

Source: FRESHLY ASSEMBLED; layout IN SYNC as of 15-Feb-2007 16:39:06
Item : Questionnaire M I21302 - 2007 ECONOMIC CENSUS : MineralContractServices
Media: PAPER /LETTER (8 1/2 X 11)
Status: UNLOCKED (DRAFT)
User: WILSO056
EMR: EQCPRD /6.05.16.13.33.55
GDS: 03.62.206
Date: 15-Feb-2007 16:39:00

No errors ☺

No warnings ☺



DUE DATE
FEBRUARY 12, 2008

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

M I-21302

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. † 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 a mineral service establishment. A mineral service establishment represents all nationwide mineral support activities performed for operators of mineral properties under your current Employer Identification Number (EIN) on a fee or contract basis.

Mineral service activities include exploration and other mining and quarrying support services.

Form ore exam ples and further clarification, see information sheet(s).

21302013

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 **3** 0022 No - Enter current EIN (9 digits) → 0025 [] - []

2 Not Applicable.

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	0061 EIN (9 digits)	
	-	
6031 Mailing address (Number and street, P.O. Box, etc.)		
6032 City, town, village, etc.	6033 State	6034 ZIP Code
		-

4 Not Applicable.

HOW TO REPORT DOLLAR FIGURES



Dollar figures should be rounded to thousands of dollars.

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

Report

Mark "X" if None

2007		
\$ Bil.	M il.	Thou.
	1 0 2 6	

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

Report

5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

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

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

Mark "X" if None

2007		
\$ Bil.	M il.	Thou.

6 Not Applicable.

21302021



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. Number of 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
 - a. Production, development, and exploration 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		
	\$ Bil.	Mil.	Thou.
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

C. Number of hours worked by production, development, and exploration workers (Annual hours worked by production, development, and exploration workers reported on line A1.) 0200

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

CONTINUE WITH 7 ON PAGE 4

21302039

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

2007		
\$ Bil.	M il.	Thou.

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

8 Not Applicable.

9 INVENTORIES

(Report inventories at cost or market using generally accepted accounting practices.)

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

0486 Yes - Go to line B

0487 No - Go to 10

B. Report inventories for products owned by this establishment as of December 31.

Mark "X" if None

End of 2007		
\$ Bil.	M il.	Thou.

Mark "X" if None

End of 2006		
\$ Bil.	M il.	Thou.

1. Total inventories before Last-in, First-out (LIFO) adjustment (if any) (Add lines B1 and B2) . . . 0460

0470

2. LIFO reserve (if any) 0466

0476

3. Total inventories after LIFO adjustment value (Line B1 minus line B2) 0468

0469

21302047

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 B1 for 2007 is subject to the following valuation methods.

	Mark "X" if None	2007		
		\$ Bil.	M il.	Thou.
A. LIFO valuation method before adjustment 0244	<input type="checkbox"/>			
B. Any valuation method - Specify method 7 0895 <input type="text"/> 0494	<input type="checkbox"/>			
C. TOTAL (Add lines A and B. Total should equal 9 , line B1.) 0490	<input type="checkbox"/>			

11 and **12** Not Applicable.

13 ASSETS, CAPITAL EXPENDITURES, RETIREMENTS, AND DEPRECIATION

(See information sheet(s) on how to report leasing arrangements.)

	Mark "X" if None	2007		
		\$ Bil.	M il.	Thou.
A. Gross value of depreciable assets (acquisition cost) at the beginning of the year 0500	<input type="checkbox"/>			
B. Capital expenditures for new and used buildings, structures, machinery, and equipment depreciable assets (Exclude land.) 0520	<input type="checkbox"/>			
C. Total retirements and disposition of depreciable assets for the year (Gross value of assets sold, retired, scrapped, destroyed, etc.) 0510	<input type="checkbox"/>			
D. Gross value of depreciable assets at the end of the year (Add lines A and B minus C) 0505	<input type="checkbox"/>			
E. Depreciation charges for the year 0540	<input type="checkbox"/>			

14 RENTAL PAYMENTS

	Mark "X" if None	2007		
		\$ Bil.	M il.	Thou.
A. Rental payments for buildings and other structures (include land.) 0551	<input type="checkbox"/>			
B. Rental payments for machinery and equipment 0552	<input type="checkbox"/>			
C. TOTAL (Add lines A and B) 0550	<input type="checkbox"/>			

15 Not Applicable.

21302054



16 SELECTED EXPENSES

A. Selected production related costs

(Include costs incurred in mining process such as supplies, resales, contract work, fuels, and electricity.)

