



1997 ECONOMIC CENSUS CENSUS OF CONSTRUCTION INDUSTRIES

DUE DATE FEBRUARY 12, 1998

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Return your completed form to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

CC-1738

Please read the accompanying instruction guide before answering the questions.

Census use only

(Please correct any error in name, address, and ZIP Code)

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) shown in the label the SAME as that used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes

2 No - Enter current EIN (9 digits) →

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Item 2. PHYSICAL LOCATION - Answer parts a-d (P.O. boxes or rural routes are not physical locations.)

a. Is this establishment's physical location the same as the address shown in the label?

093 1 Yes 2 No - Enter physical location below ↗

Number and street

City, town, village, etc.

State

ZIP Code

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

095 1 Yes 3 No legal boundaries

2 No 4 Do not know

c. In what type of municipality is this establishment located?

096 1 City, village, or borough

2 Town or township

3 Other or do not know

d. In what COUNTY is this establishment located?

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Item 3. OPERATIONAL STATUS

a. How many months during 1997 did this firm or organization actively operate this establishment?

Number of months
002

b. Mark (X) the ONE box which best describes this establishment at the end of 1997

Figures only

001 1 In operation

2 Temporarily or seasonally inactive

3 Ceased operation - Give date →

4 Sold or leased to another operator - Give date → AND enter name, etc., below ↗

Month	Day	Year

Name of new owner or operator

Number and street

City

State

ZIP Code

Item 4. ORGANIZATIONAL STATUS - Mark (X) the ONE box which best describes this establishment during 1997

003 1 Individual proprietorship

2 Partnership

3 Cooperative association (taxable)

4 Cooperative association (tax-exempt)

5 Government - Specify

0 Corporation (Do not mark if any form of cooperative association)

9 Other - Specify

If this establishment is primarily engaged in construction activities as shown on the Kind of Construction Activities List enclosed, then complete the entire questionnaire. Otherwise, complete items 5, 6, and 12, describe your business in item 13, and enter your name and telephone number in item 23.

Item 5. EMPLOYMENT IN 1997 - Your answers should be based on all employees included on your Employer's Quarterly Federal Tax Return, Treasury Form 941. Do not include your subcontractors or their employees.

During the pay periods including the 12th of March, May, August, and November 1997 -

a. how many construction workers were on the payroll of this establishment?

INCLUDE -

- Apprentices
- Journeymen
- Craftsmen
- Working foremen
- Job-site record keepers
- Laborers
- Truck drivers and helpers
- Equipment operators and mechanics
- Others engaged directly in construction

b. how many other employees were on the payroll of this establishment?

INCLUDE -

- Supervisors above working foremen
- Personnel staff
- Accounting staff
- Office staff
- Architects
- Engineers
- Purchasing agents
- Executives
- Others engaged in nonconstruction activities

c. how many total employees were on the payroll of this establishment?

Sum lines a and b

Number of employees of this establishment during the pay periods including the 12th of -

March 1997	May 1997	August 1997	November 1997
101	102	103	104
105	106	107	108
109	110	111	112

