

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

2 PHYSICAL LOCATION

A. Is this establishment's physical location the same as shown to the left of 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

3 OPERATIONAL STATUS

Which of the following best describes this establishment's operational status at the end of 2011? (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

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

10001022



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4 MONTHS IN OPERATION

Mark "X" 2011 if None Number

Number of months in operation during 2011 (If none, mark "X" and go to 30.) 0002

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HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

Mark "X" if None

If a figure is \$2,035,628.79:

Report →

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

Report →

			2011		
\$ Bil.	Mil.	Thou.	\$ Bil.	Mil.	Thou.
				2	036
EXAMPLE					

5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Mark "X" if None

Total value of products shipped and other receipts (Report detail in 22.) 0100

			2011			2010
\$ Bil.	Mil.	Thou.	\$ Bil.	Mil.	Thou.	\$ Thou.

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? Or, were the orders for any of the shipments reported in 5 received over an electronic network?

Electronic networks include:

- Electronic Data Interchange (EDI)
- E-mail
- Internet
- Extranet
- Other online systems

0181 Yes - Go to line B

0182 No - Go to 7

B. Percent of total reported in 5 that were ordered, or whose movement was controlled or coordinated over electronic networks (Report whole percents. Estimates are acceptable.) 0109

2011			2010		
Percent			Percent		
		%			%

10001030



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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 to the left of the mailing address or corrected in **1**.
- Spread on stock options that are taxable to employees as wages.

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 period including March 12 0325
2. All other employees for pay period including March 12 0353
3. **TOTAL**(Add lines A1 and A2) 0356

Mark "X" if None	2011					2010				
	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 2011) 0310

Mark "X" if None	2011			2010	
	\$ Bil.	Mil.	Thou.	\$ Thou.	
<input type="checkbox"/>					
<input type="checkbox"/>					

8 Not Applicable.

9 INVENTORIES

Report total inventories, regardless of where held, before Last-in, First-out adjustments (if any) owned by this establishment as of December 31. Include finished goods, work-in-process, materials, supplies, fuels, etc. 0460

Mark "X" if None	End of 2011		
	\$ Bil.	Mil.	Thou.
<input type="checkbox"/>			

Mark "X" if None	End of 2010		
	\$ Bil.	Mil.	Thou.
<input type="checkbox"/>			

10-12 Not Applicable.

13 CAPITAL EXPENDITURES

(Refer to the instructions on how to report leasing arrangements.)

Report the dollar value of capital expenditures. (Do not include land.)

Total capital expenditures for new and used buildings, machinery and equipment 0520

Mark "X" if None

Mark "X" if None	2011			2010	
	\$ Bil.	Mil.	Thou.	\$ Thou.	
<input type="checkbox"/>					

14 RENTAL PAYMENTS

(Exclude capital leases. Include operating leases.)

Total costs for rental or lease of buildings and equipment (Including portable structures, machinery, tools, office equipment, vehicles, and other tangible items used at this establishment.) 0550

Mark "X" if None

Mark "X" if None	2011			2010	
	\$ Bil.	Mil.	Thou.	\$ Thou.	
<input type="checkbox"/>					

15 Not Applicable.

10001048



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16 SELECTED EXPENSES AND DEPRECIATION

A. Cost of materials, parts, containers, packaging, etc., used; cost of products bought and sold without further processing; cost of purchased fuels consumed for heat, power, or the generation of electricity; cost of purchased electricity; and cost of work done for you by others on your materials 0420

Mark "X" if None

B. Normal depreciation charges for all tangible assets including buildings, machinery, and equipment 0540

	2011			2010
	\$ Bil.	Mil.	Thou.	\$ Thou.

17-21 Not Applicable.

10001055



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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**. Report separately under Product Class code 9998900 sales of products bought and sold without further manufacture, processing, or assembly.

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			
		2011 (c) \$ Bil.	2011 (c) Mil.	2010 (d) Thou.	2010 (d) \$ Thou.
	018	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	026	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	034	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	042	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	059	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	067	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	075	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	083	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	091	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	109	<input type="text"/>	<input type="text"/>	<input type="text"/>	

10001063



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

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 2011 ANNUAL SURVEY OF MANUFACTURES form.
PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.

10001071

