

FORM **SQ-CLASS(00)**  
(4-20-2005)  
U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU

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# BUSINESS AND PROFESSIONAL CLASSIFICATION REPORT

If you have any questions, call weekdays between 8:30 a.m. and 5 p.m., Eastern time on **1-800-253-1882**

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



## INSTRUCTIONS – This report covers this firm’s locations in the United States that report payroll under the Federal Employer Identification Number (EIN) printed above.

If this EIN has changed, complete this form for the locations that previously used it to report payroll. If all the locations have been closed or sold, base your answers on the last two months of operation. Use the space in **11** to explain these or any other special situations.

### 1 Which of the following best describes this firm’s primary business?

See attached instruction sheet. Mark (X) one box only.

- |   |  |
|---|--|
| <input type="checkbox"/> Retail Trade   | <input type="checkbox"/> Finance and Insurance Services  |
| <input type="checkbox"/> Wholesale Trade  | <input type="checkbox"/> Information and Data Processing Services  |
| <input type="checkbox"/> Transportation and Warehousing Services                                  | <input type="checkbox"/> Health Care and Social Assistance Services  |
| <input type="checkbox"/> Real Estate and Rental and Leasing Services                              | <input type="checkbox"/> Other Services  |
| <input type="checkbox"/> Professional, Scientific, and Technical Services                         | <input type="checkbox"/> Manufacturing   |
| <input type="checkbox"/> Arts, Entertainment, and Recreation Services                             | <input type="checkbox"/> Other Area of Business (such as Agriculture, Fishing, Mining, Construction, Forestry, etc.) — Specify ↘ |
| <input type="checkbox"/> Administrative and Support and Waste Management and Remediation Services |  |
| <input type="checkbox"/> Accommodation and Food Services  |  |

### 2 What is this firm’s type of business? Be specific.

For example:

Enter "fast food restaurant" rather than "restaurant."  
Enter "custom computer programming" rather than "computer services."  
For computer stores, specify one or more of the following: end use, for resale, custom assembly, used, value added reseller.

### 3 What are this firm’s principal lines of merchandise sold, services provided, or products manufactured, and on average, what percent of total monthly sales/receipts are from each of these lines?

For example, restaurants that sell only food and alcoholic beverages should report in the following manner —

Food . . . . . 69%  
Alcoholic beverages consumed on the premises. . . . . 31%

Principal product and service lines	Percent of total sales/receipts
	%
	%
	%

### 4 Does this firm have e-commerce sales or receipts?

E-commerce includes sales and receipts from any transaction completed over an Internet, extranet, EDI network, electronic mail, or other online system. Payment for these goods and services may or may not be made online.

028  Yes — On average, what percent of total monthly sales/receipts are e-commerce sales? 029

%

No

### 5 What were this firm’s total merchandise sales and/or receipts from services performed for the months specified?

See additional instructions on attached instruction sheet.

- Estimates are acceptable.
- Include sales from e-commerce.

Months	Dollars
006	007 \$
008	009 \$

### 6 Is this firm owned or controlled by another company?

- 1  Yes — Enter the name, mailing address, and EIN of the owning or controlling company.
- 2  No

010

EIN →

### 7 Does this firm own or control any other company that operates under a different EIN?

- 1  Yes — Enter the name, mailing address, and EIN of the owned or controlled company. Continue in **11** if more than one company.
- 2  No

012

EIN →

**8 How many locations report payroll under the EIN printed on the front of this form?**

- One location —> **Is the physical location the same as the mailing address printed on the front of this form?**
- Yes — Go to **INSTRUCTIONS** before **9**.
- No — Enter name, street address, city, state and ZIP code and then go to the Instructions before **9**.

More than one location

What is the number of locations? ..... 014

Provide the following information for each of these locations. If more space is required, continue in **11** or on another sheet of paper, using the same format as below.

Store number (if any)	Name and physical location (Street address, city, state, and ZIP code)	Description of business activities at this location

**INSTRUCTIONS** — If this firm operates in **Wholesale Trade** — Go to **9**.  
 If this firm operates in **Retail Trade** — Go to **10**.  
 If this firm operates in **Other Areas of Business** — Go to **11**.

**9 FOR WHOLESALE FIRMS ONLY**

- a. Which of the following best describes this firm's principal type of operation?**  
 See attached instruction sheet. Mark (X) one box only.
- Wholesale Distributor (i.e., distributor, jobber, importer, exporter)
- Manufacturers' sales branch or sales office (selling goods manufactured, refined, or mined **in the United States** by this firm, this firm's parent company, or subsidiary)
- Manufacturers' agent, broker, or electronic market (buying and selling on a commission basis)

**b. What were this firm's inventories at the end of the latest month printed in **5** or the latest period available? Specify date of inventory.**

016	Dollars	
\$		
017	Date of inventory	
Month	Year	

- Estimates are acceptable.
- **Include** goods held in transit in the United States, goods held in foreign trade zones in the United States, and goods held by others for sale on consignment.
- **Exclude** goods not for sale (such as fixtures, equipment, and supplies), goods owned by others and held on consignment, and goods held outside the United States.

**10 FOR BOTH WHOLESALE AND RETAIL FIRMS**

**a. What is this firm's primary method of selling?**  
 Mark (X) one box only.

- |  |   |
|--|---|
| <p>019 <input type="checkbox"/> Store or display showroom (selling from a fixed or permanent location with physical displays of priced merchandise and/or from a counter)</p> <p>020 <input type="checkbox"/> Warehouse or office (including telephone/fax/Internet orders or direct business-to-business selling by a sales representative)</p> <p>021 <input type="checkbox"/> Mail-order</p> <p>022 <input type="checkbox"/> E-commerce</p> | <p>023 <input type="checkbox"/> Home shopping via television</p> <p>024 <input type="checkbox"/> Direct selling to the general public (selling in a face-to-face manner away from a fixed location, such as house-to-house, party plan, or temporary kiosk sales)</p> <p>025 <input type="checkbox"/> Vending machines</p> <p>042 <input type="checkbox"/> Other — Specify <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span></p> |
|--|---|

**b. As a general business practice, does this firm sell to household consumers and individual users?**

1  Yes —> On average, what percent of total monthly sales are to household consumers and individual users? ..... 018 %

2  No

**c. Does this firm sell to retailers/wholesalers for resale?**

026 1  Yes —> On average, what percent of total monthly sales were for resale? ..... 030 %

2  No

**d. Does this firm primarily sell nonconsumer durable goods (such as: industrial machinery, farm equipment, construction machinery, heavy trucks, and tractors)?**

027 1  Yes

2  No

**11 Are there any remarks that help clarify your responses?**

**12 Whom should we contact if we have questions regarding this report?**

Name — Please print	Telephone		
	Area code	Number	Extension
Title	FAX		
	Area code	Number	Extension
email address			

**DETACH THE INSTRUCTION SHEET AND RETURN THE COMPLETED FORM IN THE ENCLOSED ENVELOPE.  
 IF YOU PREFER, YOU MAY FAX THE COMPLETED FORM TO 1-800-447-4613.**