



1997 ECONOMIC CENSUS

FARM AND GARDEN MACHINERY AND EQUIPMENT

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

WH-5083

Please read the accompanying instructions before answering the questions.

Census use

(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.

Item 1. EMPLOYER IDENTIFICATION NUMBER
Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No - Report current EIN below

(9 digits)

Item 2. PHYSICAL LOCATION

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

093 1 Yes 2 No - Report 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 physically located?

096 1 City, village, or borough
2 Town or township
3 Other - Specify
4 Do not know

d. In what county (e.g., Dade County) is this establishment physically located?

Item 3. OPERATIONAL STATUS Number of months

a. How many months during 1997 was this establishment actively operated?

002

b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.

001 1 In operation
2 Temporarily or seasonally inactive
3 Ceased operation - Give date at right
4 Sold or leased to another operator - Give date at right AND enter name, etc., below

Figures only

Month Year

Name of new owner or operator

Number and street

City

State

ZIP Code

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.
Example: If a figure is \$1,125,628.79 report **1 126**
• Preferred
Acceptable

| Bil-ions (000) | Mil-ions (000) | Thou-sands (000) | Dol-lars (000) |
|----------------|----------------|------------------|----------------|
| | 1 | 126 | |
| | 1 | 125 | 629 |

Item 4. DOLLAR VOLUME OF BUSINESS

Bil. Mil. Thou. Dol.

010

a. Sales and operating receipts for 1997 (Include the gross selling value of business conducted for others)

b. Did this establishment earn commissions for the sale of merchandise?

121

1 Yes - Go to line c
2 No - Skip to line e

c. Gross selling value of business conducted on a commission basis (Include in item 4a)

Bil. Mil. Thou. Dol.

122

d. Commissions received (On transactions reported in item 4c)

123

NOTE - If this is the only establishment of this firm skip to item 5

e. Percent of products sold by this establishment manufactured or mined in the United States by your company or subsidiaries

Percent

124

%

f. Value of transfers to other establishments within your company (DO NOT include in item 4a)

Mil. Thou. Dol.

125

Item 5. PAYROLL
Payroll in 1997, BEFORE DEDUCTIONS

Mil. Thou. Dol.

030

a. Annual

031

b. First quarter (January-March)

Item 6. EMPLOYMENT

Number

a. Number of paid employees for pay period including March 12, 1997 (Include both full- and part-time employees)

032

b. List the above employees by the employee's primary function:

Number

(1) Selling

131

(2) Sales support (including office and clerical, warehousing, customer service, maintenance employees, and drivers)

132

(3) Supporting functions of other establishments in your company (i.e., central administrative, accounting, research, etc.)

133

(4) Manufacturing

134

(5) Other - Specify

135

NOTE - The sum of lines 1 through 5 should equal total employment

HM

Item 7. OPERATING EXPENSES Mil. Thou. Dol.
 040
Operating expenses for 1997 (Include payroll, but exclude cost of goods sold and interest expense)

Item 8. INVENTORIES

a. Did you have inventories at the end of 1996 or 1997?

180 1 Yes – Complete the remainder of the item
 2 No – Skip to item 9

b. Were inventories of this establishment subject to the last-in, first-out (LIFO) method of valuation?

185 1 Yes – Use the sum of the LIFO amount plus the LIFO reserve for lines c and c(2)
 2 No – Complete only line c

| | End of 1997 | | | End of 1996 | | |
|---|-------------|-------|------|-------------|-------|------|
| | Mil. | Thou. | Dol. | Mil. | Thou. | Dol. |
| c. Total inventories | 046 | | | 047 | | |
| (1) Amount not subject to LIFO costing | 181 | | | 186 | | |
| (2) Amount subject to LIFO costing (gross) | 182 | | | 187 | | |
| (a) Amount of the LIFO reserve | 183 | | | 188 | | |
| (b) LIFO value of the line c(2) (net) | 184 | | | 189 | | |

*NOTE – The sum of lines c(1) and c(2) should equal line c
 The sum of lines c(2a) and c(2b) should equal line c(2)*

Item 9. TOTAL PURCHASES OF MERCHANDISE IN 1997 PURCHASES AT COST VALUE
 Bil. Mil. Thou. Dol.
 160
Purchases of merchandise for resale (Net of returns, allowances, and trade and cash discounts; but including amounts allowed for trade-ins)

NOTE – If purchases are greater than sales, please provide an explanation in the REMARKS section

