

U.S. PRODUCERS' QUESTIONNAIRE

INVESTIGATION TITLE

This questionnaire must be received by the Commission by **DATE**
See last page for filing instructions.

The information called for in this questionnaire is for use by the United States International Trade Commission in connection with its review of the **countervailing duty/antidumping duty** order concerning #abbrproduct from #ctrysubs (Inv. No. 701/731-TA-xxx (Review)). The information requested in the questionnaire is requested under the authority of the Tariff Act of 1930, title VII. This report is mandatory and failure to reply as directed can result in a subpoena or other order to compel the submission of records or information in your firm's possession (19 U.S.C. § 1333(a)).

| | | | | | |
|--|------------|--|-------|----------|-------|
| Name of firm | _____ | | | | |
| Address | _____ | | | | |
| City | _____ | State | _____ | Zip Code | _____ |
| Website | _____ | | | | |
| Has your firm produced #abbrproduct (as defined on the next page) at any time since January 1, #bopyear? | | | | | |
| <input type="checkbox"/> | NO | (Sign the certification below and promptly return only this page of the questionnaire to the Commission) | | | |
| <input type="checkbox"/> | YES | (Complete all parts of the questionnaire, and return the entire questionnaire to the Commission) | | | |
| Return questionnaire via the Commission Drop Box by clicking on the following link: | | | | | |
| https://dropbox.usitc.gov/oinv/ (PIN: XXXX) | | | | | |

CERTIFICATION

I certify that the information herein supplied in response to this questionnaire is complete and correct to the best of my knowledge and belief and understand that the information submitted is subject to audit and verification by the Commission. By means of this certification I also grant consent for the Commission, and its employees and contract personnel, to use the information provided in this questionnaire and throughout this proceeding in any other import-injury proceedings or reviews conducted by the Commission on the same or similar merchandise.

I, the undersigned, acknowledge that information submitted in response to this request for information and throughout this proceeding or other proceedings may be disclosed to and used: (i) by the Commission, its employees and Offices, and contract personnel (a) for developing or maintaining the records of this or a related proceeding, or (b) in internal investigations, audits, reviews, and evaluations relating to the programs, personnel, and operations of the Commission including under 5 U.S.C. Appendix 3; or (ii) by U.S. government employees and contract personnel, solely for cybersecurity purposes. I understand that all contract personnel will sign appropriate nondisclosure agreements.

Name of Authorized Official

Title of Authorized Official

Date

Signature

Phone

Email address

PART I.—GENERAL INFORMATION

Background.--On **Date**, the **Department of Commerce (“Commerce”)/the Treasury** issued a **countervailing duty order/an antidumping duty order/suspended an investigation** on imports of #abbrproduct from #ctrysubs. On **Date**, the Commission instituted a review pursuant to section 751(c) of the Tariff Act of 1930 (19 U.S.C. § 1675(c)) (the Act) to determine whether **revocation of the order/termination of the suspended investigation** would be likely to lead to continuation or recurrence of material injury to the domestic industry within a reasonably foreseeable time. If both the Commission and Commerce make an affirmative determination, the **order/suspension agreement** will remain in place. If either the Commission or Commerce makes a negative determination, Commerce will **revoke the order/terminate the suspension agreement**. Questionnaires and other information pertinent to this proceeding are available at **LINK**.

#abbrproduct covered by these investigations is . . . **COMMERCE SCOPE LANGAUGE**

#abbrproduct **is/are** currently imported under statistical reporting numbers **XXXX.XX.XXXX of the Harmonized Tariff Schedule of the United States (HTSUS)**. It/They may also be imported under HTSUS statistical reporting number **XXXX.XX.XXXX**. The HTSUS provisions are for convenience and customs purposes; the written description of the scope is dispositive.

Reporting of information.--If information is not readily available from your records in exactly the form requested, furnish carefully prepared estimates. If your firm is completing more than one questionnaire in connection with this proceeding (i.e., a producer, importer, and/or purchaser questionnaire), you need not respond to duplicated questions in the questionnaires.

Confidentiality.--The commercial and financial data furnished in response to this questionnaire that reveal the individual operations of your firm will be treated as confidential by the Commission to the extent that such data are not otherwise available to the public and will not be disclosed except as may be required by law (see 19 U.S.C. § 1677f). Such confidential information will not be published in a manner that will reveal the individual operations of your firm; however, general characterizations of numerical business proprietary information (such as discussion of trends) will be treated as confidential business information only at the request of the submitter for good cause shown.

Verification.--The information submitted in this questionnaire is subject to audit and verification by the Commission. To facilitate possible verification of data, please keep all of your files, worksheets, and supporting documents used in the preparation of the questionnaire response. Please also retain a copy of the final document that you submit.

Release of information.--The information provided by your firm in response to this questionnaire, as well as any other business proprietary information submitted by your firm to the Commission in connection with this proceeding, may become subject to, and released under, the administrative protective order provisions of the Tariff Act of 1930 (19 U.S.C. § 1677f) and section 207.7 of the Commission's Rules of Practice and Procedure (19 CFR § 207.7). This means that certain lawyers and other authorized individuals may temporarily be given access to the information for use in connection with this proceeding or other import-injury proceedings conducted by the Commission on the same or similar merchandise; those individuals would be subject to severe penalties if the information were divulged to unauthorized individuals.

D-GRIDS tool.--The Commission has a tool that firms can use to move data from their own MS Excel compilation files into self-contained data tables within this MS Word questionnaire, thereby reducing the amount of cell-by-cell data entry that would be required to complete this form. This tool is a macro-enabled MS Excel file available for download from the Commission's generic questionnaires webpage (https://www.usitc.gov/trade_remedy/question.htm) called the "D-GRIDs tool." Use of this tool to help your firm complete this questionnaire is *optional*. Firms opting to use the D-GRIDs tool to populate their data into this questionnaire will need the D-GRIDs specification sheet PDF file specific to this proceeding (available on the case page which is linked under the "Background" above) which includes the necessary references relating to this questionnaire, as well as the macro-enable MS Excel D-GRIDs tool itself from the generic questionnaires page. More detailed instructions on how to use the D-GRIDs tool are available within the D-GRIDs tool itself.

I-1. **OMB statistics.**--Please report below the actual number of hours required and the cost to your firm of completing this questionnaire.

| Hours | Dollars |
|-------|---------|
| | |

The questions in this questionnaire have been reviewed with market participants to ensure that issues of concern are adequately addressed and that data requests are sufficient, meaningful, and as limited as possible. Public reporting burden for this questionnaire is estimated to average 50 hours per response, including the time for reviewing instructions, gathering data, and completing and reviewing the questionnaire.

We welcome comments regarding the accuracy of this burden estimate, suggestions for reducing the burden, and any suggestions for improving this questionnaire. Please attach such comments to your response or send to the Office of Investigations, USITC, 500 E St. SW, Washington, DC 20436.

I-2a. **Establishments covered.**--Provide the city, state, zip code, and brief description of each establishment covered by this questionnaire. **Firms operating more than one establishment should combine the data for all establishments into a single report.**

"Establishment"--Each facility of a firm involved in the production of #abbrproduct, including auxiliary facilities operated in conjunction with (whether or not physically separate from) such facilities.

| Establishments Covered ¹ | City, State | Zip (5 digit) | Description |
|---|-------------|---------------|-------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| ¹ Additional discussion on establishments consolidated in this questionnaire: _____ | | | |

I-2b. **Stock symbol information.**-- If your firm or parent firm is publicly traded, please specify the stock exchange and trading symbol: _____.

