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Item: Questionnaire MC-31000 - 2007 ECONOMIC CENSUS : Manufacturing Long (Fixed Pages)

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2007 ECONOMIC CENSUS

Manufacturing Long (Fixed Pages)

DUE DATE
FEBRUARY 12, 2008

Mail your completed form to:
U.S. CENSUS BUREAU
1201 East 10th Street
Jeffersonville, IN 47134-0001

Please read the accompanying information sheet(s) before answering the questions.

Need help or have questions about filling out this form?

Visit www.census.gov/econhelp

Call 1-800-233-6136, between 8:00 a.m. and 6:00 p.m., Eastern time, Monday through Friday.

- OR -

Write to the address above. Include your 11-digit Census File Number (CFN) printed in the mailing address.

(Please correct any errors in this mailing address.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the U.S. Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

- Use blue or black ballpoint pen.
 - Do not use pencil or felt-tip pen.
 - Place an "X" inside the box.
 - Please center numbers in their respective boxes.
 - Do not put slashes through 0 or 7.
 - Complete only the unshaded portion of each item.
- Examples: 0 1 2 3 4 5 6 7 8 9

The reporting unit for this form is an establishment. An **establishment** is generally a single physical location where business is conducted or where services or industrial operations are performed. For further clarification, see information sheet(s).

1 EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) shown in the mailing address the same as the one used for this establishment on its latest 2007 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021 Yes - Go to **2** 0022 No - Enter current EIN (9 digits) → 0025

| | | | | | | | | | |
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2 PHYSICAL LOCATION

A. Is this establishment's physical location the same as shown in the mailing address? (P.O. Box and rural route addresses are not physical locations.)

0031 Yes - Go to line B

0032 No - Enter physical location →

| | | | | | | | | | |
|--------------------------------|--|--|--|--|--|------------|--|---------------|--|
| 0035 Number and street | | | | | | | | | |
| 0036 City, town, village, etc. | | | | | | 0037 State | | 0038 ZIP Code | |
| | | | | | | | | | |

B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.? (Mark "X" only ONE box.)

0041 Yes 0042 No 0043 No legal boundaries 0044 Do not know

C. In what type of municipality is this establishment physically located? (Mark "X" only ONE box.)

0046 City, village, or borough 0047 Town or township 0048 Other 0024 Do not know

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3 OPERATIONAL STATUS

Which of the following best describes this establishment's operational status at the end of 2007?
(Mark "X" only ONE box.)

- 0011 In operation
- 0016 Under construction, development, or exploration
- 0013 Temporarily or seasonally inactive
- 0014 Ceased operation - Give date at right
- 0015 Sold or leased to another operator - Give date at right AND enter name and address of new owner or operator and Employer Identification Number (EIN) below

| | | | |
|------|-------|-----|------|
| 0018 | Month | Day | Year |
| | | | |

| | | | |
|--|--|---------------------|---------------|
| 6030 Name of new owner or operator | | 6061 EIN (9 digits) | |
| | | | |
| 6031 Mailing address (Number and street, P.O. Box, etc.) | | | |
| | | | |
| 6032 City, town, village, etc. | | 6033 State | 6034 ZIP Code |
| | | | |

4 MONTHS IN OPERATION

Number of months in operation during 2007 (If none, mark "X" and go to 30.) 0002

| | |
|------------------|--------|
| Mark "X" if None | 2007 |
| | Number |
| | |

HOW TO REPORT DOLLAR FIGURES



Dollar figures should be rounded to thousands of dollars.

If a figure is \$1,025,628.79:

Report

If a value is "0" (or less than \$500.00):

Report

| | | | |
|------------------|---------|---------|-------|
| Mark "X" if None | 2007 | | |
| | \$ Bil. | Mil. | Thou. |
| | | 1 0 2 6 | |

5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

A. Total value of products shipped and other receipts (Report detail in 22.) 0100

B. Value of products exported (This is a breakout of the value reported on line A.)

Report the value of products shipped for export. Include shipments to customers in the Panama Canal Zone, the Commonwealth of Puerto Rico, and U.S. possessions, as well as the value of products shipped to exporters or other wholesalers for export. Also, include the value of products sold to the U.S. Government to be shipped to foreign governments. Exclude products shipped for further manufacture, assembly, or fabrication in the United States. 0130

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|------------------|---------|------|-------|
| Mark "X" if None | 2007 | | |
| | \$ Bil. | Mil. | Thou. |
| | | | |

6 E-SHIPMENTS

A. Did this plant use any electronic network to control or coordinate the flow of any of the shipments of goods reported in 5, line A? Or, were the orders for any of the shipments reported in 5, line A received over an electronic network?

Electronic networks include:

- Electronic Data Interchange (EDI)
- Extranet
- E-mail
- Other online systems
- Internet

0181 Yes - Go to line B 0182 No - Go to 7

B. Percent of total reported in 5, line A that were ordered, or whose movement was controlled or coordinated over electronic networks (Report whole percents. Estimates are acceptable.) 0109

| | | | |
|---------|---------|---------|---------|
| 2007 | | 2006 | |
| Percent | Percent | Percent | Percent |
| | % | | % |

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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

7 EMPLOYMENT AND PAYROLL

Include:

- Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in 1.

Exclude:

- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.
- Temporary staffing obtained from a staffing service.

For further clarification, see information sheet(s).

