

Attachment D – Current Surveys

2019 Annual Survey of Manufactures (ASM)

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Location Information

DEFINITION OF ESTABLISHMENT

The reporting unit for this questionnaire is an **establishment**. An establishment is generally a single physical location where business is conducted or where services or industrial operations are performed.

PHYSICAL ADDRESS

Please update the location's physical address if needed.

Name 1

Store/Plant

Name 2

Number and Street

City, town, village, etc.	State	ZIP Code
	Select State or Territory	99999-9999

For Census Bureau Use Only

CFN	

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Legal Boundary and Municipality

EIN:
Store / Plant:
CFN:

LEGAL BOUNDARY AND MUNICIPALITY

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

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

In what type of municipality is this establishment physically located?

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

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Item 1: Employer Identification Number

EIN:
Store / Plant:
CFN:

ITEM 1: EMPLOYER IDENTIFICATION NUMBER

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

- Yes
- No

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Item 1: Employer Identification Number - Enter/Update EIN

EIN:
Store / Plant:
CFN:

ITEM 1: EMPLOYER IDENTIFICATION NUMBER - ENTER / UPDATE EIN

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

EIN
99-9999999

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Item 3: Operational Status

EIN:
Store / Plant:
CFN:

ITEM 3: OPERATIONAL STATUS

Which of the following best describes this establishment's operational status at the end of 2019?

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

CEASED OPERATION OR SOLD OR LEASED INFORMATION

If this establishment ceased operation or was sold or leased to another operator, what was the date?

MMDYYYY

MMDYYYY

If this 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?

Name of new owner/operator

Mailing Address (Number and Street,
P.O. Box, etc.)

City, town, village, etc.

State

Select State or Territory

ZIP Code

99999-9999

EIN

99-9999999

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Item 4: Months in Operation

EIN:
Store / Plant:
CFN:

ITEM 4: MONTHS IN OPERATION

What was the number of months in operation during 2019?

Check
if
None

2019

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General Reporting Guidelines

EIN:
Store / Plant:
CFN:

GENERAL REPORTING GUIDELINES

Reporting Period:

- Responses should cover calendar year 2019.
• If your fiscal year covers at least 10 months of calendar year 2019, you may report by fiscal year on all items EXCEPT payroll.
• Calendar year figures for payroll may be available from:
• IRS Form 941 (Employer's Quarterly Federal Tax Return)
• IRS Form 944 (Employer's Annual Federal Tax Return)
• If you report by fiscal year, indicate the exact dates of the fiscal year on the submission certification screen.

Prior Year Data:

- Where available, your establishment's Prior Year data is prelisted in the 2018 column.
• Check these figures and make any necessary corrections as needed.
• If 2018 Inventories figures are not prelisted, report these figures in the appropriate sections as instructed.

Providing Estimates:

If book figures are not available, estimates are acceptable.

How to Report Dollar Figures:

Dollar figures should be rounded to thousands of dollars.

EXAMPLE - DO NOT ENTER DATA

EXAMPLE - if a dollar figure is \$2,036,355.25, report 2036:

Form showing 'Check if None' checkbox and a table with '2019' and '\$ 2036,000.00'.

EXAMPLE - DO NOT ENTER DATA

EXAMPLE - if a dollar figure is "0" (or less than \$500.00), check the None box:

Form showing 'Check if None' checkbox checked and a table with '2019' and '\$,000.00'.

How to Report Percents:

Percents should be rounded to whole percents.

EXAMPLE - DO NOT ENTER DATA

EXAMPLE - if figure is 38.76% of total sales, report 39:

Form showing a table with '2019' and '39 %'.

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Item 5: Sales, Shipments, Receipts, or Revenue Additional Information

EIN:
Store / Plant:
CFN:

ITEM 5: SALES, SHIPMENTS, RECEIPTS, OR REVENUE

A. What was the total value of products shipped and other receipts for this establishment? (Report detail in Item 22.)

Include:

- All products physically shipped from this establishment during 2019

Exclude:

- Freight charges
Excise taxes

Check if None []

2019 \$ [] ,000.00

2018 \$ [] ,000.00

B. What was the market value of products shipped to other domestic plants of your company for further assembly, fabrication, or manufacture? (This is a breakout of the \$,000.00 reported in Item 5, line A.)

