

**U.S. PRODUCERS' QUESTIONNAIRE**

**MONOSODIUM GLUTAMATE FROM CHINA AND INDONESIA**

**This questionnaire must be received by the Commission by no later than SEPTEMBER 30, 2013**

*See the Instruction Booklet for filing instructions.*

The information called for in this questionnaire is for use by the United States International Trade Commission in connection with its countervailing duty and antidumping investigations concerning monosodium glutamate ("MSG") from China and Indonesia (Inv. Nos. 701-TA-503-504 and 731-TA-1229-1230 (Preliminary)). The information requested in the questionnaire is requested under the authority of the Tariff Act of 1930, title VII. This report is mandatory and failure to reply as directed can result in a subpoena or other order to compel the submission of records or information in your firm's possession (19 U.S.C. § 1333(a)).

<b>Name of firm</b> _____
<b>Address</b> _____
<b>City</b> _____ <b>State</b> _____ <b>Zip Code</b> _____
<b>World Wide Web address</b> _____
Has your firm produced MSG (as defined in the instruction booklet) at any time since January 1, 2010?
<input type="checkbox"/> <b>NO</b> (Sign the certification below and promptly return only this page of the questionnaire to the Commission)
<input type="checkbox"/> <b>YES</b> (Read the instruction booklet carefully, complete all parts of the questionnaire, and return the entire questionnaire to the Commission so as to be received by the date indicated above)
<b>Return questionnaire via the U.S. International Trade Commission Drop Box by clicking on the following link: <a href="https://dropbox.usitc.gov/oinv/">https://dropbox.usitc.gov/oinv/</a>. (use the following PIN: <b>MSG</b>)</b>

**CERTIFICATION**

*I certify that the information herein supplied in response to this questionnaire is complete and correct to the best of my knowledge and belief and understand that the information submitted is subject to audit and verification by the Commission.*

*By means of this certification I also grant consent for the Commission, and its employees and contract personnel, to use the information provided in this questionnaire and throughout this proceeding in any other import-injury proceedings conducted by the Commission on the same or similar merchandise.*

*I acknowledge that information submitted in this questionnaire response and throughout this proceeding may be used by the Commission, its employees, and contract personnel who are acting in the capacity of Commission employees, for developing or maintaining the records of this proceeding or related proceedings for which this information is submitted, or in internal audits and proceedings relating to the programs and operations of the Commission pursuant to 5 U.S.C. Appendix 3. I understand that all contract personnel will sign non-disclosure agreements.*

_____ <i>Name of Authorized Official</i>	_____ <i>Title of Authorized Official</i>	_____ <i>Date</i>
_____ <i>Signature</i>	_____ <i>Phone:</i>	_____ <i>Email address</i>
	_____ <i>Fax:</i>	

**PART I.—GENERAL INFORMATION**

The questions in this questionnaire have been reviewed with market participants to ensure that issues of concern are adequately addressed and that data requests are sufficient, meaningful, and as limited as possible. Public reporting burden for this questionnaire is estimated to average 50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the questionnaire. Send comments regarding the accuracy of this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Office of Investigations, U.S. International Trade Commission, 500 E Street, SW, Washington, DC 20436.

I-1a. **OMB statistics.**--Please report below the actual number of hours required and the cost to your firm of preparing the reply to this questionnaire and completing the form.

Hours	Dollars

I-1b. **OMB feedback.**--We are interested in any comments you may have for improving this questionnaire in general or the clarity of specific questions. Please attach such comments to your firm's response or send them to the above address.

I-2. **Establishments covered.**--Provide the name and address of establishment(s) covered by this questionnaire (see page 3 of the instruction booklet for reporting guidelines). If your firm is publicly traded, please specify the stock exchange and trading symbol.

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I-3. **Petition support.**--Does your firm support or oppose the petition?

Country	Support	Oppose	Take no position
China	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indonesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART I.--GENERAL INFORMATION--Continued**

I-4. **Ownership.**--Is your firm owned, in whole or in part, by any other firm?

No             Yes--List the following information.

Firm name	Address	Extent of ownership (percent)

I-5. **Related importers/exporters.**--Does your firm have any related firms, either domestic or foreign, that are engaged in importing MSG from China and/or Indonesia into the United States or that are engaged in exporting MSG from China and/or Indonesia to the United States?

