

U.S. PRODUCERS' QUESTIONNAIRE

INVESTIGATION TITLE (PRODUCT FROM COUNTRIES)

This questionnaire must be received by the Commission by **DATE**
See last page for instructions regarding how to file this questionnaire.

The information called for in this questionnaire is for use by the United States International Trade Commission in connection with its **countervailing duty/antidumping investigation(s)** concerning **#abbrproduct** from **#ctrysubs** (Inv. No. **701/731-TA-xxx (Preliminary/Final)**). 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)).

Please enter your firm's official name with proper capitalization and punctuation. This is the name that will appear on the Commission's record for this proceeding.

Name of firm _____

Address _____

City _____ State _____ Zip Code _____

Website _____

Has your firm produced **#abbrproduct** (as defined on next page) in the United States at any time since January 1, **#bopyear**?

NO (Type signature in the certification below and promptly return **only** this page of the questionnaire to the Commission)

YES (Complete all parts of the questionnaire, and return the entire questionnaire to the Commission)

Return questionnaire via the Commission's secure portal by clicking on the following link:
<https://usitc.gov/qportal>. (PIN: **XXXX**, Phase: **XXXX**). See last page for detailed instructions.

REQUEST / CERTIFICATION / ACKNOWLEDGEMENT

I request that the Commission treat as business proprietary information (as defined below) all information submitted in response to this questionnaire, except as indicated below in response to question 1.1b. 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 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

Type Signature (e.g., "/s/ full name") Phone

Email address

PART I. GENERAL INFORMATION

Background. This proceeding was instituted in response to a petition filed on **DATE**, by **COMPANY NAME, CITY, STATE**. **Countervailing/antidumping** duties may be assessed on the subject imports as a result of these proceedings if the Commission makes an affirmative determination of injury, threat, or material retardation, and if the U.S. Department of Commerce ("Commerce") makes an affirmative determination of **subsidization/dumping**. Pertinent information to this proceeding is available at:

Questionnaires: https://usitc.gov/reports/active_import_injury_questionnaires.

Other case information: **{add IDS investigation specific website link}**

#abbrproduct covered by this proceeding 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, provide carefully prepared estimates. If your firm is completing more than one questionnaire (i.e., a producer, importer, and/or purchaser questionnaire), you need not respond to duplicated questions.

Business proprietary information. Information that concerns or relates to the trade secrets, processes, operations, style of works, or apparatus, or to the production, sales, shipments, purchases, transfers, identification of customers, inventories, or amount or source of any income, profits, losses, or expenditures of any person, firm, partnership, corporation, or other organization, or other information of commercial value, the disclosure of which is likely to have the effect of causing substantial harm to the competitive position of the person, firm, partnership, corporation, or other organization from which the information was obtained, unless the Commission is required by law to disclose such information.

Confidentiality. The business proprietary information furnished in response to this questionnaire 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 information will not be published in a manner that will reveal the individual operations of your firm.

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 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. **[Delete the following in final phase proceedings]** **In addition, if your firm is a U.S. producer, the information you provide on your production and imports of #abbrproduct and your responses to the questions in Part I of the producer questionnaire will be provided to the U.S. Department of Commerce, upon its request, for use in connection with (and only in connection with) its**

requirement pursuant to section 702(c)(4)/732(c)(4) of the Act (19 U.S.C. § 1671a(c)(4)/1673a(c)(4)) to make a determination concerning the extent of industry support for the petition requesting this proceeding. Any information provided to Commerce will be transmitted under the confidentiality and release guidelines set forth above. Your response to these questions constitutes your consent that such information be provided to Commerce under the conditions described above.

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-1a. **Reporting requirements.** Please report below the actual number of hours required and the cost to your firm of completing this questionnaire for use by the Office of Management and Budget.

Hours	Dollars

Public reporting burden for this questionnaire is estimated to average 55 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 provide such comments to the Office of Investigations, import_injury@usitc.gov.

I-1b. **Treatment of information.** Please indicate below the questions in each section of the questionnaire for which your response consists of information that is **not** business proprietary information.

	My firm's responses to questions do not contain business proprietary information in the following specific questions (e.g., question II-2):
Part I:	
Part II:	
Part III:	
Part IV:	

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. **Petitioner status.** Is your firm a petitioner in this proceeding or a member firm of the petitioning entity?

No	Yes
<input type="checkbox"/>	<input type="checkbox"/>

I-4. **Petition support.** Does your firm support or oppose the petition?

Country	Investigation type	Support	Oppose	Take no position
#ctrysubA	Antidumping duty/ Countervailing 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"/>

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 information submitted in Part II.

