## ATTACHMENT C

## Department of Commerce

United States Census Bureau
Annual Survey of Manufactures (ASM)
OMB Control No. 0607-0449

Former MA-10000(S) Questionnaire

## Do Not Submit - For Informational Purposes ONLY.

Mailing this to Census does not fulfill your reporting obligation.

## MA-10000(S) - Annual Survey of Manufactures

## Mailing Address

MAILING ADDRESS

| Attention - Enter Attention field/Contact |  |
| :--- | :--- |
| Name 1-Enter Name 1 | ABC COMPANY 57 |
| Name 2 - Enter Name 2 | ELECTRONIC COMPANY 57 |
| Street - Enter street address | 57 HEADQUARTERS ROAD |
| City - Enter city | SUITLAND |
| State - Enter state | MD |
| ZIP Code - Enter ZIP Code | 20233 |
| Store/Plant - Enter store/plant number |  |

For Census Bureau Use Only

| *CFN (census file number) - Unique identifier used for downloading and uploading data | 4000000797 |
| :--- | :--- |
| Electronic Batch Identification | X4000000.797 |

## Employer Identification Number Validation

Is the Employer Identification Number (EIN) used on this establishment's latest 2016 Internal Revenue Service Form 941, Employer's Federal Quarterly Tax Return? NOTE: If an EIN is not shown, select 'No' to provide the EIN on the next screen.

|  | Yes |
| :--- | :--- |
|  | No |

## Employer Identifcation Number

What is this establishment's 9-digit Employer Identification Number (EIN) used on the latest 2016 Internal Revenue Service Form 941, Employer's Federal Quarterly Tax Return?

EIN (Employer Identification Number) - Enter EIN

## Ownership or Control

Is your company owned or controlled by another domestic company?

|  | Yes |
| :--- | :--- |
|  | No |

## Ownership or Control - Voting Stock Validation

Does another domestic company own more than 50 percent of the voting stock of your company?
$\square$

## Ownership or Control - Management Policy

Does another domestic company have the power to control the management and policies of your company?


## Ownership or Control - Percent of Voting Stock

What percent of voting stock was held by the owning or controlling company?

|  | Less than $50 \%$ |
| :--- | :--- |
|  | More than $50 \%$ |
|  | $50 \%$ |

## Ownership Or Control - Company Information

What is the name, address, and 9-digit Employer Identification Number (EIN) of the owning or controlling company?

| If AFFIL_OWNER_GT50 is "Yes" or AFFIL_CONTROL is "Yes - Enter name of the owning or controlling <br> company |  |
| :--- | :--- |
| If AFFIL_OWNER_GT50 is "Yes" or AFFIL_CONTROL is "Yes - Enter address (Number and street) of the <br> owning or controlling company's home office |  |
| If AFFIL_OWNER_GT50 is "Yes" or AFFIL_CONTROL is "Yes - Enter city of the owning or controlling <br> company's home office |  |
| If AFFIL_OWNER_GT50 is "Yes" or AFFIL_CONTROL is "Yes - Enter state of the owning or controlling <br> company's home office |  |
| If AFFIL_OWNER_GT50 is "Yes" or AFFIL_CONTROL is "Yes - Enter ZIP Code of the owning or controlling <br> company's home office |  |
| If AFFIL_OWNER_GT50 is "Yes" or AFFIL_CONTROL is "Yes - Enter Employer Identification Number (EIN) <br> of the owning or controlling company |  |

## Physical Location Validation

Is this establishment's physical location the same as the address shown above?

|  | Yes |
| :--- | :--- |
|  | No |

## Physical Location Information

What is this establishment's physical location?

| If PHYSLOC_ADDR is "No" - Enter the physical location number and street address | 57 HEADQUARTERS ROAD |
| :--- | :--- |
| If PHYSLOC_ADDR is "No" - Enter the physical location city, town, village, etc. | SUITLAND |
| If PHYSLOC_ADDR is "No" - Enter the physical location state | MD |
| If PHYSLOC_ADDR is "No" - Enter the physical location ZIP Code | 20233 |

