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**Item:** Questionnaire MA-10000 - 2007 ANNUAL SURVEY OF MANUFACTURES :

**Media:** PAPER / LETTER (8 1/2 X 11)

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**No errors** 😊

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**No warnings** 😊

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**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](http://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**

Mark "X" if None 2007 Number

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

**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 2.) . . . . . 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

**C.** Shipments to other domestic plants of your company for further assembly, fabrication, or manufacture

**1.** Is this the only establishment of this firm?

0907  Yes - Go to 6

0908  No - Go to line C2

**2.** Market value of products shipped to other domestic plants of your company for further assembly, fabrication, or manufacture (This is a breakout of the value reported on line A.) . . . . . 0905

Mark "X" if None	2007			2006
	\$ Bil.	Mil.	Thou.	\$ Thou.

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

**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	
<input type="text"/>	%	<input type="text"/>	%

**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

Mark "X" if None	2007		2006	
	Number		Number	
<input type="checkbox"/>	<input type="text"/>		<input type="text"/>	
<input type="checkbox"/>	<input type="text"/>		<input type="text"/>	
<input type="checkbox"/>	<input type="text"/>		<input type="text"/>	
<input type="checkbox"/>	<input type="text"/>		<input type="text"/>	
<input type="checkbox"/>	<input type="text"/>		<input type="text"/>	
<input type="checkbox"/>	<input type="text"/>		<input type="text"/>	
<input type="checkbox"/>	<input type="text"/>		<input type="text"/>	

**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

Mark "X" if None	2007			2006
	\$ Bil.	Mil.	Thou.	\$ Thou.
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**C. Number of hours worked by production workers (Annual hours worked by production workers reported on lines A1a through A1d.)** . . . . . 0200

Mark "X" if None	2007		2006	
	Hours		Hours	
	Thou.		Thou.	
<input type="checkbox"/>	<input type="text"/>		<input type="text"/>	

CONTINUE WITH **7** ON PAGE 4

CONTINUE ON PAGE 4

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**7** EMPLOYMENT AND PAYROLL - Continued

**D.** Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law.

Mark "X" if None

- 1. Health insurance** - Insurance premiums on hospitals, medical plans, and single service plans such as dental, vision, and prescription drug plans. Include premium equivalents for self-insured plans and fees paid to third party administrators (TPAs). Do not include employee contributions. . . . . 0333
- 2. Pension plans**
  - a. Defined benefit pension plans** - Costs for both qualified and unqualified defined pension plans. Pension plans that specify the benefit to be paid to employees upon retirement, generally either a specific amount or a percentage of compensation. Employer contributions are based on actuarial computations that include the employee's compensation and years of service and are not allocated to specific accounts maintained for employees. . . . . 0335
  - b. Defined contribution plans** - Costs under defined contribution plans. Pension plans that define the employer contributions to a separate account provided for each employee. The employee "benefit" at retirement depends on the amount contributed and the results of the account's activity. Examples include profit sharing plans, money purchase (e.g., 401k, 403b) and stock bonus plans (e.g., ESOPs) . . . . . 0337
- 3. Other** - Other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare) . . . . . 0339
- 4. TOTAL** (Add lines D1 through D3) . . . . . 0220

2007			2006
\$ Bil.	Mil.	Thou.	\$ Thou.

**8** Not Applicable.

**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 10

**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

- 1.** Finished goods . . . . . 0461
- 2.** Work-in-process . . . . . 0463
- 3.** Materials, supplies, fuels, etc.. . . 0462
- 4. Total inventories** (Add lines B1 through B3) . . . . . 0460
- 5.** LIFO reserve (if any) . . . . . 0466
- 6. Total inventories after LIFO adjustment** (Line B4 minus line B5) . . . . . 0490

End of 2007			End of 2006		
\$ Bil.	Mil.	Thou.	\$ Bil.	Mil.	Thou.

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

**10 INVENTORIES BY VALUATION METHOD**

Report how much of the inventory reported in 9, line B4 is subject to the following valuation methods.

- A. LIFO valuation method before adjustment . . . . . 0465
- B. First-in, First-out (FIFO) . . . . . 0498
- C. Average cost . . . . . 0502
- D. Standard cost . . . . . 0506
- E. Other valuation method - Specify method  $\nabla$   
 0895 0487
- F. **TOTAL** (Add lines A through E. Total should equal 9, line B4.) . . . . . 0510

Mark "X" if None	End of 2007		
	\$ Bil.	Mil.	Thou.

Mark "X" if None	End of 2006		
	\$ Bil.	Mil.	Thou.

**11 INVENTORIES OUTSIDE OF THE UNITED STATES**

- A. Of the total inventories reported in 9, line B4 were any stored or en route OUTSIDE the 50 U.S. states and the District of Columbia?  
 0256  Yes - Go to line B  
 0257  No - Go to 13

- B. Report the total value of these inventories (**Do not report** inventory held in Foreign Trade Zones or in bond warehouses in the U.S.) . . . . . 0261

Mark "X" if None	End of 2007		
	\$ Bil.	Mil.	Thou.

