

2010 ANNUAL CAPITAL EXPENDITURES SURVEY

This questionnaire collects capital expenditures information from nonfarm businesses including but not limited to:

- Small employer companies
- Self employed persons
- Independent salespersons (e.g., cosmetic representatives)
- Independent commission workers (e.g., real estate and life insurance salespersons)
- Independent contractors (truckers, private duty nurses, construction contractors)
- Doctors, lawyers, investors, accountants

Even if this questionnaire was mailed to your home address and the business is not located at this address, the form is applicable and must be completed.

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

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears at the top of this page.

Electronic Reporting

To complete this survey online go to: <http://bhs.econ.census.gov/BHS/acesict/index.html>
Click on "**Centurion**" and use your Username and Password to login.

Username:

Password:

PLEASE REFER TO THE ENCLOSED INSTRUCTIONS AND DEFINITIONS PAGE BEFORE COMPLETING THIS SURVEY.

ITEM 1 Report the following capital expenditures data for the entire business. Report dollar values rounded to thousands. Exclude land.

Report capital expenditures your business made during the 2010 reporting period. **If your business did not make any capital expenditures enter "0" on the appropriate line(s).**

Example: If figure is \$2,600.00 report →

Mil.	Thou.	Dol.
0	00	3 000

		Capital Expenditures for 2010		
		Mil.	Thou.	Dol.
a. Total Capital Expenditures <i>(The sum of lines b, c, d, and e should equal the value reported in line a.)</i>	224	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. New Structures (Include major additions, alterations, and capitalized repairs to existing structures)	201	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Used Structures	211	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. New Equipment	202	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Used Equipment	212	<input type="text"/>	<input type="text"/>	<input type="text"/>

ITEM 2 Report the following capital lease data for the entire business. Report in thousands of dollars.

Report the estimated cost of assets acquired under capital lease arrangements entered into during the year. Exclude the value of structures and equipment which you rent and periodic payments made for leased structures and equipment. *(For additional information see Item 2 on page 2 of the Instructions and Definitions sheet.)*

		Capital Lease Arrangements for 2010		
		Mil.	Thou.	Dol.
	411	<input type="text"/>	<input type="text"/>	<input type="text"/>



18040014

REPORTING PERIOD COVERED

a. Do the reported data cover the calendar year 2010?

95 1 YES

2 NO – Specify period covered → 3

FROM		
Month	Day	Year

TO		
Month	Day	Year

OWNERSHIP INFORMATION

a. Was this business in operation on December 31, 2010?

96 1 YES

2 NO – Give date operations ceased → 3

Month	Day	Year

b. Did the ownership of this business change during the year ending December 31, 2010?

97 1 YES – Specify date of change AND fill in c. below

2 NO

Month	Day	Year

c. Name of new operator/business	Contact name at new company	Contact area code & phone number	
Number and street address	City	State	ZIP Code

BRIEFLY DESCRIBE THE CAPITAL EXPENDITURES

Federal Employer Identification Number – If applicable, please list the EIN of the business you are reporting for in the box provided	EIN	
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CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Name of person to contact regarding this report (Please print or type)	Telephone number	Area code	Number	
Printed name of person completing this report	Telephone number	Area code	Number	
E-mail address	Date	Month	Day	Year

Please be sure to correct any name, address, and ZIP Code errors to the imprinted address on the front of this survey form.

PLEASE RETURN YOUR COMPLETED FORM TO

**U.S. Census Bureau
1201 East 10th Street
Jeffersonville, IN 47132-0001**

OR

**FAX the form to
1-800-438-8040**