No             Yes--List the following information.

Firm name	Address	Affiliation

I-6. **Related producers.**--Does your firm have any related firms, either domestic or foreign, that are engaged in the production of MSG?

No             Yes--List the following information.

Firm name	Address	Affiliation

**PART II.--TRADE AND RELATED INFORMATION**

Further information on this part of the questionnaire can be obtained from Amy Sherman (202-205-3289, amy.sherman@usitc.gov). **Supply all data requested on a calendar-year basis.**

II-1. **Contact information.**-- Please identify the responsible individual and the manner by which Commission staff may contact that individual regarding the confidential information submitted in part II.

Name	
Title	
Email	
Telephone	
Fax	

II-2. **Changes in operations.**--Please indicate whether your firm has experienced any of the following changes in relation to the production of MSG since January 1, 2010.

- (check as many as appropriate)                      (please describe)
- plant openings ..... \_\_\_\_\_  
\_\_\_\_\_
  - plant closings..... \_\_\_\_\_  
\_\_\_\_\_
  - relocations ..... \_\_\_\_\_  
\_\_\_\_\_
  - expansions..... \_\_\_\_\_  
\_\_\_\_\_
  - acquisitions..... \_\_\_\_\_  
\_\_\_\_\_
  - consolidations..... \_\_\_\_\_  
\_\_\_\_\_
  - prolonged shutdowns or  
production curtailments..... \_\_\_\_\_  
\_\_\_\_\_
  - revised labor agreements..... \_\_\_\_\_  
\_\_\_\_\_
  - other (e.g., technology) ..... \_\_\_\_\_  
\_\_\_\_\_

**PART II.--TRADE AND RELATED INFORMATION--Continued**

II-3. **Same equipment, machinery, and workers.**--Has your firm since 2010 produced, or does your firm anticipate producing in the future, other products on the same equipment and machinery used in the production of MSG and/or using the same production and related workers employed to produce MSG?

- No                       Yes--List the following information and report your firm's combined production capacity and production of these products and MSG in the periods indicated.

<u>Product</u>	<u>Period</u>	<u>Basis for allocation of capacity and employment data (indicate if different)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Quantity in 1,000 pounds)					
Item	Calendar years			January-June	
	2010	2011	2012	2012	2013
<b>Overall Production Capacity</b>					
<b>Production of:</b>					
MSG					
Other product 1: _____					
Other product 2: _____					

II-4. **Production constraints and product shifting.**--Please describe the constraint(s) that set the limit(s) on your firm's production capacity and its ability to shift production capacity between products.

\_\_\_\_\_

\_\_\_\_\_

II-5. **Tolling.**--Since January 1, 2010, has your firm been involved in a toll agreement (see definition in the instruction booklet) regarding the production of MSG?

- No                       Yes--Name firm(s): \_\_\_\_\_.

II-6. **Foreign trade zone.**--Does your firm produce MSG in a foreign trade zone (FTZ)?

- No                       Yes--Identify FTZ(s): \_\_\_\_\_.

II-7. **Importer.**--Since January 1, 2010, has your firm imported MSG?

- No                       Yes--**COMPLETE AND RETURN A U.S. IMPORTERS' QUESTIONNAIRE**

**PART II.--TRADE AND RELATED INFORMATION--Continued**

II-8. **Trade data.**--Report your firm's production capacity, production, shipments, inventories, and employment related to the production of MSG in its U.S. establishment(s) during the specified periods. (See definitions in the instruction booklet.)

