

U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

1997 ECONOMIC CENSUS **WATER TRANSPORTATION**

OMB No. 0607-0834: Approval Expires 12/31/99

UT-4400

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. Please return your completed report 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 Please read the accompanying instructions before answering the questions.

Census use

UT-4400

(Please correct any errors 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.

If this questionnaire does not seem to apply to your business, complete it to the extent possible and explain in REMARKS section – this

	should fulfill your reporting requirement	its and wi	ii reduce ioliow-up	correspondence.								
lte	m 1. EMPLOYER IDENTIFICATION NUI	MBER		HOW TO Dollar figures should be rounded to thousands of dollars.	Mil-	Thou-	Dol-					
	the Employer Identification Number (REPORT Frample: If a figure	lions (000)	sands (000)	lars (000)					
lat	est 1997 Employer's Quarterly Feder			DOLLAR is \$1,125,628.79 • Preferred	1	126						
Tre	easury Form 941?			Acceptable	1	125	629					
	1 Yes 2 No - Report cui	rrent EIN	below	Item 4. DOLLAR VOLUME OF BUSINESS	Mil.	Thou.	Dol.					
	(9 digits)			DUSINESS	010	 						
Ite	m 2. PHYSICAL LOCATION			Operating revenue in 1997								
a.	Is this establishment's physical loca the address shown in the label? (P.O	tion the	same as	Item 5. PAYROLL	Mil.	Thou.	Dol.					
	addresses are not physical locations)	. DOX and	Trural Toute	Payroll in 1997, BEFORE DEDUCTIONS	030							
	093 1 ☐ Yes 2 ☐ No – Report ph	ysical loc	ation below	a. Annual		 						
	Number and street				031							
	Trumber and street											
	City, town, village, etc.	State	ZIP Code	b. First quarter (January-March)		 						
				Item 6. EMPLOYMENT		Numbe	r					
b.	Is this establishment physically loca		le the legal		032							
	boundaries of the city, town, village			Number of paid employees for pay period including March 12, 1997								
	095 1 Yes 2 No 3 No leg bound		☐ Do not know	(Include both full- and part-time employees)								
	In what type of municipality is this		ument	Item 7. LEGAL FORM OF ORGANIZATION								
0.	physically located?	cstabilsi	illielit	Which of the following best describes this es	stablis	shment	's					
	096 1 City, village, or borough			legal form of organization during 1997? Mark box.								
	2 Town or township			DOX.								
	3 Other – Specify			003 1 Individual owner (sole proprietorship)								
	4 Do not know			2 Partnership								
d.	In what county (e.g., Dade County) is 1 physically located?	this estal	blishment	5 Governmental – Specify								
	priyerearry recuteur			0								
				9 Other - Specify								
Ite	m 3. OPERATIONAL STATUS		lumber of months	· ·								
a.	How many months during 1997 was		2									
	this establishment actively operated											
b.	Which of the following best describe status at the end of 1997? $Mark(X)$ o	es this es only ONE	stablishment's box.									
	Note: Complete the remainder of this re	port (for	the period									
	operated) even if the establishment ceas	sea opera	Figures only									
	2 Temporarily or seasonally in	active	Month Year									
	3 ☐ Ceased operation – Give date			CONTINUE WITH ITEM 8 ON PAGE	2E 2							
	4 Sold or leased to another oper date at right AND enter name,	ator – <i>Gi</i> v	re	CONTINUE WITH THEM O ON TAC	JL 2							
		etc., belo	W									
	Name of new owner or operator											
	Number and street											
	City	State	ZIP Code									