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HOW TO REPORT DOLLAR FIGURES		<i>Report dollars rounded to thousands.</i>			
		Millions (000)	Thou- sands (000)	Mark (X) if "0"	
Example: If a value is \$1,025,739.00 – REPORT →		1	026	<input type="checkbox"/> 0	
If a value is "0" (or less than \$500.00) – MARK (X) →				<input checked="" type="checkbox"/> 0	
Item 6. PAYROLL IN 1997 BEFORE DEDUCTIONS					
What were the annual payroll costs to this establishment for – <i>Exclude fringe benefits listed in item 8.</i>		Key	Mil.	Thou.	Mark (X) if "0"
a. construction workers (as defined in item 5a)?		117			<input type="checkbox"/> 0
b. other employees (as defined in item 5b)?		118			<input type="checkbox"/> 0
c. all employees? <i>Sum lines a and b</i>		119			<input type="checkbox"/> 0
Item 7. FIRST QUARTER PAYROLL IN 1997					
What were the first quarter payroll costs (January to March) for all employees before deductions in 1997?		120	Mil.	Thou.	<input type="checkbox"/> 0
Item 8. EMPLOYER'S COST FOR FRINGE BENEFITS					
What were your employer costs of this establishment in 1997 for –			Mil.	Thou.	Mark (X) if "0"
a. legally required fringe benefits? <i>Include employer payments for Social Security, unemployment compensation, workman's compensation, and State disability programs, if required.</i>		121			<input type="checkbox"/> 0
b. voluntarily provided fringe benefits? <i>Include such items as payments for life insurance, medical insurance, pensions, welfare benefits, and union-negotiated benefits.</i>		122			<input type="checkbox"/> 0
c. all fringe benefits? <i>Sum lines a and b</i>		123			<input type="checkbox"/> 0
Item 9. CONSTRUCTION WORK SUBCONTRACTED OUT					
What was the total cost to this establishment for construction work subcontracted out in 1997? <i>Exclude the cost of materials purchased by this establishment for subcontractors.</i>		124	Mil.	Thou.	<input type="checkbox"/> 0
Item 10. MATERIALS, COMPONENTS, AND SUPPLIES					
What were the job-site, general office, and all other costs to this establishment for materials, components, and supplies in 1997? <i>Include the cost of materials purchased by this establishment for subcontractors.</i> Exclude the cost of – <ul style="list-style-type: none"> items purchased by this establishment that were installed in a building but were not part of its structure, such as production machinery, furniture, etc. items listed in item 11. 		125	Mil.	Thou.	<input type="checkbox"/> 0
Item 11. SELECTED COSTS					
What were the job-site, general office, and all other costs to this establishment in 1997 for – <i>Where items are combined on your books, separate estimates are preferred.</i>			Mil.	Thou.	Mark (X) if "0"
a. purchased electricity?		126			<input type="checkbox"/> 0
b. natural gas and manufactured gas (propane)?		127			<input type="checkbox"/> 0
c. gasoline and diesel fuel – ON highway?		128			<input type="checkbox"/> 0
d. gasoline and diesel fuel – OFF highway?		129			<input type="checkbox"/> 0
e. all other fuels and lubricants, including heating oils, lubricating oils and greases?		130			<input type="checkbox"/> 0
f. communication services, including telephone, pager, data transmission, fax, and related service contracts?		131			<input type="checkbox"/> 0
g. purchased maintenance and repair of construction equipment and tools; machinery; office equipment, furniture, and vehicles, including related service contracts?		132			<input type="checkbox"/> 0
h. purchased maintenance and repair of buildings, job-site trailers, and other structures? <i>Exclude janitorial services.</i>		133			<input type="checkbox"/> 0
i. the rental or lease of construction equipment and tools; machinery; office equipment, furniture, and vehicles? <i>Exclude capital leases (leases with a contract to own at the end of the lease).</i>		134			<input type="checkbox"/> 0
j. the rental or lease of buildings, job-site trailers, and other structures? <i>Exclude capital leases (leases with a contract to own at the end of the lease).</i>		135			<input type="checkbox"/> 0
Item 12. DOLLAR VALUE OF BUSINESS DONE IN 1997					
For this establishment in 1997 –			Mil.	Thou.	Mark (X) if "0"
a. (1) what were the receipts (or billings) for contract construction work done for others? <i>Exclude the cost of items purchased by this establishment that were installed in a building but were not part of its structure, such as production machinery, furniture, etc.</i>		136			<input type="checkbox"/> 0
(2) what was the estimated dollar value of construction work done on residential and other building projects which you sold or intended to sell, rent, or lease? <i>INCLUDE the estimated dollar value of –</i> <ul style="list-style-type: none"> all improvements to land associated with these building projects done by or for you in 1997. work actually done in 1997, whether buildings were sold or not. subdividing and preparing your own land into lots. <i>EXCLUDE the estimated dollar value of –</i> <ul style="list-style-type: none"> land. Even though land would generally be included in the value of your building project, the value of the land is not considered construction work done. 		137			<input type="checkbox"/> 0
(3) what was the total dollar value of construction work done? <i>Sum lines (1) and (2)</i>		139			<input type="checkbox"/> 0
b. what were the receipts for all other business activities done by this establishment in 1997? <i>INCLUDE –</i> <ul style="list-style-type: none"> architectural services engineering services manufacturing mining rental or lease of properties real estate commissions and property management fees rental of construction machinery or equipment to others, without an operator retail trade transportation wholesale trade other business activities 		140			<input type="checkbox"/> 0
c. what was the total dollar value of all business done by this establishment in 1997? <i>Sum lines 12a(3) and 12b</i>		141			<input type="checkbox"/> 0

If not shown, please enter your 11-digit Census File Number from the address label on page 1 Census File Number

HOW TO REPORT PERCENTAGES Report percents rounded to whole percents. Example: If figure is 38.8% – REPORT **39** %