Quantity (in 1,000 pounds) and value (in \$1,000)					
Item	Calendar years			January-June	
	2010	2011	2012	2012	2013
<b>Average production capacity<sup>1</sup></b> (quantity)					
<b>Beginning-of-period inventories</b> (quantity)					
<b>Production</b> (quantity)					
<b>U.S. shipments:</b>					
<b>Commercial shipments:</b>					
Quantity of commercial shipments					
Value of commercial shipments					
<b>Internal consumption:</b>					
Quantity of internal consumption					
Value <sup>2</sup> of internal consumption					
<b>Transfers to related firms:</b>					
Quantity of transfers					
Value <sup>2</sup> of transfers					
<b>Export shipments:<sup>3</sup></b>					
Quantity of export shipments					
Value of export shipments					
<b>End-of-period inventories<sup>4</sup></b> (quantity)					
<b>Channels of distribution:</b>					
U.S. shipments to distributors (quantity)					
U.S. shipments to end users (quantity)					
<b>Employment data:</b>					
Average number of PRWs (number)					
Hours worked by PRWs (1,000 hours)					
Wages paid to PRWs (value)					
<sup>1</sup> The production capacity (see definitions in instruction booklet) reported is based on operating _____ hours per week, _____ weeks per year. Please describe the methodology used to calculate production capacity, and explain any changes in reported capacity (use additional pages as necessary). <hr/>					
<sup>2</sup> Internal consumption and transfers to related firms must be valued at fair market value. In the event that your firm uses a different basis for valuing these transactions, please specify that basis (e.g., cost, cost plus, etc.) and provide value data using that basis for each of the periods noted above: <hr/>					
<sup>3</sup> Identify your firm's principal export markets: _____. 					
<sup>4</sup> Reconciliation of data.--Please note that the <b>quantities</b> reported above should reconcile as follows: beginning-of-period inventories, plus production, less total shipments, equals end-of-period inventories. Do the data reported reconcile? <input type="checkbox"/> Yes <input type="checkbox"/> No--Please explain: _____					

**PART II.--TRADE AND RELATED INFORMATION--Continued**

II-9. **Related firms.**--If your firm reported transfers to related firms in question II-8, please indicate the nature of the relationship between your firm and the related firms (*e.g.*, joint venture, wholly owned subsidiary), whether the transfers were priced at market value or by a non-market formula, whether your firm retained marketing rights to all transfers, and whether the related firms also processed inputs from sources other than your firm.

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II-10. **Purchases.**--Other than direct imports, has your firm otherwise purchased MSG since January 1, 2010? (See definitions in the instruction booklet.)

No                       Yes--Report such purchases below for the specified periods.<sup>1</sup>

(Quantity in 1,000 pounds, value in \$1,000)					
Item	Calendar years			January-June	
	2010	2011	2012	2012	2013
<b>PURCHASES FROM U.S. IMPORTERS<sup>2</sup></b> <b>OF PRODUCT FROM—</b>					
China:					
Quantity					
Value					
Indonesia:					
Quantity					
Value					
All other countries:					
Quantity					
Value					
<b>PURCHASES FROM DOMESTIC PRODUCERS:<sup>2</sup></b>					
Quantity					
Value					
<b>PURCHASES FROM OTHER SOURCES:<sup>2</sup></b>					
Quantity					
Value					
<sup>1</sup> Please indicate your firm's reasons for purchasing this product. If your firm's reasons differ by source, please elaborate.					
<sup>2</sup> Please list the name of the firm(s) from which your firm purchased this product. If your firm's suppliers differ by source, please identify the source for each listed supplier.					

**PART III.--FINANCIAL INFORMATION**

Address questions on this part of the questionnaire to Jennifer Brinckhaus (202-205-3188, jennifer.brinckhaus@usitc.gov).

III-1. **Contact information.**-- Please identify the responsible individual and the manner by which Commission staff may contact that individual regarding the confidential information submitted in part III.

Name	
Title	
Email	
Telephone	
Fax	

III-2. **Accounting system.**--Briefly describe your firm's financial accounting system.

A. When does your firm's fiscal year end (month and day)? \_\_\_\_\_  
If your firm's fiscal year changed during the data-collection period, explain below:

B.1. Describe the lowest level of operations (e.g., plant, division, company-wide) for which financial statements are prepared that include MSG:  
\_\_\_\_\_

2. Does your firm prepare profit/loss statements for MSG:  
 Yes       No

3. How often did your firm (or parent company) prepare financial statements (including annual reports, 10Ks)? Please check relevant items below.  
 Audited,    unaudited,    annual reports,    10Ks,    10 Qs,  
 Monthly,    quarterly,    semi-annually,    annually

4. Accounting basis:  GAAP,    cash,    tax, or    other comprehensive basis of accounting (specify) \_\_\_\_\_

*Note: The Commission may request that your company submit copies of its financial statements, including internal profit-and-loss statements for the division or product group that includes MSG, as well as those statements and worksheets used to compile data for your firm's questionnaire response.*

III-3. **Cost accounting system.**--Briefly describe your firm's cost accounting system (e.g., standard cost, job order cost, etc.).