Item 10. SALES BY CLASS OF CUSTOMER Whole percent of sales
Report the percentage of this establishment's total sales in 1997 (item 4a) to each class of customer.

| | |
|--|-------------|
| a. Export sales | 141 |
| b. Restaurants, hotels, food services, and contract feeding | 142 |
| c. Retailers and repair shops for resale or repair | 143 |
| d. Other wholesale establishments for resale | 144 |
| e. Industrial users for production (manufacturing and mining) | 145 |
| f. Business users for consumption, not for resale | 146 |
| g. Farmers (for farm use) | 147 |
| h. Household consumers and individual users | 148 |
| i. Builders and contractors | 149 |
| j. Governmental bodies (Federal, State, and local) | 150 |
| k. TOTAL (Sum of lines a through j should total 100%) | 100% |

Item 11. KIND OF BUSINESS AND SELLING CHARACTERISTICS

a. Kind of business
What was this establishment's PRINCIPAL kind of business in 1997? Mark (X) only ONE box.

(1) Farm and garden machinery equipment 070
(a) Farm machinery and equipment – farm dealers 508310
(b) Farm machinery and equipment – wholesale distributors 508320
(c) Lawn and garden machinery and equipment 508339

(2) Construction and mining machinery and equipment 508200

(3) Other kind of business – Specify 777777

b. Selling characteristics

(1) In what format did this establishment PRIMARILY sell in 1997? Mark (X) only ONE box. 068

From physical displays of priced merchandise . . . 1
 From a counter (little or no display) 2
 From a warehouse or office 3
 Other – Describe 4

(2) How did this establishment PRIMARILY attract new customers in 1997? Mark (X) only ONE box. 069

Location and store attractiveness 1
 Advertising to the general public, including direct mail advertising. 2
 Advertising to the trade or calls directly to customers 3
 Other – Describe 4

c. What percent of your sales are drop-shipped and do not enter this establishment? Percent
 111 %

Item 12. TYPE OF OPERATION
What was this establishment's PRINCIPAL type of operation in 1997? Mark (X) only ONE box. 060

a. Own-brand importer and marketer 14

b. Merchant wholesaler (buying and selling on own account)
(1) Importer 12
(2) Exporter 13
(3) Merchant wholesale distributor or jobber 11

c. Manufacturers' sales branches and offices 20

d. Agent, broker, and commission merchant
(1) Auction company 41
(2) Broker (representing buyers and sellers) 42
(3) Commission merchant 43
(4) Import agent 44
(5) Export agent 45
(6) Manufacturers' agent 46

e. Other broker or agent – Specify type 77

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

Census File Number

Item 13. COMMODITY LINES

Report sales by commodity group either as a dollar figure or as a whole percent of total sales (Include the value of merchandise marketed under capital, finance, or full payout leases and rental receipts derived from merchandise under operating leases)

| | | | | | | |
|-------------------------------|---|------|------|-------|------|--------------|
| HOW TO REPORT PERCENTS | If figure is 38.76% of total sales | Bil. | Mil. | Thou. | Dol. | Percent |
| | • Report whole percents | | | | | 39 |
| | Not acceptable | | | | | 38.76 |

| Commodity lines | Census use | ESTIMATES are acceptable. Report dollars OR percents. | | | | |
|--|------------|---|------|-------|------|---------|
| | | Bil. | Mil. | Thou. | Dol. | Percent |
| 1. Farm machinery, equipment, and parts | 100 | 101 | | | | 102 |
| a. New tractors (farm) | 2211 | | | | | |
| b. New harvesting machinery | 2212 | | | | | |
| c. New land preparation, planting, and cultivating machinery | 2213 | | | | | |
| d. New dairy farm and barn equipment | 2214 | | | | | |
| e. New irrigation equipment | 2215 | | | | | |
| f. Other new farm machinery and equipment | 2216 | | | | | |
| g. Used farm machinery and equipment | 2218 | | | | | |
| h. Total (Sum of lines 1a through 1g) | 2200 | | | | | |
| 2. Garden, machinery, equipment, and parts | | | | | | |
| a. New power lawn mowers | 2221 | | | | | |
| b. Other new lawn and garden machinery and equipment | 2222 | | | | | |
| c. Used garden machinery and equipment | 2223 | | | | | |
| d. Total (Sum of lines 2a through 2c) | 2220 | | | | | |
| 3. Construction and mining machinery and equipment (including parts and attachments) | 2100 | | | | | |
| 4. New and used automobiles, motorcycles, etc. | 0100 | | | | | |
| 5. Light trucks and vans (14,000 lb. or less) | 0130 | | | | | |
| 6. Medium trucks and tractors (14,001 to 26,000 lb.) | 0140 | | | | | |
| 7. Heavy trucks and tractors (over 26,000 lb.) | 0150 | | | | | |
| 8. New and rebuilt automotive parts and supplies (Report parts installed in repair work on line 25b) | 0200 | | | | | |
| 9. Tires and tubes | 0300 | | | | | |
| 10. Wire fences, manufactured (mobile) homes, building and construction paper and prefabricated buildings and structural assemblies | 0740 | | | | | |
| 11. Sporting and recreational goods and supplies | 2700 | | | | | |
| 12. Electrical apparatus and equipment | 1400 | | | | | |

