



Mail your completed form to:
U.S. CENSUS BUREAU
1201 East 10th Street
Jeffersonville, IN 47132-0001

Please read the accompanying instructions before answering the questions.

Need help or have questions about filling out this form?

Visit our Web site at
www.census.gov/econhelp

Call:

- OR -

Write to the address above. Include your 11-digit Census File Number (CFN) printed in the mailing address.

**INFORMATION COPY
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(Please correct any errors in this mailing address.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the U.S. Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

- Use blue or black ink.
- Please center numbers in their respective boxes. Examples:
- Do not use pencil.
- Do not put slashes through 0 or 7.
- Place an "X" inside the box.
- Complete only the unshaded portion of each item.

<input checked="" type="checkbox"/>	0	1	2	3	4	5	6	7	8	9
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The reporting unit for this form is an establishment. An **establishment** is generally a single physical location where business is conducted or where services or industrial operations are performed. For further clarification, see information sheet(s).

1 EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) shown in the mailing address the same as the one used for this establishment on its latest 2006 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021 Yes - Go to 2 0022 No - Enter current EIN (9 digits) → 0025

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2 PHYSICAL LOCATION

A. Is this establishment's physical location the same as shown in the mailing address? (P.O. box and rural route addresses are not physical locations.)

0031 Yes - Go to line B

0032 No - Enter physical location →

0035 Number and street										
0036 City, town, village, etc.						0037 State		0038 ZIP Code		

B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.? (Mark "X" only ONE box.)

0041 Yes 0042 No 0043 No legal boundaries 0044 Do not know

C. In what type of municipality is this establishment physically located? (Mark "X" only ONE box.)

0046 City, village, or borough 0047 Town or township 0048 Other 0024 Do not know

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3 OPERATIONAL STATUS

Which of the following best describes this establishment's operational status at the end of 2006?
(Mark "X" only ONE box.)

- 0011 In operation
- 0016 Under construction, development, or exploration
- 0013 Temporarily or seasonally inactive

- 0014 Ceased operation - Give date at right

0018	Month	Day	Year
- 0015 Sold or leased to another operator - Give date at right AND enter name and address of new owner or operator and Employer Identification Number (EIN) below ↴

6030 Name of new owner or operator	0061 EIN (9 digits)
6031 Mailing address (Number and street, P.O. Box, etc.)	
6032 City, town, village, etc.	6033 State 6034 ZIP Code

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4 MONTHS IN OPERATION

Number of months in operation during 2006 (If none, mark "X" and go to 30.) 0002 Mark "X" if None 2006 Number

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

If a figure is \$1,025,628.79:

Report

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

Report

2006		
\$ Bil.	Mil.	Thou.
	1 0 2 6	

5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

A. Total value of products shipped and other receipts (Report detail in 2.) 0100

B. Value of products exported (This is a breakout of the value reported on line A.)
Report the value of products shipped for export. Include shipments to customers in the Panama Canal Zone, the Commonwealth of Puerto Rico, and U.S. possessions, as well as the value of products shipped to exporters or other wholesalers for export. Also, include the value of products sold to the U.S. Government to be shipped to foreign governments. Exclude products shipped for further manufacture, assembly, or fabrication in the United States. 0130

C. Shipments to other domestic plants of your company for further assembly, fabrication, or manufacture

1. Is this the only establishment of this firm?

0907 Yes - Go to 6

0908 No - Go to line C2

2. Market value of products shipped to other domestic plants of your company for further assembly, fabrication, or manufacture (This is a breakout of the value reported on line A.) 0905

	2006			2005
	\$ Bil.	Mil.	Thou.	\$ Thou.
A.				
B.				
C.				



10000024

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6 E-SHIPMENTS

A. Did this plant use any electronic network to control or coordinate the flow of any of the shipments of goods reported in **5**, line A? Or, were the orders for any of the shipments reported in **5**, line A received over an electronic network?

Electronic networks include:

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

0181 Yes - Go to line B

0182 No - Go to **7**

B. Percent of total reported in **5**, line A that were ordered, or whose movement was controlled or coordinated over electronic networks (Report in whole percents. Estimates are acceptable.) 0109

2006		2005	
Percent		Percent	
	%		%

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7 EMPLOYMENT AND PAYROLL

Include:

- Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in **1**.

Exclude:

- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.
- Temporary staffing obtained from a staffing service.

For further clarification, see information sheet(s).

A. Number of employees

1. Number of production workers for pay periods including:

- a.** March 12 0325
- b.** June 12 0324
- c.** September 12 0344
- d.** December 12. 0347

2. Add lines A1a through A1d 0348

3. Average annual production workers (Divide line 2 by 4 - omit fractions.) 0349

4. All other employees for pay period including March 12 . . . 0353

5. TOTAL (Add lines A3 and A4) 0356

Mark "X" if None

2006		2005	
Number		Number	

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

1. Annual payroll

- a.** Production workers 0358
- b.** All other employees 0359
- c. TOTAL (Add lines B1a and B1b) 0300**

2. First quarter payroll (January-March 2006) 0310

Mark "X" if None

2006			2005
\$ Bil.	Mil.	Thou.	\$ Thou.