## Legal Boundary and Municipality

Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

|  | No legal boundaries |
| :--- | :--- |
|  | No |
|  | Do not know |
|  | Yes |

In what type of municipality is this establishment physically located?

|  | Do not know |
| :--- | :--- |
|  | City, village, or borough |
|  | Other |
|  | Town or township |

## Operational Status

Which of the following best describes this establishment's operational status at the end of 2016 ?

|  | Under construction, development, or exploration |
| :--- | :--- |
|  | In operation |
|  | Sold or leased to another operator |
|  | Ceased operation |
|  | Temporarily or seasonally inactive |

When did the establishment cease operation OR was sold or leased to another operator?

Date - Enter date for ceased or sold/leased establishment

If the establishment was sold or leased to another operator, what is the name, address, and 9-digit Employer Identification Number (EIN) of this establishment's new owner or operator?

| Enter name of new owner or operator for sold/leased establishments |  |
| :--- | :--- |
| Enter new owner number and street (P.O. Box, etc.) address for sold/leased establishments |  |
| Enter new owner city, town, village, etc. for sold/leased establishments |  |
| Enter new owner state for sold/leased establishments |  |
| Enter new owner ZIP Code for sold/leased establishments |  |
| Enter new owner Employer Identification Number (EIN) for sold/leased establishments |  |

## Months In Operation

How many months was this establishment in operation during $2016 ?$

[^0]
## Sales, Shipments, Receipts, or Revenue

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

| Total value of products shipped and other receipts (Exclude freight charges and excise taxes.) (Report detail in the <br> "Products" tab.) (Report in thousands of dollars) |  |
| :--- | :--- |
| Prior year total value of products shipped and other receipts (Exclude freight charges and excise taxes.) (Report <br> detail in the "Products" tab.) (Report in thousands of dollars) |  |

## E-Shipments

What percent of the $\$, 000.00$ reported in total value of products shipped and other receipts, in the SALES, SHIPMENTS, RECEIPTS, OR REVENUE area, were for goods that were ordered or whose movement was controlled or coordinated over electronic networks? (Report whole percents. Estimates are acceptable)

| Percent of total reported for RCPT_TOT that were ordered, or whose movement was controlled or coordinated over <br> electronic networks (Report whole percents. Estimates are acceptable.) |  |
| :--- | :--- |
| Prior year percent of total reported for RCPT_TOT_PY that were ordered, or whose movement was controlled or <br> coordinated over electronic networks (Report whole percents. Estimates are acceptable.) |  |

## Employment

What were the number of

| Employment: March 12 production workers |  |
| :--- | :--- |
| Employment: Prior year March 12 production workers |  |
| Employment: All other employees for pay period including March 12 |  |
| Employment: Prior year all other employees for pay period including March 12 |  |
| Employment: Sum of quarterly production workers (Add EMP_MAR12_PRDWRK, EMP_JUN12_PRDWRK, <br> EMP_SEP12_PRDWRK, and EMP_DEC12_PRDWRK.) |  |
| Employment: Prior year sum of quarterly production workers (Add EMP_MAR12_PRDWRK_PY, <br> EMP_JUN12_PRDWRK_PY, EMP_SEP12_PRDWRK_PY, and EMP_DEC12_PRDWRK_PY.) |  |

## Payroll

## What was the annual payroll before deductions?

Item 7B1c: Total annual payroll before deductions (Exclude employer's cost for fringe benefits.) (Add Items 7B1a
and 7B1b.) (Report in thousands of dollars)

Item 7B1c: Prior year total annual payroll before deductions (Exclude employer's cost for fringe benefits.) (Add Items 7B1a and 7B1b.) (Report in thousands of dollars)

What was the first quarter payroll before deductions (January-March 2016)?