Item 13. COMMODITY LINES – Continued

| Commodity lines | Census use | ESTIMATES are acceptable. Report dollars OR percents. | | | | |
|--|------------|---|------|-------|------|---------|
| | | Bil. | Mil. | Thou. | Dol. | Percent |
| 13. Electrical appliances, household | 1500 | | | | | |
| 14. Hardware | 1700 | | | | | |
| 15. Plumbing and heating equipment and supplies (hydronics) | 1800 | | | | | |
| 16. Warm air heating and air-conditioning equipment and supplies | 1900 | | | | | |
| 17. General-purpose industrial machinery, equipment, and parts | 2320 | | | | | |
| 18. Men's and boys' wear | 3800 | | | | | |
| 19. Chemicals and allied products (excluding agricultural, plastics, gases and petroleum) | 5330 | | | | | |
| 20. Petroleum products – refined (exclude liquefied petroleum) | 5400 | | | | | |
| 21. Farm supplies | 5800 | | | | | |
| 22. Paint, paint supplies, and wallpaper | 6000 | | | | | |
| 23. Miscellaneous commodities – Specify | | | | | | |
| 076 | | | | | | |
| a. | 9811 | | | | | |
| 077 | | | | | | |
| b. | 9812 | | | | | |
| 078 | | | | | | |
| c. | 9813 | | | | | |
| 24. Rental and operating lease receipts | 9940 | | | | | |
| 25. Service receipts and labor charges (including installed parts) | | | | | | |
| a. Labor charges for repair work | 9701 | | | | | |
| b. Parts installed in repair work | 9702 | | | | | |
| c. Other service receipts and labor charges – Specify | | | | | | |
| | 9703 | | | | | |
| d. Total (Sum of lines 25a through 25c) | 9700 | | | | | |
| 26. Receipts for service contracts | 9720 | | | | | |
| 27. TOTAL (Should equal item 4a if reporting in dollars) | 9990 | | | | | 100% |

Item 14. LEGAL FORM OF ORGANIZATION

Which of the following best describes this establishment's legal form of organization during 1997? Mark (X) only ONE box.

003 1 Individual owner (sole 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 _____

Item 15. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?

1 Yes – Complete this item
 2 No – Skip to item 16

b. Is this company owned or controlled by another company?

097 1 Yes →
 2 No

Enter name, address, and EIN of the owning or controlling company

EIN (9 digits) _____

c. Does this company own or control any other company or companies?

098 1 Yes →
 2 No

Enter name, address, and EIN of the owned or controlled company

EIN (9 digits) _____

Item 15. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION – Continued

d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1997?

Number
079

If more than one, provide the **physical location** address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

Estimates are acceptable if book figures are not available.

| Name | 1997 | Mil. | Thou. | DoI. |
|---|--|------|-------|------|
| Number and street | Sales | 081 | | |
| City State ZIP Code | Annual payroll | 082 | | |
| 1 Kind-of-business description | Paid employees for pay period including March 12 | | | |
| Type of operation (choose from item 12) | 083 | | | |
| | Census use | 088 | | |
| | | 089 | | |

| Name | 1997 | Mil. | Thou. | DoI. |
|---|--|------|-------|------|
| Number and street | Sales | 081 | | |
| City State ZIP Code | Annual payroll | 082 | | |
| 2 Kind-of-business description | Paid employees for pay period including March 12 | | | |
| Type of operation (choose from item 12) | 083 | | | |
| | Census use | 088 | | |
| | | 089 | | |

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

Item 16. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

| | | | | |
|--------------------------------------|----------------|--------------|--|-------|
| Period covered by this report | FROM: Mo. Year | TO: Mo. Year | Name of person to contact regarding this report – <i>Print or type</i> | |
| Telephone | Area code | Number | Extension | Title |
| Signature of authorized person | | | | Date |