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FORM SM-44(06)BS (11-8-2007)	MONTHLY RETAIL TRADE REPORT							
U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU	For assistance in completing this form, you may visit www.census.gov/econhelp/mrts							
NOTICE — Your report to the U.S. Census Bureau is confidential by law (Title 13, U.S. Code, Section 9). Only persons sworn to uphold the confidentiality of U.S. Census Bureau information may see the questionnaires and may use them only for statistical purposes. Additionally, all reports are immune from legal process. ITEM 1 RETURN COMPLETED FORM IN THE ENCLOSED ENVELOPE or FAX: 1–800–447–4613 For help call: 1–800–772–7852 ITEM 2 CONTACT PERSON Name Title Telephone (Area code, number, ext.)	IAILING ADDRESS							
FAX (Area code, number)	(Please correct any error(s) in name, address, and ZIP Code)							
ITEM 3 FEDERAL EMPLOYER IDENTIFIC	ATION NUMBER (EIN)							
COVERAGE INST	RUCTIONS AND DEFINITIONS OF DEPARTMENT STORES,							
	ARY ESTABLISHMENTS, LEASED DEPARTMENTS AND CONCESSIONS							
I. Coverage Instructions	III. Auxiliary Establishments are facilities primarily engaged in furnishing supporting services (such as warehouses, garages and central administrative offices) to your retail establishments.							
II. E-Commerce Sales are sales of good where an order is placed by the buyer of the sale are negotiated over an Inte network, electronic mail, or other onli Payment may or may not be made on	r or price and terms businesses that lease space on the premises of another business. business. business.							
For more help, access our Business Help Site at www.census.gov/econhelp/mrts								
To view the results of this survey, visit www.census.gov/mrts/www/mrts.html								

DUE DATE:

ITEM 4 SALES AND REPORT PERIOD				
Estimates are acceptable if book figures are not available				
a. Sales		Dollars		
Does your firm have e-commerce sales? Yes No (2) E-Commerce Sales – Report e-commerce sales or their percent of total sales in item 4a(1). No			%	
	Ending date (Month and day)			
b. Report period				
c. Do the sales reported in item 4a(1) represent book figures or estimates?	Book	Es	timate	
INCLUDE EXCLUDE	1			
 Cash and credit sales of merchandise whether or not payment was received. If none, enter "0" Leased departments and concessions operated by your firm 	 Sales taxes collected from customers and paid directly to a local, State, or Federal tax agency 			
 in other establishments E-commerce sales if not submitted on a separate monthly retail report Nonoperating receipts (such as from investments, and receipts real estate) 				
 Receipts from other activities at your retail establishments such as wholesale sales, deliveries, installation, repairs, etc. Commissions from sales of gov Sales from auxiliary extablishments 				
• Excise taxes (such as those on gasoline, liquor, and tobacco) which are levied on the manufacturer or wholesaler.				
ITEM 5 MERCHANDISE INVENTORIES				
Report merchandise inventories covered by this report, regardless				
of where held, owned as of the end of the month.				
	Dollars			
a. Merchandise in retail stores covered by this report. Include leased departments and concessions operated by your firm in other establishments.				
b. Merchandise in warehouses, offices, or in transit for distribution to your retail stores.				
c. TOTAL merchandise inventories (before Last-in, First-out adjustment if any) – Sum of items 5a and 5b				
d. Are the data reported in items 5a through 5c for a date other than the end of the month specified?	Month	Day	Year	
□ No _₹ □ Yes – Enter the date the data represent →				
INCLUDE EXCLUDE • Merchandise under contract for sale • Fixtures, equipment, and supplie • Merchandise owned by this firm but held by others for sale on consignment • Fixtures, equipment, and supplie	s not held	for resale	1	
ITEM 6 NUMBER OF RETAIL ESTABLISHMENTS Enter the total number of retail establishments, leased departments, and concessions covered by this report				
REMARKS – Please use this space for comments or to explain any large differences in data from the prior	month.			
Public reporting burden for this collection of voluntary information is estimated to average minutes per response reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing collection of information. Send comments regarding this burden estimate or any other aspect of this collection of info suggestions for reducing this burden, to: Paperwork Project 0607-0717, U.S. Census Bureau, 4600 Silver Hill Road, AN Washington, DC 20233. You may e-mail comments to <u>Paperwork@census.gov</u> use "Paperwork Project 0607-0717" as t Respondents are not required to respond to any information collection unless it displays a valid approval number fro Management and Budget. This 8-digit number appears in the top right corner on the front of this form.	and review ormation, in ASD - 3K13 the subject.	ring the ncluding 8,	or	