U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU

FORM

RT-44701

2002 ECONOMIC CENSUSGASOLINE STATIONS

OMB No. 0607-0881: Approval Expires 06/30/2004

DUE DATE FEBRUARY 12, 2003

Mail your completed form to:
U.S. CENSUS BUREAU
1201 East 10th Street
Jeffersonville, IN 47134-0001

Please read the accompanying information sheet(s) before answering the questions.

Need help or have questions about filling out this form?

Visit our Web site at www.census.gov/econhelp

Call 1-800-233-6136, between 8:00 a.m. and 8:00 p.m., Eastern time, Monday through Friday.

- OR -

Write to the address above. Include your 11-digit Census File Number (CFN) printed in the mailing address.

RT-44701

INFORMATION COPY DO NOT USE TO REPORT

(Please correct any errors in this mailing address.)

• Do not use pencil. • Do not put slashes through 0 or 7.		(Ficase correct any criors i	II tillo Illalling address./							
• Do not use pencil. • Place an "X" inside the box. The reporting unit for this form is an establishment. An establishment is generally a single physical location where business is conducted or where services or industrial operations are performed. For further clarification, see information sheet(s). MONTHS IN OPERATION Mark "X" if None Number of months in operation during 2002 (If none, mark "X" and go to ♠)	that receive this questionnal law, YOUR CENSUS REPO of Census Bureau information	re to answer the questions and return the report to the confidential. It may be seen only by point and may be used only for statistical purposes.	o the U.S. Census Bureau. By the same persons sworn to uphold the confidentiality							
Place an "X" inside the box. The reporting unit for this form is an establishment. An establishment is generally a single physical location where business is conducted or where services or industrial operations are performed. For further clarification, see information sheet(s). MONTHS IN OPERATION Mark "X" 2002 / if None Number of months in operation during 2002 (If none, mark "X" and go to ②.)	Use blue or black ink. I	Please center numbers in their respective boxes.	Examples:							
Place an "X" inside the box. The reporting unit for this form is an establishment. An establishment is generally a single physical location where business is conducted or where services or industrial operations are performed. For further clarification, see information sheet(s). MONTHS IN OPERATION Mark "X" if None Number of months in operation during 2002 (If none, mark "X" and go to ②.)	• Do not use pencil. • I	Do not put slashes through 0 or 7.								
where business is conducted or where services or industrial operations are performed. For further clarification, see information sheet(s). Months IN Operation Number of months in operation during 2002 (If none, mark "X" and go to ②.)	• Place an "X" inside the box.	'	0 1 2 3 4 5 6 / 8 9							
Number of months in operation during 2002 (If none, mark "X" and go to ②.)	where business is conducted or where services or industrial operations are performed. For further clarification, see									
Number of months in operation during 2002 (If none, mark "X" and go to ②.)	1 MONTHS IN OPERATION		Wark X							
2 EMPLOYER IDENTIFICATION NUMBER Is the Employer Identification Number (EIN) shown in the mailing address the same as the one used for this establishment on its latest 2002 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return? 1			if None Number of months							
Is the Employer Identification Number (EIN) shown in the mailing address the same as the one used for this establishment on its latest 2002 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return? Operation	Number of months in opera	tion during 2002 (If none, mark "X" and go to 🖘.)	0002							
PHYSICAL LOCATION A. Is this establishment's physical location the same as shown in the mailing address? (P.O. box and rural route addresses are not physical locations.) O031 Yes No - Enter physical O036 City, town, village, etc. Do32 No - Enter physical O036 City, town, village, etc. B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.? O041 Yes O042 No O043 No legal boundaries O044 Do not know C. Type of municipality where this establishment is physically located	Is the Employer Identification	n Number (EIN) shown in the mailing address the	same as the one used for this 's Quarterly Federal Tax Return?							
A. Is this establishment's physical location the same as shown in the mailing address? (P.O. box and rural route addresses are not physical locations.) O035 Number and street O032 No - Enter physical O036 City, town, village, etc. O036 City, town, village, etc. O037 State O038 ZIP Code Iocation B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.? O041 Yes O042 No O043 No legal boundaries O044 Do not know C. Type of municipality where this establishment is physically located	₀₀₂₁	No - Enter current EIN (9 digits)	→ 0025							
O032 No - Enter physical O036 City, town, village, etc. B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.? O041 Yes O042 No O043 No legal boundaries O044 Do not know C. Type of municipality where this establishment is physically located	A. Is this establishment's pl	e addresses are not physical locations.)	address?							
B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.? Out	₀₀₃₁	10035 Number and street								
B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.? Out	No - Enter physica	0036 City, town, village, etc.	0037 State 0038 ZIP Code							
O041 Yes O042 No O043 No legal boundaries O044 Do not know C. Type of municipality where this establishment is physically located	location									
C. Type of municipality where this establishment is physically located	B. Is this establishment phy	rsically located inside the legal boundaries of the o	city, town, village, etc.?							
	₀₀₄₁	No $_{0043}$ \square No legal boundaries	₀₀₄₄ Do not know							
ON City, village, or borough ON Town or township ON OTHER OR OTHER OR OTHER OT	C. Type of municipality who	ere this establishment is physically located								
	0046 City, village, or bo	rough 0047 Town or township	0048 Other or do not know							