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**PART III.--FINANCIAL INFORMATION--Continued**

III-4. **Allocation basis.**--Briefly describe your firm's allocation basis, if any, for COGS, SG&A, and interest expense and other income and expenses.

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III-5. **Other products.**--Please list any other products your firm produced in the facilities in which your firm produced MSG, and provide the share of net sales accounted for by these other products in your firm's most recent fiscal year:

Products	Share of sales
	%
	%
	%
	%
	%

III-6. Does your firm purchase **inputs** (raw materials, labor, energy, or any other services) used in the production of MSG from any related firms?

Yes--Continue to question III-7 below.       No--Continue to question III-9 below.

III-7. **Inputs from related firms.**--In the space provided below, identify the inputs used in the production of MSG that your firm purchases from related parties.

Input	Related party

**PART III.--FINANCIAL INFORMATION--Continued**

III-8. **Inputs from related firms at cost.**--All intercompany profit on inputs purchased from related parties should be eliminated from the costs reported to the Commission in question III-10 (i.e., costs reported in question III-10 should only reflect the related party's cost and not include an associated profit component). Reasonable methods for determining and eliminating the associated profit on inputs purchased from related parties are acceptable.

Has your firm complied with the Commission's instructions regarding costs associated with inputs purchased from related parties?

- Yes                       No--Please contact Jennifer Brinckhaus (202-205-3188, [jennifer.brinckhaus@usitc.gov](mailto:jennifer.brinckhaus@usitc.gov)).

III-9. **Nonrecurring items (charges and gains) included in reported in MSG financial results.**--For each annual and interim period for which financial results are reported in question III-10, please specify all material (significant) nonrecurring items (charges and gains) in the schedule below, the specific table III-10 line item where the nonrecurring items are included, a brief description of the relevant nonrecurring items, and the associated values (*in \$1,000*), as reflected in table III-10; i.e., if an aggregate nonrecurring item has been allocated to table III-10, only the allocated value amount included in table III-10 should be reported in the schedule below. Note: The Commission's objective here is to gather information only on material (significant) nonrecurring items which impacted the reported MSG financial results in table III-10.

	Fiscal years ended--			January-June	
	2010	2011	2012	2012	2013
<b>Nonrecurring item:</b> In this column please provide a brief description of each nonrecurring item and indicate the specific table III-10 line item where the nonrecurring item is included.	<b>Nonrecurring item:</b> In these columns please report the amount ( <i>in \$1,000</i> ) of the relevant nonrecurring item reported in table III-10.				
1.					
2.					
3.					
4.					
5.					
6.					
7.					

**PART III.--FINANCIAL INFORMATION--Continued**

III-10. **Operations on MSG.**--Report the revenue and related cost information requested below on the MSG operations of your firm's U.S. establishment(s).<sup>1</sup> Do **not report resales** of products. Note that **internal consumption and transfers to related firms must be valued at fair market value and purchases from related firms must be at cost.**<sup>2</sup> Provide data for your firm's three most recently completed fiscal years, and for the specified interim periods. If your firm was involved in tolling operations (either as the toller or as the tollee), please contact Jennifer Brinckhaus at (202) 205-3188 before completing this section of the questionnaire.

<b>Quantity (in 1,000 pounds) and value (in \$1,000)</b>					
<b>Item</b>	<b>Fiscal years ended--</b>			<b>January-June</b>	
	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2012</b>	<b>2013</b>
<b>Net sales quantities:</b> <sup>3</sup>					
Commercial sales ("CS")					
Internal consumption ("IC")					
Transfers to related firms ("Transfers")					
Total net sales quantities	0	0	0	0	0
<b>Net sales values:</b> <sup>3</sup>					
Commercial sales					
Internal consumption					
Transfers to related firms					
Total net sales values	0.0	0.0	0.0	0.0	0.0
<b>Cost of goods sold (COGS):</b> <sup>4</sup>					
Raw materials					
Direct labor					
Other factory costs					
Total COGS	0.0	0.0	0.0	0.0	0.0
<b>Gross profit or (loss)</b>	0.0	0.0	0.0	0.0	0.0
<b>Selling, general, and administrative (SG&amp;A) expenses:</b>					
Selling expenses					
General and administrative expenses					
Total SG&A expenses	0.0	0.0	0.0	0.0	0.0
<b>Operating income (loss)</b>	0.0	0.0	0.0	0.0	0.0
<b>Other expenses and income:</b>					
Interest expense					
All other expense items					
All other income items					
All other expenses/(income), net	0.0	0.0	0.0	0.0	0.0
<b>Net income or (loss) before income taxes</b>	0.0	0.0	0.0	0.0	0.0
<b>Depreciation/amortization included above</b>					