Name	
Title	
Email	
Telephone	

II-2. **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 the nature, timing / duration, and impact on operations of any such reported changes as well as the business reasons for them; leave completely blank if not applicable</i>
<input type="checkbox"/>	Plant openings	
<input type="checkbox"/>	Plant closings	
<input type="checkbox"/>	Prolonged shutdowns	
<input type="checkbox"/>	Production curtailments	
<input type="checkbox"/>	Relocations	
<input type="checkbox"/>	Expansions	
<input type="checkbox"/>	Acquisitions	
<input type="checkbox"/>	Consolidations	
<input type="checkbox"/>	Weather-related or force majeure events	
<input type="checkbox"/>	Other (e.g., revised labor agreements, technology)	

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

"Installed overall capacity"— The level of production that your establishment(s) could have attained, assuming your firm's *optimal* product mix, and based solely on *existing capital investments*, i.e., machinery and equipment that is in place and ready to operate. This capacity measure does *not* take into account other constraints to production such as existing workforce constraints, availability of raw materials, or downtime for maintenance, repair, and clean-up. This capacity measure is sometimes referred to as "nameplate" or "theoretical" capacity.

"Practical overall capacity"— The level of production that your establishment(s) could reasonably have expected to attain, taking into account your firm's *actual* product mix over the period. This capacity measure is based on not only existing capital investments, i.e., machinery and equipment that is in place and ready to operate; but also non-capital investment constraints, such as (1) normal operating conditions, including normal downtime for maintenance, repair, and cleanup; (2) your firm's existing in place and readily available labor force; (3) availability of material inputs; and (4) any other constraints that may have limited your firm's ability to produce the reported products. Importantly, this capacity measure is the maximum "practical" production your firm could have achieved without hiring new personnel or expanding the number of shifts operated in the period.

"Practical #abbrproduct capacity"— The level of production of **#abbrproduct** that your establishment(s) could reasonably have expected to attain. The same assumptions apply to this capacity measure as for practical overall capacity, but only includes the portion of practical overall capacity allocated to the production of **#abbrproduct** based on the actual product mix experienced over the period.

"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.

Takes into account	Installed overall capacity	Practical overall capacity	Practical #abbrproduct capacity
Existing capital investments	Yes	Yes	Yes
Product mix	Yes	Yes	Yes
Normal downtime, maintenance, repair and clean-up	No	Yes	Yes
Existing labor force	No	Yes	Yes
Availability of material inputs	No	Yes	Yes
Actual number of shifts and hours operated	No	Yes	Yes
Limited to #abbrproduct	No	No	Yes

II-3a. Production using same machinery. Continued

Item	Quantity (in #units)				
	Calendar year			January-#intmonth	
	#year1	#year2	#year3	#intyr1	#intyr2
Capacity measures:					
Installed overall capacity ¹					
Practical overall capacity ^{1,2}					
Practical #abbrproduct capacity ^{3,4}	0	0	0	0	0
Production of:					
#abbrproduct ^{3,4}	0	0	0	0	0
Other out-of-scope products:					
Specific product 1					
Specific product 2					
Other products ⁵					
Subtotal, all out-of-scope products	0	0	0	0	0
Total production using same machinery or workers	0	0	0	0	0

¹ Data reported for both "installed overall" and "practical overall" capacity should each individually be greater than data reported for total production (last line). Additionally, data reported for "installed overall" capacity should be greater than "practical overall" capacity in every period.

² Please provide details in your response to the question on capacity constraints in question II-3d below that explain the differences reported between "installed" overall capacity and "practical" overall capacity.

³ Data for this indicator will populate here once reported below in question II-8.

⁴ Data reported for practical #abbrproduct capacity should be greater than the data reported for production of #abbrproduct in each period, if not revise prior to submission to the Commission. Additionally, if your firm reports the production of no other products on the same machinery and using the same workers as #abbrproduct then "practical overall" and "practical #abbrproduct" capacity measures should be equal to each other.

⁵ Please identify these products: _____.

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

Hours per week	Weeks per year

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

II-3d. **Practical overall capacity constraints.** Please describe the constraint(s) that set the limit(s) on your firm's practical overall capacity over the period reported in question II-3a. If different constraints were binding over different periods reported, please specify when each constraint was limiting your reported practical overall capacity. If a constraint was not actually binding over the period reported, but was still a constraint to achieving the installed capacity level, indicate at what level it would have been binding.

Constraint <i>(check as many as appropriate)</i>	Description <i>(If checked, please describe the details, timing, and duration of the constraint; leave completely blank if not applicable)</i>
<input type="checkbox"/> Production bottlenecks	
<input type="checkbox"/> Existing labor force	
<input type="checkbox"/> Supply of material inputs	
<input type="checkbox"/> Fuel or energy	
<input type="checkbox"/> Storage capacity	
<input type="checkbox"/> Logistics/transportation	
<input type="checkbox"/> Other constraints (list the specific constraints in the description field)	

II-3e. **Reaching installed overall capacity.** Please describe and quantify the amount of time it would take and the additional actions that would be needed (e.g., hiring new workers, expanding shifts, procuring larger sources of raw material supply, etc.) for your firm to be able to fully utilize the installed overall capacity reported in II-3a.

