

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 2007 Economic Census form.
- No - Discard this form (NC-99562) and return your completed 2007 Economic Census form.

B. Ownership or control

1. Does another domestic company own 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 of the owning or controlling company **7**
- No - Go to line C

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

**INFORMATION COPY
DO NOT USE TO REPORT**

2. What percent of voting stock was held by the owning **or** controlling company? (Mark "X" only ONE box.)

- Less than 50%
- 50%
- More than 50%

2007
Number

C. Number of establishments operated at the end of 2007 under the EIN shown in the mailing address or as corrected in **1** on the first page of the 2007 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 headquarters 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 headquarters 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 2007, but not in operation at the end of the year, should be included with the headquarters location.
- The sum of sales, shipments, receipts, or revenue for all locations should equal the amount reported in **5** of the 2007 Economic Census form.
- The sum of employment and payroll for all locations should equal the amounts reported in **7** of the 2007 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.

CONTINUE WITH LINE C ON PAGE 2

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C. Number of establishments operated at the end of 2007 under the EIN shown in the mailing address or as corrected in **1** on the first page of the 2007 Economic Census form - Continued

BEFORE YOU BEGIN: If this EIN had more than 3 physical locations at the end of 2007, copy this page and provide the requested data for all of your locations.

1	Name		Sales, shipments, receipts, or revenue	2007			
				Estimates are acceptable			
	Secondary name			Store or plant No.	\$ Bil.	Mil.	Thou.
	Physical location (Number and street)			Number of employees for pay period including March 12	2007		
					Estimates are acceptable		
	City, town, village, etc.				Number		
	State	ZIP Code			\$ Bil.	Mil.	Thou.
First quarter payroll (January-March 2007)							
Annual payroll							
Describe kind of business at this location							
2	Name		Sales, shipments, receipts, or revenue	2007			
				Estimates are acceptable			
	Secondary name			Store or plant No.	\$ Bil.	Mil.	Thou.
	Physical location (Number and street)			Number of employees for pay period including March 12	2007		
					Estimates are acceptable		
	City, town, village, etc.				Number		
	State	ZIP Code			\$ Bil.	Mil.	Thou.
First quarter payroll (January-March 2007)							
Annual payroll							
Describe kind of business at this location							
3	Name		Sales, shipments, receipts, or revenue	2007			
				Estimates are acceptable			
	Secondary name			Store or plant No.	\$ Bil.	Mil.	Thou.
	Physical location (Number and street)			Number of employees for pay period including March 12	2007		
					Estimates are acceptable		
	City, town, village, etc.				Number		
	State	ZIP Code			\$ Bil.	Mil.	Thou.
First quarter payroll (January-March 2007)							
Annual payroll							
Describe kind of business at this location							

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