



# 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-1768

**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) →

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

#### 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?

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

#### 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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| <b>HOW TO REPORT DOLLAR FIGURES</b><br><i>Report dollars rounded to thousands.</i><br>Example: If a value is \$1,025,739.00 – <i>REPORT</i> →<br>If a value is "0" (or less than \$500.00) – <i>MARK (X)</i> →   |     | Millions<br>(000) | Thou-<br>sands<br>(000) | Mark<br>(X) if<br>"0"      |                            |
|--|-----|-------------------|-------------------------|----------------------------|----------------------------|
|  |     | <b>1</b>          | <b>026</b>              | <input type="checkbox"/> 0 |                            |
| <b>Item 6. PAYROLL IN 1997 BEFORE DEDUCTIONS</b><br><b>What were the annual payroll costs to this establishment for –</b><br><i>Exclude fringe benefits listed in item 8.</i>  |     | <b>Key</b>        | Mil.                    | Thou.                      | Mark<br>(X) if<br>"0"      |
| a. <b>construction workers</b> (as defined in item 5a)?  | 117 |                   |                         | <input type="checkbox"/> 0 |                            |
| b. <b>other employees</b> (as defined in item 5b)?   | 118 |                   |                         | <input type="checkbox"/> 0 |                            |
| c. <b>all employees?</b> <i>Sum lines a and b</i>  | 119 |                   |                         | <input type="checkbox"/> 0 |                            |
| <b>Item 7. FIRST QUARTER PAYROLL IN 1997</b><br><b>What were the first quarter payroll costs (January to March) for all employees before deductions in 1997?</b>   |     | 120               | Mil.                    | Thou.                      | <input type="checkbox"/> 0 |
| <b>Item 8. EMPLOYER'S COST FOR FRINGE BENEFITS</b><br><b>What were your employer costs of this establishment in 1997 for –</b>   |     | 121               | Mil.                    | Thou.                      | <input type="checkbox"/> 0 |
| a. <b>legally required fringe benefits?</b> <i>Include employer payments for Social Security, unemployment compensation, workman's compensation, and State disability programs, if required.</i>   |     |                   |                         | <input type="checkbox"/> 0 |                            |
| b. <b>voluntarily provided fringe benefits?</b> <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. <b>all fringe benefits?</b> <i>Sum lines a and b</i>  | 123 |                   |                         | <input type="checkbox"/> 0 |                            |
| <b>Item 9. CONSTRUCTION WORK SUBCONTRACTED OUT</b><br><b>What was the total cost to this establishment for construction work subcontracted out in 1997?</b><br><i>Exclude the cost of materials purchased by this establishment for subcontractors.</i>  |     | 124               | Mil.                    | Thou.                      | <input type="checkbox"/> 0 |
| <b>Item 10. MATERIALS, COMPONENTS, AND SUPPLIES</b><br><b>What were the job-site, general office, and all other costs to this establishment for materials, components, and supplies in 1997?</b><br><i>Include the cost of materials purchased by this establishment for subcontractors.</i><br><b>Exclude the cost of –</b> <ul style="list-style-type: none"> <li>items purchased by this establishment that were installed in a building but were not part of its structure, such as production machinery, furniture, etc.</li> <li>items listed in item 11.</li> </ul>   |     | 125               | Mil.                    | Thou.                      | <input type="checkbox"/> 0 |
| <b>Item 11. SELECTED COSTS</b><br><b>What were the job-site, general office, and all other costs to this establishment in 1997 for –</b><br><i>Where items are combined on your books, separate estimates are preferred.</i>   |     | 126               | Mil.                    | Thou.                      | <input type="checkbox"/> 0 |
| a. <b>purchased electricity?</b>   |     |                   |                         | <input type="checkbox"/> 0 |                            |
| b. <b>natural gas and manufactured gas (propane)?</b>  | 127 |                   |                         | <input type="checkbox"/> 0 |                            |
| c. <b>gasoline and diesel fuel – ON highway?</b>   | 128 |                   |                         | <input type="checkbox"/> 0 |                            |
| d. <b>gasoline and diesel fuel – OFF highway?</b>  | 129 |                   |                         | <input type="checkbox"/> 0 |                            |
| e. <b>all other fuels and lubricants, including heating oils, lubricating oils and greases?</b>  | 130 |                   |                         | <input type="checkbox"/> 0 |                            |
| f. <b>communication services, including telephone, pager, data transmission, fax, and related service contracts?</b>   | 131 |                   |                         | <input type="checkbox"/> 0 |                            |
| g. <b>purchased maintenance and repair of construction equipment and tools; machinery; office equipment, furniture, and vehicles, including related service contracts?</b>   | 132 |                   |                         | <input type="checkbox"/> 0 |                            |
| h. <b>purchased maintenance and repair of buildings, job-site trailers, and other structures?</b><br><i>Exclude janitorial services.</i>   | 133 |                   |                         | <input type="checkbox"/> 0 |                            |
| i. <b>the rental or lease of construction equipment and tools; machinery; office equipment, furniture, and vehicles?</b> <i>Exclude capital leases (leases with a contract to own at the end of the lease).</i>  | 134 |                   |                         | <input type="checkbox"/> 0 |                            |
| j. <b>the rental or lease of buildings, job-site trailers, and other structures?</b> <i>Exclude capital leases (leases with a contract to own at the end of the lease).</i>  | 135 |                   |                         | <input type="checkbox"/> 0 |                            |
| <b>Item 12. DOLLAR VALUE OF BUSINESS DONE IN 1997</b><br><b>For this establishment in 1997 –</b>   |     | 136               | Mil.                    | Thou.                      | <input type="checkbox"/> 0 |
