

2005 REPORT OF ORGANIZATION

5 A. PRE-IDENTIFIED LOCATIONS OF OPERATIONS

We have listed establishments of your company based on Census records. Please update this list as follows:

• **Column (a)** - Correct any errors or omissions in the information. The establishments are listed in the following sequence: Employer Identification Number (EIN), major activity, and geographic location.

• **Column (b)** - Report the number of employees and payroll for full- and part-time employees working at this establishment whose payroll was reported on your Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and/or any full- and part-time employees whose payroll was filed under a Professional Employer Organization's EIN. Include part-year operations. Do not combine data for establishments. If book figures are not available for employment and payroll for each establishment, please provide your best **estimates**.

• **Column (c)** - Report status of each establishment at the end of 2005.

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Company Establishments and Subsidiaries (Add store or plant number, if any, and correct any errors or omissions.)			2005 Employment and Payroll			Operational Status at the End of 2005 (Mark "X" only ONE box.)				
(a)			(b)			(c)				
Line No.	EIN	NAICS	2005			<input type="checkbox"/> In operation <input type="checkbox"/> Temporarily or seasonally inactive	Month	Day	Year	
			Number of employees for pay period including March 12							<input type="checkbox"/> Ceased operation - Give date at right.
Major activity						<input type="checkbox"/> Sold or leased to another operator - Give date above AND enter name and address of new owner or operator below.				
Name			First quarter payroll (Jan.-Mar.)							
Secondary name		Store or plant No.	\$Bil.	Mil.	Thou.	Name of new owner or operator				
Physical location (Number and street)			Annual payroll			Mailing address (Number and street, P.O. box, etc.)				
City, town, village, etc.		State	ZIP Code	\$Bil.	Mil.	Thou.	City, town, village, etc.		State	ZIP Code
						<input type="checkbox"/> Other - Specify →				
Company Establishments and Subsidiaries (Add store or plant number, if any, and correct any errors or omissions.)			2005 Employment and Payroll			Operational Status at the End of 2005 (Mark "X" only ONE box.)				
(a)			(b)			(c)				
Line No.	EIN	NAICS	2005			<input type="checkbox"/> In operation <input type="checkbox"/> Temporarily or seasonally inactive	Month	Day	Year	
			Number of employees for pay period including March 12							<input type="checkbox"/> Ceased operation - Give date at right.
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Name			First quarter payroll (Jan.-Mar.)							
Secondary name		Store or plant No.	\$Bil.	Mil.	Thou.	Name of new owner or operator				
Physical location (Number and street)			Annual payroll			Mailing address (Number and street, P.O. box, etc.)				
City, town, village, etc.		State	ZIP Code	\$Bil.	Mil.	Thou.	City, town, village, etc.		State	ZIP Code
						<input type="checkbox"/> Other - Specify →				

5 A. PRE-IDENTIFIED LOCATIONS OF OPERATIONS - Continued

(a) Company Establishments and Subsidiaries			(b) 2005 Employment and Payroll			(c) Operational Status at the End of 2005			
Line No.	EIN	NAICS	2005			<input type="checkbox"/> In operation <input type="checkbox"/> Temporarily or seasonally inactive	Month	Day	Year
			Number of employees for pay period including March 12						
Major activity						<input type="checkbox"/> Ceased operation - Give date at right.			
Name			First quarter payroll (Jan.-Mar.)			<input type="checkbox"/> Sold or leased to another operator - Give date above AND enter name and address of new owner or operator below.			
Secondary name		Store or plant No.	\$Bil.	Mil.	Thou.	Name of new owner or operator			
Physical location (Number and street)			Annual payroll			Mailing address (Number and street, P.O. box, etc.)			
City, town, village, etc.		State	ZIP Code	\$Bil.	Mil.	Thou.	City, town, village, etc.	State	ZIP Code
						<input type="checkbox"/> Other - Specify →			
Line No.	EIN	NAICS	2005			<input type="checkbox"/> In operation <input type="checkbox"/> Temporarily or seasonally inactive	Month	Day	Year
			Number of employees for pay period including March 12						
Major activity						<input type="checkbox"/> Ceased operation - Give date at right.			
Name			First quarter payroll (Jan.-Mar.)			<input type="checkbox"/> Sold or leased to another operator - Give date above AND enter name and address of new owner or operator below.			
Secondary name		Store or plant No.	\$Bil.	Mil.	Thou.	Name of new owner or operator			
Physical location (Number and street)			Annual payroll			Mailing address (Number and street, P.O. box, etc.)			
City, town, village, etc.		State	ZIP Code	\$Bil.	Mil.	Thou.	City, town, village, etc.	State	ZIP Code
						<input type="checkbox"/> Other - Specify →			
Line No.	EIN	NAICS	2005			<input type="checkbox"/> In operation <input type="checkbox"/> Temporarily or seasonally inactive	Month	Day	Year
			Number of employees for pay period including March 12						
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Name			First quarter payroll (Jan.-Mar.)			<input type="checkbox"/> Sold or leased to another operator - Give date above AND enter name and address of new owner or operator below.			
Secondary name		Store or plant No.	\$Bil.	Mil.	Thou.	Name of new owner or operator			
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City, town, village, etc.		State	ZIP Code	\$Bil.	Mil.	Thou.	City, town, village, etc.	State	ZIP Code
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