<sup>1</sup> Include only sales (whether domestic or export) and costs related to your U.S. manufacturing operations.  
<sup>2</sup> Please eliminate any profits or (losses) on inputs from related firms pursuant question III-8.  
<sup>3</sup> Less discounts, returns, allowances, and prepaid freight. The quantities and values should approximate the corresponding shipment quantities and values reported in Part II of this questionnaire.  
<sup>4</sup> COGS should include costs associated with CS, IC, and Transfers, as well as export shipments in question II-8.

**PART III.--FINANCIAL INFORMATION--Continued**

III-11. **Asset values.**--Report the total assets (i.e., both current and long-term assets) associated with the production, warehousing, and sale of MSG. If your firm does not maintain some or all of the specific asset information necessary to calculate total assets for MSG in the normal course of business, please estimate this information based upon a method (such as production, sales, or costs) that is consistent with your firm's cost allocations in the previous question. Provide data as of the end of your firm's three most recently completed fiscal years.

**Note:** Total assets should reflect net assets after any accumulated depreciation and allowances deducted. Total assets should be allocated to the subject products if these assets are also related to other products. Please provide a brief explanation if there are any substantial changes in total asset value during the period; e.g., due to asset write-offs, revaluation, and major purchases.

Value (in \$1,000)			
Item	Fiscal years ended--		
	2010	2011	2012
Total assets (net)			

III-12. **Capital expenditures and research and development expenses.**--Report your firm's capital expenditures and research and development expenses on MSG. Provide data for your firm's three most recently completed fiscal years, and for the specified interim periods.

Value (in \$1,000)					
Item	Fiscal years ended--			January-June	
	2010	2011	2012	2012	2013
Capital expenditures					
Research and development expenses					

III-13. **Data consistency and reconciliation.**--Please indicate whether your firm's financial data for questions III-10, 11, and 12 are based on a calendar year or on your firm's fiscal year:

Calendar year	Fiscal year	Specify fiscal year
<input type="checkbox"/>	<input type="checkbox"/>	

Please note the quantities and values reported in question III-10 should reconcile with the data reported in question II-8 (including export shipments) as long as they are reported on the same calendar year basis.

Do these data in question III-10 reconcile with data in question II-8?

Yes	No	If no, please explain.
<input type="checkbox"/>	<input type="checkbox"/>	

**PART III.--FINANCIAL INFORMATION--Continued**

III-14. **Effects of imports**.--Since January 1, 2010, has your firm experienced any actual negative effects on its return on investment or its growth, investment, ability to raise capital, existing development and production efforts (including efforts to develop a derivative or more advanced version of the product), or the scale of capital investments as a result of imports of MSG from China or Indonesia?

- No             Yes--My firm has experienced actual negative effects as follows:
- Cancellation, postponement, or rejection of expansion projects
  - Denial or rejection of investment proposal
  - Reduction in the size of capital investments
  - Rejection of bank loans
  - Lowering of credit rating
  - Problem related to the issue of stocks or bonds
  - Other (specify) \_\_\_\_\_

III-15. **Anticipated effects of imports**.--Does your firm anticipate any negative effects due to imports of MSG from China or Indonesia?

No	Yes	If yes, my firm anticipates negative effects as follows:
<input type="checkbox"/>	<input type="checkbox"/>	

**PART IV.--PRICING AND RELATED INFORMATION**

Further information on this part of the questionnaire can be obtained from Michele Breaux (202-205-2781, Michele.Breaux@usitc.gov).

IV-1. **Contact information**--Please identify the individual that Commission staff may contact regarding the confidential information submitted in part IV.

Name	
Title	
Email	
Telephone	
Fax	

**PRICE DATA**

IV-2. This question requests quarterly quantity and value data, f.o.b. your firm's U.S. point of shipment, for your firm's commercial shipments to unrelated U.S. customers since January 1, 2010 of the following products produced by your firm.