C. Number of hours worked by production workers (Annual hours worked by production workers reported on lines A1a through A1d.) 0429

Mark "X" if None

2006		2005	
Hours		Hours	
Thou.		Thou.	

10000032

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7 EMPLOYMENT AND PAYROLL - Continued

D. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law.

Mark "X" if None

- 1. Health insurance** - Insurance premiums on hospitals, medical plans, and single service plans such as dental, vision, and prescription drug plans. Include premium equivalents for self-insured plans and fees paid to third party administrators (TPAs). Do not include employee contributions. 0334
- 2. Pension plans**
 - a. Defined benefit pension plans** - Costs for both qualified and unqualified defined pension plans. Pension plans that specify the benefit to be paid to employees upon retirement, generally either a specific amount or a percentage of compensation. Employer contributions are based on actuarial computations that include the employee's compensation and years of service and are not allocated to specific accounts maintained for employees. 0336
 - b. Defined contribution plans** - Costs under defined contribution plans. Pension plans that define the employer contributions to a separate account provided for each employee. The employee "benefit" at retirement depends on the amount contributed and the results of the account's activity. Examples include profits sharing plans, money purchase (e.g., 401k, 403b) and stock bonus plans (e.g., ESOPs) 0338
- 3. Other** - Other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare) 0340
- 4. TOTAL** (Add lines D1 through D3) 0220

2006			2005
\$ Bil.	Mil.	Thou.	\$ Thou.
			Not collected in 2005
			Not collected in 2005
			Not collected in 2005
			Not collected in 2005

8 Not Applicable.

9 VALUE OF INVENTORIES

A. Did this establishment own inventories, regardless of who owned them, at the end of 2006 and/or 2005?

- 0488 Yes - Go to line B
- 0489 No - Go to **10**

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B. Report inventories owned by this establishment as of December 31 before Last-in, First-out (LIFO) adjustment (if any)

- 1.** Finished goods 0461
- 2.** Work-in-process 0463
- 3.** Materials, supplies, fuels, etc.. . . 0462
- 4. Total inventories** (Add lines B1 through B3) 0460
- 5.** LIFO reserve (if any) 0466
- 6. Total inventories after LIFO adjustment** (Line B4 minus line B5) 0490

Mark "X" if None

End of 2006		
\$ Bil.	Mil.	Thou.

Mark "X" if None

End of 2005		
\$ Bil.	Mil.	Thou.

10000040

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10 INVENTORIES BY VALUATION METHOD

Report how much of the inventory reported in 9, line B4 is subject to the following valuation methods.

- A. LIFO valuation method before adjustment 0465
- B. First-in, First-out (FIFO). 0498
- C. Average cost 0502
- D. Standard cost 0506
- E. Other valuation method - Specify method ∇
 0895 0487
- F. **TOTAL** (Add lines A through E. Total should equal 9, line B4.). 0510

Mark "X" if None

End of 2006		
\$ Bil.	Mil.	Thou.

Mark "X" if None

End of 2005		
\$ Bil.	Mil.	Thou.

11 INVENTORIES OUTSIDE OF THE UNITED STATES

- A. Of the total inventories reported in 9, line B4 were any stored or en route OUTSIDE the 50 U.S. states and the District of Columbia?
 0256 Yes - Go to line B
 0257 No - Go to 15

- B. Report the total value of these inventories (**Do not report** inventory held in Foreign Trade Zones or in bond warehouses in the U.S.) 0261

Mark "X" if None

End of 2006		
\$ Bil.	Mil.	Thou.

Mark "X" if None

End of 2005		
\$ Bil.	Mil.	Thou.

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12 Not Applicable.

13 CAPITAL EXPENDITURES

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

- A. Capital expenditures for new and used depreciable assets in 2006
 - 1. Capital expenditures for new and used buildings and other structures (Exclude land.) 0525
 - 2. Capital expenditures for new and used machinery and equipment 0530
 - 3. **TOTAL** (Add lines A1 and A2). 0520
- B. Breakdown of expenditures for new and used machinery and equipment by type (Reported on line A2.)
 - 1. Automobiles, trucks, etc., for highway use 0522
 - 2. Computers and peripheral data processing equipment 0523
 - 3. All other expenditures for machinery and equipment 0524
 - 4. **TOTAL** (Add lines B1 through B3). 0529

Mark "X" if None

2006			2005
\$ Bil.	Mil.	Thou.	\$ Thou.

14-15 Not Applicable.