Item 13. KIND OF BUSINESS IN 1997		201	Percent
What percent of the amount that you reported in item 12c (the total dollar value of business done in 1997) was due to –		Code	Percent of total business done
a. each of the following construction activities? (As reported in item 12a)			
Electric power installation and service, including lighting		7311	%
Electronic control systems installation and service, except Environmental control systems		7312	%
Fire and security systems installation and service		7313	%
Highway lighting and signal installation and service		7314	%
Telecommunications installation and service		7315	%
Environmental control systems installation and service		7104	%
Other kinds of construction – Refer to list of construction activities – Specify kind(s) of construction and enter code(s)	211		%
	212		%
	213		%
b. each of the following other business activities? (As reported in item 12b)			
Engineering services		9914	%
Manufacturing – products manufactured and sold to others – Specify kind		9915	%
Retail trade – Specify kind		9920	%
Wholesale trade – Specify kind		9922	%
Other business activities – Specify kind ²⁹⁹		9999	%
The sum of the percentages reported should equal 100%			100 %

Item 14. TYPE OF CONSTRUCTION
What percent of the amount you reported in item 12a(3) (the dollar value of construction work done by this establishment in 1997) involved the following types of construction? Report these percentages in column (1) of the table below. Then in columns (2), (3), and (4) allocate this percent according to the three categories of construction. The sum of columns (2) through (4) should equal the entry in column (1). Refer to the Instruction Guide for a step by step example and for definitions of the three categories of construction.

Type of construction	Percent of dollar value of construction work done		Three categories of construction					
			New construction		Additions, alterations, or reconstruction		Maintenance and repair work	
	Key	(1)	Key	(2)	Key	(3)	Key	(4)
BUILDING CONSTRUCTION								
Single-family houses, detached	316	%	416	%	516	%	616	%
Single-family houses, attached	317	%	417	%	517	%	617	%
Apartment buildings with two or more units, including rentals, apartment type condominiums, and cooperatives	318	%	418	%	518	%	618	%
Other residential buildings – Specify kind ²¹⁹	319	%	419	%	519	%	619	%
Manufacturing and light industrial buildings, such as factories, assembly plants, and industrial research laboratories	321	%	421	%	521	%	621	%
Manufacturing and light industrial warehouses	322	%	422	%	522	%	622	%
Hotels, motels, and tourist cabins	323	%	423	%	523	%	623	%
Office buildings	324	%	424	%	524	%	624	%
Other commercial buildings, such as stores, restaurants, and automobile service stations	325	%	425	%	525	%	625	%
Commercial warehouses such as distribution buildings and mini-storage	326	%	426	%	526	%	626	%
Religious buildings	327	%	427	%	527	%	627	%
Educational buildings	328	%	428	%	528	%	628	%
Health care and institutional buildings	331	%	431	%	531	%	631	%
Public safety buildings such as prisons, police and fire stations	332	%	432	%	532	%	632	%
Farm buildings, nonresidential	333	%	433	%	533	%	633	%
Amusement, social, and recreational buildings	334	%	434	%	534	%	634	%
Other nonresidential buildings – Specify kind ²³⁸	338	%	438	%	538	%	638	%
NONBUILDING CONSTRUCTION								
Highways, streets, and related work, such as installation of guardrails, highway signs, etc.	341	%	441	%	541	%	641	%
Tunnels: highway, pedestrian, railroad, etc.	347	%	447	%	547	%	647	%
Power and communication transmission lines, cables, towers, and related facilities	354	%	454	%	554	%	654	%
Power and cogeneration plants, except hydroelectric	356	%	456	%	556	%	656	%
Power plants, hydroelectric	357	%	457	%	557	%	657	%
Blast furnaces, petroleum refineries, chemical complexes, etc.	358	%	458	%	558	%	658	%
Sewage treatment plants	361	%	461	%	561	%	661	%
Water treatment plants	362	%	462	%	562	%	662	%
Urban mass transit: subways, streetcars, and light rail systems	366	%	466	%	566	%	666	%
Railroad construction	367	%	467	%	567	%	667	%
Harbor and port facilities	373	%	473	%	573	%	673	%
Other nonbuilding construction – Specify kind ²⁸⁸	388	%	488	%	588	%	688	%
TOTAL value of construction work done in 1997 Sum of columns (2), (3), and (4) TOTALS should equal 100% in column (1).	100 %		400	%	500	%	600	%

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Item 15. OWNERSHIP OF CONSTRUCTION PROJECTS

What percent of the amount you reported in item 12a(3) (the dollar value of construction work done by this establishment in 1997) was on projects owned by the following?