	5 " "		Mark "X"		2002	
ноw то	Dollar figures should be rounded to thousands of dollars.		if None	\$ Mil.	Thou.	D
REPORT DOLLAR FIGURES	If a figure is \$1,025,628.79:	Report	→ □	1	0 2 6	
	If a value is "0" (or less than \$500.00):	Report —	\rightarrow \boxtimes	1 1		
SALES, SHIPMENT	S, RECEIPTS, OR REVENUE					
, -	-, -		Mark "X" if None	φ 84:1	2002	1_
			II INOITE	\$ Mil.	Thou.	D
Sales of merchand	ise and other operating receipts (Include excise t	axes.)	0100			
E-COMMERCE SAL	ES, SHIPMENTS, RECEIPTS, OR REVENUE					
sales of goods Internet, Extran or may not be i	shment have any e-commerce sales and/or receip or services where an order is placed by the buye et, Electronic Data Interchange (EDI) network, ele made online. Please see the information sheet(s	r, or price and ter ctronic mail, or ot	ms of sale a her online s	are negoti	ated, over	an
0181 Yes -	Go to line B				2002	
₀₁₈₂ No - C	Go to 🔞				s are accept	_
		,		\$ Mil.	Thou.	D
and/or receipts	les and/or receipts of this establishment (<i>Include</i> in ② . Include shipping and handling charges. E	e-commerce sales xclude sales taxes	s.) ₀₁₈₅	1 1	1 1	
EMPLOYMENT AN Include: • Full- and part:	time emplovees working at this establishment w	hose payroll was	reported or	n Internal	Revenue	
Include: • Full- and part Service Form (EIN) shown i		rhose payroll was nd filed under the	reported on Employer l	ı Internal dentificati	Revenue on Numbe	er
Include: • Full- and part- Service Form (EIN) shown in	time employees working at this establishment w 941, Employer's Quarterly Federal Tax Return, a n the mailing address or corrected in 2 .	nd filed under the	Employer l	dentificati	on Numbe	er
Include: • Full- and part- Service Form (EIN) shown in Exclude: • Full- or part-ti	time employees working at this establishment w 941, Employer's Quarterly Federal Tax Return, a n the mailing address or corrected in ②. me leased employees whose payroll was filed u	nd filed under the	Employer l	dentificati	on Numbe	er
Include: • Full- and part- Service Form (EIN) shown i. Exclude: • Full- or part-ti • Temporary sta	time employees working at this establishment was 941, Employer's Quarterly Federal Tax Return, as the mailing address or corrected in 2. The me leased employees whose payroll was filed use affing obtained from a staffing service.	nd filed under the	Employer lo	dentificati mpany's E rk "X"	On Numbe	ər
Include: • Full- and part- Service Form (EIN) shown i. Exclude: • Full- or part-ti • Temporary sta	time employees working at this establishment w 941, Employer's Quarterly Federal Tax Return, a n the mailing address or corrected in ②. me leased employees whose payroll was filed u	nd filed under the	Employer lo	dentificati npany's E	on Numbe	er
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Include: • Full- and part- Service Form (EIN) shown in Exclude: • Full- or part-ti • Temporary sta For further clarifica A. Number of emp	time employees working at this establishment was 941, Employer's Quarterly Federal Tax Return, as the mailing address or corrected in 2. The me leased employees whose payroll was filed use affing obtained from a staffing service. Setion, see information sheet(s).	nd filed under the	Employer lo leasing con Ma if l	dentificati mpany's E rk "X"	IIN. 2002 Number	
Include: • Full- and part- Service Form (EIN) shown in Exclude: • Full- or part-ti • Temporary sta For further clarificat A. Number of emp	time employees working at this establishment we 941, Employer's Quarterly Federal Tax Return, as in the mailing address or corrected in 2. The leased employees whose payroll was filed use affing obtained from a staffing service. Stion, see information sheet(s). Sloyees for pay period including March 12	nd filed under the nder an employee	leasing con Ma if I	npany's E	IN. 2002 Number 2002	
Include: • Full- and part- Service Form (EIN) shown in Exclude: • Full- or part-ti • Temporary sta For further clarificat A. Number of emptode B. Payroll before of 1. Annual payron	etime employees working at this establishment we 941, Employer's Quarterly Federal Tax Return, as in the mailing address or corrected in 2. The me leased employees whose payroll was filed use affing obtained from a staffing service. Stion, see information sheet(s). Sloyees for pay period including March 12	nd filed under the nder an employee	leasing condition if I	npany's E	IN. 2002 Number 2002	
Include: • Full- and part- Service Form (EIN) shown in Exclude: • Full- or part-ti • Temporary sta For further clarificat A. Number of emptode B. Payroll before of 1. Annual payron	etime employees working at this establishment we set the set of the mailing address or corrected in 2. The mailing address or corrected in 2. The leased employees whose payroll was filed use affing obtained from a staffing service. The set of the set	nd filed under the nder an employee	leasing condition if I	npany's E	IN. 2002 Number 2002	
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Page 3