I-2c. **External counsel.**-- If your firm or parent firm is represented by external counsel in relation to this proceeding, please specify the name of the law firm and the lead attorney(s).

| | |
|-------------------|--|
| Law firm: | |
| Lead attorney(s): | |

I-3. **Position regarding continuation of order.**--Does your firm support or oppose continuation of the following **antidumping and/or countervailing** duty order currently in place for #abbrproduct?

| Country | Order type | Support | Oppose | Take no position |
|-----------|--------------------------------------|--------------------------|--------------------------|--------------------------|
| #ctrysubA | Antidumping duty | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| #ctrysubB | Antidumping duty/Countervailing duty | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| #ctrysubC | Antidumping duty/Countervailing duty | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| #ctrysubD | Antidumping duty/Countervailing duty | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I-4. **Ownership.**--Is your firm owned, in whole or in part, by any other firm?

No Yes--List the following information, relating to the ultimate parent/owner.

| Firm name | Country | Extent of ownership (percent) |
|-----------|---------|----------------------------------|
| | | |
| | | |
| | | |

I-5. **Related importers/exporters.**--Does your firm have any related firms, either domestic or foreign, that are engaged in importing #abbrproduct into the United States or that are engaged in exporting #abbrproduct to the United States?

No Yes--List the following information.

| Firm name | Country | Affiliation |
|-----------|---------|-------------|
| | | |
| | | |
| | | |

I-6. **Related producers.**--Does your firm have any related firms, either domestic or foreign, that are engaged in the production of #abbrproduct?

No Yes--List the following information.

| Firm name | Country | Affiliation |
|-----------|---------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

I-7. **Business plan.**--In Parts II and IV of this questionnaire we request a copy of your company's business plan. Does your company or any related firm have a business plan or any internal documents that describe, discuss, or analyze expected market conditions for #abbrproduct?

| No | Yes | If yes, please provide the requested documents. If you are not providing the requested documents, please explain why not. |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | |

PART II.--TRADE AND RELATED INFORMATION

Further information on this part of the questionnaire can be obtained from **INVESTIGATOR** (202-xxx-xxxx, **NAME@usitc.gov**). **Supply all data requested on a calendar-year basis.**

II-1. **Contact information.**--Please identify the responsible individual and the manner by which Commission staff may contact that individual regarding the confidential information submitted in part II.

| | |
|-----------|--|
| Name | |
| Title | |
| Email | |
| Telephone | |

II-2a. **Changes in operations.**--Please indicate whether your firm has experienced any of the following changes in relation to the production of #abbrproduct since January 1, #bopyear.

| <i>Check as many as appropriate.</i> | <i>If checked, please describe; leave blank if not applicable.</i> |
|---|--|
| <input type="checkbox"/> Plant openings | |
| <input type="checkbox"/> Plant closings | |
| <input type="checkbox"/> Relocations | |
| <input type="checkbox"/> Expansions | |
| <input type="checkbox"/> Acquisitions | |
| <input type="checkbox"/> Consolidations | |
| <input type="checkbox"/> Prolonged shutdowns or production curtailments | |
| <input type="checkbox"/> Revised labor agreements | |
| <input type="checkbox"/> Other (e.g., technology) | |

II -2b **Anticipated changes in operations.**— Does your firm anticipate any changes in in the character of its operations or organization relating to the production of #abbrproduct in the future?

| | | |
|--------------------------|--------------------------|---|
| No | Yes | If yes, supply details as to the time, nature, and significance of such changes and provide underlying assumptions, along with relevant portions of business plans or other supporting documentations that address this issue. |
| <input type="checkbox"/> | <input type="checkbox"/> | |

[DRAFTING NOTE: all subsequent (second and beyond) full reviews collect data for only THREE years plus any relevant interim period.]

II-3a. **Production using same machinery.**-- Please report your firm’s production of products made using the same equipment, machinery, or employees as used to produce #abbrproduct, and the combined production capacity on this shared equipment, machinery, or employees in the periods indicated.

“Overall production capacity” or “capacity” – The level of production that your establishment(s) could reasonably have expected to attain during the specified periods. Assume normal operating conditions (i.e., using equipment and machinery in place and ready to operate; normal operating levels (hours per week/weeks per year) and time for downtime, maintenance, repair, and cleanup).

Note.--If your firm does not produce any out-of-scope merchandise on the same machinery and equipment as scope merchandise then the "overall production capacity" numbers reported in this question should be exactly equal to the "average production capacity" numbers reported in question II-4. If, however, your firm does produce out-of-scope merchandise using the same machinery and equipment as scope merchandise, then the "average production capacity" reported in question II-4 should exclude the portion of "overall production capacity" that was used to produce this out-of-scope merchandise.

“Production” – All production in your U.S. establishment(s), including production consumed internally within your firm and production for another firm under a toll agreement.

| Item | Quantity (in #units) | | | | |
|--|----------------------|------|------|-------------------|------|
| | Calendar years | | | January-#intmonth | |
| | 2017 | 2018 | 2019 | 2019 | 2020 |
| Overall production capacity¹ | | | | | |
| Production of: #abbrproduct ² | 0 | 0 | 0 | 0 | 0 |
| Out-of-scope production.-- Specific product 1 | | | | | |
| Specific product 2 | | | | | |
| Other products ³ | | | | | |
| Subtotal, out-of-scope production | 0 | 0 | 0 | 0 | 0 |

| | | | | | |
|--|---|---|---|---|---|
| Total production using same machinery or workers | 0 | 0 | 0 | 0 | 0 |
|--|---|---|---|---|---|

¹ Data reported for capacity (first line) should be greater than data reported for total production (last line).

² Data entered for production of #abbrproduct will populate here once reported in question II-7.

³ Please identify these products: _____.

II-3b. **Operating parameters.**--The production capacity reported in II-3a is based on the following operating parameters:

| Hours per week | Weeks per year |
|----------------|----------------|
| | |

II-3c. **Capacity calculation.**--Please describe the methodology used to calculate overall production capacity reported in II-3a, and explain any changes in reported capacity.

II-3d. **Production constraints.**--Please describe the constraint(s) that set the limit(s) on your firm's production capacity.

II-3e. **Product shifting.**—

(i) Is your firm able to switch production (capacity) between #abbrproduct and other products using the same equipment and/or labor?

| No | Yes | If yes—(i.e., have produced other products or are able to produce other products) Please identify other actual or potential products: |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | |

(ii) Please describe the factors that affect your firm's ability to shift production capacity between products (e.g., time, cost, relative price change, etc.), and the degree to which these factors enhance or constrain such shifts.

II-4. **Production, shipment, and inventory data**--Report your firm's production capacity, production, shipments, and inventories related to the production of #abbrproduct in its U.S. establishment(s) during the specified periods.

"Average production capacity" or "capacity" – The level of production that your establishment(s) could reasonably have expected to attain during the specified periods. Assume normal operating conditions (i.e., using equipment and machinery in place and ready to operate; normal operating levels (hours per week/weeks per year) and time for downtime, maintenance, repair, and cleanup; and a typical or representative product mix).

"Production" – All production in your U.S. establishment(s), including production consumed internally within your firm and production for another firm under a toll agreement.

"Commercial U.S. shipments" –Shipments made within the United States as a result of an arm's length commercial transaction in the ordinary course of business. Report net values (i.e., gross sales values less all discounts, allowances, rebates, prepaid freight, and the value of returned goods) in U.S. dollars, f.o.b. your point of shipment.

"Internal consumption" – Product consumed internally by your firm. Such transactions are valued at fair market value.

