



2015 ANNUAL SURVEY OF U.S. DIRECT INVESTMENT ABROAD MANDATORY — CONFIDENTIAL

BE-11 Claim for Not Filing

Reporter ID Number*

*Do not enter Social Security Number in Reporter ID box

Mail reports to: U.S. Department of Commerce
Bureau of Economic Analysis, BE-69(A)
Washington, DC 20230

Deliver reports to: U.S. Department of Commerce
Bureau of Economic Analysis, BE-69(A)
Shipping and Receiving, Section M-100
1441 L Street, NW
Washington, DC 20005

Fax reports to: (202) 606-5312

Assistance: E-mail: be10/11@bea.gov
Telephone: (202) 606-5566
Copies of form: www.bea.gov/dia

Please include your Reporter Identification Number with all requests.

Name and address of U.S. business enterprise for which this claim is filed — If the enterprise received a Form BE-11A but is exempt from filing, enter below the Reporter name, address, and BEA assigned Identification Number (Reporter ID) from the preprinted information provided in Part I, **1**, of Form BE-11A. If a Form BE-11A was not received, enter name and address.

Name and address of U.S. Reporter

The **BE-11 Claim for Not Filing** is to be completed and returned to BEA by May 31, 2016, by all persons, or their agents, who are contacted by BEA about reporting on this survey and are:

- 1) Exempt from filing all 2015 BE-11 forms — *complete Part I of the form*; OR
- 2) Exempt from filing one or more of the 2015 BE-11B and/or BE-11C forms that they received from BEA — *complete Part II of the form*.

See **Instruction Booklet**, Section 1.C., for exemption criteria.

CONTACT INFORMATION

Provide information of person to consult about this report:

0990	Name 0		Telephone Number 0 () -		Extension
0991	Street 1 0		0994		
0992	Street 2 0		0997		
0993	City 0	State	Zip	E-mail Address 0	

NOTE: BEA uses a Secure Messaging System to correspond with you via encrypted message to discuss questions relating to this form. We may use your e-mail address for survey-related announcements and to inform you about secure messages. When communicating with BEA by e-mail, please do not include any confidential business or personal information.

CERTIFICATION

The undersigned official certifies that this report has been prepared in accordance with the applicable instructions, is complete, and is substantially accurate except that, in accordance with instructions Part IV.E of the Instruction Booklet, estimates may have been provided.

Signature of Authorized Official		Date	Telephone Number 0 () -		Extension
Name 0		Title	0996		
0995			1001		

BASIS OF CLAIM FOR NOT FILING
Mark (X) and complete either Part I or Part II

Part I. Basis of Claim for Not Filing BE-11 Forms

A. ☐ This U.S. person did **not** own or control, 10 percent or more of the voting securities of an incorporated foreign business enterprise, or an equivalent interest in an unincorporated foreign business enterprise (including a branch or real estate held for other than personal use) at the end of its 2015 fiscal year.

☐ But *did* file the 2014 BE-10, Benchmark Survey of U.S. Direct Investment Abroad, with this Bureau.

B. ☐ This U.S. person **did** own or control, directly or indirectly, 10 percent or more of the voting securities of an incorporated foreign business enterprise, or an equivalent interest in an unincorporated foreign business enterprise (including a branch or real estate held for other than personal use) at the end of its 2015 fiscal year, but *(Mark (X) one)* —

1 ☐ None of its foreign affiliates are required to be reported on Form BE-11B, BE-11C, or BE-11D because all affiliates are exempt. **You must complete page 3 of this claim for those affiliates for which you received a preprinted form.** See **Instruction Booklet**, Section I.C., for exemption criteria.

2 ☐ Is fully consolidated in the BE-11 report for another U.S. person — *Give name and address of that person and their BEA Identification Number, if known.* →

Name		
Address — <i>Number and street or P.O. Box</i>		
City	State	ZIP Code
BEA Identification Number →		

C. ☐ Other — *Specify and include reference to section of regulations or instructions on which claim is based.*

Part II. Basis of Claim for Not Filing for Foreign Affiliate(s)

Did this U.S. reporter have one or more foreign affiliates identified by BEA as **required** to file a 2015 BE-11B or BE-11C form but no longer meet one or both of the following two filing requirements at the end of its 2015 fiscal year: 1) the U.S. reporter no longer owns or controls, directly or indirectly, 10 percent or more of the voting securities of the incorporated foreign business enterprise (or an equivalent interest in an unincorporated foreign business enterprise), or/and 2) the sales, assets, and net income for this affiliate(s) are all \$60 million or less?

1 ☐ Yes — **Please complete page 3 of this Claim form for each of these foreign affiliates.**
Do not list foreign affiliates that BEA did not identify to file.

2 ☐ No

MANDATORY — This survey is being conducted under the International Investment and Trade in Services Survey Act (P.L. 94-472, 90 Stat. 2059, 22 U.S.C. 3101–3108, as amended — hereinafter “the Act”), and the filing of reports is mandatory under Section 5(b)(2) of the Act (22 U.S.C. 3104).

CONFIDENTIALITY — The Act provides that your report to this Bureau is CONFIDENTIAL and may be used only for analytical or statistical purposes. Without your prior written permission, the information filed in your report CANNOT be presented in a manner that allows it to be individually identified. Your report CANNOT be used for purposes of taxation, investigation, or regulation. Copies retained in your files are immune from legal process.

