



2015 Annual Survey of Manufactures

Worksheet for preparing your response

Do not mail this worksheet. This worksheet is for preparation purposes only, to assist you in gathering information for the Annual Survey of Manufactures. It cannot be used to submit data to the Census Bureau.

Please submit your data using our electronic reporting system at <https://www.census.gov/asm>. Your User ID and Password are found in the letter we mailed to you.

Your completed response is due by **[month/day], 2016**.

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 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.

If you need assistance, visit our website (<https://www.census.gov/asm>), or call us at 1-800-233-6136 Monday through Friday, 8:00 a.m. to 4:30 p.m. Eastern Time. When calling, please refer to the name of the survey and the User ID provided on your letter.

Contents

Overview – Page 2-3

- Who Should Report
- Activities In-scope for the Survey
- Concept of “Economic Value”
- Reporting Period
- Special Instructions for Ownership Changes
- Special Instructions for Establishments Involved in Assets Leasing Arrangements
- Prior-year Data and Other Pre-listed information
- How to Report Dollar Figures
- Electronic Reporting System and Non-applicable Questions

Item-specific instructions – Page 4-11

- Establishment Location Information and Employer Identification Number (EIN)
- Sales, Shipments, Receipts and Revenues
- Employment and Payroll

Overview

Who Should Report

The Annual Survey of Manufactures is conducted under an Act of Congress (Title 13, United States Code) which requires that a report be filed by every manufacturer who receives a report form.

If an establishment that is not in operation receives a report form, return the form with a notation of its condition **in item X**, Operational Status. If the establishment had custodial employees, capital expenditures, inventories, or any shipments from inventories, these should be reported in their proper sections.

Separate reports are required for each manufacturing establishment (plant) because data will be published for industries and states.

An establishment is a single physical location where manufacturing is performed. If your company operates at different physical locations, even if they are producing the same line of goods, a separate report must be filed for each location.

If your company operates in two or more distinct lines of manufacturing at the same location, a separate report must be filed for each activity.

Activities In-scope for the Survey

Report all activities (manufacturing, fabricating, processing, and assembling) conducted within the establishment.

INCLUDE

- Maintenance of plant and equipment
- Receiving and shipping activities
- Warehousing and storage
- Research
- Recordkeeping
- Health and safety
- Cafeteria (without seating) and other services unless operated as separate establishments

EXCLUDE

- Sales branches and sales offices
- Research laboratories
- Retail stores
- Mining activities and general administrative offices

The Manufacturing Sector also includes establishments engaged in the following activities:

- Apparel jobbing and contracting
- Assembling from purchased components
- Commission processing of materials owned by others
- Job casting, stamping, and machining

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- Lapidary work
- Machine shops, including those operating on a job-order basis
- Manufacturing and delivering ready-mixed concrete
- Milk pasteurizing and bottling
- Plating, galvanizing, polishing, etc., of materials owned by others
- Poultry dressing
- Printing books, periodicals, etc.
- Repair of ships
- Research and development, engineering and other services directly related to aerospace industries
- Sawmills
- Seafoods, fresh-packaged or frozen
- Wood preserving

Concept of “Economic Value” (for multi-establishment companies only)

One of the important statistical measures of manufacturing activity is "value added by manufacture," which is derived by the U.S. Census Bureau from the figures reported for value of shipments, cost of materials, and inventories.

In order for statistics on value added and other subjects to be comparable from industry to industry, it is necessary that the operations of each establishment of a multiple-establishment organization be reported as though the establishment was a separate "economic" unit. This means that the value of interplant transfers and the cost of transferred materials within a company should include, in addition to direct costs of production, a reasonable proportion of "all other costs (including company overhead) and profits."

The establishment receiving such transfers should report them as materials consumed (or inventories of materials, etc.) at the same value plus the costs of freight and other direct handling charges. (See item X, part A, Shipments and Other Receipts; item X, Value of Inventories; and item X, part A, Selected Production Related Costs.)

