

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

MI-21271 (08/10/2007)

## 2007 ECONOMIC CENSUS

Stone Mining and Quarrying, and Sand and Gravel Mining

OMB No. 0607-0939: Approval Expires 12/31/2008

## **DUE DATE FEBRUARY 12, 2008**

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 www.census.gov/econhelp

Call 1-800-233-6136, between 8:00 a.m. and 6:00 p.m., Eastern time, Monday through Friday.

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

MI-21271

## INFORMATION COPY DO NOT USE TO REPORT

(Please correct any errors in this mailing address.)

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 U.S. Census Bureau. By the same
law, YOUR CENSUS REPORT IS CONFIDENTIAL. It may be seen only by persons sworn to uphold the confidentiality
of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents'
files are immune from legal process.

- Use blue or black ballpoint pen. • Please center numbers in their respective boxes. Examples:
- Do not use pencil or felt-tip pen. Do not put slashes through 0 or 7.
- Place an "X" inside the box.

□ 0 1 2 3 4 5 6 7 8
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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 of information sheet(s).	operations are performed.	For further clarification, see

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 2007 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021 Yes - Go to 2 0022 No - Enter current EIN (9 digits) ————————————————————————————————————
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PHYSICAL LOCATION A. Is this establishment's physical location the same as shown in the mailing address?

	Box and rural route addresses are not physical locations.)
0031	Yes - Go to line B

		0035 Number and street									
0032	No - Enter → physical										
	,	0036 City, town, village, etc.	0037	State	0038	ZIP	Code	9			
									-		

В.	Is this establishment physically located inside the legal boundaries of the city, town, v	village,	etc.
	(Mark "X" only ONE box.)	_	

0041	Yes	0042	No	0043	No legal	boundaries	0044	Do not know

<b>:</b> .	In what type of municipality	is this establishment	physically located?	(Mark "X" only ONF box.)
_	m what type of mamorpanty	to time cottabilities	priyordariy rodatoa.	man it omy one bonn,

0046	City, village, or borough	0047	Town or township	0048	Other 0024	Do not know

**OPERATIONAL STATUS** 

(Mark "X" only ONE box.)

0011 In operation

0015

Which of the following best describes this establishment's operational status at the end of 2007?

Under construction, development, or exploration

Employer Identification Number (EIN) below

0062 Mailing address (Number and street, P.O. Box, etc.)

Sold or leased to another operator - Give date at right AND -

Dollar figures should be rounded to

If a value is "0" (or less than \$500.00):

thousands of dollars.

If a figure is \$1,025,628.79:

Exclude nonoperating income such as royalties, interest, dividends, or the sale

B. Value of products exported (This is a breakout of the value reported on

Report the value of products shipped for export. Include shipments to customers in the Panama Canal Zone, the Commonwealth of Puerto Rico, and U.S. possessions, as well as the value of products shipped to exporters or other wholesalers for export. Also, include the value of products sold to

the U.S. Government to be shipped to foreign governments.

enter name and address of new owner or operator and

Temporarily or seasonally inactive

0014 Ceased operation - Give date at right

0060 Name of new owner or operator

0063 City, town, village, etc.

SALES, SHIPMENTS, RECEIPTS, OR REVENUE

MONTHS IN OPERATION

HOW TO REPORT

**DOLLAR FIGURES** 

of fixed assets.

line A.)

Not Applicable.

Year

Month

0061 EIN (9 digits)

0018

Day

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If no Nun	ot shown, please enter your 11-digit Census File nber (CFN) from the mailing address.								
7	EMPLOYMENT AND PAYROLL								
	Include: • Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in 1.								
	Exclude:  • Full- or part-time leased employees whose payroll was filed under an employee I  • Temporary staffing obtained from a staffing service.  • Subcontractors and their employees.	easing c	ompany	∕'s EIN.					
	For further clarification, see information sheet(s).								
	A. Number of employees		Nark "X" if None	20 Nun					
	1. Number of production, development, and exploration workers for pay period including March 12	0325							
	2. All other employees for pay period including March 12	0336							
	3. TOTAL (Add lines A1 and A2)	0320							
		Mark "X"	,	2007					
	B. Payroll before deductions (Exclude employer's cost for fringe benefits.)	if None	\$ Bil.	Mil.	Thou.				
	1. Annual payroll								
	2. First quarter payroll (January-March, 2007)								
8	Not Applicable.								
3	CAPITAL EXPENDITURES AND ASSETS								
	A. Capital expenditures during year (Exclude land and mineral rights. Include cost of capitalized development, exploration, plant and other construction, machinery and equipment installed. Include new and used plant and equipment.)	Mark "X" if None	\$ Bil.	2007 Mil.	Thou.				
	B. Capital expenditures for land and mineral rights								
	C. Gross value of depreciable and/or depletable assets at the end of the year 0505		,		' '				
14	RENTAL PAYMENTS	Mark "X' if None	, \$ Bil.	2007 Mil.	Thou.				
	Buildings, machinery, and equipment (Include land.)				1 1				
15	Not Applicable.								
16	3								
	Cost of supplies used, minerals received for preparation, purchased machinery installed; cost of products bought and sold as such without further processing; cost of purchased fuels consumed for heat, power, or the generation of electricity; and cost of purchased electricity; and cost of work done for you by others	Mark "X' if None	\$ Bil.	2007 Mil.	Thou.				
<b>1</b>	Not Applicable.								

22	DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE								
No.	Description	Census product	Illieasule for production					nt transfers establishment	
Line No.	0734	0730	quantities	0733	Quantity 0732	\$ Bil.	Mil.	Thou.	
	Crushed or broken stone		1	,	·				
1	Limestone	212312 0100	short tons			·			
2	Granite	212313 0100							
	Other stone (Specify kind.)								
3		212319 0121					1 1		
4	Construction sand and gravel (run of pit or bank, washed, screened, or otherwise treated)	212321 0100						1 1	
	All other products made in this establishment - Specify and report each product with sales value of \$50,000 or more that cannot be assigned to one of the "listed products and services". For all remaining products, write "Other" and report a single total value.								
5		18					1 1		
6		26							
7		34							
	Receipts for work or services performed for other establishments; such as hauling, stripping, shaft sinking, pumping, and shop work (Exclude receipts for preparation of minerals on a custom or toll basis. Specify kind of work or services performed.)								
8		213115 0YWT							
9	Resales - Sales of products bought and sold without further manufacture, processing, or assembly (The cost of such items should be reported in <b>©</b> , line A2.)	999890 0000							
10	TOTAL (Should equal <b>9</b> , line A)	770000 0000							
23									



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not shown, please enter your 11-digit Census F ımber (CFN) from the mailing address.								
MARKS (Please use this space for any explanations	that may	be essen	tial in ur	nderstand	ling your	reporte	d data.	)
CERTIFICATION - This report is substantially accu	irate and v	was prepa	red in a	ccordanc	e with th	e instru	ctions.	
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Name of person to contact regarding this report  Area code Number  Telephone	ered →	Title			Area code		-	