

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

FORM **NC-99562**

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

### OWNERSHIP OR CONTROL

**A.** Is your company owned or controlled by another domestic company

**OR**

does your company operate at more than one physical location?

- Yes - Complete lines B and C and return this form with your completed 2002 Economic Census form.
- No - Discard this form (NC-99562) and return your completed 2002 Economic Census form.

**B.** Ownership or control

**1.** Does another domestic company hold more than 50 percent of the voting stock of your company **or** have the power to control the management and policies of your company?

- Yes - Enter the following information for the owning or controlling company **7**  No - Go to line C

Name of owning or controlling company		Employer Identification Number	
		Enter EIN of owning or controlling company (9 digits) →	
Home office address (Number and street)			
City, town, village, etc.		State	ZIP Code

**2.** Percent of voting stock held by owning **or** controlling company (Mark "X" only ONE box.)

- Less than 50%       50%       More than 50%

2002
Number

**C.** Number of establishments operated at the end of 2002 under the EIN shown in the mailing address or as corrected in **2** on the first page of the 2002 Economic Census form . . . . .

**If more than one establishment:**

- Provide the physical location address and other information requested on the back of this form for each location.
- Provide the headquarter's location first, followed by all other locations.
- Offices which are not staffed on a full-time basis by at least one employee covered by this EIN should **not** be considered separate establishments. Include data for these offices with data reported for the headquarter's location. Practitioners whose main practice is outside the hospital (clinic), but whose practice necessitates using hospital facilities, should **not** consider the hospital (clinic) as a separate location (e.g., a surgeon with a private practice who utilizes hospital facilities). Practitioners who practice solely from hospitals or other medical facilities (e.g., anesthesiologists, physical therapists) should **not** consider these facilities as separate office locations.
- Data for establishments operated during 2002, but not in operation at the end of the year, should be included with the headquarter's location.
- The sum of all sales, shipments, receipts, or revenue; employment and payroll; and leased employment and payroll for all locations should equal the amounts reported in **4**, **6**, and **7** of the 2002 Economic Census form.
- For employees that worked at more than one location, report the employment and payroll data for the employees at the ONE location where they spent most of their working time.

Public reporting burden for this collection of information is estimated to vary from 1 to 5 minutes, with an average of 1.2 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0886, Room 3110, Federal Building 3, U.S. Census Bureau, Washington, D.C. 20233-1500. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-0886" as the subject. Response to this collection of information is not required 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.

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**C.** Number of establishments operated at the end of 2002 under the EIN shown in the mailing address or as corrected in **2** on the first page of the 2002 Economic Census form - Continued

**BEFORE YOU BEGIN:** If this EIN had more than 3 physical locations at the end of 2002, copy this page and provide the requested data for all of your locations.

<b>1</b>	Name		Sales, shipments, receipts, or revenue . . . . .		2002				
	Number and street (P.O. box and rural route addresses are not physical locations.)				Estimates are acceptable				
					\$ Mil.		Thou.		
	City, town, village, etc.		Number of employees for pay period including March 12 . . . . .		2002				
	State      ZIP Code				Estimates are acceptable		Paid employees		Leased employees
			Describe kind of business at this location		First quarter payroll (Jan-Mar, 2002) . . . . .		Number		Number
	Annual payroll . . . . .						\$ Mil.		Thou.

  

<b>2</b>	Name		Sales, shipments, receipts, or revenue . . . . .		2002				
	Number and street (P.O. box and rural route addresses are not physical locations.)				Estimates are acceptable				
					\$ Mil.		Thou.		
	City, town, village, etc.		Number of employees for pay period including March 12 . . . . .		2002				
	State      ZIP Code				Estimates are acceptable		Paid employees		Leased employees
			Describe kind of business at this location		First quarter payroll (Jan-Mar, 2002) . . . . .		Number		Number
	Annual payroll . . . . .						\$ Mil.		Thou.

  

<b>3</b>	Name		Sales, shipments, receipts, or revenue . . . . .		2002				
	Number and street (P.O. box and rural route addresses are not physical locations.)				Estimates are acceptable				
					\$ Mil.		Thou.		
	City, town, village, etc.		Number of employees for pay period including March 12 . . . . .		2002				
	State      ZIP Code				Estimates are acceptable		Paid employees		Leased employees
			Describe kind of business at this location		First quarter payroll (Jan-Mar, 2002) . . . . .		Number		Number
	Annual payroll . . . . .						\$ Mil.		Thou.



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