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16 SELECTED EXPENSES

A. Selected production related costs

Mark "X" if None

- 1. Cost of materials, parts, containers, packaging, etc. used 0421
- 2. Cost of products bought and sold as such without further processing (Report sales in 2.) 0426
- 3. Cost of purchased fuels consumed for heat, power, or the generation of electricity 0430
- 4. Cost of purchased electricity (Report quantity on line B1.) 0425
- 5. Cost of work done for you by others on your materials 0424
- 6. **TOTAL**(Add lines A1 through A5) 0420

2006			2005
\$ Bil.	Mil.	Thou.	\$ Thou.

B. Quantity of Electricity

Mark "X" if None

- 1. Purchased electricity (Quantity comparable to cost reported on line A4.) 0436
- 2. Generated electricity (Gross less generating station use.) 0437
- 3. Electricity sold or transferred to other establishments (Include on lines B1 or B2.) 0438

2006			2005
Kilowatthours			Kilowatthours
Bil.	Mil.	Thou.	Thou.

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CONTINUE WITH 16 ON PAGE 7

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

16 SELECTED EXPENSES - Continued

C. Other operating expenses paid by this establishment

Mark "X" if None

			2006		
			\$ Bil.	Mil.	Thou.
1.	Temporary staff and leased employee expense - Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. (Include all charges for payroll, benefits and services.)	0176	<input type="checkbox"/>		
2.	Expensed equipment - Expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). (Report packaged software on line C3.)	0403	<input type="checkbox"/>		
3.	Expensed purchases of software - Purchases of prepackaged, custom coded or vendor customized software. (Include software developed or customized by others, web-design services and purchases, licensing agreements, upgrades of software; and maintenance fees related to software upgrades and alterations.)	0188	<input type="checkbox"/>		
4.	Data processing and other purchased computer services (Include computer facilities management services, computer input preparation, data storage, computer time rental, optical scanning services, and other computer-related advice and services, including training. Exclude expenses for integrated systems, repair and maintenance of computer equipment, payroll processing and credit card transaction fees, and expenses for telecommunication services, including Internet, connectivity, telephone	0198	<input type="checkbox"/>		
5.	Purchased communication services - Telephone, cellular, and fax services; computer-related communications (e.g., Internet, connectivity, online) and other wired and wireless communication services.	0427	<input type="checkbox"/>		
6.	Purchased repairs and maintenance to buildings and/or machinery and equipment (Exclude materials, parts, and supplies used for repairs and maintenance performed by this firm's employees.)	0401	<input type="checkbox"/>		
7.	Water, sewer, refuse removal, and other utility payments (Include the costs of hazardous waste removal.)	0407	<input type="checkbox"/>		
8.	Purchased advertising and promotional services (Include marketing and public relations services.)	0409	<input type="checkbox"/>		
9.	Purchased professional and technical services (Include management consulting, accounting, auditing, bookkeeping, legal, actuarial, payroll processing, architectural, engineering, and other professional services. Exclude salaries paid to your own employees for these services.)	0216	<input type="checkbox"/>		
10.	Governmental taxes and license fees - Payments to government agencies for taxes and licenses. (Include business and property taxes. Exclude income taxes.)	0405	<input type="checkbox"/>		
11.	All other operating expenses - All other operating expenses not reported elsewhere. (Exclude purchases of merchandise for resale and nonoperating expenses.) - Specify ↴				
	0417 <input type="text" value=""/>	0415	<input type="checkbox"/>		
12.	TOTAL (Add lines C1 through C11)	0422	<input type="checkbox"/>		

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17-21 Not Applicable.

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

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

If you cannot locate the description of any products that you produce, please enter a description of your products in column (a) and enter their value in column (c). If additional lines are needed please use the "REMARKS" section. Report separately for each major kind of product. Include the value of products exported and interplant transfers in the appropriate product line. They should also be reported separately in 5.

An asterisk (*) at the end of a description denotes a comparability with products collected on a Current Industrial Report (CIR) questionnaire. See paragraph on "Comparability" in Part C of CIR instruction manual for item code references.

Enter TOTAL value of shipments under code 7700000.

Products and services (a)	Product Class code (b)	Products shipped and other receipts, including interplant transfers and exports			
		2006 (c)			2005 (d)
		\$ Bil.	Mil.	Thou.	\$ Thou.
	018				
	026				
	034				
	042				
	059				
	067				
	075				
	083				
	091				
	109				

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23-29 Not Applicable.

REMARKS (Please use this space for any explanations that may be essential in understanding your reported data.)

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

Is the time period covered by this report a calendar year?

Yes

No - Enter time period covered →

FROM

Month

Year

TO

Month

Year

Name of person to contact regarding this report

Title

Telephone

Area code

Number

Extension

Fax

Area code

Number

Internet e-mail address

Date completed

Month

Day

Year

Thank you for completing your 2006 ANNUAL SURVEY OF MANUFACTURES form.

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.

10000099