| a. (1) <b>what were the receipts (or billings) for contract construction work done for others?</b><br><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>   |     |                   |                         | <input type="checkbox"/> 0 |                            |
| (2) <b>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?</b><br><br><i>INCLUDE the estimated dollar value of –</i> <ul style="list-style-type: none"> <li>all improvements to land associated with these building projects done by or for you in 1997.</li> <li>work actually done in 1997, whether buildings were sold or not.</li> <li>subdividing and preparing your own land into lots.</li> </ul> <i>EXCLUDE the estimated dollar value of –</i> <ul style="list-style-type: none"> <li>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.</li> </ul> | 137 |                   |                         | <input type="checkbox"/> 0 |                            |
| (3) <b>what was the total dollar value of construction work done?</b> <i>Sum lines (1) and (2)</i>   | 139 |                   |                         | <input type="checkbox"/> 0 |                            |
| b. <b>what were the receipts for all other business activities done by this establishment in 1997?</b><br><i>INCLUDE –</i> <ul style="list-style-type: none"> <li>architectural services</li> <li>engineering services</li> <li>manufacturing</li> <li>mining</li> <li>rental or lease of properties</li> <li>real estate commissions and property management fees</li> <li>rental of construction machinery or equipment to others, without an operator</li> <li>retail trade</li> <li>transportation</li> <li>wholesale trade</li> <li>other business activities</li> </ul>  | 140 |                   |                         | <input type="checkbox"/> 0 |                            |
| c. <b>what was the total dollar value of all business done by this establishment in 1997?</b><br><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<br>Code | Percent of total business done |
|---|--|-------------|--------------------------------|
| <b>What percent of the amount that you reported in item 12c</b> (the total dollar value of business done in 1997) <b>was due to –</b> |  |             |                                |
| <b>a. each of the following construction activities?</b> (As reported in item 12a)  |  |             |                                |
| Architectural sheet metal contractor, including gutters and downspouts  |  | 7611        | %                              |
| Roofing contractor  |  | 7612        | %                              |
| Sheet metal contractor, except HVAC and plumbing  |  | 7613        | %                              |
| Siding contractor   |  | 7614        | %                              |
| Specialty sheet metal contractor, including decking and metal ceilings  |  | 7615        | %                              |
| Heating, ventilation, and air conditioning contractor   |  | 7101        | %                              |
| Carpentry contractor  |  | 7511        | %                              |
| Other kinds of construction <sup>211</sup>  |  |             | %                              |
| Refer to list of construction activities – Specify kind(s) of construction and enter code(s) <sup>212</sup>                           |  |             | %                              |
| <sup>213</sup>  |  |             | %                              |
| <sup>214</sup>  |  |             | %                              |
| <b>b. each of the following other business activities?</b> (As reported in item 12b)  |  |             |                                |
| Architectural services  |  | 9911        | %                              |
| Engineering services  |  | 9914        | %                              |
| Manufacturing – products manufactured and sold to others – Specify kind   |  | 9915        | %                              |
| Mining – minerals produced and sold to others   |  | 9916        | %                              |
| Real estate commissions and property management fees  |  | 9917        | %                              |
| Rental of construction machinery or equipment to others, without an operator  |  | 9919        | %                              |
| Retail trade – Specify kind   |  | 9920        | %                              |
| Transportation of goods for others (e.g., dirt hauling)   |  | 9921        | %                              |
| Wholesale trade – Specify kind  |  | 9922        | %                              |
| Other business activities – Specify kind <sup>299</sup>   |  | 9999        | %                              |
| <b>The sum of the percentages reported should equal 100%</b>  |  |             | <b>100 %</b>                   |

**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) |
| <b>BUILDING CONSTRUCTION</b>   |   |              |                                  |     |   |     |                             |     |
| 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 <sup>219</sup>  | 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 <sup>238</sup>   | 338   | %            | 438                              | %   | 538                                       | %   | 638                         | %   |
| <b>NONBUILDING CONSTRUCTION</b>  |   |              |                                  |     |   |     |                             |     |
| 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                         | %   |
| Other nonbuilding construction – Specify kind <sup>288</sup>   | 388   | %            | 488                              | %   | 588                                       | %   | 688                         | %   |
| <b>TOTAL value of construction work done in 1997</b>   |   | <b>100 %</b> | 400                              | %   | 500                                       | %   | 600                         | %   |
| Sum of columns (2), (3), and (4) TOTALS should equal 100% in column (1).   |   |              |                                  |     |   |     |                             |     |

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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 | %            |
| <b>TOTAL value of construction work done in 1997</b> |     | <b>100 %</b> |

**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 %   | <b>US</b> | <b>100%</b> |
| 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**

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