



**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
		-

10000024



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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.
<input type="text"/>	<input type="text"/> 2	<input type="text"/> 036
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Mark "X" if None

	2011			2010
	\$ Bil.	Mil.	Thou.	\$ Thou.
<b>A.</b> Total value of products shipped and other receipts (Report detail in 2.) . . . . . 0100 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>B.</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 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 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>C.</b> Shipments to other domestic plants of your company for further assembly, fabrication, or manufacture  <b>1.</b> Is this the only establishment of this firm?  0907 <input type="checkbox"/> Yes - Go to 6  0908 <input type="checkbox"/> No - Go to line C2  <b>2.</b> 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 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

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**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

2011	2010
Percent	Percent
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %

10000040



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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 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 A2 by A4 - 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

	2011 Number					2010 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 2011) . . . . . 0310**

Mark "X" if None

	2011			2010
	\$ 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

	2011 Hours					2010 Hours				
	Thou.					Thou.				

10000057



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**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). Exclude disbursement from trusts or funds to satisfy health insurance claims. Do not include employee contributions. . . . .

0333

**2. Pension plans**

**a.** Defined benefit pension plans - Costs for both qualified and non-qualified 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. Payroll taxes, employer paid insurance premiums (excluding health), and other employer paid benefits** - Include legally-required fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, Medicare). Include benefits for life insurance, "quality of life" benefits (e.g., childcare assistance, subsidized commuting, etc.), employer contributions to pre-tax benefit accounts (e.g., health savings accounts), education assistance, and other benefits not specified above. Exclude disbursements from trusts or funds to satisfy health insurance claims. . . . .

0339

**4. TOTAL** (Add lines D1 through D3) . . . . .

0220

	2011			2010
	\$ Bil.	Mil.	Thou.	\$ Thou.
1. Health insurance				
2. Pension plans				
3. Payroll taxes, employer paid insurance premiums (excluding health), and other employer paid benefits				
4. TOTAL				

**8** Not Applicable.

10000065



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**9** VALUE OF INVENTORIES

**A.** Did this establishment own inventories, regardless of where held, at the end of 2011 and/or 2010?

0488  Yes - Go to line B

0489  No - Go to **13**

**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 2011			Mark "X" if None	End of 2010		
		\$ Bil.	Mil.	Thou.		\$ Bil.	Mil.	Thou.
<b>1.</b> Finished goods . . . . .	0461 <input type="checkbox"/>				0471 <input type="checkbox"/>			
<b>2.</b> Work-in-process . . . . .	0463 <input type="checkbox"/>				0473 <input type="checkbox"/>			
<b>3.</b> Materials, supplies, fuels, etc. . . . .	0462 <input type="checkbox"/>				0472 <input type="checkbox"/>			
<b>4. Total inventories</b> (Add lines B1 through B3) . . . . .	0460 <input type="checkbox"/>				0470 <input type="checkbox"/>			
<b>5.</b> LIFO reserve (Report LIFO gross in <b>10</b> , line A) . . . . .	0466 <input type="checkbox"/>				0476 <input type="checkbox"/>			
<b>6. Total inventories after LIFO adjustment</b> (Line B4 minus line B5) . . . . .	0490 <input type="checkbox"/>				0492 <input type="checkbox"/>			

10000073



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**10 INVENTORIES BY VALUATION METHOD**

Report how much of the inventory reported in 9, line B4 is subject to the following valuation methods.

	Mark "X" if None	End of 2011			Mark "X" if None	End of 2010		
		\$ Bil.	Mil.	Thou.		\$ Bil.	Mil.	Thou.
<b>A.</b> LIFO valuation method before adjustment (Report LIFO reserve in 9, line B5) . . . . .	0465 <input type="checkbox"/>				0475 <input type="checkbox"/>			
<b>B.</b> First-in, First-out (FIFO) . . . . .	0498 <input type="checkbox"/>				0496 <input type="checkbox"/>			
<b>C.</b> Average cost . . . . .	0502 <input type="checkbox"/>				0500 <input type="checkbox"/>			
<b>D.</b> Standard cost . . . . .	0506 <input type="checkbox"/>				0504 <input type="checkbox"/>			
<b>E.</b> Other valuation method - Specify method 7								
0895 <input type="checkbox"/>	0487 <input type="checkbox"/>				0485 <input type="checkbox"/>			
<b>F. TOTAL</b> (Add lines A through E. Total should equal 9, line B4.) . . . . .	0510 <input type="checkbox"/>				0508 <input type="checkbox"/>			

**11 INVENTORIES OUTSIDE OF THE UNITED STATES**

**A.** Of the total inventories reported in 9, line B4 were any stored or en route OUTSIDE the 50 U.S. states and the District of Columbia?

0256  Yes - Go to line B

0257  No - Go to 13

**B.** Report the total value of these inventories (**Do not report** inventory held in Foreign Trade Zones or in bonded warehouses in the U.S.) (Please see [www.ia.ita.doc.gov/ftzpage/info/ftzstart.html](http://www.ia.ita.doc.gov/ftzpage/info/ftzstart.html) for more detailed definitions.) . . .

