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



SA-44A (11-3-2005)

DATE •

NOTICE — Your report to the Census Bureau is confidential by law (Title 13, U.S. Code). It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. The law also provides that copies retained in your files are immune from legal process.

RETURN COMPLETED FORM TO



U.S. CENSUS BUREAU National Processing Center 1201 East 10th Street Jeffersonville, IN 47132-0001 FAX 1–800–447–4613

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Internet Reporting

2005 ANNUAL RETAIL TRADE REPORT

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, U.S. Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau.

INFORMATION COPY DO NOT USE TO REPORT

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

Password:

| - Provide data on a calendar year basis for 2005 and 2004 if anni | LINERAL INSTRUCTIONS | | | | |
|---|--|---------------------------------------|--|--|--|
| • Frovide data on a calendar year basis for 2005 and 2004, if appli | cable. If data are not available in this format, indicate in the | appropriate items the period covered. | | | |
| Always provide book figures. If they are not available, carefully prepared estimates, labeled "Est," are acceptable. | | | | | |
| Any significant change in your firm's operations should | be noted in the "REMARKS" section of this report. | | | | |
| Include | | | | | |
| All domestic/U.S. retail establishments whose payroll w Form 941, under the Employer Identification Numb | er (EIN) shown in Item 1A | , | | | |
| Data for auxiliary facilities operated under this EIN prim establishment(s) (such as warehouses, garages, central | administrative offices, and repair services) | | | | |
| Retail leased departments and concessions operated by department stores or prescription counters in food store Data for establishment(s) sold or acquired during 2005 a | es) which report payroll under this firm's current EIN | shown in Item 1A | | | |
| Exclude | | | | | |
| Data for retail establishments operated by other firms, s | such as franchises | | | | |
| • Departments and concessions operated by other firms i | n your retail store(s) | | | | |
| NOTE: A store front is not required for your firm to | | classification, | | | |
| visit www.census.gov/epcd/www/drnaics.htr | n. | | | | |
| S | PECIAL INSTRUCTIONS | | | | |
| | | | | | |
| | | | | | |
| Item 1A - FEDERAL EMPLOYER IDENTIFICATION NUMB | BER | | | | |
| | | | | | |
| 1 December firm ourrently report neural under the EIN | | 021 | | | |
| 1. Does your firm currently report payroll under the EIN | | 021 | | | |
| 1. Does your firm currently report payroll under the EIN 1. Does your firm currently report payroll under the EIN 1. Does your firm currently report payroll under the EIN 1. Does your firm currently report payroll under the EIN 1. Does your firm currently report payroll under the EIN 1. Does your firm currently report payroll under the EIN 1. Does your firm currently report payroll under the EIN 1. Does your firm currently report payroll under the EIN 1. Does your firm currently report payroll under the EIN 1. Does your firm currently report payroll under the EIN 1. Does your firm currently report payroll under the EIN 1. Does your firm currently report payroll under the EIN 1. Does your firm currently report payroll under the EIN 1. Does your firm currently report payroll under the EIN 1. Does your firm currently report payroll under the EIN 1. Does your firm currently report payroll under the EIN 1. Does your firm currently report payroll under the EIN 1. Does your firm currently report payroll under the EIN 1. Does your firm currently report payroll under the EIN 1. Does your firm currently report payroll under the EIN 1. Does your firm currently report payroll under the EIN 1. Does your firm currently report payroll under the EIN 1. Does your firm currently report payroll under the EIN 1. Does your firm currently report payroll under the EIN 1. Does your firm currently report payroll under the EIN 1. Does your firm currently report payroll under the EIN 1. Does your firm currently report payroll under the EIN 1. Does your firm currently report payroll under the EIN 1. Does your firm currently report payroll under the EIN 1. Does your firm currently report payroll under the EIN 1. Does your firm currently report payroll under the EIN< | (a) Enter your present EIN | 021 | | | |
| 020 1 YES - Go to Item 1A2 | | 021 - Year | | | |
| , , , , | | _ | | | |
| 020 1 YES - Go to Item 1A2 | (a) Enter your present EIN | Month Year | | | |
| 020 1 YES - Go to Item 1A2 | (b) When did you start reporting payroll under this EIN? | Month Year | | | |
| 2. Did your firm experience any organizational change durin | (b) When did you start reporting payroll under this EIN? | Month Year | | | |
| 2. Did your firm experience any organizational change durin | (b) When did you start reporting payroll under this EIN? | Month Year 022 | | | |
| 2. Did your firm experience any organizational change durin 1 YES - Go to Item 1A2 2 NO 2. Did your firm experience any organizational change durin 1 YES - 1 Sold to | (b) When did you start reporting payroll under this EIN? | Month Year 022 | | | |
| 2. Did your firm experience any organizational change durin 2. Did your firm experience any organizational change durin 2. Did your firm experience any organizational change durin 2. Did your firm experience any organizational change durin 2. Did your firm experience any organizational change durin | (b) When did you start reporting payroll under this EIN? | Month Year 022 | | | |
| 2. Did your firm experience any organizational change durin 1 YES - Go to Item 1A2 2 NO 2. Did your firm experience any organizational change durin 1 YES - 1 Sold to | (b) When did you start reporting payroll under this EIN? | Month Year 022 | | | |
| 2. Did your firm experience any organizational change durin 2. Did your firm experience any organizational change durin 2. Did your firm experience any organizational change durin 2. Did your firm experience any organizational change durin 2. Did your firm experience any organizational change durin | (b) When did you start reporting payroll under this EIN? | Month Year 022 | | | |
| 2. Did your firm experience any organizational change durin 2. Did your firm experience any organizational change durin 2. Did your firm experience any organizational change durin 2. Did your firm experience any organizational change durin 2. Did your firm experience any organizational change durin 2. Did your firm experience any organizational change durin 2. Did your firm experience any organizational change durin 2. Did your firm experience any organizational change durin | (b) When did you start reporting payroll under this EIN? | Month Year 022 | | | |

