATION	Date				
Jennifer Jessup, Departmental Par	perwork Clearance Officer	Date				