	Key	Percent
Private businesses and individuals	801	%
State and local governments	802	%
Federal Government	803	%
TOTAL value of construction work done in 1997		100 %

Item 16. CONSTRUCTION WORK DONE AS A SUBCONTRACTOR

What percent of the amount that you reported in item 12a(3) (the dollar value of construction work done by this establishment in 1997) represents work you did for other contractors or builders? Enter "0" if you did not subcontract work from other contractors or builders.

Key	Percent
805	%

Item 17. STATES IN WHICH CONSTRUCTION WORK WAS DONE IN 1997

What percent of the amount that you reported in item 12a(3) (the dollar value of construction work done by this establishment in 1997) occurred in each State? The sum of the percentages reported should equal 100%.

State	Percent	State	Percent	State	Percent	State	Percent	State	Percent	State	Percent
AL	701 %	FL	712 %	LA	722 %	NE	731 %	OK	740 %	VT	750 %
AK	702 %	GA	713 %	ME	723 %	NV	732 %	OR	741 %	VA	751 %
AZ	704 %	HI	715 %	MD	724 %	NH	733 %	PA	742 %	WA	753 %
AR	705 %	ID	716 %	MA	725 %	NJ	734 %	RI	744 %	WV	754 %
CA	706 %	IL	717 %	MI	726 %	NM	735 %	SC	745 %	WI	755 %
CO	708 %	IN	718 %	MN	727 %	NY	736 %	SD	746 %	WY	756 %
CT	709 %	IA	719 %	MS	728 %	NC	737 %	TN	747 %	US	100%
DE	710 %	KS	720 %	MO	729 %	ND	738 %	TX	748 %		
DC	711 %	KY	721 %	MT	730 %	OH	739 %	UT	749 %		

Item 18. ASSETS, CAPITAL EXPENDITURES, AND DEPRECIATION IN 1997

What was the dollar value of assets, capital expenditures, and depreciation for this establishment in 1997?

	Key	Mil.	Thou.	Mark (X) if "0"
a. Gross value of depreciable assets (usually original costs) at the BEGINNING of 1997	813			<input type="checkbox"/> 0
b. Capital expenditures for NEW and USED depreciable assets in 1997	816			<input type="checkbox"/> 0
c. Gross value of depreciable assets sold, retired, scrapped, destroyed, etc. in 1997	824			<input type="checkbox"/> 0
d. Gross value of depreciable assets at the END of 1997 (should equal lines a+b-c=d)	827			<input type="checkbox"/> 0
e. Depreciation charges for 1997	830			<input type="checkbox"/> 0

Item 19. INVENTORIES OF THIS ESTABLISHMENT AT END OF YEAR

What was the value of inventories for this establishment at the end of 1996 and 1997 for materials and supplies?

NOTE: Exclude work in progress and finished units not sold.

End of 1996				End of 1997			
Key	Mil.	Thou.	Mark (X) if "0"	Key	Mil.	Thou.	Mark (X) if "0"
831			<input type="checkbox"/> 0	832			<input type="checkbox"/> 0

Item 20. OWNERSHIP OR CONTROL – Answer item 20 only if your Census File Number (CFN), shown in the address label of this report form, begins with a zero.

a. Does another domestic company own more than 50% of the voting stock of this company OR have the power to direct the management and policies of this company?

097 1 Yes – Enter owning or controlling company's name, address, ZIP Code, and EI number
 2 No

Name		EI Number	
Number and street			
City		State	ZIP Code

b. Does this company own more than 50% of the voting stock of any other domestic companies OR have the power to direct the management and policies of any other domestic companies?

If more space is needed, attach a separate sheet.
 098 1 Yes – Enter owned or controlled company's name, address, ZIP Code, and EI number
 2 No

Name		EI Number	
Number and street			
City		State	ZIP Code

Items 21 and 22. Not applicable to this report.

COMMENTS – Please use this space for any explanation that may be essential in understanding your reported data.

Item 23. CERTIFICATION – Print or type

Period covered by this report	FROM: Mo. Year	TO: Mo. Year	Name of person to contact regarding this report		
Contact person's position or title			Telephone	Area code	Number Extension
Email or Internet address			Fax	Area code	Number
This report is substantially accurate and has been prepared in accordance with the instructions.				Signature	
				Date	