| Item 1B - NUMBER OF RETAIL ESTABLISHMENTS | | er as of r 31, 2005 | Number as of December 31, 2004 | | | |
|---|--|------------------------|-----------------------------------|----------------|----------|------|
| How many retail establishments, including departments and concessions, were covered by this report as of December 31, 2005 and December 31, 2004? | 110 | | 160 | | | |
| ▶ NOTE: Do not include cents. Always round to the nearest dollar. | | | | | | |
| Item 2A - TOTAL SALES FOR 2005 AND 2004 | 20 | | | 200 | | |
| What were the total sales of merchandise and other operating | | lars | 150 | Dolla | ırs | |
| receipts for 2005 and 2004? | 100 | | 150 | | | |
| INCLUDE e-commerce sales and excise taxes on gasoline, liquor, and tobacco. EXCLUDE all sales taxes.———————————————————————————————————— | \$ | | \$ | | | |
| See below for detailed directions. | 102 | | 152 | | | |
| 2. Did your firm collect any sales taxes during 2005 and 2004? | | | | | | |
| 120 1 YES – What were the total sales taxes collected? EXCLUDE excise taxes reported in Item 2A1. | \$ | | \$ 153 | | | |
| 2 NO - Go to Item 2B | 103 | | | | | |
| 3. What were the total sales of merchandise and other operating receipts including sales taxes for 2005 and 2004? (Sum of Items 2A1 and 2A2) | \$ | | \$ | | | |
| INCLUDE | KCLUDE | | | | | |
| Credit and cash sales of merchandise (| Carrying or other o | credit charges | | | | |
| | Commissions (suc | h as vending mad | chine ope | erators, go | vernme | ent |
| - Exologitation | ottery tickets, or o Non-operating rec | · | aract inc | omo incor | ma fran | 2 |
| | nvestments, and r | eceipts from the | rental or | sale of re | al estat | e) |
| | Sales made by de | | | s operate | d by oth | ner |
| instruments tools etc | firms in your firm's retail establishment(s) Refunds and allowances for returned goods | | | | | |
| Receipts from deliveries | | | Ŭ | fiuma th | | |
| alterations storage and other such services | Value of rebates and discounts offered by your firm that are granted to the purchaser, even if granted as an increase in | | | | | |
| Value of trade-ins taken as part payment for other merchandise | trade-in allowance | | | | | |
| Value of manufacturers' rebates | AUTOMOTIVE – Additional | | | | | |
| | Receipts from customers for tag and title fees, licenses, etc. forwarded to State or local licensing agencies | | | | | |
| AUTOMOTIVE – Additional | | | | | | |
| Charges for dealer preparation, warranty charges, and delivery cost | | | | | | |
| Combined sales for a new and used car location, and service and parts facilities | | | | | | |
| • Fleet sales | | | | | | |
| Item 2B – E-COMMERCE SALES FOR 2005 AND 2004 | | | | | | |
| E-commerce sales and other operating receipts are sales of goods and services v | where an order is | placed | | | | |
| by the buyer or price and terms of the sale are negotiated over an Internet, extra electronic mail, or other online system. Payment may or may not be made online | net, EDI network, | | | | | |
| AUTOMOTIVE – Additional | | 005 | 1 | 20 | 04 | |
| Include in e-commerce the sales of cars where a binding sales price is | | | 2004 Dollars | | | |
| established online through the dealer's or a third party's web site | 113 | 1013 | 163 | D 0 | nuis | |
| Did your firm have any e-commerce sales during 2005 and 2004? | | | 1 | | | |
| 130 1 YES – What were the total e-commerce sales? EXCLUDE excise taxes reported in Item 2A1. | \$ | | \$ | | | |
| 2 NO - Go to Item 2C | | | | | | |
| | | | | | | |
| Item 2C - SALES REPORT PERIOD FOR 2005 AND 2004 | | 2005 | | - | 2004 | |
| Do the reported data in Items 2A and 2B represent the calendar year | | Month Day 104 | ∣ Year ∣ | Month 154 | Day | Year |
| (January 1 through December 31) for 2005 and 2004? Beginni | ing | | | | | |
| 121 1 YES – Go to Item 3 | | 105 | | 155 | | |
| 2 NO – What were your beginning and ending | | | ! | | | |
| dates for 2005 and 2004?───── Ending | | | | | | |