Item 8. KIND OF BUSINESS OR ACTIVITY		Item 9. SOURCES OF REVENUE							
What was this establishment's PRINCIPAL		Please read instructions below bet	ore co	mpletin	g this it	em.			
Mark (X) only ONE box.	Report sources of revenue for this establishment either as lollar figures or as whole percents of total operating evenue. (See HOW TO REPORT DOLLAR FIGURES on page 1 and HOW TO REPORT PERCENTS below) Line 4 – Report revenue for tugboat services including: docking and undocking of ocean vessels; fleeting and harbor services; and hifting and floating of equipment within harbors. Line 5 – Report revenue for the operation of waterfront terminals including: wharf and marine operations and services; pier and dock apperation and management, including building and facilities; and earbor operations (report navigational operations on line 6). Line 6 – Report revenue for marine cargo handling and stevedoring including: loading and unloading of vessels; longshoremen ervices; and ship hold cleaning. Line 7 – Report revenue for piloting vessels including: vessel pilots or hire and ship piloting; harbor navigational operations; and biloting vessels in and out of harbors. Line 8 – Report revenue for marine salvaging including: cargo alvaging from distressed vessels; marine wrecking; and lismantling of ships. Line 9 – Report revenue for other services incidental to water ransportation including: boat and ship cleaning (report revenue for								
Water transportation of freight)		before completing this item. or this establishment either as excents of total operating at DOLLAR FIGURES on page 1 ITS below) gboat services including: docking steeting and harbor services; and ent within harbors. e operation of waterfront terminals erations and services; pier and dock cluding building and facilities; and pational operations on line 6). arine cargo handling and stevedoring and of vessels; longshoremen g. ooting vessels including: vessel pilots or navigational operations; and arbors. arine salvaging including: cargo els; marine wrecking; and mer services incidental to water and ship cleaning (report revenue for tocks and ship canal operations; marine surveyors, except cargo). 6% of Mil. Thou. Dol. Percent years as a separation of the percents years and years an						
Deep sea	and undocking of ocean vessels; fl	eeting	and ha	rbor ser					
Great Lakes – St. Lawrence Seaway	<u>4424001</u>								
transportation	4432001	ilding and facilities; and							
Inland waterways (excluding towing service for barges owned or controlled by others)	4449001	including: loading and unloading of					oring		
Water transportation of passengers			na voce	ole incl	udina: v	occal ni	ilote		
Deep sea (except by ferry)	L 4481011	for hire and ship piloting; harbor r	avigati	ional op	peration:	s; and	11015		
Coastal or Great Lakes – St. Lawrence Seaway (except by ferry)	4481021	Line 8 – Report revenue for marin	e salva						
a. Coastal or Great Lakes – St. Lawrence		dismantling of ships.			9,	•			
Seaway	4482011 4482021	ship cl and sl	ship cleaning (report revenue for and ship canal operations;						
Excursion and sightseeing boat (including dinner cruises)	4489011	lighterage; ship registers; and mar (report cargo revenue on line 6).	ine sui	veyors,	except	cargo			
Charter fishing or party fishing boat	7999941	If figure is 38.76%	of	NAH	Thou	Dol	Per-		
Pleasure boat rental	7999073	HOW TO total sales:		IVIII.	i iliou.	Doi.	cent		
River raft or canoeing	7999991	PERCENTS • Report whole per Not acceptable—	· · · · · · · · · · · · · · · · · · ·			<u> </u>			
Other water passenger transportation (including water taxis) – <i>Describe</i>	4489091	Not acceptable							
(including victor taxley Decomber 1 1 1 1	1400001	Sources of revenue	sus	Repor	t dollars	OR pe	rcents. Per-		
		Water transportation of freight	700		<u> </u>				
		a. Deep sea			 				
Other services incidental to water transportation or activity		b. Coastal or Intercoastal	4010		 				
Towing services:		c. Great Lakes – St.			l I				
a. Coastal or Intercoastal	4492011	Lawrence Seaway	4020		<u> </u>	1			
b. Inland waterways	4492021	d. Inland waterways	4030						
Tugboat services (including fleeting and harbor service)	4492031	Water transportation of passengers	1000		 				
Operation of a port or waterfront terminal	4491011	a. Deep sea (except ferry)	4040		 				
Marine cargo handling (including stevedoring)	4491021	b. Coastal or Great Lakes –			 				
Piloting of vessels	4499911	St. Lawrence Seaway (except ferry)	4050		 				
(including dismantling of ships) Commercial vessel or barge rental or	4499921	c. Coastal or Great Lakes – St. Lawrence Seaway ferry	4060		 				
lease WITHOUT crew	4499301 4785011	101. y	.000						
Marina	4493001	d. Inland water ferry	4070		I <u> </u> 				
Other services incidental to water transportation – <i>Describe</i>	4499991	e. Excursion and sightseeing boat (including dinner cruises)	4080		 				
		f. Charter fishing or party fishing boat	4090		 				
		g. Other water passenger transportation	4100		 				
		3. Towing services	4110						
Arrangement of transportation for freight and cargo		4. Tugboat services – See instructions for line 4 above	4120		<u> </u> 				
Freight forwarding	4731105 4731106		20		l I				
Shipping agent or broker	4731215	5. Operation of a port or waterfront terminal – <i>See</i>			l I				
Arrangement of transportation for passengers		instructions for line 5 above	4130						
Travel agency	4724001 4725003	6. Marine cargo handling (including stevedoring) – See instructions for line 6			: 				
Other kind of business or activity -		above	4140						
Describe		7. Piloting of vessels – See instructions for line 7 above	4150		 				
		8. Marine salvaging, marine wrecking and dismantling of ships – See instructions for line 8 above	4160		 	 			
	ITEM 9 CONTINUED ON PAGE 3								