"Transfers to related firms" –Shipments made to related firms. Such transactions are valued at fair market value.

"Related firm" –A firm that your firm solely or jointly owned, managed, or otherwise controlled; a firm that solely or jointly owned, managed, or otherwise controlled your firm; and/or a firm that was solely or jointly owned, managed, or otherwise controlled by a firm that also solely or jointly owned, managed, or otherwise controlled your firm.

"Export shipments" –Shipments to destinations outside the United States, including shipments to related firms.

"Inventories"— Finished goods inventory, not raw materials or work-in-progress.

Note: As requested in Part I of this questionnaire, please keep all supporting documents/records used in the preparation of the trade data, as Commission staff may contact your firm regarding questions on the trade data. The Commission may also request that your company submit copies of the supporting documents/records (such as production and sales schedules, inventory records, etc.) used to compile these data.

II-4. **Production, shipment, and inventory data.** --Continued

| Quantity (in #units) and value (in \$1,000) | | | | | | | | |
|---|---------------|------|------|------|------|------|-------------------|------|
| Item | Calendar year | | | | | | January-#intmonth | |
| | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2019 | 2020 |
| Average production capacity¹ (quantity) (A) | | | | | | | | |
| Beginning-of-period inventories (quantity) (B) | | | | | | | | |
| Production (quantity) (C) | | | | | | | | |
| U.S. shipments: | | | | | | | | |
| Commercial shipments: | | | | | | | | |
| quantity (D) | | | | | | | | |
| value (E) | | | | | | | | |
| Internal consumption:² | | | | | | | | |
| quantity (F) | | | | | | | | |
| value (G) | | | | | | | | |
| Transfers to related firms:² | | | | | | | | |
| quantity (H) | | | | | | | | |
| value (I) | | | | | | | | |
| Export shipments:³ | | | | | | | | |
| quantity (J) | | | | | | | | |
| value (K) | | | | | | | | |
| End-of-period inventories (quantity) (L) | | | | | | | | |

¹ The production capacity reported is based on operating _____ hours per week, _____ weeks per year. Please describe the methodology used to calculate production capacity, and explain any changes in reported capacity (use additional pages as necessary). _____.

² Internal consumption and transfers to related firms must be valued at fair market value. Does your firm use a different basis for valuing these transactions, please specify that basis (e.g., cost, cost plus, etc.): _____(however, provide the data above at fair market value).

³ Identify your firm's principal export markets: _____.

II-4. Production, shipment, and inventory data.--Continued

RECONCILIATION OF SHIPMENTS, PRODUCTION, AND INVENTORY.--Generally, the data reported for the end-of-period inventories (i.e., line L) should be equal to the beginning-of-period inventories (i.e., line B), plus production (i.e., line C), less total shipments (i.e., lines D, F, H, and J). Please ensure that any differences are not due to data entry errors in completing this form, but rather reflect your firm's actual records; and, also provide explanations for any differences (e.g., theft, loss, damage, record systems issues, etc.) if they exist.

| Item | Calendar year | | | | | | January-#intmonth | |
|---|---------------|------|------|------|------|------|-------------------|------|
| | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2019 | 2020 |
| B + C – D – F – H – J – L = should equal zero ("0") or provide an explanation. ¹ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ¹ Explanation if the calculated fields above are returning values other than zero (i.e., "0") but are nonetheless accurate: _____. | | | | | | | | |

[Include II-4b for all subsequent (second and beyond) full reviews which collect data for only THREE years plus any relevant interim period in the main trade tables. This should collect the years between the order and other years collected above. Be sure to change II-4 to II-4a.]

II-4b. Historical U.S. shipment data. --Report the quantity and value of your firm's U.S. shipments (including commercial U.S. shipments, internal consumption, and transfers, but not including exports) of #abbrproduct produced in your U.S. establishment(s) during the specified periods.

| Quantity (in #units) | | | |
|--------------------------|------|------|------|
| Item | 2017 | 2018 | 2019 |
| #abbrproduct Quantity | | | |
| Value | | | |

II-6. **Employment data.**--Report your firm's employment-related data related to the production of #abbrproduct and provide an explanation for any trends in these data.

"Production and Related Workers" (PRWs) includes working supervisors and all nonsupervisory workers (including group leaders and trainees) engaged in fabricating, processing, assembling, inspecting, receiving, storage, handling, packing, warehousing, shipping, trucking, hauling, maintenance, repair, janitorial and guard services, product development, auxiliary production for plant's own use (e.g., power plant), recordkeeping, and other services closely associated with the above production operations.

Average number employed may be computed by adding the number of employees, both full time and part time, for the 12 pay periods ending closest to the 15th of the month and divide that total by 12.

DELETE IF NO INTERIM COLUMNS :For the January to #intmonth periods, calculate similarly and divide by 3/6/9. If your firm had the same number of PRWs in all calendar years and had not experienced any changes in PRWs in the most recent interim period, you would have the same number of PRWs for the interim periods, regardless of whether the interim periods are Jan-Mar (Q1), Jan-June (Q1+Q2), or Jan-Sept (Q1+Q2+Q3)."

"Hours worked" includes time paid for sick leave, holidays, and vacation time. Include overtime hours actually worked; do not convert overtime pay to its equivalent in straight time hours.

"Wages paid" --Total wages paid before deductions of any kind (e.g., withholding taxes, old-age and unemployment insurance, group insurance, union dues, bonds, etc.). Include wages paid directly by your firm for overtime, holidays, vacations, and sick leave.

| Item | Calendar year | | | | | | January-#intmonth | |
|--|---------------|------|------|------|------|------|-------------------|------|
| | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2019 | 2020 |
| Employment data: | | | | | | | | |
| Average number of PRWs (number) (O) | | | | | | | | |
| Hours worked by PRWs (1,000 hours) (P) | | | | | | | | |
| Wages paid to PRWs (\$1,000) (Q) | | | | | | | | |

Explanation of trends:

II-7. **Transfers to related firms.**--If your firm reported transfers to related firms in question II-4, please identify the firm(s) and indicate the nature of the relationship between your firm and the related firms (e.g., joint venture, wholly owned subsidiary), whether the transfers were priced at market value or by a non-market formula, whether your firm retained marketing rights to all transfers, and whether the related firms also processed inputs from sources other than your firm.

| |
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| |
|--|

II-8. **Purchases.**--Has your firm purchased #abbrproduct produced in the United States or in other countries since January 1, #bopyear? (Do not include imports for which your firm was the importer of record. These should be reported in an importer questionnaire).

"Purchase" – A transaction to buy product from a U.S. corporate entity such as another U.S. producer, a U.S. distributor, or a U.S. firm that has directly imported the product.

"Import" –A transaction to buy from a foreign supplier where your firm is the importer of record.

| | | |
|--------------------------|--------------------------|---|
| No | Yes | If yes-- Report such purchases in the table below and explain the reasons for your firms' purchases: |
| <input type="checkbox"/> | <input type="checkbox"/> | |

Note: If your firm served as the importer of record for any purchases from foreign suppliers, either for your own account or as a service for another entity, those purchases are to be considered "imports" not "purchases" and **should not** be included in the table below

| Quantity (in #units) | | | | | | | | |
|--|-----------------------|-------------|-------------|-------------|-------------|-------------|-------------------------------|-------------|
| Item | Calendar years | | | | | | January- #intmonth | |
| | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2019 | 2020 |
| Purchases from U.S. importers¹ of #abbrproduct from— | | | | | | | | |
| #ctrysubA | | | | | | | | |
| #ctrysubB | | | | | | | | |
| #ctrysubC | | | | | | | | |
| All other sources | | | | | | | | |
| Purchases from domestic producers² | | | | | | | | |
| Purchases from other sources³ | | | | | | | | |
| ¹ Please list the name of the importer(s) from which your firm purchased this product. If your firm's import suppliers differ by source, please identify the source for each listed supplier: _____. ² Please list the name of the U.S. producer(s) from which your firm purchased this product: _____. ³ Please list the name of the firm(s) from which your firm purchased this product: _____. | | | | | | | | |

II-9. **Direct imports.**--Since January 1, #bopyear, has your firm imported #abbrproduct?