| Item 3 - MERCHANDISE INVENTORIES AS OF DECEMBER 31 | | | | | | | |
|---|------------------|-----------------|----------|-----------------|-----------------|------|--|
| Report the total value of all inventories for the retail establishment(s) reported December 31, 2004. If any part of inventory is valued using the LIFO method, redata are not available for December 31, specify the date that the data represer | eport the am | | | | | | |
| ▶ NOTE: Report merchandise inventories covered by this report, rega | rdless of wh | nere held, | owned as | of Decem | ber 31: | | |
| | | | | 2004 | | | |
| | 2005 | | | 2004 Dollars | | | |
| a. Merchandise inventories in retail stores. (Include leased departments and | Dollars 201 . \$ | | | 251 \$ | | | |
| concessions operated by your firm in other establishments) | | | | | | | |
| b. Merchandise inventories in warehouses, offices, or in transit | 202 | | | 252 | | | |
| for distribution to retail stores | \$ 200 | | | \$ 250 | | | |
| c. Total of inventories before Last-in, First-out (LIFO) adjustment (if any) (Add Items 3a and 3b) | \$ | | | 1 | | | |
| (Add items sa and sb) | 301 | | | \$ 351 | | | |
| d. LIFO reserve included in lines a-c (if any) | \$ | | | \$ | | | |
| | 307 | | | 357 | | | |
| e. TOTAL inventories after LIFO adjustment (line c minus line d) | \$ | | | \$ | | | |
| | | 2005 | | | 2004 | | |
| f. Are the reported data in Items 3a through 3e as of December 31? | | Day | Year | Month | Day | Year | |
| 220 1 YES – Go to Item 4 | 203 | • | | 253 | ' | | |
| 2 NO – When was inventory taken? | ! | | | | 1 | | |
| Item 4 – INVENTORY VALUATION METHOD AND LOCATION | | | | | | | |
| a. Report how much of the inventory in Item 3c was subject to each | | 2005 | | 1 | 2004 | | |
| valuation method: | Dollars | | | | Dollars | | |
| NOTE: Total should equal amount reported in Item 3c. | 302 | | | 352 | | | |
| (1) LIFO valuation method before adjustment | \$ | | | \$ | | | |
| , | 303 | | | 353 | | | |
| | | | | | | | |
| (2) Any other valuation method | \$ | | | \$ | | | |
| | 306 | | | 356 | | | |
| (3) Total (Add Items 4a1 and 4a2) | \$ | | | \$ | | | |
| | | 2005 | | 1 | 2004 | | |
| | | 2005 Dollars | | | 2004 Dollars | | |
| b. Were any of the inventories from Item 3c stored or en route outside the U.S. (50 states and the District of Columbia), or stored in U.S. Customs In-Bond Warehouses or Foreign Trade Zones? | 204 | Donard | | 254 | Donars | | |
| 221 1 YES - Report the amount (in dollars) | \$ | | | \$ | | | |
| 2 NO – Go to Item 5 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | | | | | i ugo - | |
|--|--|--|--|--|-----------|--|
| Item 5 - TOTAL PURCHASES FOR 2005 AND 20 | 004 | | | | | |
| a. What is the total cost of all merchandise bought for resale to | | 2005 | 2004 | | | |
| customers at your retail establishment(s) (net of allowances, and trade and cash discounts) for the | returns, e period reported | Dollars | | Dollars | | |