Include:

- A reasonable portion of other costs (company overhead)
A reasonable portion of profits

Exclude:

- Products that are shipped to or on order from your company's sales or wholesale offices and sold to customers outside your company

[]

\$ [] ,000.00

\$ [] ,000.00

C. What percent of the \$,000.00 reported in Item 5, line A was for goods that were ordered or whose movement was controlled or coordinated over electronic networks? (Report whole percent.)

E-shipments are online orders accepted for manufactured products from customers. These include shipments to other domestic plants of your own company for further manufacture, assembly, or fabrication. The price and terms of sale for these shipments are negotiated over an online system. Payment may or may not be made online.

Include:

- Electronic Data Interchange (EDI)
E-mail
Internet
Extranet
Other online systems

[]

[] %

[] %

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Item 7: Employment, Payroll, and Fringe Benefits Additional Information

EIN:
 Store / Plant:
 CFN:

ITEM 7: EMPLOYMENT, PAYROLL, AND FRINGE BENEFITS

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)
- All persons on paid sick leave, paid holidays, and paid vacation during the year at this establishment

Exclude:

- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN (Report values in **Item 16**, line C1.)
- Temporary staffing obtained from a staffing service (Report values in **Item 16**, line C1.)
- Purchased professional and technical services (Report values in **Item 16**, line C9.)
- Subcontractors and their employees (Report cost of contract work in **Item 16**, line A3.)
- Fishermen, agricultural employees, members of the Armed Forces, and pensioners carried on your active rolls

A. What was the number of **production** workers at this establishment (**direct labor including first-line supervisors**) for the pay period including:

Include:

- Workers engaged in fabricating, processing, assembling, inspecting, receiving, packing, warehousing, shipping (but not delivering), maintenance, repair, janitorial, guard services, product development, auxiliary production for plant's own use (e.g., power plant), recordkeeping, and other closely associated services (including truck drivers delivering ready-mixed concrete)

	Check if None	2019 Number	2018 Number
1. March 12 (Q1)?	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
2. June 12 (Q2)?	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
3. September 12 (Q3)?	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
4. December 12 (Q4)?	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Sum of four quarters of production workers at this establishment (direct labor including first-line supervisors) (Add lines A1 through A4.)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

B. What was the **Average** number of **annual production** workers at this establishment (**direct labor including first-line supervisors**)?

(Divide **sum of four quarters of production** workers by 4 and round to the nearest whole number.)

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C. What was the number of all **other (non production)** employees at this establishment for the **first quarter** (January - March 2019)?

Include:

- Officers at **this** establishment, if a corporation
- Supervision above line-supervisor level
- Sales employees, including delivery (truck driver and helpers)
- Advertising, clerical, credit, collection, purchasing, finance, legal, executive, and technical employees
- Employees installing and servicing this establishment's products

Exclude:

- Proprietors and partners, if an unincorporated concern
- Temporary staff and leased employees (Report values in **Item 16**, line C1.)

	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
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TOTAL (Add lines B and C.)

	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
--	--------------------------	----------------------	----------------------

D. HOURS WORKED:

What was the **annual** number of hours worked by the **production** workers at this establishment (**direct labor including first-line supervisors**) reported in line B?

Exclude:

- Hours paid for vacations, holidays, or sick leave unless an employee elects to work during their vacation period. Report only actual hours worked by such employee. Overtime hours should be reported as actual hours worked and not as straight-time equivalent hours.