"Importer" – The person or firm primarily liable for the payment of any duties on the merchandise, or an authorized agent acting on his behalf. The importer may be the consignee, or the importer of record.

| | | |
|--------------------------|--------------------------|--|
| No | Yes | |
| <input type="checkbox"/> | <input type="checkbox"/> | If yes-- <u>COMPLETE AND RETURN A U.S. IMPORTERS' QUESTIONNAIRE</u> |

II-10. **Toll production.**--Since January 1, #bopyear, has your firm been involved in a toll agreement regarding the production of #abbrproduct?

"Toll agreement"--Agreement between two firms whereby the first firm furnishes the raw materials and the second firm uses the raw materials to produce a product that it then returns to the first firm with a charge for processing costs, overhead, etc.

| | | |
|--------------------------|--------------------------|--|
| No | Yes | If yes-- Please describe the toll arrangement(s) and name the firm(s) involved. |
| <input type="checkbox"/> | <input type="checkbox"/> | |

II-11. **Foreign trade zones.**--

(a) **Firm's FTZ operations.**--Does your firm produce #abbrproduct in and/or admit #abbrproduct into a foreign trade zone (FTZ)?

"Foreign trade zone" is a designated location in the United States where firms utilize special procedures that allow delayed or reduced customs duty payments on foreign merchandise. A foreign trade zone must be designated as such pursuant to the rules and procedures set forth in the Foreign-Trade Zones Act.

| | | |
|--------------------------|--------------------------|---|
| No | Yes | If yes-- Describe the nature of your firms operations in FTZs and identify the specific FTZ site(s). |
| <input type="checkbox"/> | <input type="checkbox"/> | |

(b) **Other firms' FTZ operations.**--To your knowledge, do any firms in the United States import #abbrproduct into a foreign trade zone (FTZ) for use in distribution of #abbrproduct and/or the production of downstream articles?

| | | |
|--------------------------|--------------------------|---|
| No | Yes | If yes--Identify the firms and the FTZs. |
| <input type="checkbox"/> | <input type="checkbox"/> | |

For questions II-12 and II-13, if your response differs for particular orders, please indicate and explain the particular effect of imposition and/or revocation of specific orders.

II-12. **Effect of order(s).**--Describe the significance of the existing **countervailing duty/antidumping duty** order covering imports of #abbrproduct from #ctrysubs in terms of its effect on your firm's production capacity, production, U.S. shipments, inventories, purchases, employment, revenues, costs, profits, cash flow, capital expenditures, research and development expenditures, and asset values. You may wish to compare your firm's operations before and after the imposition of the order(s).

| |
|--|
| |
|--|

II-13. **Likely impact of revocation.**--Would your firm anticipate any changes in the character of its operations or organization, including its production capacity, production, U.S. shipments, inventories, purchases, employment, revenues, costs, profits, cash flow, capital expenditures, research and development expenditures, or asset values relating to the production of #abbrproduct in the future if the **countervailing duty/antidumping duty** orders on #abbrproduct from #ctrysubs were to be revoked?

| No | Yes | If yes, supply details as to the time, nature, and significance of such changes and provide underlying assumptions, along with relevant portions of business plans or other supporting documentations that address this issue. |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | |

II-14. **Other explanations:**--If your firm would like to explain further a response to a question in Part II for which a narrative box was not provided, please note the question number and the explanation in the space provided below. Please also use this space to highlight any issues your firm had in providing the data in this section, including but not limited to technical issues with the MS Word questionnaire.

| |
|--|
| |
|--|

PART III.--FINANCIAL INFORMATION

Address questions on this part of the questionnaire to **AUDITOR** (202-xxx-xxxx, **NAME@usitc.gov**).

III-1. **Contact information.**--Please identify the responsible individual and the manner by which Commission staff may contact that individual regarding the confidential information submitted in part III.

| | |
|-----------|--|
| Name | |
| Title | |
| Email | |
| Telephone | |

III-2. **Accounting system.**--Briefly describe your firm's financial accounting system.

A. When does your firm's fiscal year end (month and day)? _____
 If your firm's fiscal year changed during the data-collection period, explain below:

B.1. Describe the lowest level of operations (e.g., plant, division, company-wide) for which financial statements are prepared that include #abbrproduct:

2. Does your firm prepare profit/loss statements for #abbrproduct:

Yes No

3. How often did your firm (or parent company) prepare financial statements (including annual reports, 10Ks)? Please check relevant items below.

Audited, unaudited, annual reports, 10Ks, 10 Qs,
 Monthly, quarterly, semi-annually, annually

4. Accounting basis: U.S. GAAP, IFRS, cash, tax, or other comprehensive basis of accounting (specify) _____

Note: As requested in Part I of this questionnaire, please keep all supporting documents/records used in the preparation of the financial data, as Commission staff may contact your firm regarding questions on the financial data. The Commission may also request that your company submit copies of the supporting documents/records (financial statements, including internal profit-and-loss statements for the division or product group that includes #abbrproduct, as well as specific statements and worksheets) used to compile these data.

III-3. **Cost accounting system.**--Briefly describe your firm's cost accounting system (e.g., standard cost, job order cost, etc.).

III-4. **Allocation basis.**--Briefly describe your firm's allocation basis, if any, for COGS, SG&A, and interest expense and other income and expenses.

| |
|--|
| |
|--|

III-5. **Product listing.**--Please list the products your firm produces in the facilities in which it produces #abbrproduct, and provide the share of net sales accounted for by these products in your firm's most recent fiscal year.

| Products | Share of sales |
|--------------|----------------|
| #abbrproduct | % |
| | % |
| | % |
| | % |
| | % |

III-6. Does your firm purchase **inputs** (raw materials, labor, energy, or any services) used in the production of #abbrproduct from any related suppliers (e.g., inclusive of transactions between related firms, divisions and/or other components within the same company)?

Yes--Continue to question III-7.
 No--Continue to question III-9a.