**Product 1.**—MSG FINE 50 LB – Paper Bag

**Product 2.**—MSG REGULAR 50 LB – Paper Bag

**Product 3.**-- MSG REGULAR 100 LB DRM – Fiber Drum

**Please note that total dollar values should be f.o.b., U.S. point of shipment and should not include U.S.-inland transportation costs. Total dollar values should reflect the *final net* amount paid to your firm (i.e., should be net of all deductions for discounts or rebates). See instruction booklet.**

**PART IV.--PRICING AND RELATED INFORMATION--Continued**

IV-2. **Pricing data--Continued.**--Report below the quarterly price data<sup>1</sup> for pricing products<sup>2</sup> produced and sold by your firm.

**Report data in actual pounds and actual dollars (not 1,000s).**

<b>(Quantity in pounds, value in dollars)</b>						
<b>Period of shipment</b>	<b>Product 1</b>		<b>Product 2</b>		<b>Product 3</b>	
	<b>Quantity</b>	<b>Value</b>	<b>Quantity</b>	<b>Value</b>	<b>Quantity</b>	<b>Value</b>
<b>2010:</b>						
January-March						
April-June						
July-September						
October-December						
<b>2011:</b>						
January-March						
April-June						
July-September						
October-December						
<b>2012:</b>						
January-March						
April-June						
July-September						
October-December						
<b>2013:</b>						
January-March						
April-June						

<sup>1</sup> Net values (*i.e.*, gross sales values less all discounts, allowances, rebates, prepaid freight, and the value of returned goods), f.o.b. your firm's U.S. point of shipment.

<sup>2</sup> Pricing product definitions are provided on the first page of Part IV.

**Note.**--If your firm's product does not exactly meet the product specifications but is competitive with the specified product, provide a description of your firm's product. Also, please explain any anomalies in your firm's reported pricing data.

Product 1: \_\_\_\_\_

Product 2: \_\_\_\_\_

Product 3: \_\_\_\_\_

**PART IV.--PRICING AND RELATED INFORMATION--Continued**

IV-3. **Price setting.**-- How does your firm determine the prices that it charges for sales of MSG (*check all that apply*)? If your firm issues price lists, please submit sample pages of a recent list.

Transaction by transaction	Contracts	Set price lists	Other	If other, describe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

IV-4. **Discount policy.**-- Please indicate and describe your firm's discount policies (*check all that apply*).

Quantity discounts	Annual total volume discounts	No discount policy	Other	Describe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

IV-5. **Pricing terms for MSG.**--

(a) What are your firm's typical sales terms for its U.S.-produced MSG?

Net 30 days	Net 60 days	2/10 net 30 days	Other	Other (specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(b) On what basis are your firm's prices of domestic MSG usually quoted (*check one*)?

Delivered	F.o.b.	If f.o.b., specify point
<input type="checkbox"/>	<input type="checkbox"/>	

IV-6. **Contract versus spot.**--Approximately what share of your firm's sales of its U.S.-produced MSG in 2012 was on a (1) long-term contract basis, (2) short-term contract basis, and (3) spot sales basis?

<u>Type of sale</u>	<u>Share of 2012 sales</u>
<b>Long-term contracts</b> (multiple deliveries for more than 12 months)	_____ %
<b>Short-term contracts</b> (multiple deliveries up to and including 12 months)	_____ %
<b>Spot sales</b> (for a single delivery)	_____ %
<b>Total</b>	<b>100 %</b>



**PART IV.--PRICING AND RELATED INFORMATION--Continued**

IV-7. **Contract provisions.**— Please fill out the table with respect to provisions of your firm's typical sales contracts for MSG (or check "not applicable" if your firm does not sell on a long-term and/or short-term contract basis).

Typical sales contract provisions	Item	Short-term contracts (multiple deliveries up to and including 12 months)	Long-term contracts (multiple deliveries for more than 12 months)
Average contract duration	<i>Number of days</i>		
Price renegotiation (during the contract period)	Yes	<input type="checkbox"/>	<input type="checkbox"/>
	No	<input type="checkbox"/>	<input type="checkbox"/>
Fixed quantity and/or price	<i>Quantity</i>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Price</i>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Both</i>	<input type="checkbox"/>	<input type="checkbox"/>
Meet or release provision	Yes	<input type="checkbox"/>	<input type="checkbox"/>
	No	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable		<input type="checkbox"/>	<input type="checkbox"/>

IV-8. **Lead times.**--What is your firm's share of sales both from inventory and produced to order and what is the typical lead time between a customer's order and the date of delivery for your firm's sales of its U.S.-produced MSG?

<u>Source</u>	<u>Share of 2012 sales</u>	<u>Lead time (days)</u>
From inventory	_____ %	_____
Produced to order	_____ %	_____
<b>Total</b>	<b>100 %</b>	

IV-9. **Shipping information.**--

- (a) What is the approximate percentage of the total delivered cost of MSG that is accounted for by U.S. inland transportation costs? \_\_\_\_\_ %
- (b) Who generally arranges the transportation to your firm's customers' locations?  
 Your firm     Purchaser (*check one*)
- (c) Indicate the approximate percentage of your firm's sales of MSG that are delivered the following distances from its production facility.

Distance from production facility	Share
Within 100 miles	%
101 to 1,000 miles	%
Over 1,000 miles	%
<b>Total</b>	<b>100 %</b>

**PART IV.--PRICING AND RELATED INFORMATION--Continued**

IV-10. **Geographical shipments.**-- What is the geographic market area in the United States served by your firm's shipments of MSG? (check all that apply)

Geographic area	√ if applicable
<b>Northeast.</b> —CT, ME, MA, NH, NJ, NY, PA, RI, and VT.	<input type="checkbox"/>
<b>Midwest.</b> —IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, and WI.	<input type="checkbox"/>
<b>Southeast.</b> —AL, DE, DC, FL, GA, KY, MD, MS, NC, SC, TN, VA, and WV.	<input type="checkbox"/>
<b>Central Southwest.</b> —AR, LA, OK, and TX.	<input type="checkbox"/>
<b>Mountains.</b> —AZ, CO, ID, MT, NV, NM, UT, and WY.	<input type="checkbox"/>
<b>Pacific Coast.</b> —CA, OR, and WA.	<input type="checkbox"/>
<b>Other.</b> —All other markets in the United States not previously listed, including AK, HI, PR, and VI, among others.	<input type="checkbox"/>

IV-11. **End uses.**--List the end uses of the MSG that your firm manufactures. For each end-use product, what percentage of the total cost is accounted for by MSG and other inputs?

End use product	Share of total cost of end use product accounted for by		Total
	MSG (percent)	Other inputs (percent)	
	%	%	100%
	%	%	100%
	%	%	100%

**PART IV.--PRICING AND RELATED INFORMATION--Continued**

IV-12. **Substitutes.**-- Can other products be substituted for MSG?

No                       Yes--Please fill out the table.

Substitute	End use in which this substitute is used	Have changes in the prices of this substitute affected the price for MSG?		
		No	Yes	Explanation
1.		<input type="checkbox"/>	<input type="checkbox"/>	
2.		<input type="checkbox"/>	<input type="checkbox"/>	
3.		<input type="checkbox"/>	<input type="checkbox"/>	

IV-13. **Demand trends.**-- Indicate how demand within the United States and outside of the United States (if known) for MSG has changed since January 1, 2010. Explain any trends and describe the principal factors that have affected these changes in demand.

Market	Overall increase	No change	Overall decrease	Fluctuate with no clear trend	Explanation and factors
Within the United States	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outside the United States	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

IV-14. **Product changes.**--Have there been any significant changes in the product range, product mix, or marketing of MSG since January 1, 2010?

No	Yes	If yes, please describe and quantify if possible.
<input type="checkbox"/>	<input type="checkbox"/>	

**PART IV.--PRICING AND RELATED INFORMATION--Continued**

**IV-15. Business cycles.--**

a) Is the MSG market subject to business cycles (other than general economy-wide conditions) and/or other conditions of competition distinctive to MSG?

- No (skip to question IV-16).
- Yes-Business cycles (e.g. seasonal business).
- Yes-Other distinctive conditions of competition.

If yes, describe below.

<b>Business cycles</b>	
<b>Other conditions of competition</b>	

(b) If yes, have there been any changes in the business cycles or conditions of competition for MSG since January 1, 2010?