Mark "X" if None	End of 2006		
	\$ Bil.	Mil.	Thou.

**12 Not Applicable.**

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**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.
<b>A.</b>	Gross value of depreciable assets (acquisition costs) at the beginning of the year . . . . .	0500	<input type="checkbox"/>		
<b>B.</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.	<b>TOTAL (Add lines B1 and B2)</b> . . . . .	0520	<input type="checkbox"/>		
<b>C.</b>	Gross value of depreciable assets sold, retired, scrapped, destroyed, etc. . . . .	0510	<input type="checkbox"/>		
<b>D.</b>	Gross value of depreciable assets at the end of 2007 (Add lines A and B3 minus C) . . . . .	0505	<input type="checkbox"/>		
<b>E.</b>	Depreciation charges . . . . .	0540	<input type="checkbox"/>		
<b>F.</b>	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.	<b>TOTAL (Add lines F1 through F3)</b> . . . . .	0529	<input type="checkbox"/>		

**14 RENTAL PAYMENTS**

(Exclude capital leases (leases with a contract to own at the end of the lease).)

Mark "X" if None

			2007		
			\$ Bil.	Mil.	Thou.
<b>A.</b>	Rental or lease of buildings, job-site trailers, and other structures (Include land.) . . . . .	0551	<input type="checkbox"/>		
<b>B.</b>	Rental or lease of construction equipment and tools, machinery, office equipment, furniture, and vehicles . . . . .	0552	<input type="checkbox"/>		
<b>C.</b>	<b>TOTAL (Add lines A and B)</b> . . . . .	0550	<input type="checkbox"/>		

**15 Not Applicable.**



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

**16** SELECTED EXPENSES

**A.** Selected production related costs

Mark "X" if None

- 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

2007			2006
\$ Bil.	Mil.	Thou.	\$ Thou.

**B.** Quantity of Electricity

Mark "X" if None

- 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

2007			2006
Kilowatthours			Kilowatthours
Bil.	Mil.	Thou.	Thou.

CONTINUE WITH **16** ON PAGE 8



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**16** SELECTED EXPENSES - Continued

**C. Other operating expenses paid by this establishment**

Mark "X" if None

		2007		
		\$ Bil.	Mil.	Thou.
1.	Temporary staff and leased employee expense - Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. (Include all charges for payroll, benefits and services.) . . . . . 0176	<input type="checkbox"/>		
2.	Expensed equipment - Expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). (Report packaged software on line C3.) . . .0403	<input type="checkbox"/>		
3.	Expensed purchases of software - Purchases of prepackaged, custom coded or vendor customized software. (Include software developed or customized by others, web-design services and purchases, licensing agreements, upgrades of software; and maintenance fees related to software upgrades and alterations.) . . . . . 0188	<input type="checkbox"/>		
4.	Data processing and other purchased computer services (Include computer facilities management services, computer input preparation, data storage, computer time rental, optical scanning services, and other computer-related advice and services, including training. Exclude expensed integrated systems, repair and maintenance of computer equipment, payroll processing and credit card transaction fees, and expenses for telecommunication services (e.g., Internet, connectivity, telephone).) . . . . . 0198	<input type="checkbox"/>		
5.	Purchased communication services - Telephone, cellular, and fax services; computer-related communications (e.g., Internet, connectivity, online) and other wired and wireless communication services. . . . . 0427	<input type="checkbox"/>		
6.	Purchased repairs and maintenance to buildings and/or machinery and equipment (Exclude materials, parts, and supplies used for repairs and maintenance performed by this firm's employees.) . . . . . 0401	<input type="checkbox"/>		
7.	Water, sewer, refuse removal, and other utility payments (Include the costs of hazardous waste removal.) . . . . . 0407	<input type="checkbox"/>		
8.	Purchased advertising and promotional services (Include marketing and public relations services.) . . . 0409	<input type="checkbox"/>		
9.	Purchased professional and technical services (Include management consulting, accounting, auditing, bookkeeping, legal, actuarial, payroll processing, architectural, engineering, and other professional services. Exclude salaries paid to your own employees for these services.) . . . . . 0216	<input type="checkbox"/>		
10.	Governmental taxes and license fees - Payments to government agencies for taxes and licenses. (Include business and property taxes. Exclude income taxes.) 0405	<input type="checkbox"/>		
11.	All other operating expenses - All other operating expenses not reported elsewhere. (Exclude purchases of merchandise for resale and nonoperating expenses.) - Specify			
	0417 <input style="width: 200px; height: 15px;" type="text"/> 0415	<input type="checkbox"/>		
12.	<b>TOTAL (Add lines C1 through C11)</b> . . . . . 0422	<input type="checkbox"/>		

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