	<input type="checkbox"/>	2019 Hours	2018 Hours
		<input type="text"/> ,000	<input type="text"/> ,000

E. PAYROLL

What was the **annual** payroll at this establishment before deductions for:

Exclude:

- Employer-paid annual cost for fringe benefits reported in lines F1 through F3

		2019	2018
1. Production workers reported in line B?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	\$ <input type="text"/> ,000.00
2. All other employees reported in line C?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	\$ <input type="text"/> ,000.00
TOTAL (Add lines E1 and E2.)	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	\$ <input type="text"/> ,000.00
What was the first quarter payroll at this establishment before deductions (January - March 2019)?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	\$ <input type="text"/> ,000.00

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F. EMPLOYER-PAID ANNUAL COST FOR FRINGE BENEFITS

(This is the employer's annual cost at this establishment for legally required programs and programs not required by law. If any of the items here are maintained in your records only at the company level, allocate their costs to the manufacturing establishment. You may distribute the total on the basis of the ratio of the payroll of each manufacturing establishment to the total company payroll unless you have developed your own method of making such allocations. Specify the method used and the approximate portion that has been allocated in the Item 31: REMARKS section at the end of the instrument.)

Include:

- Premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs)
• Spread on stock options that are taxable to employees at this establishment as wages

Exclude:

- Employee contributions
• Disbursements from trusts or funds to satisfy health insurance claims

What were the employer's annual costs at this establishment for:

1. Health Insurance? - Insurance premiums on hospitals, medical plans, and single-service plans such as dental, vision, and prescription drug plans

checkbox

\$ [] ,000.00

\$ [] ,000.00

2. Retirement Plans?

a. Defined benefit pension plans (qualified and nonqualified) - 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.

checkbox

\$ [] ,000.00

\$ [] ,000.00

b. Defined contribution plans - 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:

- Profit sharing plans
• Money purchases (e.g., 401k, 403b)
• Stock bonus plans (e.g., ESOPs)

checkbox

\$ [] ,000.00

\$ [] ,000.00

3. Payroll taxes, employer-paid insurance premiums, and other employer-paid benefits?

Include:

- Legally-required fringe benefits (e.g., Social Security, workers compensation insurance, state disability insurance programs, long- and short- term disability, unemployment tax, and Medicare)
• Life insurance benefits
• "Quality of life" benefits (e.g., childcare assistance, adoption assistance, subsidized commuting, long-term care insurance, flexible workplace, employer-provided home PC, etc.)
• Employer contributions to pre-tax benefit accounts (e.g., health savings account)
• Education assistance
• Stock options
• Other benefits not specified above (e.g., job-related travel accident insurance, education assistance, wellness programs, fitness centers, employee

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assistance programs, etc.)

Exclude:

- Disbursements from trusts or funds to satisfy health insurance claims

\$,000.00

\$,000.00

4. TOTAL (Add lines F1 through F3.)

\$,000.00

\$,000.00

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Item 9: Value of Inventories Additional Information

EIN:
 Store / Plant:
 CFN:

ITEM 9: VALUE OF INVENTORIES

Report inventories at cost or market using generally accepted accounting practices, and report all inventories owned by this establishment regardless of where the inventories are held. If this establishment is part of a multiple-establishment company, assign to each establishment those inventories that the establishment is responsible for as if it owned them.

What was the value of inventories **owned by this establishment** as of December 31 before Last-In, First-Out (LIFO) adjustment (if any) for:

	Check if None	End of 2019	Check if None	End of 2018
A. Finished goods (<i>final output of this establishment, but still within ownership</i>)?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
B. Work-in-process (<i>goods that have been substantially transformed in the manufacturing process, but are not yet the final output of the establishment</i>)?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
C. Materials, supplies, fuels, etc. (<i>goods that are raw inputs to the manufacturing process and will be substantially altered to produce this establishment's output</i>)?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
TOTAL (Add lines A through C.)	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00

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Item 10: Inventories by Valuation Method Additional Information

EIN:
 Store / Plant:
 CFN:

ITEM 10: INVENTORIES BY VALUATION METHOD

Of the \$,000.00 reported in **Item 9** as the total value of inventories **owned by this establishment** as of December 31, 2019 and the \$,000.00 reported in **Item 9** as the total value of inventories **owned by this establishment** as of December 31, 2018, how much is subject to the following valuation methods:

A. Non-LIFO (Last-In, First-Out) valuation methods

	Check if None	End of 2019	Check if None	End of 2018
1. First-In, First-Out (FIFO)?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
2. Average Cost?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
3. Standard Cost?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
4. Other non-LIFO valuation method(s)?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
<input type="text" value="Describe"/>				
TOTAL (Add lines A1 through A4.)	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
B. LIFO Valuation Method (gross LIFO amount)?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
TOTAL Non-LIFO and LIFO methods (Add TOTAL of lines A1 through A4 and B.)	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
C. What is the amount of LIFO reserve (if any)? (If the value of reserve is negative, use "-".)	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00

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Item 13: Capital Expenditures Additional Information

EIN:
 Store / Plant:
 CFN:

ITEM 13: CAPITAL EXPENDITURES

Include:

- Dollar value of capital expenditures
- Buildings, structures, and equipment used directly or indirectly by this establishment to produce the goods and services reported in **Item 5**, line A and **Item 22**

What were the capital expenditures for new and used depreciable assets in 2019 for:

A. New and used buildings and other structures?

Exclude:

- The value of land on which structures stand

Check if None

2019
 \$,000.00

2018
 \$,000.00

B. New and used machinery and equipment?

1. Automobiles, trucks, etc. for highway use?

\$,000.00

\$,000.00

2. Computers and peripheral data processing equipment?

\$,000.00

\$,000.00

3. All other expenditures for machinery and equipment?

\$,000.00

\$,000.00

TOTAL (Add lines A and B1 through B3.)

\$,000.00

\$,000.00

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Item 14: Rental Payments Additional Information

EIN:
Store / Plant:
CFN:

ITEM 14: RENTAL PAYMENTS

Include:

- Operating leases

Exclude:

- Capital leases (leases with a contract to own at the end of the lease)

At this establishment, what were the payments for:

A. Rental or lease of buildings and other structures?

Include:

- Job-site trailers
Land on which the buildings and other structures stand

Check if None []

2019 \$ [] ,000.00

2018 \$ [] ,000.00

B. Rental or lease of machinery and equipment?

Include:

- Production, loading, and transportation machinery and equipment
Construction equipment
Tools
Office equipment
Furniture
Vehicles

Exclude:

- Computer time-sharing charges for machinery and equipment rentals from computer service companies where the computer is not on site at the establishment

[]

\$ [] ,000.00

\$ [] ,000.00

TOTAL (Add lines A and B.)

[]

\$ [] ,000.00

\$ [] ,000.00

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Item 16: Selected Expenses Additional Information

EIN:
 Store / Plant:
 CFN:

ITEM 16: SELECTED EXPENSES

A. For this establishment, what were the production-related costs in 2019 for:

1. Materials, parts, containers, packaging, supplies, etc. used for manufacturing processes, repairs, services for others, or other operating supplies?

Include:

- Cost of production-related materials purchased by this establishment for other companies (contractors).

Exclude:

- Non-production-related expenses that were paid to other companies (contractors) by this establishment. *(Report these expenses on the next screen in **Item 16**, line C.)*

Check if None

2019
 \$,000.00

2018
 \$,000.00

2. Products bought and sold without further processing? *(Report sales in **Item 5**, line A and in Wholesaling Services product codes in **Item 22**.)*

\$,000.00

\$,000.00

3. Work done for you by others on your materials (work contracted to others)? *(Report on line A1 the cost of production-related materials purchased by this establishment for other companies (contractors).)*

\$,000.00

\$,000.00

4. Purchased fuels consumed for heat, power, or the generation of electricity? *(Report on line B2 the quantity of electricity generated (Gross less generating station use).)*

\$,000.00

\$,000.00

5. Purchased electricity? *(Report comparable quantity on line B1.)*

\$,000.00

\$,000.00

TOTAL (Add lines A1 through A5.)

