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Item : Questionnaire MI21271 - 2007 ECONOMIC CENSUS : Stone Mining and Quarrying, and Sand and Gravel Mining

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

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No errors ☺

No warnings ☺



<p style="text-align: center;">DUE DATE FEBRUARY 12, 2008</p> <p>Mail your completed form to: U.S. CENSUS BUREAU 1201 East 10th Street Jeffersonville, IN 47134-0001</p> <p>Please read the accompanying information sheet(s) before answering the questions.</p> <p>Need help or have questions about filling out this form? Visit www.census.gov/econhelp</p> <p>Call 1-800-233-6136, between 8:00 a.m. and 6:00 p.m., Eastern time, Monday through Friday.</p> <p style="text-align: center;">-OR-</p> <p>Write to the address above. Include your 11-digit Census File Number (CFN) printed in the mailing address.</p>	<p style="text-align: center;">M I-21271</p> <p style="text-align: right;">(Please correct any errors in this mailing address.)</p>
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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. † Please center numbers in their respective boxes. Examples:
 † Do not use pencil or felt-tip pen. † Do not put slashes through 0 or 7. 0 1 2 3 4 5 6 7 8 9
 † Place an "X" inside the box.

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 40.) 0002

HOW TO REPORT DOLLAR FIGURES	▶	Dollar figures should be rounded to thousands of dollars.	Mark "X" if None	2007		
		If a figure is \$1,025,628.79: Report → <input type="checkbox"/>		\$ Bil.	Mil.	Thou.
		If a value is "0" (or less than \$500.00): Report → <input checked="" type="checkbox"/>			1	0

5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

(Exclude nonoperating income such as royalties, interest, dividends, or the sale of fixed assets.)

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

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. 0130

6 Not Applicable.

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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.
 † Subcontractors and their employees.

For further clarification, see information sheet(s).

A. Number of employees

- 1. Number of production, development, and exploration workers for pay period including March 12 0325
- 2. All other employees for pay period including March 12 0336
- 3. TOTAL (Add lines A1 and A2) 0320

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

B. Payroll before deductions (Exclude employer's cost for fringe benefits.)

- 1. Annual payroll 0300
- 2. First quarter payroll (January-March, 2007) 0310

Mark "X" if None	2007		
	\$ Bil.	M il.	Thou.
<input type="checkbox"/>			
<input type="checkbox"/>			

8 **12** Not Applicable.

13 CAPITAL EXPENDITURES AND ASSETS

- A. Capital expenditures during year (Exclude land and mineral rights. Include cost of capitalized development, exploration, plant and other construction, machinery and equipment installed. Include new and used plant and equipment.) 0520
- B. Capital expenditures for land and mineral rights 0537
- C. Gross value of depreciable and/or depletable assets at the end of the year . . . 0505

Mark "X" if None	2007		
	\$ Bil.	M il.	Thou.
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

14 RENTAL PAYMENTS

- Buildings, machinery, and equipment (include land) 0550

Mark "X" if None	2007		
	\$ Bil.	M il.	Thou.
<input type="checkbox"/>			

15 Not Applicable.

16 COST OF SUPPLIES, RESALES, FUELS, ELECTRICITY, AND WORK DONE FOR YOU BY OTHERS

- Cost of supplies used, minerals received for preparation, purchased machinery installed; cost of products bought and sold as such without further processing; cost of purchased fuels consumed for heat, power, or the generation of electricity; and cost of purchased electricity; and cost of work done for you by others 0420

Mark "X" if None	2007		
	\$ Bil.	M il.	Thou.
<input type="checkbox"/>			

17 **21** Not Applicable.

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22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE								
Line No.	Description	Census product code	Unit of measure for quantities	Quantity of production	Shipments and interplant transfers			
					Quantity	Value, f.o.b. establishment		
						\$ Bil.	M il.	Thou.
0734		0730	0736	0733	0732	0731		
1	Crushed or broken stone Limestone	212312 0100	↑ short tons ↓					
2	Granite	212313 0100						
3	Other stone (Specify kind.) ↴ 	212319 0121						
4	Construction sand and gravel (run of pit or bank, washed, screened, or otherwise treated)	212321 0100						
5	All other products made in this establishment - Specify and report each product with sales value of \$50,000 or more that cannot be assigned to one of the "listed products and services". For all remaining products, write "Other" and report a single total value.	18						
6		26						
7		34						
8	Receipts for work or services performed for other establishments, such as hauling, stripping, pumping, and shop work (Exclude receipts for dressing, milling, crushing, or other preparation on a custom or toll basis.) (Specify kind of work or services performed.) ↴ 	213115 OYW T						
9	Resales - Sales of products bought and sold without further manufacture, processing, or assembly (The cost of such items should be reported in 16, line A2.)	999890 0000						
10	TO TAL (Should equal 5, line A) . . .	770000 0000						

23 - 29 Not Applicable.

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

REMARKS (Please use this space for any explanations that may be essential in understanding your reported data.)

30 CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.

Is the time period covered by this report a calendar year?

Yes

No - Enter time period covered →

FROM	Month	Year	TO	Month	Year

Name of person to contact regarding this report

Title

Telephone	Area code	Number		Extension	Fax	Area code	Number	
		-					-	

Internet e-mail address

Date completed

Month Day Year

Thank you for completing your 2007 ECONOMIC CENSUS form .

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.

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