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.											
1 LEASED EMPLOYMENT AND PAYROLL											
A. Did this establishment have any full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN?											
Exclude:											
• Temporary staffing obtained from a staffing service.											
• Contractors, subcontractors, or independent contractors.											
Purchased or managed services, such as janitorial, guard, or landscape services.											
 Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services. 											
● Employees already reported in 6 .											
For further clarification, see information sheet(s).											
O241 Ses - Go to line B											
Mark "X" 2002											
B. Number of leased employees for pay period including March 12											
C. Payroll for leased employees before deductions (Exclude employer's cost for fringe benefits.)											
* Mil. Thou. Do											
1. Annual payroll for leased employees											
Mark "X" 2002											
if None \$ Mil. Thou. Do											
2. First quarter payroll for leased employees (January-March, 2002)											
8-17 Not Applicable.											
18 KIND OF BUSINESS											
Principal kind of business in 2002 (Mark "X" only ONE box.)											
O700 447 190 10 19 Gasoline station											
Gasoline station with convenience store											
Gasoline station with automotive repair											
447 110 00 26 Convenience store selling gasoline											
Gasoline station with convenience store and car wash											
Gasoline station with convenience store and automotive repair											
447 190 10 35 Self-service fuel stop											
447 190 10 43 Gasoline station/car wash											
447 190 20 17 Truck stop											
454 311 00 11 Heating/fuel oil dealer											
454 312 00 10 Liquefied petroleum (LP) gas dealer											
441 310 40 11 Auto supply store CONTINUE WITH © ON PAGE 4											

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1 8 KII	ND OF BUSINES	SS - (Continued
0700	441 120 00 19		Used car dealer
	422 710 11 20		Petroleum bulk station, excluding liquefied petroleum (LP)
	422 710 20 29		Liquefied petroleum (LP) bulk station or terminal
	422 710 13 28		Wholesale petroleum distributor, without storage capacity
	488 410 00 19		Towing, wrecker service
	811 111 00 48		Automotive repair, general
	777 440 00 19		Automotive repair, specialized - Specify
0701			
	772 000 00 12	Ш	Other kind of business - Specify
0701			
1 9 CL	ASS OF CUSTO	MEF	3
			ess practice, did this establishment sell to household consumers and individual users in 2002?
	O251 Yes		
	₀₂₅₂		
В.		nore	of this establishment's sales to retailers/wholesalers for resale in 2002?
	0256		
	₀₂₅₇		
C.	Did this establ	ishm	ent require proof of business or professional license from new customers in 2002?
	₀₂₇₆		
	₀₂₇₇		
			CONTINUE WITH © ON PAGE 5