II-3f. **Excess installed overall capacity.** To the extent that your company is reporting excess installed overall capacity, please report, with specificity: (1) which machines or equipment (or other elements of production) would need to be brought back into production for your plant to operate at full capacity, and (2) the specific dates on which such machines or equipment were last used by your plant to produce **#abbrproduct**.

II-4. **Product shifting.**

(a) 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"/>	

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

II-5. **Capacity checklist.** Please check that the capacity numbers reported in question II-3a follow the Commission's relevant definitions for capacity.

Item	√ if Yes
Are all three capacity measures reported based on <i>currently installed machinery and equipment</i> (i.e., the reported capacity level would not require additional capital investments in order to achieve)?	<input type="checkbox"/>
Are practical overall capacity and practical #abbrproduct capacity measures reported based on <i>existing labor force</i> (i.e., the reported capacity level would not require hiring additional production related workers or adding shifts)?	<input type="checkbox"/>
Are practical overall capacity and practical #abbrproduct capacity measures based on <i>the actual availability of material inputs</i> ?	<input type="checkbox"/>
Do both practical overall capacity and practical #abbrproduct capacity measures account for <i>normal downtime, maintenance, repair and clean-up</i> activities?	<input type="checkbox"/>
Does the difference between practical overall capacity and practical #abbrproduct capacity equal the portion of practical overall capacity that is dedicated to the production of out-of-scope products?	<input type="checkbox"/>

Note: If your firm is not able to answer "yes" to any of the above criteria as it relates to your firm's reported capacity levels, please revise your capacity numbers to be in conformance with the appropriate definition prior to submission to the Commission.

II-6. **Tolling.** 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 ("tollee") furnishes the raw materials and the second firm ("toller") 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	
<input type="checkbox"/>	<input type="checkbox"/>	
If yes, please complete the table below.		

Does your firm act as the toller or tollee in this arrangement?	Toller: <input type="checkbox"/>	Tollee: <input type="checkbox"/>
Report the share of your firm's production of #abbrproduct that was included in this toll arrangement in #termyear .	%	
Please describe the activities performed in this tolling arrangement:		
Please indicate the name(s) of the firm(s) involved:		

II-7. **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 firm’s 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"/>	

- II-8. **Production, shipments, and inventory data.** Report your firm's practical capacity, production, shipments, and inventories of domestically produced **#abbrproduct** during the specified periods.

"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-8. Production, shipment, and inventory data. Continued

Quantity (in #units) and value (in \$1,000)					
Item	Calendar year			January-#intmonth	
	#year1	#year2	#year3	#intyr1	#intyr2
Practical #abbrproduct 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 ² (G)					
Transfers to related firms:²					
Quantity (H)					
Value ² (I)					
Export shipments:³					
Quantity (J)					
Value (K)					
End-of-period inventories (quantity) (L)					

¹ Report your firm's practical #abbrproduct capacity consistent with the definitions and instructions included in question II-3a.

² Internal consumption and transfers to related firms must be valued at fair market value. If your firm uses a different basis for valuing these transactions in your records, please specify that basis (e.g., cost, cost plus, etc.): _____. However, the data provided above in this table should be based on fair market value.

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

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.

Reconciliation	Calendar year			January-#intmonth	
	#year1	#year2	#year3	#intyr1	#intyr2
B + C – D – F – H – J – L = should equal zero ("0") or provide an explanation. ¹	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: _____.

II-9. **Channels of distribution.** Report your firm's U.S. shipments (i.e., inclusive of commercial U.S. shipments, internal consumption, and transfers to related firms) of U.S.-produced #abbrproduct by channel of distribution during the specified periods.

Quantity (in #units)					
Item	Calendar year			January-#intmonth	
	#year1	#year2	#year3	#intyr1	#intyr2
Channels of distribution:					
U.S. shipments:					
To distributors (M)					
To end users (N)					

***RECONCILIATION OF CHANNELS.** Please ensure that the quantities reported for channels of distribution (i.e., lines M and N) in each time period equal the quantity reported for U.S. shipments (i.e., line D, F, H) in each time period. If the calculated fields below return values other than zero (i.e., "0"), the data reported must be revised prior to submission to the Commission.*

Reconciliation	Calendar year			January-#intmonth	
	#year1	#year2	#year3	#intyr1	#intyr2
M + N - D - F - H = zero ("0"), if not revise.	0	0	0	0	0

II-10. **Employment data.** Report your firm's employment-related data related to the production of **#abbrproduct** in your U.S. establishments 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 year 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.

"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	
	#year1	#year2	#year3	#intyr1	#intyr2
Average number of PRWs (<i>number</i>)					
Hours worked by PRWs (<i>1,000 hours</i>)					
Wages paid to PRWs (<i>\$1,000</i>)					

Explanation of trends:

II-11. **Transfers to related firms.** If your firm reported transfers to related firms in question II-8, 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.