Reporting Period

Report data for the calendar year. If calendar year book figures are not available except at considerable cost, reasonable estimates will be accepted. Indicate in item X, Certification, the exact dates covered.

If there was a change in the operator during the year or the establishment operated part of the year only, the data apply to the period of operation by your company only. Report in item X, Operational Status, any change of operator, and the name and address of the new operators.

Special Reporting Instructions for Ownership Changes

The establishment may have been purchased singly or as part of a parent company which was acquired by or merged with another company. Please make certain that the date of the change in ownership is recorded in item X, Operational Status.

If the establishment is **filing for only part of the year**, report as follows:

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1. REPORT FOR THE OWNER WHO SOLD THE ESTABLISHMENT - Report any new or used capital expenditures, that occurred in the current year prior to the sale.
2. REPORT FOR THE BUYER - Report only the capital expenditures which occurred after the original purchase of the entire plant.

Establishments Involved with Assets Leasing Arrangements

If any building or equipment has been acquired this year under a capital lease, please report the cost (at the market value) as a capital expenditure in item X. Do not report the periodic payments made to the lessor. If the lease qualifies as an operating lease, do not include the value of the building and equipment as capital expenditures. Also, do not report the periodic payments made to the producer or the lessor as capital expenditures.

Prior Year Data and Other Pre-listed information

Where available, your establishment’s prior-year data are pre-listed **in the electronic reporting system (not in this worksheet)**. The figures may differ from those actually reported because of the changes made by the U.S. Census Bureau as a result of correspondence or a comparison of prior data. Check these figures and make any necessary corrections as needed. If 2014 Inventories figures are not prelisted, report these figures in the appropriate sections as instructed.

How to Report Dollar Figures

Dollar figures should be rounded to thousands of dollars, as shown below. Please report “0” or select the “Check if None” box for all items for which you are not reporting an amount greater than zero.

		Check if None	2015
If a dollar figure is \$2,036,355.25:	Report →		\$ 2036,000.00
If a dollar figure is “0” (or less than \$500.00):	Report →	<input checked="" type="checkbox"/> [X]	\$,000.00

Electronic reporting system and non-applicable questions

This worksheet contains all questions in the survey, though some questions may not be applicable to your establishment. As you go through the electronic reporting system, you will be presented with applicable questions as determined by your responses to the preceding questions as well as prior information in our records.

Item-specific Instructions

MAILING ADDRESS

The reporting unit for this questionnaire is an **establishment**, which is generally a single physical location where business is conducted or where services or industrial operations are performed. Please make updates to the physical location address in this section.

Attn:

Name 1:

Store/Plant:

Name 2:

Street:

City:

State:

Zip:

CFN:

EMPLOYER IDENTIFICATION NUMBER

Please note: There are two versions of this question. The one that appears in the electronic reporting system depends on whether your establishment already has an Employer Identification Number in our records.

IF THERE IS A PRELISTED EMPLOYEE IDENTIFICATION NUMBER

Is [PRELISTED EIN VALUE] the Employer Identification Number (EIN) used on this establishment's latest 2015 Internal Revenue Service Form 941, Employer's Quarterly Tax Return?

Yes

No

IF THERE IS NOT A PRELISTED EMPLOYEE IDENTIFICATION NUMBER, OR IF THE ABOVE RESPONSE IS 'NO'

What is this establishment's 9-digit Employer Identification Number (EIN) used on the latest 2015 Internal Revenue Service Form 941, Employer's Quarterly Tax Return?

EIN:

SALES, SHIPMENTS, RECEIPTS, OR REVENUE

SALES, SHIPMENTS, RECEIPTS, OR REVENUE

What was the total value of products shipped and other receipts?

Exclude:

- Freight charges
- Excise Taxes

Check if None

2015

\$ _____,000.00

EXPORTS

What was the total value of products shipped and other receipts?