If no	t show ber (Cl	rn, please enter your 11-digit Census File FN) from the mailing address.		
19	CLASS	OF CUSTOMER - Continued		
			2002	
	D. Estin	mate the percentage of this establishment's total sales (reported in 4) by class of customer. cle all that apply and then report percentages for the items circled.)	A/ER - Continued A/ER - Conti	
	1.	Household consumers and individual users		%
	2.	Retailers for resale		%
	3.	Wholesale establishments for resale		%
	4.	Repair shops for use in repair work		%
	5.	Manufacturing and mining industrial users for use as input goods in production		%
	6.	Restaurants, hotels, food services, and contract feeding		%
	7.	Businesses for end use in their own operation, not for resale or production		%
	8.	Building contractors, heavy construction, and special trade contractors		%
	9.	Farmers for use in farm production		%
	10.	Governmental bodies (Federal, state, and local)		
	11.	Export sales		%
	12.	Other - Specify 7		
		0874	1 1	%
	13.	TOTAL	1 0 0	%
20	Principa	D OF SELLING all method of selling in 2002 X" only ONE box.)		
	0751	Electronic commerce (selling goods or facilitating the sale of goods via the Internet or other electronic	onic mean	ıs)
	0752	Store or display showroom (selling from a fixed or permanent location with physical displays of p merchandise and/or from a counter)	riced	
	0753	Warehouse or office (including telephone/fax orders or outside sales representatives)		
	0754	Mail order		
	0755	Home shopping via television		
	0756	Direct selling (selling in a face-to-face manner away from a fixed location, such as house-to-house plan, or temporary kiosk sales)	, party	
	0757	Vending machines		
	0758	Other - Specify		
	075	9		
<u>a</u>		plicable.		

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						2002	2		age
				F	stim	ates are		able.	
	HOW TO REPORT					t dollars (-		
	PERCENTS			\$ Mil		Thou.	Dol.	Perc	ent
	If figure is 38.76% of total sales:	eport whole perce	ents					j 3	3 9
2	DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE (Report sales for each merchandise line sold by this establish total sales (reported in 4). See HOW TO REPORT DOLLAR F above.)	ment, either as a do IGURES on page 2 a	ollar fi and H	gure oi OW TO	r as REI	a whole PORT PE	perce RCEN	nt of TS	
			Con			2002			
	Description of sales, shipments, receipts, or revenue		Cen- sus			nates are t dollars (•		
	Description of Sales, Silipments, receipts, of revenue		use	\$ Mil	· -	Thou.	Dol.	Pero	cent
23			0720	0721				0722	
	A								
	Automotive fuels								
	a. Unleaded regular gasoline		20721						
	In Halandad said assals seculing								
	b. Unleaded mid-grade gasoline		20722						
	c. Unleaded premium gasoline		20723						
						I I			
	d. Leaded gasoline		20724						
	e. Diesel fuel		20725						
	f. Other automotive fuels		20726						
	g. Sum lines 1a through 1f		20720			i			
2.	Automotive tires, tubes, batteries, parts, accessories (Report prepair on line 21a.)								
	a. Automotive tires and tubes		20741						
	a. Automotive tires and tabes		20741						
	b. Automotive parts		20744						
	c. Storage batteries		20749	1 1					
	d. Automotive accessories, including safety and comfort rela	ted items (Report							
	audio/sound accessories on line 20.)	· · · · · · · · · · · · · · · ·	20756			1 1			
	a Cundular condition including appropriate and maintenance	sh ami a alar							
	 Sundry supplies, including appearance and maintenance of automotive paint; antifreeze; functional fluids; etc. (Report 	lubricants on line							
	4.)		20757						
	f. Sum lines 2a through 2e		20740						
_									
3.	Groceries and other food items for human consumption off the including candy, gum, packaged snacks, etc. (Report vitamins pet food on line 11.)	ne premises, s on line 12 and							
	a. Dairy products and related foods, including milk, cheese,	outter, yogurt, ice							
	cream, eggs, etc. (Report hand-dipped ice cream and yogu	art on nine 5.)	20104						
	b. Bakery products not baked on the premises, excluding fro	zen	20106						+
	c. Bottled, canned, or packaged soft drinks		20108						