III-7. **Inputs from related suppliers.**--Please identify the inputs used in the production of #abbrproduct that your firm purchases from related suppliers and that are reflected in question III-9a. For "Share of total COGS" please report this information by relevant input on the basis of your most recently completed fiscal year. For "Input valuation" please describe the basis, as recorded in the company's own accounting system, of the purchase cost from the related supplier; e.g., the related supplier's actual cost, cost plus, negotiated transfer price to approximate fair market value.

| Input | Related supplier | Share of total COGS |
|---|------------------|---------------------|
| | | |
| | | |
| | | |
| Input valuation as recorded in the firm's accounting books and records | | |
| | | |

III-8. **Inputs from related suppliers at cost.**--Please confirm that the inputs purchased from related suppliers, as identified in III-7, were reported in III-9a (financial results on #abbrproduct) in a manner consistent with the firm's accounting books and records.

| Yes | No | If no--In the space below, please report the valuation basis of inputs purchased from related suppliers as reported in question III-9a.: |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | |

III-9a. **Operations on #abbrproduct.**--Report the revenue and related cost information requested below on the #abbrproduct operations of your firm's U.S. establishment(s).¹ Do not report resales of products. Note that internal consumption and transfers to related firms must be valued at fair market value. Input purchases from related suppliers should be consistent with and based on information in the firm's accounting books and records. Provide data for your firm's six most recently completed fiscal years, and for the specified interim periods. If your firm was involved in tolling operations (either as the toller or as the tollee), please contact **AUDITOR** at (202) **XXX-XXXX** before completing this section of the questionnaire.

| Quantity (in #units) and value (in \$1,000) | | | | | | |
|--|----------------------|------|------|------|------|------|
| Item | Fiscal years ended-- | | | | | |
| | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 |
| Net sales quantities: ² | | | | | | |
| Commercial sales ("CS") | | | | | | |
| Internal consumption ("IC") | | | | | | |
| Transfers to related firms ("Transfers") | | | | | | |
| Total net sales quantities | 0 | 0 | 0 | 0 | 0 | 0 |
| Net sales values: ² | | | | | | |
| Commercial sales | | | | | | |
| Internal consumption | | | | | | |
| Transfers to related firms | | | | | | |
| Total net sales values | 0 | 0 | 0 | 0 | 0 | 0 |
| Cost of goods sold (COGS): ³ | | | | | | |
| Raw materials | | | | | | |
| Direct labor | | | | | | |
| Other factory costs | | | | | | |
| Total COGS | 0 | 0 | 0 | 0 | 0 | 0 |
| Gross profit or (loss) | 0 | 0 | 0 | 0 | 0 | 0 |
| Selling, general, and administrative (SG&A) expenses: | | | | | | |
| Selling expenses | | | | | | |
| General and administrative expenses | | | | | | |
| Total SG&A expenses | 0 | 0 | 0 | 0 | 0 | 0 |
| Operating income (loss) | 0 | 0 | 0 | 0 | 0 | 0 |
| Other expenses and income: | | | | | | |
| Interest expense | | | | | | |
| All other expense items | | | | | | |
| All other income items | | | | | | |
| Net income or (loss) before income taxes | 0 | 0 | 0 | 0 | 0 | 0 |
| Depreciation/amortization included above | | | | | | |

¹ Include only sales (whether domestic or export) and costs related to your U.S. manufacturing operations.
² Less discounts, returns, allowances, and prepaid freight. The quantities and values should approximate the corresponding shipment quantities and values reported in Part II of this questionnaire.
³ COGS (whether for domestic or export sales) should include costs associated with CS, IC, and Transfers.

Note -- The table above contains calculations that will appear when you have entered data in the MS Word form fields.

III-9a. **Operations on #abbrproduct.**--Continued

| Quantity (in #units) and value (in \$1,000) | | |
|--|------------------------|------------------------|
| Item | January-#intmonth 2019 | January-#intmonth 2020 |
| Net sales quantities: ³ | | |
| Commercial sales ("CS") | | |
| Internal consumption ("IC") | | |
| Transfers to related firms ("Transfers") | | |
| Total net sales quantities | 0 | 0 |
| Net sales values: ³ | | |
| Commercial sales | | |
| Internal consumption | | |
| Transfers to related firms | | |
| Total net sales values | 0 | 0 |
| Cost of goods sold (COGS): ⁴ | | |
| Raw materials | | |
| Direct labor | | |
| Other factory costs | | |
| Total COGS | 0 | 0 |
| Gross profit or (loss) | 0 | 0 |
| Selling, general, and administrative (SG&A) expenses: | | |
| Selling expenses | | |
| General and administrative expenses | | |
| Total SG&A expenses | 0 | 0 |
| Operating income (loss) | 0 | 0 |
| Other expenses and income: | | |
| Interest expense | | |
| All other expense items | | |
| All other income items | | |
| Net income or (loss) before income taxes | 0 | 0 |
| Depreciation/amortization included above | | |
| ¹ Include only sales (whether domestic or export) and costs related to your U.S. manufacturing operations. ² Less discounts, returns, allowances, and prepaid freight. The quantities and values should approximate the corresponding shipment quantities and values reported in Part II of this questionnaire. ³ COGS (whether for domestic or export sales) should include costs associated with CS, IC, and Transfers. | | |

Note -- The table above contains calculations that will appear when you have entered data in the MS Word form fields.

III-9b. **Financial data reconciliation.**--The calculable line items from question III-9a (i.e., total net sales quantities and values, total COGS, gross profit (or loss), total SG&A, and net income (or loss)) have been calculated from the data submitted in the other line items. Do the calculated fields return the correct data according to your firm's financial records ignoring non-material differences that may arise due to rounding?

Yes No--If the calculated fields do not show the correct data, please double check the feeder data for data entry errors and revise.

Also, check signs accorded to the post operating income line items; the two expense line items should report positive numbers (i.e., expenses are positive and incomes or reversals are negative--instances of the latter should be rare in those lines) while the income line item also in most instances should have its value be a positive number (i.e., income is positive, expenses or reversals are negative).

If after reviewing and potentially revising the feeder data your firm has provided, the differences between your records and the calculated fields persist please identify and discuss the differences in the space below.

III-9c. **Raw materials.**--Please report the share of total raw material costs in #termyear (reported in III-9a) for the following raw material inputs:

| Input | Share of total raw material costs (percent) | Procurement method | |
|--|--|---------------------------------|----------------------------------|
| | | Primarily produced by your firm | Primarily purchased by your firm |
| #Raw material 1 | | <input type="checkbox"/> | <input type="checkbox"/> |
| #Raw material 2 | | <input type="checkbox"/> | <input type="checkbox"/> |
| #Raw material 2 | | <input type="checkbox"/> | <input type="checkbox"/> |
| Other material inputs ¹ | | <input type="checkbox"/> | <input type="checkbox"/> |
| Total (should sum to 100 percent) | 0.0 | | |
| ¹ Please indicate any other notable "other" raw materials not expressly identified above and provide the share of the total raw material costs that they account for: | | | |

III-10. **Nonrecurring items (charges and gains) included in the subject product financial results.**--For each annual and interim period for which financial results are reported in question III-9a, please specify all material (significant) nonrecurring items (charges and gains) in the schedule below, the specific question III-9a line item where the nonrecurring items are included, a brief description of the relevant nonrecurring items, and the associated values (*in \$1,000*), as reflected in question III-9a; i.e., if an aggregate nonrecurring item has been allocated to question III-9a, only the allocated value amount included in question III-9a should be reported in the schedule below. Note: The Commission's objective here is to gather information only on material (significant) nonrecurring items which impacted the reported financial results of the subject product in question III-9a.

| Item | Fiscal years ended-- | | | January-#intmonth | |
|---------------------|----------------------|------|------|-------------------|------|
| | 2017 | 2018 | 2019 | 2019 | 2020 |
| | Value (\$1,000) | | | | |
| Nonrecurring item 1 | | | | | |
| Nonrecurring item 2 | | | | | |
| Nonrecurring item 3 | | | | | |
| Nonrecurring item 4 | | | | | |
| Nonrecurring item 5 | | | | | |
| Nonrecurring item 6 | | | | | |
| Nonrecurring item 7 | | | | | |

Nonrecurring item: In this table please provide a brief description of each nonrecurring item reported above and indicate the specific line item in table III-9a where the nonrecurring item is classified.

| | Description of the nonrecurring item | Income statement classification of the nonrecurring item |
|---------------------|--------------------------------------|--|
| Nonrecurring item 1 | | |
| Nonrecurring item 2 | | |
| Nonrecurring item 3 | | |
| Nonrecurring item 4 | | |
| Nonrecurring item 5 | | |
| Nonrecurring item 6 | | |
| Nonrecurring item 7 | | |

III-11. **Classification of identified nonrecurring items (charges and gains) in the accounting books and records of the company.**--If non-recurring items were reported in question III-10 above, please identify where your company recorded these items in your accounting books and records in the normal course of business; i.e., just as responses to question III-10 identify where these items are reported in question III-9a.

| |
|--|
| |
|--|

III-12. **Asset values.**--Report the total assets (i.e., both current and long-term assets) associated with the production, warehousing, and sale of #abbrproduct. If your firm does not maintain some or all of the specific asset information necessary to calculate total assets for #abbrproduct in the normal course of business, please estimate this information based upon a method (such as production, sales, or costs) that is consistent with relevant cost allocations in question III-9a. Provide data as of the end of your firm's six most recently completed fiscal years.