- 1. Cost of supplies used, minerals received for preparation, purchased machinery installed, materials, parts, containers, packaging, etc. (Report detail in **17**) 0421
- 2. Cost of products bought and sold as such without further processing (Report sales in **22**.) 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		
\$ Bil.	M il.	Thou.

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

Mark "X" if None

2007		
Kilowatt hours		
Bil.	M il.	Thou.

CONTINUE WITH **16** ON PAGE 7

21302062

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

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
- 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.) 0444
- 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
- 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
- 5. Purchased communication services - Telephone, cellular, and fax services; computer-related communications (e.g., Internet, connectivity, online) and other wired and wireless communication services 0402
- 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.) 0394
- 7. Water, sewer, refuse removal, and other utility payments (Include the costs of hazardous waste removal.) 0407
- 8. Purchased advertising and promotional services (Include marketing and public relations services.) 0405
- 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
- 10. Governmental taxes and license fees - Payments to government agencies for taxes and licenses. (Include business and property taxes. Exclude income taxes.) 0396
- 11. All other operating expenses - All other operating expenses not reported elsewhere. (Exclude purchases of merchandise for resale and nonoperating expenses.) - Specify 7
 0897 0397
- 12. TOTAL (Add lines C1 through C11) 0449

21302070



17 DETAILED COST OF MATERIALS, PARTS, AND SUPPLIES

Report:

Delivered cost of individual items listed below. Delivered cost is the amount paid or payable after discounts and including freight and other direct charges incurred by the establishment in acquiring the materials. The figures reported should represent the total purchase cost of supplies, materials received for preparation, machinery installed, etc., actually used or processed during 2007. Include purchases, interplant transfers, and withdrawals from inventories. If the data are not available from your records, reasonable estimates are acceptable.

Include:

Items listed below whether charged to current or capital accounts.

Cost of items for which less than \$25,000 worth was used in "All other supplies," line 6.

Supplies purchased by this establishment for use by companies performing subcontract work for this establishment.

Exclude:

Associated labor costs of the kind reported in **7** and **16**, line A5.

Payments made for subcontract services performed, including payments for supplies and equipment furnished by the contractor incidental to this work.

Line No.	Machinery installed and supplies used	Census material code	Purchased from others or received from other establishments of this company		
			Cost, including delivery cost (freight-in)		
			\$ Bil.	M il.	Thou.
0634		0630	0631		
1	Machinery, purchased and installed (including mobile bading, transportation, and other equipment installed at the operation) (including charges to both current and capital accounts.)	333000 07			
2	Parts and attachments for mining, mineral preparation, construction, and conveying machinery and equipment	333000 09			
3	Supplies used				
	Ammonium nitrate	325920 05			
4	Explosive materials (excluding ammonium nitrate) and blasting accessories	325920 15			
5	Steel shapes and forms (excluding castings and forgings) such as plates, sheets, strip, piling, bars, rails, wheels, track accessories, pipe, tubing, wire, wire products, and structural shapes	331000 52			
6	All other supplies (Specify the three principal types of supplies included here.) 7	009700 98			
7	TOTAL (Should equal total reported in 16 , line A1)	771000 00			

18 FUELS USED

Line No.	Kind of fuel (Report total delivered cost, not cost per unit. Fuels received from other establishments of your company should be included at estimated market value.)	Census fuel code	Unit of measure for quantities	2007 consumption		
				Quantity	Cost, including delivery cost (freight-in)	
					\$ Mil.	Thou.
0643		0640	0645	0642	0641	
1	Coal (bituminous, subbituminous, lignite, and anthracite) .	212110 03	short tons			