If no	ot shown, please enter your 11-digit Census File nber (CFN) from the mailing address.							
22	DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued							
		Con	2002					
	Description of sales, shipments, receipts, or revenue	Cen- sus use		mates are a ort dollars O	•			
		use	\$ Mil.	Thou.	Dol.	Percent		
0723		0720	0721			0722		
3.	Groceries and other food items for human consumption off the premises, including candy, gum, packaged snacks, etc Continued							
	d. Candy	20109						
	All other feeds including day appearing commed factor and bettled feeds.							
	e. All other foods, including dry groceries; canned, frozen, and bottled foods; packaged snacks; produce; etc.	20112						
	f. Sum lines 3a through 3e	20100						
4.	Automotive lubricants, including oil, greases, etc	20730						
5.	Meals, unpackaged snacks, sandwiches, unpackaged ice cream and yogurt, bakery items, and nonalcoholic beverages generally served for immediate							
	consumption, including restaurant sales of truck stops	20120						
6.	Packaged liquor, wine, and beer							
	a. Distilled spirits, including liquor, brandy, and liqueurs	20141						
	b. Wine	20142						
	c. Beer and ale	20143						
	d. Sum lines 6a through 6c	20140		' '		-		
7.	Cigars, cigarettes, tobacco, and smokers' accessories, excluding sales from vending machines operated by others	20150						
8.	Cars, trucks, motorcycles, and other powered vehicles	20700	' '	' '				
9.	Household fuels, including oil, LP gas, wood, coal							
	a. LP gas, including bulk and bottled	20781						
	b. Kerosene	20782						
	c. No. 2 distillate fuel oil	20702						
		20783						
	d. Other distillate fuel oil, including nos. 1 and 4	20784						
	e. Residual fuel oil, including nos. 5 and 6	20785						
	f. Coal	20786						
	g. Wood	20787						
	h. Other household fuels	20788						
	i. Sum lines 9a through 9h	20780						
10.	Crude oil	20790						
11.	Pet foods and supplies	20800						
	CONTINUE WITH ② ON PAGE 8							

	Description of sales, shipments, receipts, or revenue	Cen- sus use	2002 Estimates are acceptable. Report dollars OR percents.				
0723		0720	\$ Mil.	Thou.	Dol.	Perc 0722	ent
12.	Drugs, health aids, beauty aids	20160					
13.	Soaps, detergents, and household cleaners	20180					
14.	Paper and related products, including paper towels, toilet tissue, wraps, bags, foils, etc.	20190					
15.	Magazines and newspapers	20856					
16.	Books (Report audio tape books on line 20 and comic books on line 15.)	20420					
17.	Sporting goods	20500					_
18.	Hardware, tools, and plumbing and electrical supplies	20600					
19.	Lawn, garden, and farm equipment and supplies; cut flowers; plants and shrubs; fertilizers; etc.	20620					
20.	All other merchandise, EXCLUDING LOTTERY TICKET SALES/COMMISSIONS (Report receipts for services on line 21.) Specify principal lines and estimated sales below	29810					
	a.	29811					
	b.	29812					
	С.	29813					
21.	All nonmerchandise receipts, including rentals, storage, and other services provided to customers EXCLUDING SALES AND OTHER TAXES AND LOTTERY TICKET SALES/COMMISSIONS						
	a. Parts installed in repair	29907					
	b. Labor charges for work performed by this establishment	29904					_
	c. Rental or lease of automobiles, trucks, or utility trailers	29923					_
	d. Car wash receipts	29934					_
	e. All other nonmerchandise receipts	29954					_
	f. Sum lines 21a through 21e	29900					
22.	TOTAL (Should equal @ if reporting in dollars.)	29990				1 0	0