Include:

- Shipments to customers in the Commonwealth of Puerto Rico and U.S. possessions
- Products shipped to exporters or other wholesalers for export
- Products sold to the U.S. Government to be shipped to foreign governments

Exclude:

- Products shipped for further manufacture, assembly, or fabrication in the U.S.

Check if None

2015

\$ _____,000.00

PRODUCTS SHIPPED FOR FURTHER MANUFACTURE

What was the market value of products shipped to other domestic plants of your company for further assembly, fabrication, or manufacture?

This item is a breakout of the amount reported in total value of products shipped and other receipts in the SALES, SHIPMENTS, RECEIPTS, OR REVENUE area.

Check if None

2015

\$ _____,000.00

EMPLOYMENT AND PAYROLL

EMPLOYMENT

Include:

- Full- and part-time employees working at this establishment whose payroll was reported on the Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN)
- 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.
(Report values on line A in the OTHER OPERATING EXPENSES area of the SELECTED EXPENSES section)
- Temporary staffing obtained from a staffing service. *(Report values on line A in the OTHER OPERATING EXPENSES area of the SELECTED EXPENSES section)*
- Purchased professional and technical services. *(Report values on line I in the OTHER OPERATING EXPENSES area of the SELECTED EXPENSES section)*

A. Number of production workers for the pay periods including:

	Check if None	2015 Number
1. March 12	<input type="checkbox"/>	\$,000.00
2. June 12	<input type="checkbox"/>	\$,000.00
3. September 12	<input type="checkbox"/>	\$,000.00
4. December 12	<input type="checkbox"/>	\$,000.00
TOTAL Production Workers <i>(Add lines A1 through A4)</i>	<input type="checkbox"/>	\$,000.00

B. Average annual production workers

(Divide TOTAL Production Workers by 4 and round to nearest whole number)

\$,000.00

C. All other employees for pay period including March 12

\$,000.00

TOTAL *(Add lines B and C)*

\$,000.00

HOURS WORKED

What was the annual number of hours worked by the workers reported in the EMPLOYMENT area?

Check if None	2015 Number
<input type="checkbox"/>	\$ _____,000.00

PAYROLL

Exclude:

- Employer's costs for fringe benefits

What was the annual payroll before deductions for...

	Check if None	2015 Number
A. Production workers?	<input type="checkbox"/>	\$ _____,000.00
B. All other employees?	<input type="checkbox"/>	\$ _____,000.00
TOTAL (Add lines A and B)	<input type="checkbox"/>	\$ _____,000.00
What was the first quarter payroll before deductions (January - March 2015?)	<input type="checkbox"/>	\$ _____,000.00

EMPLOYER'S ANNUAL COST FOR FRINGE BENEFITS

This is the employer's annual cost for legally required programs and programs not required by law.

What were the employer's annual costs for...

	Check if None	2015 Number
<p>Health Insurance - Insurance premiums on hospitals, medical plans, and single service plans such as dental, vision, and prescription drug plans?</p> <p>Include:</p> <ul style="list-style-type: none"> Premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs). <p>Exclude:</p> <ul style="list-style-type: none"> Employee contributions Disbursement from trusts or funds to satisfy health insurance claims 	<input type="checkbox"/>	\$,000.00
<p>Pension Plans:</p> <p>1. Defined benefit pension plans - Cost for both qualified and nonqualified defined pension plans. 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 employee's compensation and years of service and are not allocated to specific accounts maintained for employees.</p>	<input type="checkbox"/>	\$,000.00
<p>2. 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.</p> <p>Examples:</p> <ul style="list-style-type: none"> Profit sharing plans Money purchase (e.g., 401k, 403b) Stock bonus plans (e.g., ESOPs) 	<input type="checkbox"/>	\$,000.00
<p>TOTAL Production Workers (Add lines A1 through A4)</p>	<input type="checkbox"/>	\$,000.00

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