\$,000.00

\$,000.00

B. For this establishment, what was the quantity of:

1. Purchased electricity? *(Quantity comparable to cost reported in line A5)*

2019 Kilowatt Hours
 ,000

2018 Kilowatt Hours
 ,000

2. Generated electricity (gross less generating station use)? *(Quantity comparable to cost reported in line A4)*

,000

,000

3. Electricity sold or transferred to other establishments? *(Also include quantity on lines B1 and/or B2.)*

,000

,000

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Item 16: Selected Expenses - Continued

EIN:
Store / Plant:
CFN:

ITEM 16: SELECTED EXPENSES

C. What were the other operating expenses paid by this establishment in 2019 for:

Include:

- Expenses normally considered as non-production-related costs purchased from other companies

1. Temporary staff and leased employees? (Professional Employer Organizations and staffing agencies for personnel)

Check if None

2019
\$ [] ,000.00

2018
\$ [] ,000.00

Include:

- All charges for payroll, benefits, and services

2. Expensed equipment? (Expensed computer hardware and other equipment)

Include:

- Copiers
Fax machines
Telephones
Shop and lab equipment
CPUs
Monitors
Laptops
Tablets

Exclude:

- Packaged software (Report on line C3.)
Leased and rented equipment (Report in Item 14, line B.)

\$ [] ,000.00

\$ [] ,000.00

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
Maintenance fees related to software upgrades and alterations

Exclude:

- Costs associated with computer software developed within your own company
Capitalized computer software costs

\$ [] ,000.00

\$ [] ,000.00

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4. Purchased communication services?

Include:

- Telephone, cellular, and fax services
Computer-related communications (e.g., Internet, connectivity, online)
Other wired and wireless communication services
Credit card transaction fees

checkbox

\$ [] ,000.00

\$ [] ,000.00

5. Data processing and other purchased computer services?

Include:

- Computer facilities management services
Computer input preparation
Data storage
Computer time rental
Optical scanning services
Other computer-related advice and services, including training

Exclude:

- Services provided by other establishments of this company (such as a separate central data processing unit)
Expensed integrated systems (Report in line C4.)
Repair and maintenance of computer equipment (Report on line C6.)
Payroll processing and credit card transaction fees (Report payroll processing fees on line C9 and credit card transaction fees on line C4.)
Expenses for telecommunication services (e.g., Internet, connectivity, telephone) (Report on line C4.)

checkbox

\$ [] ,000.00

\$ [] ,000.00

6. Purchased repairs and maintenance to buildings and/or machinery and equipment?

Include:

- Repairs for painting, roof repairs, replacing parts, over-hauling of equipment, and other repairs chargeable as current operating costs
Cost of repair and maintenance of any leased property if this establishment assumes the cost

Exclude:

- Extensive "repairs" or reconstruction that is capitalized. Report these as a capital expenditure in Item 13.
Costs of materials, parts, and supplies directly incurred by this establishment using its own work force to perform repairs and maintenance

checkbox

\$ [] ,000.00

\$ [] ,000.00

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7. Water, sewer, refuse removal, and other non-electric utility payments?

(Report electric utility payments on line A5. If the costs of these utilities are included in a lease or rental payment, report in Item 14, line A.)

Include:

- Cost of hazardous waste removal or treatment

Exclude:

- Cost of refuse removal services if included in rental payments
Machinery or equipment reported as a capital expenditure in Item 13
Cost of salaries paid to employees of this establishment whose work involves refuse removal and/or hazardous waste removal or treatment

checkbox

\$ [] ,000.00

\$ [] ,000.00

8. Purchased advertising and promotional services?

Include:

- Marketing and public relations services

Exclude:

- Salaries paid to employees of this establishment for advertising work

checkbox

\$ [] ,000.00

\$ [] ,000.00

9. Purchased professional and technical services?

Include:

- Management consulting
Accounting
Auditing
Bookkeeping
Legal
Actuarial
Payroll processing
Architectural
Engineering
Other professional services (i.e. janitorial, security, or landscape services)

Exclude:

- Salaries paid to your own employees for these services (Report in Item 7.)

checkbox

\$ [] ,000.00

\$ [] ,000.00

10. Governmental taxes and licensing fees? (Payments to government agencies for taxes and licenses)

Include:

- Business and property taxes

Exclude:

- Income taxes

checkbox

\$ [] ,000.00

\$ [] ,000.00

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11. All other operating expenses not reported elsewhere?

Exclude:

- Purchases of merchandise for resale
- Non-operating expenses
- Other expenses reported in Items 7, 13, 14, and 16

\$,000.00

\$,000.00

Describe

TOTAL (Add lines 1 through 11.)