II-12. **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 year			January-#intmonth	
	#year1	#year2	#year3	#intyr1	#intyr2
Purchases from U.S. importers of #abbrproduct from—					
#ctrysubA					
#ctrysubB					
#ctrysubC					
Subject sources	0	0	0	0	0
All other sources ¹					
Purchases from domestic producers²					
Purchases from other sources³					
Purchases from all sources	0	0	0	0	0
¹ Please list the name of the nonsubject importer(s) from which your firm purchased this product: _____. 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: _____.					

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 individual responsible for the information in Part III and the manner by which Commission staff may contact that individual with any questions.

Name	
Title	
Email	
Telephone	

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

A.1. When does your firm's fiscal year end (month and day)? _____
 If your firm's fiscal year changed since January 1, #bopyear, explain below:

A.2. Note: Calendar-year data are preferred/required for the annual-year financial data in this section (i.e., in questions III-9a, III-9d, III-12a, and III-13a). However, if providing this data on a calendar-year basis is unduly burdensome or provides results that are not reliable, fiscal-year based data are acceptable. Please indicate whether the results in this section are provided on a calendar-year basis (including firms with a calendar-year based fiscal year) or on a fiscal-year basis that does not align with the calendar year.

Calendar-year basis Fiscal-year basis (does not align with the calendar year)

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

B.2. Does your firm prepare profit/loss statements for #abbrproduct:
 Yes No

B.3. Please indicate the type and frequency (if applicable) of financial statements prepared by your firm. Please check relevant items below.

Financial statements	Check all that apply	Frequency			
		Monthly	Quarterly	Semi-annually	Annually
Audited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unaudited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual reports	<input type="checkbox"/>				
SEC Forms 10-K / 10-Q	<input type="checkbox"/>				
SEC Form 20-F	<input type="checkbox"/>				
Other (specify): _____	<input type="checkbox"/>				

III-2. **Accounting system.** *Continued*

B.4. Please indicate the primary accounting basis used by your firm.

Accounting basis	Check one
U.S. GAAP	<input type="checkbox"/>
IFRS	<input type="checkbox"/>
Tax – cash	<input type="checkbox"/>
Tax – accrual	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>

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

III-4. **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 #termyear.

Products	Share of sales in #termyear
#abbrproduct	%
	%
	%
	%
	%

III-5. **Inputs from related suppliers.** 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-6. No--Continue to question III-8a.

III-6. **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 for #termyear.

Input	Related supplier	Share of total COGS in #termyear
		%
		%
		%
		%

III-7a. **Valuation method used for inputs from related suppliers.** Please indicate the purchase cost valuation method used for the inputs from related suppliers, as recorded in the company's own accounting system. If the basis differs by input, please check all that apply and explain further in the narrative box.

Purchase cost valuation method	Check all that apply
Related supplier's cost	<input type="checkbox"/>
Cost plus	<input type="checkbox"/>
Negotiated transfer price to approximate fair market value	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>
If the methods used differ by input, please describe:	

III-7b. **Valuation method used for inputs from related suppliers.** Please confirm that the inputs purchased from related suppliers, as identified in III-6, 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, provide an explanation and the valuation basis used for these inputs in question III-9a.
<input type="checkbox"/>	<input type="checkbox"/>	

III-8. **Cost assignment/allocation basis.** Briefly describe the assignment/allocation bases used by your firm to assign the costs and expenses listed below for #abbrproduct in the normal course of business and in the financial results reported in question III-9a (e.g., actual costs, standard costs, percentage of COGS, percentage of sales, etc.).

Cost/expense	Assignment/allocation bases used for #abbrproduct	
	In the normal course of business	In the financial results at III-9a
Raw materials		
Direct labor		
Other factory costs		
SG&A expenses		
Interest expense		
Other income/expenses		

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). Include only sales (whether domestic or exports) and costs related to your U.S. manufacturing operations. Do not report any revenue or cost data related to the resale of purchased product.

Net sales—Report all commercial sales, internal consumption, and transfers to related firms, whether these are domestic sales or exports. Report net sales values less discounts, returns, allowances, and prepaid freight, in U.S. dollars, f.o.b. your point of shipment. The freight costs associated with delivering the product to your customer should not be included.

Note: If the financial data are reported on a calendar-year basis, the total net sales quantities and values should match the total shipment quantities and values reported in Part II of this questionnaire (see question III-14 for a reconciliation grid).

Internal consumption—Product consumed internally by your firm. Report internal consumption at fair market value even if this is not how these transactions are valued in your own books and records. This would commonly be estimated based on the company's commercial sales of similar product or market knowledge.

Transfers to related firms—Sales made to related firms. Report transfers to related firms at fair market value even if this is not how these transactions are valued in your own books and records. This would commonly be estimated based on the company's commercial sales of similar product or market knowledge.