PENALTIES — Whoever fails to report shall be subject to a civil penalty of not less than \$2,500, and not more than \$25,000, and to injunctive relief commanding such person to comply, or both. Whoever willfully fails to report shall be fined not more than \$10,000 and, if an individual, may be imprisoned for not more than one year, or both. Any officer, director, employee, or agent of any corporation who knowingly participates in such violations, upon conviction, may be punished by a like fine, imprisonment, or both (22 U.S.C. 3105). These civil penalties are subject to inflationary adjustments. Those adjustments are found in 15 C.F.R. 6.4.

Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.

Remarks

--

If you are claiming exemption based upon the criteria on page 2, Part I B.1 or Part II, complete the items below for those affiliates for which you received preprinted forms. Copy the foreign affiliate name and Affiliate ID from the preprinted form and complete the remaining items.

1 Name of foreign affiliate:

Affiliate ID:

a. Percent ownership at close of fiscal year 2015 — Enter to the nearest tenth of one percent	_____ . _____ %
	\$ Bil. Mil. Thous. Dols.
b. Total assets — Balance at close of fiscal year	_____ 000
c. Annual sales or gross operating revenues, excluding sales taxes.	_____ 000
d. Net income (loss)	_____ 000

2 Name of foreign affiliate:

Affiliate ID:

a. Percent ownership at close of fiscal year 2015 — Enter to the nearest tenth of one percent	_____ . _____ %
	\$ Bil. Mil. Thous. Dols.
b. Total assets — Balance at close of fiscal year	_____ 000
c. Annual sales or gross operating revenues, excluding sales taxes.	_____ 000
d. Net income (loss)	_____ 000

3 Name of foreign affiliate:

Affiliate ID:

a. Percent ownership at close of fiscal year 2015 — Enter to the nearest tenth of one percent	_____ . _____ %
	\$ Bil. Mil. Thous. Dols.
b. Total assets — Balance at close of fiscal year	_____ 000
c. Annual sales or gross operating revenues, excluding sales taxes.	_____ 000
d. Net income (loss)	_____ 000

4 Name of foreign affiliate:

Affiliate ID:

a. Percent ownership at close of fiscal year 2015 — Enter to the nearest tenth of one percent	_____ . _____ %
	\$ Bil. Mil. Thous. Dols.
b. Total assets — Balance at close of fiscal year	_____ 000
c. Annual sales or gross operating revenues, excluding sales taxes.	_____ 000
d. Net income (loss)	_____ 000

5 Name of foreign affiliate:

Affiliate ID:

a. Percent ownership at close of fiscal year 2015 — Enter to the nearest tenth of one percent	_____ . _____ %
	\$ Bil. Mil. Thous. Dols.
b. Total assets — Balance at close of fiscal year	_____ 000
c. Annual sales or gross operating revenues, excluding sales taxes.	_____ 000
d. Net income (loss)	_____ 000

If you are claiming exemption based upon the criteria on page 2, B.1 or Part II, complete the items below for those affiliates for which you received preprinted forms. Copy the affiliate name and Affiliate ID from the preprinted form and complete the remaining items.

6 Name of foreign affiliate:

Affiliate ID:

a. Percent ownership at close of fiscal year 2015 — Enter to the nearest tenth of one percent	_____ . _____ %
	\$ Bil. Mil. Thous. Dols.
b. Total assets — Balance at close of fiscal year	_____ 000
c. Annual sales or gross operating revenues, excluding sales taxes.	_____ 000
d. Net income (loss)	_____ 000

7 Name of foreign affiliate:

Affiliate ID:

a. Percent ownership at close of fiscal year 2015 — Enter to the nearest tenth of one percent	_____ . _____ %
	\$ Bil. Mil. Thous. Dols.
b. Total assets — Balance at close of fiscal year	_____ 000
c. Annual sales or gross operating revenues, excluding sales taxes.	_____ 000
d. Net income (loss)	_____ 000

8 Name of foreign affiliate:

Affiliate ID:

a. Percent ownership at close of fiscal year 2015 — Enter to the nearest tenth of one percent	_____ . _____ %
	\$ Bil. Mil. Thous. Dols.
b. Total assets — Balance at close of fiscal year	_____ 000
c. Annual sales or gross operating revenues, excluding sales taxes.	_____ 000
d. Net income (loss)	_____ 000

9 Name of foreign affiliate:

Affiliate ID:

a. Percent ownership at close of fiscal year 2015 — Enter to the nearest tenth of one percent	_____ . _____ %
	\$ Bil. Mil. Thous. Dols.
b. Total assets — Balance at close of fiscal year	_____ 000
c. Annual sales or gross operating revenues, excluding sales taxes.	_____ 000
d. Net income (loss)	_____ 000

10 Name of foreign affiliate:

Affiliate ID:

a. Percent ownership at close of fiscal year 2015 — Enter to the nearest tenth of one percent	_____ . _____ %
	\$ Bil. Mil. Thous. Dols.
b. Total assets — Balance at close of fiscal year	_____ 000
c. Annual sales or gross operating revenues, excluding sales taxes.	_____ 000
d. Net income (loss)	_____ 000

Additional foreign affiliates should be reported on additional copied sheets.