\$,000.00

\$,000.00

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Item 17: Principal Business or Activity

EIN:
Store / Plant:
CFN:

ITEM 17: PRINCIPAL BUSINESS OR ACTIVITY

Which ONE of the following best describes this establishment's principal kind of business or activity in 2019?

If none of the provided selections seem appropriate or selection options are not provided, provide a specific description to search for an appropriate business activity.

Select only ONE.

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Item 22: Detail of Sales, Shipments, Receipts, or Revenue

EIN:
Store / Plant:
CFN:

ITEM 22: DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Of the \$,000.00 of Sales, Shipments, Receipts, or Revenue reported in **Item 5**, what was the value of each product or service?

General - Please do not combine product lines. If the information is not directly available from your records, **reasonable estimates are acceptable.**

The manufactured products and services listed below are generally made in your industry. If you make products or have revenue from sources not listed, click the "Add Product Not Listed" button and search for an existing product, or use the section for "Add product(s) not listed above."

Manufacturing of Products - Report the value of the products shipped and services performed at the net selling value, free on board (FOB) plant to the customer, after discounts and allowances.

Include:

- Products made elsewhere by others from materials supplied by this establishment. Report these products on the specific lines as if they were made in this establishment.
- Products transferred to other establishments within your company. These products should be assigned the full economic value (market value); i.e., include all direct costs of production and a reasonable proportion of all other costs and profits.

Exclude:

- Wholesale products (previously **Resales**), which include products that are bought from other establishments or transferred from other establishments of your company and then **sold without further manufacture, processing, or assembly** by this establishment. Report Wholesale products in any relevant prelisted product code, click the "Add Product Not Listed" button and search for an existing Wholesale product, or use the section for "Add product(s) not listed above."
- Products **made from materials owned by others** (i.e., the customer). Report your commission or contract receipts in the appropriate Contract Manufacturing product line(s).
- Freight charged
- Excise taxes

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2019 Annual Survey of Manufactures (ASM)
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Item 28: Special Inquiries - Industrial Robots and Robotic Equipment

EIN:
Store / Plant:
CFN:

ITEM 28: SPECIAL INQUIRIES - INDUSTRIAL ROBOTS AND ROBOTIC EQUIPMENT

INDUSTRIAL ROBOTIC EQUIPMENT

- Industrial robotic equipment (or industrial robots) are automatically controlled, reprogrammable, and multipurpose machines used in the industrial automated operations.
Industrial robots may be mobile, incorporated into stand-alone stations, or integrated into a production line.
An industrial robot may be part of a robotic cell (or work cell) or incorporated into another piece of equipment.
Industrial robots are commonly used in operations such as welding, material handling, machine tending, dispensing, cleanroom, and pick and place.

REPORTING INDUSTRIAL ROBOTIC EQUIPMENT

- Estimates are acceptable.
In (A), report capital expenditures for new and used industrial robotic equipment for this establishment. Include other one-time costs, including software and installation.
In (B) and (C), report the number of industrial robots in operation at this establishment and purchased for this establishment.
For robots purchased as part of a work cell or other integrated robotic equipment, it may not be possible to report the expenditures on only the robots. In this case, report the expenditures on the integrated robotic equipment.

Examples of operations industrial robotic equipment can perform may include:

- Palletizing
Pick and place
Machine tending
Machine handling
Dispensing
Welding
Packing/repacking

Exclude:

- Automated guided vehicles (AGVs)
Driverless forklifts
Automated storage and retrieval systems
CNC machining equipment

A. What were the capital expenditures for new and used industrial robotic equipment, including software, installation, and other one-time costs?
Check if None
2019 \$ [] ,000.00
2018 \$ [] ,000.00

B. What was the number of industrial robots IN OPERATION at this plant? Refer to instructions above for definitions. If you are unable to provide the number of industrial robots IN OPERATION, please explain:
2019 Number []
2018 Number []

[]

2019 Annual Survey of Manufactures (ASM)

MA-10000 - Annual Survey of Manufactures

C. What was the number of industrial robots PURCHASED for this plant? Refer to instructions above for definitions. If you are unable to provide the number of industrial robots PURCHASED, please explain:

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Item 31: Remarks

EIN:
Store / Plant:
CFN:

ITEM 31: REMARKS (Optional - Enter remarks only if necessary)

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

You have characters remaining

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Do Not Mail - Report Online



U.S. DEPARTMENT OF COMMERCE
U.S. CENSUS BUREAU

FORM **MA-3000**
(01-28-2020)

MANUFACTURERS' UNFILLED ORDERS SURVEY

OMB No. 0607-0561: Approval Expires 10/31/2021

Please correct errors in name, address, and ZIP code. ENTER street and number if not shown.