| in Item 2C, for which you took title during 2005 a or not payment was made during the year? See It | nd 2004 whether | 400 | 450 | | | |
| directions. | > | \$ | \$ | | | |
| NOTE: If purchases are greater than sales, | , explain in "REMARKS." | | | | | |
| INCLUDE | • | EXCLUDE | | | | |
| Cash and credit purchases by your firm | | • Expenditures for supplies, equip | ment, an | d parts purchased | d for | |
| Merchandise owned, but in transit to your fire | m | your company's own use. | | | | |
| Purchases made by both your warehouse(s) establishment(s) | and | Sales and other taxes collected directly from customers and pa directly to a local, State, or Federal Tax Agency | | | | |
| Freight, delivery, and other transportation co Import duties (if paid separately) | ests | Purchases made by other firms operating departments and concessions in your establishment(s) | | | | |
| Costs of services resold without any process: | ing | • Purchases of merchandise held | outside tl | ne U.S. | | |
| Parts and supplies used in repair work or oth | ner services | Purchases of containers, wrappi supplies for your company's ow | ngs, pack | aging and selling | | |
| AUTOMOTIVE – Additional | | supplies for your company's ow | ii use | | | |
| Value of automotive and other trade-ins excl and rebates and discounts granted as an incr allowance | | | | | | |
| b. Did you purchase any goods reported above of | over an Internet extranet ED | al or other online system? | | | | |
| | OVER AN INTERNET, EXTRANET, EL ON'T KNOW | n, or other offline system? | | | | |
| | | | | | | |
| NOTE: Items 6 through 8 do not apply to REMARKS – Use this space for clarification | | | | | | |
| | | | | CENS 961 | SUS USE | |
| Public reporting burden for this collection of from existing records and completing the for including suggestions for reducing this burde DC 20233-1500. You may e-mail comments to NAME AND NUMBER IN ALL CORRESPOND, approval number from the Office of Manager | rm. Send comments regarding this en, to: Paperwork Project 0607-00' o Paperwork@census.gov; use "Pa ENCE. Respondents are not requir ment and Budget. This 8-digit nun | burden estimate or any other aspect of 13, U.S. Census Bureau, 4700 Silver Hill F aperwork Project 0607-0013" as the subje ed to respond to any information collect aber appears in the top right corner of th | this collect load, Stop ct. <i>PLEASE</i> on unless is s form. | ion of information, 1500, Washington, INCLUDE FORM | | |
| Item 9 - CERTIFICATION - This report is substa in accordance with i | | n prepared to the best of my abilit | У | | | |
| Name of person to contact regarding this report (Please print) | Address — Number and stree | | 54 | Telephone | | |
| 950 | | F | rea code | Number | Extension | |
| E-mail address | Internet address (firm's hom | epage) 9 | 55 | Fax number | | |
| 957 | 956 | | rea code | | | |
| | http:// | | | | | |
| Signature of authorized person | Title 952 | | ate 53 | | | |