



U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU

# 2008 ANNUAL SURVEY OF MANUFACTURES

FORM  
**MA-10000(L) (DRAFT)**

OMB No. 0607-0449: Approval Expires

**DRAFT**

**Mail** your completed form to:  
**U.S. CENSUS BUREAU**  
1201 East 10th Street  
Jeffersonville, IN 47132-0001

**Please read** the accompanying instructions before answering the questions.

**Need help or have questions about filling out this form?**

**Visit** our Web site at  
[www.census.gov/econhelp](http://www.census.gov/econhelp)

**Call:**

**- OR -**

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

*(Please correct any errors in name, address, and ZIP Code.)*

**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 ink.
- Please center numbers in their respective boxes. Examples:
- Do not use pencil.
- Do not put slashes through 0 or 7.
- Place an "X" inside the box.
- Complete only the unshaded portion of each item.

<input checked="" type="checkbox"/>	0	1	2	3	4	5	6	7	8	9
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The reporting unit for this form is an **establishment** which 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**

Are the last 5 digits of the Employer Identification Number (EIN) shown in the mailing address the same as the last 5 digits of the EIN used for this establishment on its latest 2008 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

10000016

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

**3 OPERATIONAL STATUS**

Which of the following best describes this establishment's operational status at the end of 2008?  
(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 

0018	Month	Day	Year
- 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

0060 Name of new owner or operator		0061 EIN (9 digits)		
			-	
0062 Mailing address (Number and street, P.O. Box, etc.)				
0063 City, town, village, etc.		0064 State	0065 ZIP Code	
				-

**4 MONTHS IN OPERATION**

Mark "X" if None 2008 Number

Number of months in operation during 2008 (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

2008		
\$ Bil.	Mil.	Thou.
	1 0 2 6	

**5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE**

Mark "X" if None

**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

2008			2007
\$ Bil.	Mil.	Thou.	\$ Thou.

10000024



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

2008		2007	
Percent		Percent	
	%		%

**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

2008		2007	
Number		Number	

**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 2008) . . . . . 0310**

Mark "X" if None

2008			2007
\$ Bil.	Mil.	Thou.	\$ Thou.

**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

2008		2007	
Hours		Hours	
Thou.		Thou.	

CONTINUE WITH **7** ON PAGE 4

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

**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

2008			2007
\$ 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 2008 and/or 2007?

0488  Yes - Go to line B

0489  No - Go to 16

**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 2008

\$ Bil.	Mil.	Thou.

Mark "X" if None

End of 2007

\$ Bil.	Mil.	Thou.

**1.** Finished goods . . . . . 0461

0471

**2.** Work-in-process . . . . . 0463

0473

**3.** Materials, supplies, fuels, etc.. . . 0462

0472

**4. Total inventories** (Add lines B1 through B3) . . . . . 0460

0470

**5.** LIFO reserve (if any) . . . . . 0466

0476

**6. Total inventories after LIFO adjustment** (Line B4 minus line B5) . . . . . 0490

0492

10000040



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

**14 RENTAL PAYMENTS**

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

Mark "X" if None

- A. Rental or lease of buildings, job-site trailers, and other structures (Include land.) . . . . . 0551
- B. Rental or lease of construction equipment and tools, machinery, office equipment, furniture, and vehicles . . . 0552
- C. **TOTAL** (Add lines A and B) . . . . . 0550

2008			2007
\$ Bil.	Mil.	Thou.	\$ Thou.

**15** Not Applicable.

**16 SELECTED EXPENSES**

**A. Selected production related costs**

Mark "X" if None

- 1. Cost of materials, parts, containers, packaging, etc. used . . . . . 0421
- 2. Cost of products bought and sold 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

2008			2007
\$ Bil.	Mil.	Thou.	\$ Thou.

**B. Quantity of Electricity**

Mark "X" if None

- 1. Purchased electricity (Quantity corresponding 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

2008			2007
Kilowatthours			Kilowatthours
Bil.	Mil.	Thou.	Thou.

CONTINUE WITH 16 ON PAGE 7

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

**22** DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

If you cannot locate the description of any products that you produce, please enter a description of your products in column (a) and enter their value in column (c). If additional lines are needed please use the "REMARKS" section. Report separately for each major kind of product. Include the value of products exported and interplant transfers in the appropriate product line(s). They should also be reported separately in **5**.

An asterisk (\*) at the end of a description denotes a comparability with products collected on a Current Industrial Report (CIR) questionnaire. See paragraph on "Comparability" in Part C of CIR instruction manual for item code references.

Enter TOTAL value of shipments under code 7700000.

Products and services  (a)	Product Class code  (b)	Products shipped and other receipts, including interplant transfers and exports			
		2008 (c)			2007 (d)
		\$ Bil.	Mil.	Thou.	\$ Thou.
	018				
	026				
	034				
	042				
	059				
	067				
	075				
	083				
	091				
	109				

10000081





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

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 2008 ANNUAL SURVEY OF MANUFACTURES form.**

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

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