Costs and expenses—Include costs and expenses associated with all reported net sales (i.e., for both domestic and export commercial sales, internal consumption, and transfers to related firms). If any freight costs were removed from net sales values, ensure the associated costs are removed from the applicable cost/expense line.

Inputs from related suppliers—Any inputs purchased from related suppliers should be reported in a manner consistent with your firm's accounting books and records.

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

Quantity (in #units) and value (in \$1,000)					
Item	Years			January-#intmonth	
	#year1	#year2	#year3	#intyr1	#intyr2
Net sales quantities:					
Commercial sales					
Internal consumption					
Transfers to related firms					
Total net sales quantities	0	0	0	0	0
Net sales values:					
Commercial sales					
Internal consumption					
Transfers to related firms					
Total net sales values	0	0	0	0	0
Cost of goods sold (COGS):					
Raw materials					
Direct labor					
Other factory costs					
Total COGS	0	0	0	0	0
Gross profit or (loss)	0	0	0	0	0
SG&A expenses					
Operating income (loss)	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

III-9b. **Financial data reconciliation.** Certain line items from question III-9a, including total net sales quantities and values, total COGS, gross profit (or loss), operating profit (or loss), and net income (or loss), have been calculated based on the data submitted for other line items. Are the data in these calculated line items correct according to your firm's financial records ignoring non-material differences that may arise due to rounding?

Yes	No	<p>If no--If the calculated line items do not show the correct data, please double check the feeder data for data entry errors and revise.</p> <p>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 in these lines – instances of the latter should be rare in these lines). The income line item should also, in most instances, be a positive number (i.e., income is positive, and expenses or reversals are negative in this line).</p> <p>If, after reviewing and potentially revising the feeder data your firm has provided, the differences between your records and the calculated line items persist, please identify and discuss the differences in the space below.</p>
<input type="checkbox"/>	<input type="checkbox"/>	

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 3		<input type="checkbox"/>	<input type="checkbox"/>
Other raw material inputs ¹		<input type="checkbox"/>	<input type="checkbox"/>
Total (should sum to 100 percent)	0.0		
¹ If there are notable or significant raw material inputs included within the "other material inputs" category, please list those here and provide the share of the total raw material costs for which they account:			

III-9d. **Depreciation expense.** Please report the amount of depreciation expense that is included within the reported financial results at question III-9a.

Item	Years			January-#intmonth	
	#year1	#year2	#year3	#intyr1	#intyr2
Depreciation expense (in \$1,000)					

III-9e. **Depreciation expense classification.** Please indicate the line item(s) within question III-9a (e.g., other factory costs, SG&A expenses, etc.) that include the depreciation expense reported above.

III-10a. **Nonrecurring items (charges and gains) included in the #abbrproduct financial results.** Please report all material (significant) nonrecurring items (charges and gains) that are included in the reported results at question III-9a. If a nonrecurring item that is not product-specific was allocated to the results at question III-9a, please report the allocated value, below, rather than the aggregate amount.

Note: The Commission's objective here is to gather information on material (significant) nonrecurring items which impacted the reported financial results for #abbrproduct in question III-9a.

Item	Years			January-#intmonth	
	#year1	#year2	#year3	#intyr1	#intyr2
	Value (\$1,000)				
Nonrecurring item 1					
Nonrecurring item 2					
Nonrecurring item 3					
Nonrecurring item 4					
Nonrecurring item 5					
Nonrecurring item 6					
Nonrecurring item 7					

III-10b. **Nonrecurring items (charges and gains) included in the #abbrproduct financial results.**—In this table, please provide a brief description of each nonrecurring item reported above and indicate the specific line item within question III-9a in which the nonrecurring item is classified.

	Description of the nonrecurring item	Location (i.e., line item) within question III-9a
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, just as responses to question III-10 identify the specific line items in question III-9a where these items are reported.

III-12a. **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 used in question III-9a.

Note: Total assets should reflect the net amount of assets (i.e., after any accumulated depreciation and allowances deducted) and should be allocated to #abbrproduct if these assets are also related to other products.

Value (in \$1,000)			
Item	Years		
	#year1	#year2	#year3
Total assets (net)			

III-12b. **Description of asset values.** Please provide explanations for any substantial changes in total asset value during the period; e.g., due to write-offs, major purchases, and revaluations. Also describe the main asset categories (both current and long-term) included in the above response.

III-13a. **Capital expenditures and research and development (“R&D”) expenses.** Report your firm’s capital expenditures and research and development expenses for #abbrproduct.

Value (in \$1,000)					
Item	Years			January-#intmonth	
	#year1	#year2	#year3	#intyr1	#intyr2
Capital expenditures					
R&D expenses					

III-13b. **Description of reported capital expenditures.** Please describe the nature, focus, and significance of your firm’s reported capital expenditures. If no capital expenditure data were reported, please explain the reason.

