



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-5093

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 2 No 3 No legal boundaries 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

• Preferred
Acceptable

Bil- lions (000)	Mil- lions (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
(2) Sales support (including office and clerical, warehousing, customer service, maintenance employees, and drivers)
(3) Supporting functions of other establishments in your company (i.e., central administrative, accounting, research, etc.)

131

132

133

(4) Manufacturing

134

(5) Other - Specify

135

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

WH

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) Scrap and recyclable materials 070
 (a) Iron and steel scrap processors (using power processing equipment) 509311
 (b) Iron and steel scrap dealers (not using power processing equipment) 509312
 (c) Recyclable paper and paperboard 509330
 (d) Other recyclable products 509390
 (2) Used auto parts dealer 501500
 (3) Metals service centers and sales offices
 (a) Ferrous metals service center (with inventory) 505111
 (b) Ferrous metals sales offices (without inventory) 505112
 (c) Nonferrous metals service center (with inventory) 505121
 (d) Nonferrous metals sales offices (without inventory) 505122
 (4) 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

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

a. Merchant wholesaler (buying and selling on own account) 060
 (1) Importer 12
 (2) Exporter 13
 (3) Merchant wholesale distributor or jobber 11
 b. Manufacturers' sales branches and offices 20
 c. 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
 d. 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						ESTIMATES are acceptable. Report dollars OR percents.											
If figure is 38.76% of total sales • Report whole percents → 39 Not acceptable → 38.76						Bil.	Mil.	Thou.	Dol.	Per-cent	Commodity lines	Cen-sus use	Bil.	Mil.	Thou.	Dol.	Per-cent
ESTIMATES are acceptable. Report dollars OR percents.						ESTIMATES are acceptable. Report dollars OR percents.											
Commodity lines						Commodity lines											
1. Ferrous metal scrap						13. Copper and brass											
a. Prepared ferrous metal scrap (processed by this establishment)						14. Aluminum shapes and forms											
b. Prepared ferrous metal scrap (not processed by this establishment)						15. Other nonferrous metals (magnesium, nickel, tin, lead, zinc, etc., except precious)											
c. Unprepared ferrous metal scrap (bimetal cans)						16. General-purpose industrial machinery, equipment, and parts											
d. Total (Sum of lines 1a through 1c)						17. Industrial and personal service paper and plastics											
2. Nonferrous metal scrap						18. Miscellaneous commodities – Specify											
a. Aluminum scrap						076											
b. Copper and copper alloy scrap						a.											
c. Lead scrap						077											
d. Other nonferrous metallic scrap (nickel, zinc, and precious and special metals)						b.											
e. Total (Sum of lines 2a through 2d)						078											
3. Recyclable paper and paperboard						19. Rental and operating lease receipts											
4. Recyclable materials, except metal and paper						20. Service receipts and labor charges (including installed parts)											
a. Wiping cloths, waste rags, and textile waste						a. Labor charges for repair work											
b. Recyclable plastics						b. Parts installed in repair work											
c. Recyclable glass						c. Other service receipts and labor charges – Specify											
d. Other recyclable materials (including rubber and bones)						d. Total (Sum of lines 20a through 20c)											
e. Total (Sum of lines 4a through 4d)						21. Construction receipts											
5. Used automotive parts, accessories, and equipment						22. TOTAL (Should equal item 4a if reporting in dollars)											
6. Iron and steel products (semifinished)						100%											
7. Flat iron and steel products						Item 14. LEGAL FORM OF ORGANIZATION											
8. Iron and steel wire and wire products						Which of the following best describes this establishment's legal form of organization during 1997? Mark (X) only ONE box.											
9. Iron and steel pipe and tubing						003 1 <input type="checkbox"/> Individual owner (sole proprietorship)											
10. Iron and steel bars, structural shapes, and bearing piles						2 <input type="checkbox"/> Partnership											
11. Alloy steel						3 <input type="checkbox"/> Cooperative association (taxable)											
12. Stainless steel						4 <input type="checkbox"/> Cooperative association (tax-exempt)											
						5 <input type="checkbox"/> Government – Specify _____											
						0 <input type="checkbox"/> Corporation (Do not mark if any form of cooperative association)											
						9 <input type="checkbox"/> 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)

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.

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