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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.		-
26 SPECIAL INQUIRIES		
A. EXCISE TAX		
	lark "X"	2002
Estimated amount of excise taxes on items such as gasoline, liquor, and tobacco sold by this establishment	f None \$ N	Mil. Thou. Dol.
2. Are excise taxes included in sales and receipts (reported in 4)?		
2156 Yes		
2157 No		
B. FUEL		0000
	Mark "X" if None	, 2002 Number
	_	ramber
1. Number of gallons of gasoline sold	2210	
2. Number of gallons of other automotive fuels, including diesel, sold	2215	
C. REPAIR		
1. Did this establishment perform automotive repair work in 2002?		
2171		
2172 No		
	N/1I // V/I	2002
	Mark "X" if None	Number for the pay period including March 12
2. Number of mechanics (full- and part-time) working in this establishment during the pay period including March 12, 2002	2175	
		2002
	Mark "X" if None	Number as of
	if None	December 31
3. Number of automotive service bays at this establishment as of December 31, 2002	2180	
Not Applicable.		

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ESTABLISHMENT ACTIVITIES A. Indicate activities that were performed by this establishment or were performed for this establishment by another										
	company during 2002. (Mark "X" ALL that apply.)									
	1. Product Development	This activity was performed by this establishment	This activity was performed for this establishment by another company	This activity was not provided by this establishment						
	a. Product design/engineering	0921	0941	0961						
	b. Materials fabrication/processing/assembly/blending	0922	0942	0962						
	2. Order Fulfillment	***								
	Bundling or kitting (combining multiple items into a prepackaged product)	0923	0943	0963						
	b. Pick and pack (taking goods from inventory and packaging them to fill orders)	0924	0944	0964						
	c. Warehousing	0925	0945	0965						
	d. Breaking bulk (reducing large shipments into smaller portions for customers)	0926	0946	0966						
	e. Local delivery (within a city, town, or other local area, including adjoining towns and suburban areas)	0927	0947	0967						
	f. Long distance delivery (beyond local areas and commercial zones)	0928	0948	0968						
	g. Less than truckload	0929	0949	0969						
	3. Other Services									
	a. Customs brokerage (providing the services of a licensed customs broker)	0930	0950	0970						
	b. Logistics consulting (providing advice and expertise)	0931	0951	0971						
	c. Processing of returned merchandise	0932	0952	0972						
	B. During 2002 did this establishment:									
	1. Manage inventory owned by this establishment AND held at this	location?	0936 □ Yes	₀₉₃₇						
	2. Manage inventory owned by this establishment BUT held at a custocation?	stomer's	₀₉₅₆	₀₉₅₇						
	3. Manage inventory owned by another company BUT held at this le	ocation?	₀₉₇₆	₀₉₇₇						
	4. Manage inventory owned by another company AND held somew at this location?	here other than	₀₉₉₄	₀₉₉₅						

If not shown, pleas Number (CFN) from	se enter your 11 n the mailing ad	-digit Census File dress.					
OPERATIONAL Activity that be: (Mark "X" only	st describes this e	stablishment's status	at the end of	2002			
₀₀₁₁ In ope	ration 0014	Ceased operati	ion - <i>Give da</i>	te at right	0018	Month Day	Year
0013 Tempo seasor	orarily or 0018 nally inactive	Sold or leased - Give date at a	right AND en	ter new			
0060 Name	of new owner or op	erator	0061 E	mployer Id	entification Numb	er	
				Enter EIN o owner (9 d		-	
0062 Mailin	g address (number a	and street, P.O. Box, etc			<i>3</i> **,		
0063 City, t	own, village, etc.				0064 State 0065 Z	ZIP Code	
	<u> </u>	ubstantially accurate a	and was prep	ared in ac	cordance with th	ne instructions.	
s the time period cov		rt a calendar year? time period covered-	FROM 00	Month 70	Year	TO Month	Year
Name of person to	contact regarding th	is report	0073 Title				
	Area code	Number	Extension		Area code	e Num	nber
Telephone 0074		-		Fax	0075	-	
0074 076 Internet e-mail add	ress				Date	Month Day	Year
					completed 0069		
		completing yo			mic Census	form.	