Note: Total assets should reflect net assets after any accumulated depreciation and allowances deducted.

Total assets should be allocated to the subject products if these assets are also related to other products. Please provide a brief explanation if there are any substantial changes in total asset value during the period; e.g., due to asset write-offs, revaluation, and major purchases.

| Value (in \$1,000) | | | | | | |
|---------------------------------|-----------------------------|-------------|-------------|-------------|-------------|-------------|
| Item | Fiscal years ended-- | | | | | |
| | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 |
| Total assets (net) ¹ | | | | | | |
| ¹ Describe _____. | | | | | | |

III-13. **Capital expenditures and research and development expenses.**--Report your firm's capital expenditures and research and development expenses for #abbrproduct. Provide data for your firm's six most recently completed fiscal years, and for the specified interim periods.

| Value (in \$1,000) | | | | | | | | |
|--|----------------------|------|------|------|------|------|-------------------|------|
| Item | Fiscal years ended-- | | | | | | January-#intmonth | |
| | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2019 | 2020 |
| Capital expenditures ¹ | | | | | | | | |
| Research and development expenses ² | | | | | | | | |

¹ Please describe the nature, focus, and significance of your firm's capital expenditures on the subject product. ____.

² Please describe the nature, focus, and significance of your firm's R&D expenses related to subject product. ____.

III-14. **Data consistency and reconciliation.**--Please indicate whether your firm's financial data for questions III-9a, 12, and 13 are based on a calendar year or your firm's fiscal year:

| Calendar year | Fiscal year | Specify fiscal year |
|--------------------------|--------------------------|---------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | |

Please note the quantities and values reported in question III-9a should reconcile with the data reported in question II-4 (including export shipments) as long as they are reported on the same calendar year basis.

***RECONCILIATION OF TRADE VS FINANCIAL DATA.**--Please ensure that the quantities and values reported for total shipments in part II equal the quantities and values reported for total net sales in part III of this questionnaire in each time period unless the financial data from part III are reported on a fiscal year basis, in which case only the interim periods must reconcile. If the calculated fields below return values other than zero (i.e., "0") and both are being reported on a calendar basis, please explain the discrepancy below.*

| Reconciliation | Full year data | | | Partial year periods | |
|--|----------------|------|------|----------------------|------|
| | 2017 | 2018 | 2019 | 2019 | 2020 |
| Quantity: Trade data from question II-4 (lines D, F, H, and J) less financial total net sales quantity data from question III-9a, = zero ("0"). | 0 | 0 | 0 | 0 | 0 |
| Value: Trade data from question II-4 (lines E, G, I, and K) less financial total net sales value data from question III-9a, = zero ("0"). | 0 | 0 | 0 | 0 | 0 |

Do these data in question III-9a reconcile with data in question II-4?

| Yes | No | If no, please explain. |
|--------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | |

III-15. **Other explanations.**--If your firm would like to further explain a response to a question in Part III for which a narrative box was not provided, please note the question number and the explanation in the space provided below. Please also use this space to highlight any issues your firm had in providing the data in this section, including but not limited to technical issues with the MS Word questionnaire.

| |
|--|
| |
|--|

PART IV.--PRICING AND MARKET FACTORS

Further information on this part of the questionnaire can be obtained from **Economist** (202-xxx-xxxx, **NAME@usitc.gov**).

IV-1. **Contact information.**--Please identify the responsible individual and the manner by which Commission staff may contact that individual regarding the confidential information submitted in part IV.

| | |
|-----------|--|
| Name | |
| Title | |
| Email | |
| Telephone | |

PRICE DATA

IV-2. This question requests quarterly quantity and value data for your firm's commercial shipments to unrelated U.S. customers of the following products produced by your firm.

Product 1.--DEFINE

Product 2.--DEFINE

Product 3.--DEFINE

Product 4.--DEFINE

Please note that values should be f.o.b., U.S. point of shipment and should not include U.S.-inland transportation costs. Values should reflect the final net amount paid to your firm (i.e., should be net of all deductions for discounts or rebates).

(a) During January #bopyear -#intmonth YEAR, did your firm produce and sell to unrelated U.S. customers any of the above listed products (or any products that were competitive with these products)?

| | |
|--------------------------|---|
| <input type="checkbox"/> | Yes. --Please complete the following pricing data table(s) as appropriate. |
| <input type="checkbox"/> | No. --Skip to question IV-3. |

IV-2b. **Price data.**--Report below the quarterly price data¹ for pricing products² produced and sold by your firm.

Report data in **actual UNITS** and **actual dollars** (not 1,000s).

| (Quantity in #units, value in dollars) | | | | | | | | |
|--|-----------|-------|-----------|-------|-----------|-------|-----------|-------|
| Period of shipment | Product 1 | | Product 2 | | Product 3 | | Product 4 | |
| | Quantity | Value | Quantity | Value | Quantity | Value | Quantity | Value |
| 2014: | | | | | | | | |
| January-March | | | | | | | | |
| April-June | | | | | | | | |
| July-September | | | | | | | | |
| October-December | | | | | | | | |
| 2015: | | | | | | | | |
| January-March | | | | | | | | |
| April-June | | | | | | | | |
| July-September | | | | | | | | |
| October-December | | | | | | | | |
| 2016: | | | | | | | | |
| January-March | | | | | | | | |
| April-June | | | | | | | | |
| July-September | | | | | | | | |
| October-December | | | | | | | | |
| 2017: | | | | | | | | |
| January-March | | | | | | | | |
| April-June | | | | | | | | |
| July-September | | | | | | | | |
| October-December | | | | | | | | |
| 2018: | | | | | | | | |
| January-March | | | | | | | | |
| April-June | | | | | | | | |
| July-September | | | | | | | | |
| October-December | | | | | | | | |
| 2019: | | | | | | | | |
| January-March | | | | | | | | |
| April-June | | | | | | | | |
| July-September | | | | | | | | |
| October-December | | | | | | | | |

¹ Net values (i.e., gross sales values less all discounts, allowances, rebates, prepaid freight, and the value of returned goods), f.o.b. your firm's U.S. point of shipment.

² Pricing product definitions are provided on the first page of Part IV.

Note.--If your firm's product does not exactly meet the product specifications but is competitive with the specified product, provide a description of the product. Also, please explain any anomalies in your firm's reported pricing data.

