

Business and Professional Classification Report (SQ-CLASS)

The SQ-CLASS report is a mandatory one-time survey that collects information from businesses that were recently assigned Federal Employer Identification Numbers. The information is used to ensure that our country's economic statistics account for new businesses and accurately classify business activity.

The Office of Management and Budget (OMB) approval for this collection is 0607-0189, which expires 12/31/2018.

1. Which of the following best describes this firm's primary business?

- Retail Trade
- Wholesale Trade
- Accommodation and Food Services
- Transportation and Warehousing Services
- Finance and Insurance Services
- Real Estate and Rental and Leasing Services
- Professional, Scientific, and Technical Services (Such as Legal, Accounting, Engineering, Design, Computer, Advertising, Consulting)
- Arts, Entertainment, and Recreation Services
- Administrative and Support and Waste Management and Remediation Services (Such as Security, Janitorial, Landscaping, Employment)
- Information Services (Such as Publishing, Broadcasting, Motion Picture, Sound Recording, Telecommunication, Data Processing)
- Educational Services
- Health Care and Social Assistance Services
- Repair and Maintenance Services (Excluding Construction)
- Personal Care and Laundry Services
- Civic, Professional, Grantmaking, Religious and Similar Organizations
- Construction
- Manufacturing
- Utilities
- Other Area of Business (such as Agriculture, Fishing, Mining, Construction, Forestry, etc.) –

Specify: _____

2. **What is this firm's primary business activity?**

For example:

- For retail book stores, specify the following: general bookstore, college bookstore, or specialty bookstore.
- 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.

Be specific:

3. **What are this firm's principal lines of merchandise sold, services provided, or products manufactured, and on average, what percent of total monthly revenues 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%
- Total100%

Principal Product and Service lines		% of total revenues
1		
2		
3		
4		

100%

4. **Does this firm have revenues from e-commerce?**

E-commerce is the sale of goods and services where the buyer places an order, or the price and terms of the sale are negotiated, over an Electronic Data Interchange (EDI), the Internet, mobile device (M-Commerce), electronic mail, or any other online system. Payment may or may not be made online.

- Yes - **On average, what percent of total monthly revenues are e-commerce revenues?** _____ %
- No

5. **What was this firm's total operating revenue for the months specified?**

- Estimates are acceptable.
- **Include** revenues from e-commerce.

<u>Month</u>	<u>Total Operating Revenue</u>
_____	\$ _____ .00
_____	\$ _____ .00

6a. **Is this firm operated on a not-for-profit basis?**

- Yes
- No

6b. Was all or part of the income of this firm or organization exempt from Federal income taxes under section 501 of the Internal Revenue Code?

- Yes
 No

7. Which one of the following best describes this firm's principal type of operation? Please select one.

- Merchant Wholesaler/Jobber** - An establishment primarily engaged in buying and selling on its own account merchandise produced by other firms.
- Broker, Representing Buyers and Sellers** - Buying and/or selling merchandise on a brokerage basis for others, not receiving goods on consignment, and not taking title to goods being sold.
- Manufacturer's Agent** - Selling merchandise on a commission or fee basis for a limited number of manufacturers on a continuing agency basis, and does not take title to goods being sold.
- Electronic Marketer** - Business-to-business marketplace that facilitates the sale of goods for other buyers and sellers via the Internet or other electronic means, operates on a commission or fee basis, and does not take title to goods being sold.
- Other Type of Operation** -
Specify: _____

8. What were this firm's inventories at the end of the latest month printed above, or the latest period available?

- Estimates are acceptable.
- **Include** goods owned regardless of where held.
- **Exclude** goods not for sale (such as fixtures, equipment, and supplies) and held on consignment.

Inventory: \$ _____ .00 Specify - Date of Inventory: Month _____ Year _____

8a. What is this firm's primary method of selling?

- Store or display showroom (selling from a fixed or permanent location with physical displays of priced merchandise and/or from a counter)
- Warehouse or office telephone/fax/Internet orders or direct business-to-business selling by a sales representative)
- Mail-order
- E-commerce
- Home shopping via television
- 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)
- Vending machines
- Other –
Specify: _____

8b. As a general business practice, does this firm sell to household consumers and individual users?

- Yes - On average, what percent of total monthly sales are to household consumers and individual users? _ %
- No

8c. Does this firm sell to retailers/wholesalers for resale?

- Yes - On average, what percent of total monthly sales were for resale? _____%
- No

8d. Does this firm primarily sell nonconsumer durable goods (such as industrial machinery, farm equipment, construction machinery, heavy trucks, and tractors)?

- Yes
- No

9. Is this firm owned or controlled by another company?

A firm is owned or controlled if another domestic company owns more than 50 percent of the voting stock of that firm, or if another domestic company has the power to direct or cause the direction of the management or policies of that firm. Do not list as a controlling company, the company for which you operate a franchise.

- Yes - Enter the name, mailing address, and EIN of the owning or controlling company

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Employer Identification Number: _____

- No

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

A company is owned or controlled if another domestic firm owns more than 50 percent of the voting stock of that firm, or if another domestic company has the power to direct or cause the direction of the management or policies of that firm. Do not list as a controlling company, the company for which you operate a franchise.

- Yes - Enter the name, mailing address, and EIN of the owned or controlled company.

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Employer Identification Number: _____ - _____

- No

11. How many locations report payroll under the EIN:

One location - Is the physical location the same as the mailing address printed on the materials you received?

Yes

No – Enter the street address, city, state and ZIP code

Street Address: _____

City _____ State _____ ZIP _____

More than one location - What is the number of locations? _____

Provide the following information for each of these locations:

Company Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Primary Business Activity at this location: _____

12. Remarks - Are there any remarks that help clarify your response?

SAMPLE
DO NOT MAIL

CONTACT INFORMATION - Please provide the name of the person we can contact if necessary regarding this report:

Name: _____

Title: _____

Telephone: _____ - _____ - _____ Extension: _____

Fax: _____ - _____ - _____

Thank you for participating in the Business and Professional Classification Report!

**Q10. Other Owned/
Controlled Companies**

Company Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Employer Identification Number: _____- _____

Company Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Employer Identification Number: _____- _____

Company Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Employer Identification Number: _____- _____

Company Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Employer Identification Number: _____- _____

DO NOT MAIL
SAMPLE

**Q11. Other Locations
Under This EIN**

Company Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Primary Business Activity at this location:

Company Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Primary Business Activity at this location:

Company Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Primary Business Activity at this location:

Company Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Primary Business Activity at this location:

Company Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Primary Business Activity at this location:

Company Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Primary Business Activity at this location:

Company Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Primary Business Activity at this location:

Company Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Primary Business Activity at this location:

Company Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Primary Business Activity at this location:

