

| DUE DATE |
| :--- |
| FEBRUARY 12, 2013 |
| Need help or have questions? |
| - Read the accompanying information sheets) before |
| answering the questions. |
| - Visit econhelp.census.gov |
| - Call 1-800-233-6136, between 8:00 a.m. and 6:00 p.m., |
| Eastern time, Monday through Friday. |



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 ballpoint pen.
- Do not use pencil or felt-tip pen.
- Do not put slashes through 0 or 7 .
- Please center numbers in their respective boxes.
- Place an "X" inside the box.


## Examples:

$\times 0123456789$

The reporting unit for this form is an establishment. An establishment is generally a single physical location where business is conducted or where services or industrial operations are performed. For further clarification, see information sheets).
1 EMPLOYER IDENTIFICATION NUMBER
Is the Employer Identification Number (EIN) shown to the left of the mailing address the same as the one used for this establishment on its latest 2012 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?
$0021 \square$ Yes - Go to $200022 \square$ No - Enter current EIN (9 digits) $\longrightarrow 0025$
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.)
$0031 \square$ Yes - Go to line $B$

```
0035 Number and street
```

$0032 \quad \square \quad$ No -
$\xrightarrow[\substack{\text { physical } \\ \text { location }}]{\text { Enter }}$

(2) PHYSICAL LOCATION - Continued
B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?
(Mark "X" only ONE box.)
$0041 \square$ Yes
$0042 \square$ No
$0043 \quad \square$ No legal boundaries
$0040 \square$ Do not know
C. In what type of municipality is this establishment physically located?
(Mark "X" only ONE box.)
$0046 \square \begin{aligned} & \text { City, village, or } \\ & \text { borough }\end{aligned} \quad 0047 \quad \square$ Town or township $0048 \quad \square$ Other $0024 \quad$ Do not know
3 OPERATIONAL STATUS
Which of the following best describes this establishment's operational status at the end of 2012?
(Mark "X" only ONE box.)
0011In operation
$0016 \square$ Under construction, development, or exploration

0013
Temporarily or seasonally inactive
$0014 \square$ Ceased operation - Give date at right $\qquad$
$0015 \square$ Sold or leased to another operator - Give date at right
AND enter name and address of new owner or operator $\longrightarrow 018$ and Employer Identification Number (EIN) below $\$$


0062 Mailing address (Number and street, P.O. Box, etc.)

| 0063 City, town, village, etc. | 0064 State | 0065 ZIP Code |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |

Number of months in operation during 2012 (If none, mark "X" and go to 30 .) 0002

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

HOW TO
REPORT
DOLLAR
FIGURES

Dollar figures should be rounded to thousands of dollars.

If a figure is $\mathbf{\$ 2 , 0 3 5 , 6 2 8}$. $\mathbf{7 9}$ :

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

| Report $\longrightarrow \square$ | 2012 |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | \$ Bil. | Mil. | Thou. |  |
|  |  | 2 | 03 | 6 |
| Report $\longrightarrow$ X | $E X A M P L E$ |  |  |  |

(5) SALES, SHIPMENTS, RECEIPTS, OR REVENUE
A. Total value of products shipped and other receipts (Report detail in 22.) 0100

| Mark "X" if None | 2012 |  |  | 2011 |
| :---: | :---: | :---: | :---: | :---: |
|  | \$ Bil. | Mil. | Thou. | \$ Thou. |
|  |  |  |  |  |

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.

| $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |

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 \(\boldsymbol{6}\)
\(0908 \quad \square \quad\) 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.) $\qquad$ 0905

|  |  |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |

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)
- E-mail
- Internet
- Extranet
- Other online systems
$0181 \square$ Yes - Go to line $B$
$0182 \square$ 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.)

| 2012 |  | 2011 |  |
| :---: | :---: | :---: | :---: |
| Percent |  | Percent |  |
| $\square$ | $\%$ |  | \% |

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

| Mark "X" <br> if None | 2012 | 2011 |
| :---: | :---: | :---: |
|  | Number | Number |

b. June 12 0324
c. September 12 0344
d. December 12 0347

## 2. Add lines A1a through A1d

 03293. Average annual production workers (Divide line A2 by 4-omit fractions.).
4. All other employees for pay period including March 120336
5. TOTAL (Add lines A3 and A4.)

0337
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

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.

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

| Mark "X" if None | 2012 |  |  | 2011 |
| :---: | :---: | :---: | :---: | :---: |
|  | \$ Bil. | Mil. | Thou. | \$ Thou. |
| $\square$ |  |  |  |  |

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.

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).
(e.g., ESOPs).

0337
3. Payroll taxes, employer paid insurance premiums (excluding health), and other employer paid
benefits - Other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare).
4. TOTAL (Add lines D1 through D3.) . . . . 0220

Not Applicable.
(9) VALUE OF INVENTORIES
A. Did this establishment own inventories, regardless of where held, at the end of 2012 and/or 2011?
$0488 \quad \square$ Yes - Go to line $B$
$0489 \quad \square \quad$ No - Go to 13
B. Report inventories owned by this establishment as of December 31 before Last-in, First-out (LIFO) adjustment (if any).

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

$\square$

5. LIFO reserve (Report LIFO gross in (10, line A.) \begin{tabular}{|l|l|l|l|l|l|l|l|l|}
\hline$\square$ \& $\square$ \& \& \& \& \& $\square$ \& $\square$ <br>
\hline 0466 \& \& \& \& \& \& \& <br>
\hline

 

\hline$\square$ \& $\square$ \& \& \& \& \& \& $\square$ <br>
\hline 0476 \& \& \& \& \& <br>
\hline
\end{tabular}

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

| $\square$ | $\square$ |  |  |  |  | $\square$ | $\square$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 0490 |  |  |  |  |  |  |  |

10 INVENTORIES BY VALUATION METHOD
Report how much of the inventory reported in © , line B4, is subject to the following valuation methods.


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

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?
$0256 \quad \square$ Yes - Go to line B $\quad \square$ No - Go to 13
B. Report the total value of these inventories (Do not report inventory held in Foreign Trade Zones or in bond warehouses in the U.S.)

| Mark "X" if None | End of 2012 |  |  | Mark "X" if None | End of 2011 |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | \$ Bil. | Mil. | Thou. |  | \$ Bil. | Mil. | Thou. |
| $\square$ <br> 0261 |  |  |  |  |  |  |  |

Not Applicable.
13 ASSETS, CAPITAL EXPENDITURES, RETIREMENTS, AND DEPRECIATION
Refer to the instructions on how to report leasing arrangements.
Report the dollar value of assets, capital expenditures, and depreciation.
A. Gross value of depreciable assets (acquisition costs) at the beginning of the year . . . . . . 0500

| 2012 |  | 2011 |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |
|  | \$ Bil. | Mil. | Thou. | \$ Thou. |
|  |  |  |  |  |
|  |  | Not collected in <br> 2011 |  |  |

B. Capital expenditures for new and used depreciable assets in 2012

1. Capital expenditures for new and used buildings and other structures (Exclude land.) 0525
2. Capital expenditures for new and used machinery and equipment 0530
3. TOTAL (Add lines B1 and B2.) . . . . . . 0520
C. Gross value of depreciable assets sold, retired, scrapped, destroyed, etc. 0510
D. Gross value of depreciable assets at the end of 2012 (Add lines A and B3 minus C.) . . . . 0505
E. Normal depreciation charges for all tangible assets including buildings, machinery, and equipment 0540

| - | $\square$ | - |  |
| :---: | :---: | :---: | :---: |
| - | T | 77 |  |
| - | - | [ |  |
|  | - | - | Not colotese in |
|  | $\square$ | $T$ | Not colestasd in |
| - | 1 | - | Not coloseate in |

F. Breakdown of expenditures for new and used machinery and equipment by type (Reported on line B2.)

1. Automobiles, trucks, etc., for highway use 0522
2. Computers and peripheral data processing equipment 0523
3. All other expenditures for machinery and equipment 0524
4. TOTAL (Add lines F1 through F3.) . . . . 0529

| $\square$ | T[ | T] |  |
| :---: | :---: | :---: | :---: |
| $\square$ | $\square \square$ | - |  |
| - | $\square 1$ | $\square$ |  |
|  | $\square \square$ | $\square$ |  |

14 RENTAL PAYMENTS
(Exclude capital leases (leases with a contract to own at the end of the lease).)
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
(15) Not Applicable.

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

16 SELECTED EXPENSES
A. Selected production related costs

1. Cost of materials, parts, containers, packaging, etc. used (Report detail in (1).)

0421
2. Cost of products bought and sold as such without further processing (Report sales in (22.)
3. Cost of purchased fuels consumed for heat, power, or the generation of electricity . . . 043 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
B. Quantity of Electricity

1. Purchased electricity (Quantity comparable to cost reported on line A4.)

| Mark "X" if None | 2012 |  |  | 2011 |
| :---: | :---: | :---: | :---: | :---: |
|  | Kilowatt-hours |  |  | Kilowatt-hours |
|  | Bil. | Mil. | Thou. | Thou. |
| $\square$ |  |  |  |  |
| $\square$ |  |  |  |  |
| $\square$ |  |  |  |  |

C. Other operating expenses paid by this establishment

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

| Mark "X" | 2012 |  |  |
| :---: | :---: | :---: | :---: |
| if None | \$ Bil. | Mil. | Thou. |
| $\square$ |  |  |  |

2. Expensed equipment - Expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). (Report packaged software on line C3.)
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.)

4. Generated electricity (Gross less generating station use.)
5. Electricity sold or transferred to other establishments (Include on lines B1 or B2.)

| $\square$ |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |



## 16 SELECTED EXPENSES - Continued

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

| Mark "X" if None | 2012 |  |  |
| :---: | :---: | :---: | :---: |
|  | \$ Bil. | Mil. | Thou. |
| $98 \square$ |  |  |  |

5. Purchased communication services Telephone, cellular, and fax services; computer-related communications (e.g., Internet, connectivity, online) and other wired and wireless communication services.
6. 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
7. Water, sewer, refuse removal, and other utility payments (Include the costs of hazardous waste removal.)

8. Purchased advertising and promotional services (Include marketing and public relations services.)

9. 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.) . . . . . . 0216

10. Governmental taxes and license fees Payments to government agencies for taxes and licenses. (Include business and property taxes. Exclude income taxes.) . . 0405

11. All other operating expenses not reported elsewhere. (Exclude purchases of merchandise for resale and nonoperating expenses.) - Specify
$\square$
0417

| $\square$ |  |
| :--- | :--- | :--- |

12. TOTAL (Add lines C1 through C11.) . . . 0422

|  |  |  |  |  | $\square$ |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