Product 1:

Product 2:

Product 3:

Product 4:

IV-2 c. **Price data checklist.**--Please check that the pricing data in question IV-2(a) has been correctly reported.

| Are the price data reported above: | ✓ if Yes |
|--|--------------------------|
| In actual dollars (not \$1,000) and 1,000 short tons? | <input type="checkbox"/> |
| F.o.b. U.S. point of shipment (i.e., does not include U.S. transport costs)? | <input type="checkbox"/> |
| Net of all discounts and rebates? | <input type="checkbox"/> |
| Have returns credited to the quarter in which the sale occurred? | <input type="checkbox"/> |
| Less than reported commercial shipments in question II-4 in each year? | <input type="checkbox"/> |

IV-2d. **Pricing data methodology.**--Please describe the method and the kinds of documents/records that were used to compile your price data.

Note: As requested in Part I of this questionnaire, please keep all supporting documents/records used in the preparation of the price data, as Commission staff may contact your firm regarding questions on the price data. The Commission may also request that your company submit copies of the supporting documents/records (such as sales journal, invoices, etc.) used to compile these data.

IV-3. **Price setting.**--How does your firm determine the prices that it charges for sales of #abbrproduct (check all that apply)? If your firm issues price lists, please submit sample pages of a recent list.

| Transaction by transaction | Contracts | Set price lists | Other | If other, describe |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

IV-4. **Discount policy.**--Please indicate and describe your firm's discount policies (check all that apply).

| Quantity discounts | Annual total volume discounts | No discount policy | Other | Describe |
|--------------------------|-------------------------------|--------------------------|--------------------------|----------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

IV-5. **Pricing terms.**--On what basis are your firm's prices of domestic #abbrproduct usually quoted (check one)?

| | | |
|--------------------------|--------------------------|---------------------------------|
| Delivered | F.o.b. | If f.o.b., specify point |
| <input type="checkbox"/> | <input type="checkbox"/> | |

IV-6. **Contract versus spot.**--Approximately what share of your firm's sales of its U.S.-produced #abbrproduct in #termyear was on a (1) short-term contract basis, (2) annual contract basis, (3) long-term contract basis, and (4) spot sales basis?

| | Type of sale | | | | Total (should sum to 100.0%) |
|---------------------------------|---|---|--|---------------------------------------|---------------------------------|
| | Short-term contracts (multiple deliveries for less than 12 months) | Annual contracts (multiple deliveries for 12 months) | Long-term contracts (multiple deliveries for more than 12 months) | Spot sales (for a single delivery) | |
| Share of #termyear sales | % | % | % | % | 0.0 % |

IV-7. **Contract provisions.**— Please fill out the table regarding your firm's typical sales contracts for U.S.-produced #abbrproduct (or check "not applicable" if your firm does not sell on a short-term, annual and/or long-term contract basis).

| Typical sales contract provisions | Item | Short-term contracts (multiple deliveries for less than 12 months) | Annual contracts (multiple deliveries for 12 months) | Long-term contracts (multiple deliveries for more than 12 months) |
|--|--------------------|---|---|--|
| Average contract duration | <i>No. of days</i> | | 365 | |
| Price renegotiation (during contract period) | <i>Yes</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <i>No</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fixed quantity and/or price | <i>Quantity</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <i>Price</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <i>Both</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Indexed to raw material costs ¹ | <i>Yes</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <i>No</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not applicable | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

¹ Please identify the indexes used:

IV-8. **Lead times.**--What is the typical lead time between a customer's order and the date of delivery for your firm's sales of its U.S.-produced #abbrproduct?

| Source | Share of #termyear sales | Lead time (average number of days) |
|-------------------------------------|--------------------------|------------------------------------|
| From inventory | % | |
| Produced to order | % | |
| Total (should sum to 100.0%) | 0.0 % | |

IV-9. **Shipping information.**--

(a) Who generally arranges the transportation to your firm's customers' locations?

Your firm Purchaser (check one)

(b) Indicate the approximate percentage of your firm's sales of #abbrproduct that are delivered the following distances from your firm's production facility.

| Distance from production facility | Share |
|-------------------------------------|-------|
| Within 100 miles | % |
| 101 to 1,000 miles | % |
| Over 1,000 miles | % |
| Total (should sum to 100.0%) | 0.0 % |

IV-10. **Geographical shipments.**--In which U.S. geographic market area(s) has your firm sold its U.S.-produced #abbrproduct since January 1, #bopyear (check all that apply)?

| Geographic area | v if applicable |
|---|--------------------------|
| Northeast. --CT, ME, MA, NH, NJ, NY, PA, RI, and VT. | <input type="checkbox"/> |
| Midwest. --IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, and WI. | <input type="checkbox"/> |
| Southeast. --AL, DE, DC, FL, GA, KY, MD, MS, NC, SC, TN, VA, and WV. | <input type="checkbox"/> |
| Central Southwest. --AR, LA, OK, and TX. | <input type="checkbox"/> |
| Mountains. --AZ, CO, ID, MT, NV, NM, UT, and WY. | <input type="checkbox"/> |
| Pacific Coast. --CA, OR, and WA. | <input type="checkbox"/> |
| Other. --All other markets in the United States not previously listed, including AK, HI, PR, and VI. | <input type="checkbox"/> |

IV-11. **Inland transportation costs.**—What is the approximate percentage of the cost of U.S.-produced #abbrproduct that is accounted for by U.S. inland transportation costs? _____ percent

IV-12. **End uses.**--Have there been any changes in the end uses of #abbrproduct since January 1, #bopyear? Do you anticipate any future changes?

| Changes in end uses | No | Yes | Explain |
|-----------------------------------|--------------------------|--------------------------|----------------|
| Changes since January 1, #bopyear | <input type="checkbox"/> | <input type="checkbox"/> | |
| Anticipated changes | <input type="checkbox"/> | <input type="checkbox"/> | |

IV-13. **Substitutes.**--Have there been any changes in the number or types of products that can be substituted for #abbrproduct since January 1, #bopyear? Do you anticipate any future changes?

| Changes in substitutes | No | Yes | Explain |
|-----------------------------------|--------------------------|--------------------------|----------------|
| Changes since January 1, #bopyear | <input type="checkbox"/> | <input type="checkbox"/> | |
| Anticipated changes | <input type="checkbox"/> | <input type="checkbox"/> | |

IV-14. **Availability of supply.**--Has the availability of #abbrproduct in the U.S. market changed since January 1, #bopyear? Do you anticipate any future changes?

| Availability in the U.S. market | No | Yes | Please explain, noting the countries and reasons for the changes. |
|---|--------------------------|--------------------------|--|
| Changes since January 1, #bopyear: | | | |
| U.S.-produced product | <input type="checkbox"/> | <input type="checkbox"/> | |
| Imports from #ctrysubs | <input type="checkbox"/> | <input type="checkbox"/> | |
| Imports from all other countries | <input type="checkbox"/> | <input type="checkbox"/> | |
| Anticipated changes: | | | |
| U.S.-produced product | <input type="checkbox"/> | <input type="checkbox"/> | |
| Imports from #ctrysubs | <input type="checkbox"/> | <input type="checkbox"/> | |
| Imports from all other | <input type="checkbox"/> | <input type="checkbox"/> | |

| Availability in the U.S. market | No | Yes | Please explain, noting the countries and reasons for the changes. |
|--|-----------|------------|--|
| countries | | | |

IV-15. **Demand trends.**--Indicate how demand within the United States and outside of the United States (if known) for #abbrproduct has changed since January 1, #bopyear, and how you anticipate demand will change in the future. Explain any trends and describe the principal factors that have affected, and that you anticipate will affect, these changes in demand.