DUE DATE:

Report by mail:

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

OR

Report electronically:
https://portal.census.gov

Authentication Code:

**Need help or have questions
about completing this form?**

Call: (301) 763-1779

YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182, authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information **CONFIDENTIAL** and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.
This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0561 and appears at the upper right of this page. Without this approval, we could not conduct this survey. We estimate the time to complete this survey varies from 15 minutes for single divisional companies to 60 minutes for multi-divisional companies, with an average of 30 minutes. More information about this estimate and an address where you may write with comments is on the back of this form.

Name of person to be contacted regarding this report (Please print or type)				Title				Email			
Telephone	Area Code	Number		Extension	Fax	Area Code	Number				

IMPORTANT - Please read the instructions included with this form, then complete the survey below.

CHANGE IN OPERATIONAL STATUS

- Ceased operations
- Sold to another company
- Provide company name (sold or acquired), address, and EIN (if applicable) at right
- Acquired another company
- Provide company name and address at right

Provide company name (sold or acquired), address, and EIN (if applicable) below.
For additional entries, go to "Remarks".

Period covered by data (if other than calendar year)

2019				2018			
FROM	Month	Day	Year	FROM	Month	Day	Year
TO	Month	Day	Year	TO	Month	Day	Year

DATE OF OPERATIONAL STATUS CHANGE:

Month	Day	Year

Line No.	Selected In-Scope Manufacturing Activities (See Instructions and Activities List) U.S. MANUFACTURING ONLY (a)		Annual Sales 2019 (b)	Unfilled Orders (Order Backlog) as of Dec. 31, 2019 (c)	Annual Sales 2018 (d)	Unfilled Orders (Order Backlog) as of Dec. 31, 2018 (e)
	Code	Description				
1			,000	,000	,000	,000
2			,000	,000	,000	,000
3			,000	,000	,000	,000
4			,000	,000	,000	,000

Please continue on the reverse side for additional manufacturing activities and/or remarks.

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Line No.	Selected In-Scope Manufacturing Activities (See Instructions and Activities List) U.S. MANUFACTURING ONLY (a)		Annual Sales 2019 (b)	Unfilled Orders (Order Backlog) as of Dec. 31, 2019 (c)	Annual Sales 2018 (d)	Unfilled Orders (Order Backlog) as of Dec. 31, 2018 (e)
	Code	Description				
5			,000	,000	,000	,000
6			,000	,000	,000	,000
7			,000	,000	,000	,000
8			,000	,000	,000	,000
9			,000	,000	,000	,000
10			,000	,000	,000	,000
11			,000	,000	,000	,000
12			,000	,000	,000	,000
13			,000	,000	,000	,000
14			,000	,000	,000	,000
15			,000	,000	,000	,000
16			,000	,000	,000	,000
17			,000	,000	,000	,000
18			,000	,000	,000	,000
19			,000	,000	,000	,000
20			,000	,000	,000	,000
21			,000	,000	,000	,000
22			,000	,000	,000	,000
23			,000	,000	,000	,000
24			,000	,000	,000	,000
25			,000	,000	,000	,000

Remarks

► CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.

Signature of authorized person

Date

We estimate the time to complete this survey varies from 15 minutes for single divisional companies to 60 minutes for multi-divisional companies, with an average of 30 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: EID Survey Comments 0607-0561, U.S. Census Bureau, 4600 Silver Hill Road, Room EID-7K071, Washington, DC 20233. You may email comments to eid.m3.qs@census.gov. Be sure to use "EID Survey Comments 0607-0561" as the subject.

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