



U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

2014 ANNUAL SURVEY OF MANUFACTURES

FORM

MA-10000(S) (DRAFT)

OMB No. 0607-0449: Approval Expires 11/30/2014

MA-10001

Need help or have questions?

Read the accompanying information sheet(s) before answering the questions.

Visit econhelp.census.gov/cosasm

- OR -

Call:

Mail your completed form to:

U.S. CENSUS BUREAU
1201 East 10th Street
Jeffersonville, IN 47132-0001

(Please correct any errors in this mailing address.)

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:

0 1 2 3 4 5 6 7 8 9

Please read the accompanying instructions before answering the questions. The reporting unit for this form is an **establishment** which is generally a single physical location where business is conducted or where services or industrial operations are performed. For further clarification, see information sheet(s).

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 2014 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021 Yes - Go to **2**

0022 No - Enter current EIN (9 digits) →

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 Yes - Go to line B

0032 No - Enter physical location →

0035 Number and street

0036 City, town, village, etc.

0037 State

0038 ZIP Code

-

CONTINUE WITH **2** ON PAGE 2

10001014



Form MA-10000(S)

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

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 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 2014?
(Mark "X" only ONE box.)

- 0011 In operation
- 0016 Under construction, development, or exploration
- 0013 Temporarily or seasonally inactive
- 0014 Ceased operation - Enter date at right. →
- 0015 Sold or leased to another operator - Enter date at right AND enter name and address of new owner or operator and Employer Identification Number (EIN) below. ↴

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

0060 Name of new owner or operator	0061 EIN (9 digits)
<input type="text"/>	<input type="text"/>

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

0063 City, town, village, etc.	0064 State	0065 ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

4 MONTHS IN OPERATION

Mark "X" if None 2014 Number

Number of months in operation during 2014 (If none, mark "X" and go to 30.) 0002

Where available, this form shows your establishment's prior year data in the 2013 column. The figures may differ from those actually reported because of changes made by the U.S. Census Bureau as a result of correspondence or a comparison with prior data. Check these figures and make any necessary corrections. If 2013 Inventories figures are not printed on your form, report these figures in 9, and if applicable, 10, 11, and 12.

10001022



Form MA-10000(S)

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

EXAMPLE:
HOW TO
REPORT
DOLLAR
FIGURES

Dollar figures should be rounded to thousands of dollars (**Divide dollar amount by 1,000**):

\$2,036,000.00 / 1,000 = \$2,036:

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

Mark "X" if None

Report →

Report →

2014		
\$ Bil.	Mil.	Thou.
<input type="text"/>	<input type="text"/> 2 <input type="text"/>	<input type="text"/> 036 <input type="text"/>
EXAMPLE		

5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Total value of products shipped and other receipts (Exclude freight charges and excise taxes. Report detail in 2.) 0100

Mark "X" if None

2014			2013
\$ Bil.	Mil.	Thou.	\$ Thou.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

2014		2013	
Percent		Percent	
<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/> %

10001030



Form MA-10000(S)

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

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.
- Purchased professional and technical services.

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	2014					2013				
	Number					Number				

B. Payroll before deductions (Exclude employer's cost for fringe benefits.)

1. Annual payroll 0300
2. First quarter payroll (January-March 2014) 0310

Mark "X" if None	2014			2013
	\$ Bil.	Mil.	Thou.	\$ Thou.

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.

Mark "X" if None	End of 2014			Mark "X" if None	End of 2013		
	\$ Bil.	Mil.	Thou.		\$ Bil.	Mil.	Thou.
TOTAL (Include finished goods, work-in-process, materials, supplies, fuels, etc.) 0460 <input type="checkbox"/>				0470 <input type="checkbox"/>			

10-12 Not Applicable.

13 CAPITAL EXPENDITURES

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

- Total capital expenditures for new and used depreciable assets spent in 2014 (Include buildings and other structures, machinery and equipment. Exclude land.) 0520

Mark "X" if None	2014			2013
	\$ Bil.	Mil.	Thou.	\$ Thou.

14 RENTAL PAYMENTS

(Exclude capital leases. Include operating leases.)

- Total cost for rental or lease of buildings and other structures, machinery and equipment (Include land, construction equipment, tools, office equipment, furniture, and vehicles.) 0550

Mark "X" if None	2014			2013
	\$ Bil.	Mil.	Thou.	\$ Thou.

10001048



Form MA-10000(S)

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

15 Not Applicable.

16 **SELECTED EXPENSES**

Cost of materials, parts, containers, packaging, etc., used; cost of products bought and sold without further processing (Report sales in **22** under census product code 9998991.); 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

Mark "X" if None

0420

2014			2013
\$ Bil.	Mil.	Thou.	\$ Thou.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

17-21 Not Applicable.

10001055



Form MA-10000(S)

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

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

General - The manufactured products and services listed below are generally made in your industry. **If you make products that are not listed, please enter a description of your products in column (a) and enter their value in column (c) in the blank lines provided in Item 22.** If additional lines are needed please use the "REMARKS" section. PLEASE DO NOT COMBINE PRODUCT LINES.

If the information as requested cannot be taken directly from your book records, **REASONABLE ESTIMATES ARE ACCEPTABLE.**

Valuation of Products - Report the value of the products shipped and services performed at the net selling value, f.o.b. plant to the customer; i.e., after discounts and allowances, and exclusive of freight charges and excise taxes. Report separately for each major kind of product. Include the value of products exported and interplant transfers in the appropriate product line(s). Exports and interplant transfers should also be reported separately in 5.

Contract Work - REPORT PRODUCTS MADE BY OTHERS FOR YOU FROM YOUR MATERIALS on the specific lines as if they were made in this establishment. On the other hand, DO NOT REPORT on the specific product lines PRODUCTS THAT YOU MADE FROM MATERIALS OWNED BY OTHERS. Report only the amount that you received for "commission or contract receipts" under Census code 9998992.

Resales - DO NOT REPORT on the specific product lines those PRODUCTS BOUGHT AND SOLD OR TRANSFERRED FROM OTHER ESTABLISHMENTS OF YOUR COMPANY AND SOLD WITHOUT FURTHER MANUFACTURE. Report only a value under Census code 9998991, "Resales." Report the corresponding cost in 16, line A2.

Products and services (a)	Product Class code (b)	Products shipped and other receipts, including interplant transfers and exports			
		Value, f.o.b. plant			
		2014 (c)			2013 (d)
		\$ Bil.	Mil.	Thou.	\$ Thou.
	018				
	026				
	034				
	042				
	059				
	067				
	075				
	083				
	091				

10001063



Form MA-10000(S)

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

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

Area code	Number	Extension
<input type="text"/>	<input type="text"/>	<input type="text"/>

Area code	Number
<input type="text"/>	<input type="text"/>

Internet e-mail address

Date completed →	Month	Day	Year
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Thank you for completing your 2014 ANNUAL SURVEY OF MANUFACTURES form.

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.

10001071