III-13c. **Description of reported R&D expenses.** Please describe the nature, focus, and significance of your firm’s reported R&D expenses.

III-14a. **Data consistency and reconciliation.** The quantities and values of total net sales reported in question III-9a should reconcile with the total shipments reported in question II-8 (including export shipments) for the annual-year periods as long as they are reported on the same calendar-year basis. **The interim-period data should reconcile whether the financial data are on a calendar- or fiscal-year basis.**

If the calculated fields below return values other than zero (i.e., "0") this indicates the total net sales quantities and values do not match the total shipments quantities and values.

Reconciliation	Years			January-#intmonth	
	#year1	#year2	#year3	#intyr1	#intyr2
Quantity: Trade data from question II-8 (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-8 (lines E, G, I, and K) less financial total net sales value data from question III-9a, = zero ("0").	0	0	0	0	0

Is the financial data in question III-9a reported on a calendar-year basis?

- Yes— Complete question III-14b. No— Complete question III-14c.
Continue to question III-15.

III-14b. **Data consistency and reconciliation (calendar-year based financial data).** Do the data in question III-9a reconcile with the data in question II-8 (i.e., the calculated fields are returning zeros in the table above) for all periods?

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

III-14c. **Data consistency and reconciliation (non-calendar-year based financial data).** Do the data in question III-9a reconcile with the data in question II-8 (i.e., the calculated fields are returning zeros) for the January-#intmonth periods?

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

If your responses to any of the items in questions III-15, III-16, and III-17 differ by country, please describe these differences and, as applicable, indicate which country or countries your response refers to in the relevant form fields.

III-15. **Effects of imports on investment.** Since January 1, #bopyear, has your firm experienced any actual negative effects on its return on investment or the scale of capital investments as a result of imports of #abbrproduct from #ctrysubs?

No	Yes	If yes, my firm has experienced actual negative effects as follows:
<input type="checkbox"/>	<input type="checkbox"/>	

	<i>(check as many as appropriate)</i>	<i>(please describe)</i>
<input type="checkbox"/>	Cancellation, postponement, or rejection of expansion projects	
<input type="checkbox"/>	Denial or rejection of investment proposal	
<input type="checkbox"/>	Reduction in the size of capital investments	
<input type="checkbox"/>	Return on specific investments negatively impacted	
<input type="checkbox"/>	Other	

III-16. **Effects of imports on growth and development.** Since January 1, #bopyear, has your firm experienced any actual negative effects on its growth, ability to raise capital, or existing development and production efforts (including efforts to develop a derivative or more advanced version of the product) as a result of imports of #abbrproduct from #ctrysubs?

No	Yes	If yes, my firm has experienced actual negative effects as follows:
<input type="checkbox"/>	<input type="checkbox"/>	

<i>(check as many as appropriate)</i>		<i>(please describe)</i>
<input type="checkbox"/>	Rejection of bank loans	
<input type="checkbox"/>	Lowering of credit rating	
<input type="checkbox"/>	Problem related to the issue of stocks or bonds	
<input type="checkbox"/>	Ability to service debt	
<input type="checkbox"/>	Other	

III-17. **Anticipated effects of imports.** Does your firm anticipate any negative effects due to imports of #abbrproduct from #ctrysubs?

No	Yes	If yes, my firm anticipates negative effects as follows:
<input type="checkbox"/>	<input type="checkbox"/>	

III-18. **Effects on financial performance of COVID-19.** Has the COVID-19 pandemic, or any government actions taken to contain the spread of the COVID-19 virus, affected the financial performance of your firm's operations on #abbrproduct since January 1, #bopyear as reported in question III-9a? In your response, please include the duration and timing of any impacts as they relate to your firm's financial performance.

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

III-19. **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.

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 individual that Commission staff may contact regarding the information submitted in Part IV.

Name	
Title	
Email	
Telephone	

COMMERCIAL SHIPMENTS PRICE DATA

IV-2. This question requests quarterly quantity and value data for your firm's commercial shipments to unrelated U.S. customers since January 1, #bopyear of the following products produced by your firm.

Product 1. DEFINE

Product 2. DEFINE

Product 3. DEFINE

Product 4. DEFINE

Note—Reported values should be f.o.b., U.S. point of shipment and 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). Reported price data should exclude: (1) all export shipments, whether to related or unrelated firms; (2) any transfers to related firms in the United States; and (3) any internal usage/consumption by your firm in the United States.

Note—If your firm's product does not exactly meet the product specifications but is competitive with a specified pricing product above, provide a description of your firm's product and fill out the column for the pricing product that your product is most competitive with.

IV-2a. During January #bopyear-#intmonth #termyear, 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. **Commercial shipments price data.** Report below the quarterly price data¹ for pricing products² produced and sold by your firm.