No	Yes	If yes, please describe.
<input type="checkbox"/>	<input type="checkbox"/>	

**IV-16. Supply constraints.--**Has your firm refused, declined, or been unable to supply MSG since January 1, 2010 (examples include placing customers on allocation or “controlled order entry,” declining to accept new customers or renew existing customers, delivering less than the quantity promised, been unable to meet timely shipment commitments, etc.)?

No	Yes	If yes, please describe.
<input type="checkbox"/>	<input type="checkbox"/>	

**IV-17. Raw materials.--**Please describe any trends in the prices of raw materials used to produce MSG and whether your firm expects these trends to continue.

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**PART IV.--PRICING AND RELATED INFORMATION--Continued**

IV-20. **Customer Identification**--Please identify the names and contact information for your firm's 10 largest U.S. customers for MSG since January 1, 2010. Indicate the share of the quantity of your firm's total shipments of MSG that each of these customers accounted for in 2012.

Customer's name		Contact person	Email	Telephone	Street address (not P.O. box), city, state, and zip code	Share of 2012 sales (%)
1					Street Address City        '        State        Zip Code	
2					Street Address City        '        State        Zip Code	
3					Street Address City        '        State        Zip Code	
4					Street Address City        '        State        Zip Code	
5					Street Address City        '        State        Zip Code	
6					Street Address City        '        State        Zip Code	
7					Street Address City        '        State        Zip Code	
8					Street Address City        '        State        Zip Code	
9					Street Address City        '        State        Zip Code	
10					Street Address City        '        State        Zip Code	

**PART IV.--PRICING AND RELATED INFORMATION--Continued**

**IV-21. Competition From Imports--Lost Revenue.--**

Since January 1, 2010: To avoid losing sales to competitors selling MSG from China or Indonesia, did your firm:

	<b>No</b>	<b>Yes</b>
<b>Reduce prices</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Roll back announced price increases</b>	<input type="checkbox"/>	<input type="checkbox"/>

**The table below is to be completed only by NON-PETITIONERS.** (Note: petitioners may provide allegations involving quotes made AFTER the filing of the petition.)

If you indicated “yes” above, please furnish the following information for each affected transaction. If possible, provide documentation (e.g., copies of invoices, sales reports, or letters from customers). Please note that the Commission may contact the firms named to verify the allegations reported.

- Customer name, contact person, phone and fax numbers
- Specific product(s) involved
- Date of your firm’s initial price quotation
- Quantity involved
- Your firm’s initial *rejected* price quotation (total delivered value)
- Your firm’s *accepted* price quotation (total delivered value)
- The country of origin of the competing imported product
- The competing price quotation of the imported product (total delivered value)

Customer name, contact person, phone and fax numbers	Product	Country of origin	Date of quote	Quantity (pounds)	Initial rejected U.S. price (total value-- dollars)	Accepted U.S. price (total value-- dollars)	Competing import price (total value— dollars)
Firm  Contact  Phone      Fax							
Firm  Contact  Phone      Fax							
Firm  Contact  Phone      Fax							
Firm  Contact  Phone      Fax							



**PART IV.--PRICING AND RELATED INFORMATION--Continued**

**IV-22. Competition From Imports--Lost Sales.—**

Since January 1, 2010: Did your firm lose sales of MSG to imports of these products from China or Indonesia?

<b>No</b>	<b>Yes</b>
<input type="checkbox"/>	<input type="checkbox"/>

**The table below is to be completed only by NON-PETITIONERS.** (Note: petitioners may provide allegations involving quotes made AFTER the filing of the petition.)

If you indicated “yes” above, please furnish the following information for each affected transaction. If possible, provide documentation (e.g., copies of invoices, sales reports, or letters from customers). Please note that the Commission may contact the firms named to verify the allegations reported.

- Customer name, contact person, phone and fax numbers
- Specific product(s) involved
- Date of your firm’s price quotation
- Quantity involved
- Your firm’s rejected price quotation (total delivered value)
- The country of origin of the competing imported product
- The accepted price quotation of the imported product (total delivered value)

<b>Customer name, contact person, phone and fax numbers</b>	<b>Product</b>	<b>Country of origin</b>	<b>Date of quote</b>	<b>Quantity (pounds)</b>	<b>Rejected U.S. price (total value--dollars)</b>	<b>Competing import price (total value—dollars)</b>
Firm Contact Phone      Fax						
Firm Contact Phone      Fax						
Firm Contact Phone      Fax						
Firm Contact Phone      Fax						