A. Number of employees

1. Number of production workers for pay periods including:

- a. March 12 0325
- b. June 12 0324
- c. September 12 0344
- d. December 12 0347

2. Add lines A1a through A1d 0329

3. Average annual production workers (Divide line 2 by 4 - omit fractions.) 0335

4. All other employees for pay period including March 12 0336

5. TOTAL (Add lines A3 and A4) 0337

| | | 2007 | |
|--|--|--------|--|
| | | Number | |
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B. Payroll before deductions (Exclude employer's cost for fringe benefits.)

1. Annual payroll

- a. Production workers 0304
- b. All other employees 0305
- c. **TOTAL (Add lines B1a and B1b) 0300**

2. First quarter payroll (January-March 2007) 0310

| | | 2007 | | |
|--|--|---------|------|-------|
| | | \$ Bil. | Mil. | Thou. |
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C. Number of hours worked by production workers (Annual hours worked by production workers reported on lines A1a through A1d.) 0200

| | | 2007 | |
|--|--|-------|--|
| | | Hours | |
| | | Thou. | |
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8 Not Applicable.

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9 VALUE OF INVENTORIES

A. Did this establishment own inventories, regardless of where held, at the end of 2007 and/or 2006?

0488 Yes - Go to line B

0489 No - Go to **13**

B. Report inventories owned by this establishment as of December 31 before Last-in, First-out (LIFO) adjustment (if any)

| | Mark "X" if None | End of 2007 | | | Mark "X" if None | End of 2006 | | |
|---|-------------------------------|-------------|------|-------|-------------------------------|-------------|------|-------|
| | | \$ Bil. | Mil. | Thou. | | \$ Bil. | Mil. | Thou. |
| 1. Finished goods | 0461 <input type="checkbox"/> | | | | 0471 <input type="checkbox"/> | | | |
| 2. Work-in-process | 0463 <input type="checkbox"/> | | | | 0473 <input type="checkbox"/> | | | |
| 3. Materials, supplies, fuels, etc. | 0462 <input type="checkbox"/> | | | | 0472 <input type="checkbox"/> | | | |
| 4. Total inventories (Add lines B1 through B3) | 0460 <input type="checkbox"/> | | | | 0470 <input type="checkbox"/> | | | |
| 5. LIFO reserve (if any) | 0466 <input type="checkbox"/> | | | | 0476 <input type="checkbox"/> | | | |
| 6. Total inventories after LIFO adjustment (Line B4 minus line B5) | 0490 <input type="checkbox"/> | | | | 0492 <input type="checkbox"/> | | | |

10-12 Not Applicable.

13 ASSETS, CAPITAL EXPENDITURES, RETIREMENTS, AND DEPRECIATION

(Refer to the instructions on how to report leasing arrangements.)

Report the dollar value of assets, capital expenditures, and depreciation

| | Mark "X" if None | 2007 | | |
|---|-------------------------------|---------|------|-------|
| | | \$ Bil. | Mil. | Thou. |
| A. Gross value of depreciable assets (acquisition costs) at the beginning of the year | 0500 <input type="checkbox"/> | | | |
| B. Capital expenditures for new and used depreciable assets in 2007 | | | | |
| 1. Capital expenditures for new and used buildings and other structures (Exclude land.) | 0525 <input type="checkbox"/> | | | |
| 2. Capital expenditures for new and used machinery and equipment | 0530 <input type="checkbox"/> | | | |
| 3. TOTAL (Add lines B1 and B2) | 0520 <input type="checkbox"/> | | | |
| C. Gross value of depreciable assets sold, retired, scrapped, destroyed, etc. | 0510 <input type="checkbox"/> | | | |
| D. Gross value of depreciable assets at the end of 2007 (Add lines A and B3 minus C) | 0505 <input type="checkbox"/> | | | |
| E. Depreciation charges | 0540 <input type="checkbox"/> | | | |
| F. Breakdown of expenditures for new and used machinery and equipment by type (Reported on line B2.) | | | | |
| 1. Automobiles, trucks, etc., for highway use | 0522 <input type="checkbox"/> | | | |
| 2. Computers and peripheral data processing equipment | 0523 <input type="checkbox"/> | | | |
| 3. All other expenditures for machinery and equipment | 0524 <input type="checkbox"/> | | | |
| 4. TOTAL (Add lines F1 through F3) | 0529 <input type="checkbox"/> | | | |

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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

14 RENTAL PAYMENTS

Mark "X" if None

| 2007 | | |
|---------|------|-------|
| \$ Bil. | Mil. | Thou. |
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| | | |

- A. Rental payments for buildings and other structures (Include land.) 0551
- B. Rental payments for machinery and equipment 0552
- C. **TOTAL** (Add lines A and B) 0550

15 Not Applicable.

16 SELECTED EXPENSES

Mark "X" if None

| 2007 | | |
|---------|------|-------|
| \$ Bil. | Mil. | Thou. |
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- A. Selected production related costs
 - 1. Cost of materials, parts, containers, packaging, etc. used (Report detail in 17.) 0421
 - 2. Cost of products bought and sold as such without further processing (Report sales in 2.) 0426
 - 3. Cost of purchased fuels consumed for heat, power, or the generation of electricity 0430
 - 4. Cost of purchased electricity (Report quantity on line B1.) 0425
 - 5. Cost of work done for you by others on your materials 0424
 - 6. **TOTAL** (Add lines A1 through A5) 0420

Mark "X" if None

| 2007 | | |
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| Bil. | Mil. | Thou. |
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- B. Quantity of Electricity
 - 1. Purchased electricity (Quantity comparable to cost reported on line A4.) . . . 0436
 - 2. Generated electricity (Gross less generating station use.) 0437
 - 3. Electricity sold or transferred to other establishments (Include on lines B1 or B2.) 0438

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