Please ensure that the yearly totals (i.e., all four quarters added together across all products) for your firm's price data are equal to or less than what is reported as yearly commercial U.S. shipments in Part II (i.e., question II-8, lines D & E). This is because the quarterly commercial shipment price data requested in Part IV are only for the pricing products as defined above, whereas the commercial shipment data requested in Part II encompass all products under the scope of the investigation as defined in Part I.

Report data in **#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
#year1:								
January-March								
April-June								
July-September								
October-December								
#year2:								
January-March								
April-June								
July-September								
October-December								
#year3:								
January-March								
April-June								
July-September								
October-December								
#intyr2:								
January-March								
April-June								
July-September								

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. Please subtract any discounts, rebates, and returns from the quarter in which the sale occurred.

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 your firm's product. Also, please explain any anomalies in your firm's reported pricing data.

Product 1:

Product 2:

Product 3:

Product 4:

IV-2c. **Price data checklist.** Please check that the pricing data in question IV-2b have been correctly reported.

Are the price data reported above:	√ if Yes
In actual dollars (<i>not</i> \$1,000s) and actual #units?	<input type="checkbox"/>
Valued f.o.b. U.S. point of shipment (i.e., exclude U.S. inland transportation costs)?	<input type="checkbox"/>
Reported net of all discounts, rebates, and returns (deducted from the quarter in which the original sale occurred)?	<input type="checkbox"/>
Reported for commercial U.S. shipments only (i.e., exclude internal consumption, transfers, and exports)?	<input type="checkbox"/>
Less than or equal to the quantities and values reported in Part II for commercial U.S. shipments in each period?	<input type="checkbox"/>
Explanation(s) for any boxes not checked:	

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)?

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 shares of your firm's sales of its U.S.-produced #abbrproduct in #termyear were on the basis of (1) short-term contracts, (2) annual contracts, (3) long-term contracts, and (4) spot sales?

Item	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 share of your firm's sales of its U.S.-produced #abbrproduct was from inventory and produced to order, and what was 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 its 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	√ 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.** List the end uses of the #abbrproduct that your firm manufactures. For each end-use product, what percentage of the total cost is accounted for by #abbrproduct and other inputs?

End-use product	Share of total cost of end use product accounted for by		Total (should sum to 100.0% across)
	#abbrproduct	Other inputs	
	%	%	0.0 %
	%	%	0.0 %
	%	%	0.0 %

IV-13. **Substitutes.** Can other products be substituted for #abbrproduct?

No Yes--Please fill out the table.

Substitute	End use in which this substitute is used	Have changes in the price of this substitute affected the price for #abbrproduct?		
		No	Yes	Explanation
1.		<input type="checkbox"/>	<input type="checkbox"/>	
2.		<input type="checkbox"/>	<input type="checkbox"/>	
3.		<input type="checkbox"/>	<input type="checkbox"/>	

IV-14. **Demand trends.** Has demand within the United States and outside of the United States (if known) for #abbrproduct steadily increased, fluctuated but ended higher, not changed, fluctuated but ended lower, or steadily decreased since January 1, #bopyear? Explain any trends and describe the principal factors that have affected these changes in demand.

Select one box per row.

Market	Steadily increase	Fluctuate up	No change	Fluctuate down	Steadily decrease	Explanation and factors
Within the United States	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	

IV-15. **Product changes.** Have there been any significant changes in the product range, product mix, or marketing of #abbrproduct since January 1, #bopyear?

No	Yes	If yes, please describe and quantify if possible.
<input type="checkbox"/>	<input type="checkbox"/>	

IV-16. **Business cycles.** Is the #abbrproduct market subject to business cycles, either during the year or across years? If yes, describe.

No	Yes	If yes, please describe, including any changes since January 1, #bopyear.
<input type="checkbox"/>	<input type="checkbox"/>	

IV-17. **Conditions of competition.** Is the #abbrproduct market subject to conditions of competition distinctive to #abbrproduct other than the business cycles described in the previous question? If yes, describe.

No	Yes	If yes, please describe, including any changes since January 1, #bopyear.
<input type="checkbox"/>	<input type="checkbox"/>	

IV-18. Supply constraints.

(a) Has your firm refused, declined, or been unable to supply #abbrproduct at any time 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, impact from changes in operations listed in II-2a, etc.)?

No (skip to next question)	Yes (respond to part b)
<input type="checkbox"/>	<input type="checkbox"/>

(b) For each year that your firm faced supply constraints, describe the constraints with the details requested below. For constraints that span multiple years, check all years they exist and describe how they vary over time, if at all.

Period	Check if yes	Describe, including the timing, duration, and reason for the constraint.
#year1	<input type="checkbox"/>	
#year2	<input type="checkbox"/>	
#year3	<input type="checkbox"/>	
January 1, #intyr2 - present	<input type="checkbox"/>	

(c) Were there any specific supply constraints, listed in part b or otherwise, related to the petition that was filed on #petitiondate?