	Mark "X" if None	End of 2011			Mark "X" if None	End of 2010		
		\$ Bil.	Mil.	Thou.		\$ Bil.	Mil.	Thou.
	0261 <input type="checkbox"/>				0260 <input type="checkbox"/>			

**12** Not Applicable.

10000081





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**13 CAPITAL EXPENDITURES**

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

**A. Capital expenditures for new and used depreciable assets spent in 2011**

Mark "X" if None

	2011			2010
	\$ Bil.	Mil.	Thou.	\$ Thou.
<b>1.</b> Capital expenditures for new and used buildings and other structures (Exclude land.) . . . . . 0525 <input type="checkbox"/>				
<b>2.</b> Capital expenditures for new and used machinery and equipment . . . . . 0530 <input type="checkbox"/>				
<b>3. TOTAL (Add lines A1 and A2)</b> . . . . . 0520 <input type="checkbox"/>				
<b>B. Breakdown of expenditures for new and used machinery and equipment by type (Reported on line A2.)</b>				
<b>1.</b> Automobiles, trucks, etc., for highway use . 0522 <input type="checkbox"/>				
<b>2.</b> Computers and peripheral data processing equipment . . . . . 0523 <input type="checkbox"/>				
<b>3.</b> All other expenditures for machinery and equipment . . . . . 0524 <input type="checkbox"/>				
<b>4. TOTAL (Add lines B1 through B3)</b> . . . . . 0529 <input type="checkbox"/>				

**14 RENTAL PAYMENTS**

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

Mark "X" if None

	2011			2010
	\$ Bil.	Mil.	Thou.	\$ Thou.
<b>A.</b> Rental or lease of buildings, job-site trailers, and other structures (Include land.) . . . . . 0551 <input type="checkbox"/>				
<b>B.</b> Rental or lease of construction equipment and tools, machinery, office equipment, furniture, and vehicles . . . . . 0552 <input type="checkbox"/>				
<b>C. TOTAL (Add lines A and B)</b> . . . . . 0550 <input type="checkbox"/>				

**15 Not Applicable.**

10000099



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**16** SELECTED EXPENSES AND DEPRECIATION

**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 C1.) . . . . . 0425
- 5. Cost of work done for you by others on your materials . . . . . 0424
- 6. **TOTAL** (Add lines A1 through A5) . . . . . 0420

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

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

Mark "X" if None

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

**C.** 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 C1 or C2.) 0438

2011			2010
Kilowatt-hours			Kilowatt-hours
Bil.	Mil.	Thou.	Thou.

10000107

CONTINUE WITH 16 ON PAGE 11



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

**16** SELECTED EXPENSES AND DEPRECIATION - Continued

**D.** Other operating expenses paid by this establishment (Include expenses normally considered as non-production related costs and purchased from other companies)

Mark "X" if None

- 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 computer hardware and related equipment - Include costs for purchased computer hardware and supplies that is expensed. Exclude capitalized computer hardware expenses, which are to be reported in items 13A2 and 13B2. . . . . 0403
- 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.) Exclude capitalized computer software costs. Exclude costs associated with computer software developed within your own company. . . . . 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

	2011			2010
	\$ Bil.	Mil.	Thou.	\$ Thou.
1. Temporary staff and leased employee expense . . . . .				
2. Expensed computer hardware and related equipment . . . . .				
3. Expensed purchases of software . . . . .				
4. Data processing and other purchased computer services . . . . .				

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CONTINUE WITH **16** ON PAGE 12



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**16** SELECTED EXPENSES AND DEPRECIATION - Continued

	Mark "X" if None	2011			2010
		\$ Bil.	Mil.	Thou.	\$ Thou.
<b>5.</b> Purchased communication services - Telephone, cellular, and fax services; computer-related communications (e.g., Internet, connectivity, online) and other wired and wireless communication services. . . . . 0427	<input type="checkbox"/>				
<b>6.</b> 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.) . . . . . 0401	<input type="checkbox"/>				
<b>7.</b> Water, sewer, refuse removal, and other utility payments (Include the costs of hazardous waste removal.) . . . . . 0407	<input type="checkbox"/>				
<b>8.</b> Purchased advertising and promotional services (Include marketing and public relations services.) . . . . . 0409	<input type="checkbox"/>				
<b>9.</b> 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.) . . . . . 0217	<input type="checkbox"/>				
<b>10.</b> Governmental taxes and license fees - Payments to government agencies for taxes and licenses. (Include business and property taxes. Exclude income taxes.) . . . . . 0405	<input type="checkbox"/>				
<b>11.</b> All other operating expenses not reported elsewhere. (Exclude purchases of merchandise for resale and nonoperating expenses.) - <i>Specify</i> ↴ <div style="border: 1px solid black; width: 200px; height: 20px; margin: 5px 0;"></div> 0417 <span style="float: right;">0415</span>	<input type="checkbox"/>				
<b>12. TOTAL</b> (Add lines D1 through D11.) . . . . . 0422	<input type="checkbox"/>				

**17-21** Not Applicable.

10000123



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

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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.**

10000149