| Market | Overall increase | No change | Overall decrease | Fluctuate with no clear trend | Explanation and factors |
|---|--------------------------|--------------------------|--------------------------|-------------------------------|-------------------------|
| Demand since January 1, #bopyear | | | | | |
| Within the United States | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Outside the United States | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Anticipated future demand | | | | | |
| Within the United States | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Outside the United States | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

IV-16. **Product changes.**--Have there been any significant changes in the product range, product mix, or marketing of #abbrproduct since January 1, #bopyear? Do you anticipate any future changes?

| Changes in product range, product mix, or marketing | | | Explain |
|---|--------------------------|--------------------------|---------|
| | No | Yes | |
| Changes since January 1, #bopyear | <input type="checkbox"/> | <input type="checkbox"/> | |
| Anticipated changes | <input type="checkbox"/> | <input type="checkbox"/> | |

IV-17. **Conditions of competition.**--

(a) Is the #abbrproduct market subject to business cycles (other than general economy-wide conditions) and/or other conditions of competition distinctive to #abbrproduct?

| Check all that apply. | Please describe. |
|---|-------------------------|
| <input type="checkbox"/> No | Skip to question IV-17. |
| <input type="checkbox"/> Yes-Business cycles (e.g. seasonal business) | |
| <input type="checkbox"/> Yes-Other distinctive conditions of competition | |

(b) If yes, have there been any changes in the business cycles or conditions of competition for #abbrproduct since January 1, #bopyear?

| No | Yes | If yes, describe. |
|--------------------------|--------------------------|-------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | |

IV-18. **Supply constraints.**--Has your firm refused, declined, or been unable to supply #abbrproduct since January 1, #bopyear (examples include placing customers on allocation or "controlled order entry," declining to accept new customers or renew existing customers, delivering less than the quantity promised, being unable to meet timely shipment commitments, etc.)?

| No | Yes | If yes, please describe. |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | |

IV-19. **Raw materials.**-- Indicate how #abbrproduct raw material prices have changed since January 1, #bopyear, and how you expect they will change in the future.

| Raw materials prices | Overall increase | No change | Overall decrease | Fluctuate with no clear trend | Explain, noting how raw material price changes have affected your firm's selling prices for #abbrproduct. |
|-----------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|---|
| Changes since January 1, #bopyear | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Anticipated changes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

IV-20. **Price comparisons.**--Please compare market prices of #abbrproduct in U.S. and non-U.S. markets, if known. Provide specific information as to time periods and regions for any price comparisons.

| |
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| |
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IV-21. **Market studies.**--Please provide as a separate attachment to this request any studies, surveys, etc. that you are aware of that quantify and/or otherwise discuss #abbrproduct supply (including production capacity and capacity utilization) and demand in (1) the United States, (2) each of the other major producing/consuming countries, including #ctrysubs, and (3) the world as a whole. Of particular interest is such data from #bopyear to the present and forecasts for the future.

IV-21. **Export constraints.**--Describe how easily your firm can shift its sales of #abbrproduct between the U.S. market and alternative country markets. In your discussion, please describe any contracts, other sales arrangements, or other constraints that would prevent or retard your firm from shifting #abbrproduct between the U.S. and alternative country markets within a 12-month period.

| |
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| |
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IV-22. **Barriers to trade.**--Are your firm's exports of #abbrproduct subject to any tariff or non-tariff barriers to trade in other countries?

| No | Yes | If yes, please list the countries and describe any such barriers and any significant changes in such barriers that have occurred since January 1, #bopyear, or that are expected to occur in the future. |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | |

IV-23. **Interchangeability.**--Is #abbrproduct produced in the United States and in other countries interchangeable (i.e., can they physically be used in the same applications)?

Please indicate A, F, S, N, or O in the table below:

A = the products from a specified country-pair are *always* interchangeable

F = the products are *frequently* interchangeable

S = the products are *sometimes* interchangeable

N = the products are *never* interchangeable

O = *no familiarity* with products from a specified country-pair

| Country-pair | #ctrysubA | #ctrysubB | #ctrysubC | Other countries |
|---|-----------|-----------|-----------|-----------------|
| United States | | | | |
| #ctrysubA | X | | | |
| #ctrysubB | X | X | | |
| #ctrysubC | X | X | X | |
| For any country-pair producing #abbrproduct that is <i>sometimes</i> or <i>never</i> interchangeable, identify the country-pair and explain the factors that limit or preclude interchangeable use: | | | | |

IV-24. **Factors other than price.**--Are differences other than price (e.g., quality, availability, transportation network, product range, technical support, etc.) between #abbrproduct produced in the United States and in other countries a significant factor in your firm's sales of the products?

Please indicate A, F, S, N, or O in the table below:

- A = such differences are *always* significant
- F = such differences are *frequently* significant
- S = such differences are *sometimes* significant
- N = such differences are *never* significant
- O = *no familiarity* with products from a specified country-pair

| Country-pair | #ctrysubA | #ctrysubB | #ctrysubC | Other countries |
|--|-----------|-----------|-----------|-----------------|
| United States | | | | |
| #ctrysubA | X | | | |
| #ctrysubB | X | X | | |
| #ctrysubC | X | X | X | |
| For any country-pair for which factors other than price <i>always</i> or <i>frequently</i> are a significant factor in your firm's sales of #abbrproduct, identify the country-pair and report the advantages or disadvantages imparted by such factors: | | | | |

IV-25. **Other explanations.**--If your firm would like to further explain a response to a question in Part IV that did not provide a narrative response box, please note the question number and the explanation in the space provided below. Please also use this space to highlight any issues your firm had in providing the data in this section, including but not limited to technical issues with the MS Word questionnaire.

HOW TO FILE YOUR QUESTIONNAIRE RESPONSE

This questionnaire is available as a “fillable” form in MS Word format on the Commission’s website at: [LINK](#)

Please do not attempt to modify the format or permissions of the questionnaire document. Please submit the completed questionnaire using one of the methods noted below. If your firm is unable to complete the MS Word questionnaire or cannot use one of the electronic methods of submission, please contact the Commission for further instructions.

- **Upload via Secure Drop Box.**—Upload the MS Word questionnaire along with a scanned copy of the signed certification page (page 1) through the Commission’s secure upload facility:

Web address: <https://dropbox.usitc.gov/oinv/> **Pin:** XXXX

- **E-mail.**—E-mail the MS Word questionnaire to NAME@usitc.gov; include a scanned copy of the signed certification page (page 1). *Submitters are strongly encouraged to encrypt nonpublic documents that are electronically transmitted to the Commission to protect your sensitive information from unauthorized disclosure. The USITC secure drop-box system and the Electronic Document Information System (EDIS) use Federal Information Processing Standards (FIPS) 140-2 cryptographic algorithms to encrypt data in transit. Submitting your nonpublic documents by a means that does not use these encryption algorithms (such as by email) may subject your firm’s nonpublic information to unauthorized disclosure during transmission. If you choose a non-encrypted method of electronic transmission, the Commission warns you that the risk of such possible unauthorized disclosure is assumed by you and not by the Commission.*

If your firm does not produce this product, please fill out page 1, print, sign, and submit a scanned copy to the Commission.

Parties to this proceeding.—If your firm is a party to this proceeding, it is required to serve a copy of the completed questionnaire on parties to the proceeding that are subject to administrative protective order (see 19 CFR § 207.7). A list of such parties may be obtained from the Commission’s Secretary (202-205-1803). A certificate of service must accompany the completed questionnaire you submit (see 19 CFR § 207.7). Service of the questionnaire must be made in paper form.