No	Yes	If yes, please describe the constraints that were related to the petition being filed.
<input type="checkbox"/>	<input type="checkbox"/>	

IV-19. Raw materials. Have #abbrproduct raw material prices steadily increased, fluctuated but ended higher, not changed, fluctuated but ended lower, or steadily decreased since January 1, #bopyear?

Select one box per row.

Steadily increase	Fluctuate up	No change	Fluctuate down	Steadily decrease	Explain, noting how raw material price changes have affected your firm's selling prices for #abbrproduct.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

IV-20. Interchangeability. How often 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 the interchangeable use of #abbrproduct produced in the countries:				

IV-21. Factors other than price. How often 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 are <i>always</i> or <i>frequently</i> a significant factor in your firm's sales of #abbrproduct, identify the country-pair and the relevant factors other than price, and report the advantages or disadvantages imparted by such factors:				

IV-22. **Role of section 301 tariffs.** Did the tariffs on Chinese-origin products under section 301, or changes in these tariffs, have an impact on the #abbrproduct market in the United States, including any effects on #abbrproduct cost, price, supply, and/or demand, since January 1, #bopyear?

No	Yes	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please describe the impact on cost, price, supply, and/or demand, and include the timing of such impacts.

IV-23. **Role of section 232 measures.** Did the measures (e.g., tariffs, quotas, etc.) on imported steel/aluminum products under section 232, or changes in the measures (such as the level, coverage, or nature of the measures), have an impact on the #abbrproduct market in the United States, including any effects on #abbrproduct cost, price, supply, and/or demand, since January 1, #bopyear?

No	Yes	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please describe the impact on cost, price, supply, and/or demand, and include the timing of such impacts.

IV-24. **Role of new or modified tariffs.** Have tariff announcements and tariff changes associated with Presidential actions since January 1, 2025 (e.g., broad changes in tariff coverage/levels, and related litigation/court decisions) impacted the #abbrproduct market in the United States, including any effects on price, supply, demand, and/or raw material costs?

No	Yes	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please describe the impact on cost, price, supply, demand, and/or raw material costs, and include the timing of such impacts.

IV-25. **Customer identification.** List the names and contact information for your firm's 10 largest U.S. customers for #abbrproduct since January 1, #bopyear. Indicate the share of the quantity of your firm's U.S. shipments of #abbrproduct that each of these customers accounted for in #termyear.

FOR FINAL INVESTIGATIONS DELETE CONTACT PERSON, EMAIL, AND TELEPHONE

Customer's name	Contact person	Email	Telephone	City	State	Share of #termyear sales (%)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

IV-26. Competition from imports.

- (a) **Lost revenue.** Since January 1, #bopyear: To avoid losing sales to competitors selling #abbrproduct from #ctrysubs, did your firm:

Item	No	Yes
Reduce prices	<input type="checkbox"/>	<input type="checkbox"/>
Roll back announced price increases	<input type="checkbox"/>	<input type="checkbox"/>

- (b) **Lost sales.** Since January 1, #bopyear: Did your firm lose sales of #abbrproduct to imports of this product from #ctrysubs?

No	Yes
<input type="checkbox"/>	<input type="checkbox"/>

- (c) **PRELIM ONLY- DELETE this question in FINALS. The submission of lost sales/lost revenue allegations is to be completed only by NON-PETITIONERS.**

If your firm indicated “yes” to any of the above, your firm can provide the Commission with additional information by downloading and completing the lost sales/lost revenues worksheet at http://usitc.gov/trade_remedy/question.htm. Note that the Commission may contact the firms named to verify the allegations reported.

Is your firm submitting the lost sales/lost revenues worksheet?

<input type="checkbox"/>	No: Please explain.
<input type="checkbox"/>	Yes: Please complete the worksheet and submit via the Commission’s secure submission portal: https://usitc.gov/lost_sales-lost_revenues

- IV-27. Other explanations.** If your firm would like to further explain a response to a question in Part IV for which a narrative response 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.

HOW TO FILE YOUR QUESTIONNAIRE RESPONSE

This questionnaire is available as a “fillable” form in MS Word format on the Commission’s website at:

https://usitc.gov/reports/active_import_injury_questionnaires.

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 Commission’s secure submission portal.** The questionnaire must be uploaded in two formats: (1) a Microsoft Word document with a typed signature (must type as follows: “/s/ full name”); and (2) a PDF copy of the complete questionnaire with the typed signature on the first page. Please include any attachments at the end of the PDF (e.g., APO certification, additional comments, etc.).

Web address: <https://usitc.gov/qportal> **Pin:** XXXX **Phase:** Preliminary/Final

- **E-mail.** *E-mail the MS Word questionnaire with a typed signature on the first page to xxx@usitc.gov; include a PDF copy of the complete questionnaire with a typed signature on the first page. 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 submission portal 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, type in your signature (must type as follows “/s/ full name”), and submit a PDF copy, with the typed signature, via the Commission’s secure submission portal or email.

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 (202-205-1802). 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.