



1997 ECONOMIC CENSUS

TRANSPORTATION EQUIPMENT AND SUPPLIES

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-5088

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.

a. Annual

030

b. First quarter (January-March)

031

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) Transportation equipment and supplies, except motor vehicles 070
 (a) Aircraft and aeronautical equipment and supplies 508810
 (b) Marine machinery, equipment, and supplies 508820
 (c) Other transportation equipment and supplies 508890
 (2) 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)						Item 13. COMMODITY LINES – Continued						
HOW TO REPORT PERCENTS		If figure is 38.76% of total sales • Report whole percents → 39 Not acceptable → 38.76				ESTIMATES are acceptable. Report dollars OR percents.						
Commodity lines		Cen-sus use	Bil.	Mil.	Thou.	Dol.	Per-cent	Bil.	Mil.	Thou.	Dol.	Per-cent
1. Aircraft and aeronautical equipment and supplies		100	101	102	103	104	105	11. Hardware	1700	11.1	11.2	11.3
a. New aircraft		2611	2612	2613	2614	2615	2616	12. Sporting and recreational goods and supplies	2700	12.1	12.2	12.3
b. New aircraft engines and engine parts		2612	2613	2614	2615	2616	2617	13. Construction and mining machinery and equipment (including parts and attachments)	2100	13.1	13.2	13.3
c. Other new aircraft equipment and supplies		2613	2614	2615	2616	2617	2618	14. Miscellaneous commodities – Specify	9811	076	077	078
d. Used aircraft and aeronautical equipment and supplies		2614	2615	2616	2617	2618	2619	a.	9812	9813	9814	9815
e. Total (Sum of lines 1a through 1d)		2600	2601	2602	2603	2604	2605	b.	9812	9813	9814	9815
2. Marine machinery, equipment, and supplies		2621	2622	2623	2624	2625	2626	c.	9813	9814	9815	9816
a. New ships and boats (excluding pleasure boats)		2621	2622	2623	2624	2625	2626	15. Rental and operating lease receipts	9940	9941	9942	9943
b. New marine propulsion machinery and equipment		2622	2623	2624	2625	2626	2627	a. Flight training	9831	9832	9833	9834
c. New marine supplies		2623	2624	2625	2626	2627	2628	b. Charter services	9832	9833	9834	9835
d. Used marine machinery, equipment, and supplies		2624	2625	2626	2627	2628	2629	c. Total (Sum of lines 16a and 16b)	9830	9831	9832	9833
e. Total (Sum of lines 2a through 2d)		2620	2621	2622	2623	2624	2625	17. Service receipts and labor charges (including installed parts)	9701	9702	9703	9704
3. Other transportation equipment and supplies		2631	2632	2633	2634	2635	2636	a. Labor charges for repair work	9701	9702	9703	9704
a. New transportation equipment (excluding automotive)		2631	2632	2633	2634	2635	2636	b. Parts installed in repair work	9702	9703	9704	9705
b. Used transportation equipment (excluding automotive)		2632	2633	2634	2635	2636	2637	c. Other service receipts and labor charges – Specify	9703	9704	9705	9706
c. Total (Sum of lines 3a and 3b)		2630	2631	2632	2633	2634	2635	d. Total (Sum of lines 17a through 17c)	9700	9701	9702	9703
4. New and rebuilt automotive parts and supplies (Report parts installed in repair work on line 17b)		0200	0201	0202	0203	0204	0205	18. Receipts for service contracts	9720	9721	9722	9723
5. Electrical apparatus and equipment		1400	1401	1402	1403	1404	1405	19. TOTAL (Should equal item 4a if reporting in dollars)	9990	9991	9992	100%
6. Electronic parts and equipment, except communication		1600	1601	1602	1603	1604	1605	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	2	3
7. Petroleum products – refined (except liquefied petroleum)		5400	5401	5402	5403	5404	5405	1 <input type="checkbox"/> Individual owner (sole proprietorship)	003	4	5	0
8. General-purpose industrial machinery, equipment, and parts		2320	2321	2322	2323	2324	2325	2 <input type="checkbox"/> Partnership	003	8	9	9
9. Oil well, oil refinery, and pipeline machinery, equipment, and supplies		2350	2351	2352	2353	2354	2355	3 <input type="checkbox"/> Cooperative association (taxable)	003	12	13	14
10. Abrasives, strapping, tape, inks, and mechanical rubber goods		2460	2461	2462	2463	2464	2465	4 <input type="checkbox"/> Cooperative association (tax-exempt)	003	16	17	18
11.		2466	2467	2468	2469	2470	2471	5 <input type="checkbox"/> Government – Specify	003	20	21	22
12.		2472	2473	2474	2475	2476	2477	6 <input type="checkbox"/> Corporation (Do not mark if any form of cooperative association)	003	24	25	26
13.		2478	2479	2480	2481	2482	2483	7 <input type="checkbox"/> Other – Specify	003	28	29	30
14.		2484	2485	2486	2487	2488	2489	8 <input type="checkbox"/> Other – Specify	003	32	33	34



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)

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?

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.

Number	079
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	Name	Number and street	City	State	ZIP Code	1997	Number		
							Mil.	Thou.	Dol.
1	Kind-of-business description					Sales	081		
	Type of operation (choose from item 12)					Annual payroll	082		
						Paid employees for pay period including March 12			
							083		
						Census use	088		
							089		
2	Kind-of-business description					Sales	081		
	Type of operation (choose from item 12)					Annual payroll	082		
						Paid employees for pay period including March 12			
							083		
						Census use	088		
							089		
3	Kind-of-business description					Sales	081		
	Type of operation (choose from item 12)					Annual payroll	082		
						Paid employees for pay period including March 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 – Print or type		
Telephone	Area code	Number	Extension	Title	
Signature of authorized person					Date