from the address labe			nued				12	14 OWNEDOW	D 001	ITDOL AND	LOCATIO	NIC OF		TION			
Sources of revenue			ESTIMATES are acceptable. Report dollars OR percents.				Item 11. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION - Continued										
		Cen- sus use			Dol.	Per- cent	d.	How many establisthe EIN shown in t in item 1) AT THE	he lab	el (or as co		0	<u>Num</u> 79	ber			
9. Other water transp related services – 5 instructions for line	4170		 				If more than one, pr other information in headquarters locatio locations. If more ro format in REMARKS	dicated on shou om is i	d below for out ald be first, f needed, con	each estal followed I tinue in tl	blishme by all ot ne same	nt. The her					
10. Pleasure boat dock rental, launch fees, storage	4180		 				Estimates are acce		-		-	lable.	Dol.				
11. Commercial vessel rental or lease with	4190		 				Number and street			Revenue	081	 	İ				
12. All other operating Describe	revenue –			 				City	State	ZIP Code	Annual payroll	082	 				
0.0	9810		 			1	Kind-of-business de	scriptio	on .	Paid period	employ includi	ees for ing Mar	pay ch 12				
13. TOTAL (Should eq		9990		l I		100%					083						
Item 10. Not applicab	le to this rep	port.						Census ⁰⁸⁸									
Item 11. OWNERSHIF a. Is the FIRST DIGI							Г	Name			1997	Mil. 081	Thou.	Dol.			
in the address lab								Number and street			Revenue		 				
1 ☐ Yes – <i>Col</i> 2 ☐ No – <i>Ski</i> µ	•							City	State	ZIP Code	Annual payroll	082	 				
b. Is this company							2	Kind-of-business de	escription		period	employ includi	rees for ing Mar	pay ch 12			
owned or controlled by another company?	,										083						
og7 1 ☐ Yes →											Census use	088					
097 1 ☐ Yes —➤ 2 ☐ No								Name			1997	Mil.	Thou.	Dol.			
	EIN (9 digi							Number and street			Revenue		 				
c. Does this company own or control any other company or	Does this company own or control any owned or other company or other			d EIN o npany	of the			City	State	ZIP Code	Annual payroll	082	 				
companies?						3	Kind-of-business description			Paid employees for pay period including March 12							
098 1 ☐ Yes → 2 ☐ No	_								083					1			
2 🗆 110	EIN (9 digi	its)					ł				Census use						
REMARKS - Please us	se this space	e for any	∕ explai	nations	that ma	y be ess	senti	al in understanding y	our rej	oorted data.							
		•						en prepared in accor									
Period covered by this report			TO): 	lo. ¦	Year		me of person to cont	act reg	arding this	report – I	rint or	type				
Telephone Area c	ode Nu	umber		E	xtensio	n	Tit	e									
Signature of authorized	person										Date						

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