CONTINUE WITH **18** ON PAGE 9

21302088

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

18 FUELS USED -Continued

Line No.	Kind of fuel (Report total delivered cost, not cost per unit. Fuels received from other establishments of your company should be included at estimated market value.)	Census fuel code	Unit of measure for quantities	2007 consumption		
				Quantity	Cost, including delivery cost (freight-in)	
					\$ Mil.	Thou.
0643		0640	0645	0642	0641	
2	Fuel oil Distillate (light) grade numbers 1, 2, 4, and light diesel fuel	324110 17	barrels			
3	Residual (heavy) grade numbers 5 and 6 and heavy diesel fuel	324110 19				
4	Gas (natural, manufactured, and mixed)	211110 15	mil ft ³			
5	Gasoline	324110 15	1000 gal			
6	Other fuels (liquefied petroleum gas, coke, wood, and other) (Specify.) 7	009600 18				
7	TOTAL (Should equal total reported in 16, line A3)	007720 00				

19 TYPE OF OPERATION

(Include production, development, and exploration operations.)
 Mark "X" the ONE box for which you received the largest receipts.)

Principal mineral activity of establishments served

- 0600 452 Metal mining
- 454 Coal mining
- 456 Mining of nonmetallic minerals, except fuels
- 458 Crude petroleum, natural gas, and natural gas liquids

20 and **21** Not Applicable.

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Include:

- Separately, total amounts received or due for all types of mineral services performed for others during 2007.
- Receipts for supplies and equipment furnished by you incidental to the contract work.
- Coal or other minerals mined during the year for the account of others, but not delivered during 2007.
- Work done in 2007, but not billed in 2007.
- The estimated market value of services rendered, if payment for work was not made in cash.
- Exclude receipts for work performed prior to 2007.

CONTINUE WITH **22** ON PAGE 10

21302096

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued					
Line No.	Products and services	Census product code	Value, of receipts, f.o.b. plant		
			\$ Bil.	M il.	Thou.
	0734	0730	0731		
	Metalm ining services				
1	Prospect and test drilling	213114 0431			
2	Exploration work (excluding prospect and test drilling and geophysical surveying services)	213114 0111			
3	Sinking metalm ine shafts and driving metalm ine tunnels	213114 0441			
4	Open-pitm ining of metaloers not for your own account	213114 0221			
5	Other metalm ining services (including stripping overburden) (Specify kind.) ↴ [Blank]	213114 0493			
	Coalm ining services				
6	Prospect and test drilling	213113 0431			
7	Sinking coalm ine shafts and driving coalm ine tunnels services	213113 0461			
8	Other coalm ining services (including strip, auger or underground m ining not for own account, drilling, overburden stripping, and recovering culm bank) (Specify kind.) ↴ [Blank]	213113 0471			
	Nonm etallic m inerals (excluding fuels) services				
9	Prospect and test drilling	213115 0331			
10	Open-pit or quarry m ining m inerals not for your own account	213115 0111			
11	Other nonm etallic services (including overburden stripping, drilling services, and blasting) (Specify kind.) ↴ [Blank]	213115 0351			
12	All other oil and gas field support activities (Specify kind.) ↴ [Blank]	213112 3595			
13	Hauling m inerals and m ine equipm ent beyond m ine property	999830 1000			
14	Other m iscellaneous receipts, including receipts for repair work, etc. ↴ [Blank]	999809 8000			
15	All other products m ade in this establishm ent - Specify and report each product w ith sales value of \$50,000 or m ore that cannot be assigned to one of the "listed products and services". For all rem aining products, w rite "O ther" and report a single total value. [Blank]	18			

21302104



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

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

Line No.	Products and services	Census product code	Value, of receipts, f.o.b. plant		
			\$ Bil.	M il.	Thou.
	0734	0730	0731		
16		26			
17		34			
18	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			
19	TOTAL (Should equal 5, line A)	770000 0000			

23 - **29** Not Applicable.

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.

21302112