Item 7B2: First quarter payroll (January-March 2016)(Exclude employer's cost for fringe benefits.) (Report in thousands of dollars)

Item 7B2: Prior year first quarter payroll (January-March 2015)(Exclude employer's cost for fringe benefits.)
(Report in thousands of dollars)

## Value of Inventories

What were the total value of inventories, regardless of where held, before Last-in, First-out (LIFO) adjustment (if any) owned by this establishment as of December 31?

| Item 9B4: Inventories: Total, end of 2016 (Add Items 9B1 through 9B3.) (Report in thousands of dollars) |  |  |
| :--- | :--- | :--- |
| Item 9B4: Inventories: Total, end of 2015 (Add Items 9B1 through 9B3.) (Report in thousands of dollars) |  |  |

## Capital Expenditures

What were the total capital expenditures for new and used depreciable assets in $2016 ?$

Item 13A3: Total capital expenditures, new and used depreciable assests in 2016 (Add Items 13A1 and 13A2.)
(Report in thousands of dollars)
Item 13A3: Prior year total capital expenditures, new and used depreciable assests in 2015 (Add Items 13A1 and
13A2.) (Report in thousands of dollars)

## Rental Payments

What were the total cost for rental or lease of buildings and other structures, machinery and equipment?

Item 14C: Total rental or lease payments (Add Items 14A and 14B.) (Report in thousands of dollars)
Item 14C: Prior year total rental or lease payments (Add Items 14A and 14B.) (Report in thousands of dollars)

## Selected Expenses

What was the total production related costs in $2016 ?$

Item 16A6: Total selected production related costs (Add Items 16A1 through 16A5.) (Report in thousands of dollars)

Item 16A6: Prior year total selected production related costs (Add Items 16A1 through 16A5.) (Report in thousands of dollars)

## Details of Sales Shipments Receipts or Revenue

## Add Additional Product Codes

| Product Class <br> Code | Product Class Description | Product Class Description Write-in | 2016 Value | 2015 Value |
| :--- | :--- | :--- | :--- | :--- |
| 3327100 | Receipts for machine shop job work and job order <br> repairs |  |  |  |
| 9998992 | Contract work - Receipts for work done for others on <br> their materials |  |  |  |
| 9998991 | Resales - Sales of products bought and sold without <br> further manufacture, processing, or assembly [The cost <br> of such items should be reported in line A2 of the <br> SELECTED PRODUCTION COSTS AND <br> ELECTRICITY area of the SELECTED EXPENSES <br> section.] |  |  |  |
| 9998999 | Miscellaneous receipts [including receipts for repair <br> work, scrap, refuse, etc.] |  |  |  |
| 7700000 | TOTAL |  |  |  |

## Remarks

(Please use this space for any explanations that may be essential in understanding your reported data.) Maximum length is 1,000 characters.

[^1]
## Number of Establishments

How many establishments operated under EIN at the end of $2016 ?$

Number of establishments that operated under this EIN at the end of 2016

## Added Location

What is this establishment's physical location?

| Enter name of establishment |  |
| :--- | :--- |
| Enter secondary name of establishment |  |
| Enter store/plant number |  |
| Enter street address |  |
| Enter city |  |
| Enter state |  |
| Enter ZIP Code |  |
| Describe kind of business at this location |  |

For employees that worked at more than one location, report the employment and payroll data for employees at the ONE location where they spent most of their working time.

| Number of employees for pay period including March 12, 2016 |  |
| :--- | :--- |
| First quarter payroll (January-March 2016) (Report in thousands of dollars) |  |
| Annual payroll (Report in thousands of dollars) |  |
| Sales, Shipments, Receipts, or Revenue (Report in thousands of dollars) |  |


[^0]:    Number of months in operation during 2016

[^1]:    Remarks - Enter any explanations that may be essential in understanding your reported data.

