## 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.

- OR -

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

## TW-48360

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.

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).

## 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?

0021Yes - Go to 20022

No - Enter current EIN (9 digits) $\qquad$ $\rightarrow 0025$ $\square$
(2) 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.)

0031Yes - Go to line B
0032 $\square \begin{aligned} & \text { No-Enter } \\ & \text { physical } \\ & \text { location }\end{aligned}$ 0035 Number and street
location

| 0036 City, town, village, etc. | 0037 State | 0038 ZIP Code |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  | - |  |

B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.? (Mark "X" only ONE box.)
$0041 \square$ Yes $0042 \square$ No $\quad 0043 \square$ No legal boundaries $0044 \square$ Do not know
C. In what type of municipality is this establishment physically located? (Mark "X" only ONE box.)

City, village, or borough
$0047 \quad \square$ Town or township
0048Other
0024
Do not know
(3) OPERATIONAL STATUS

Which ONE of the following best describes this establishment's operational status at the end of 2007?
(Mark "X" only ONE box.)


| 0060 Name of new owner or operator | 0061 EIN (9 digits) |  |
| :--- | :--- | :--- |
|  |  | - |

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


0016
Other - Specify $\qquad$
MONTHS IN OPERATION
2007
-

Number of months in operation during 2007 (If none, mark "X" and go to 30.)


Not Applicable.
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:

- Temporary staffing obtained from a staffing service.
- Contractors, subcontractors, or independent contractors.
- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.
- 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.

For further clarification, see information sheet(s).
A. Number of employees for pay period including March 12 .
B. Payroll before deductions (Exclude employer's cost for fringe benefits.)

1. Annual payroll

0300
2. First quarter payroll (January-March, 2007)

0310

|  |  |  | 2007 |  |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  | Numbe |  |
|  | 320 |  |  |  |
| Mark "X" |  |  |  |  |
| if None | \$ Bil. | Mil | Thou. | Dol. |
| $\square$ |  |  |  |  |
| $\square$ |  |  |  |  |

## If not shown, please enter your 11-digit Census File

 Number (CFN) from the mailing address.Not Applicable.
KIND OF BUSINESS
Which ONE of the following best describes this establishment's principal kind of business in 2007? (Mark "X" only ONE box.)

## Water transportation of freight

483111001
Deep sea of cargo to or from foreign ports
483113001Coastal, intercoastal transportation
$483113004 \quad \square$ Great Lakes - St. Lawrence Seaway transportation
$483211101 \quad \square$ Inland waterways, excluding towing service for barges owned or controlled by others

Water transportation of passengers, except by ferry

| 483112001 | $\square$ | Deep sea to or from foreign ports, except by ferry |
| :--- | :--- | :--- |
| 483114002 | $\square$ | Coastal or Great Lakes - St. Lawrence Seaway, except by ferry |
| 487210101 | $\square$ | Scenic and sightseeing, including dinner cruises, excursions, and harbor tours |
| 487210201 | $\square$ | Charter fishing or party fishing boat |
| 532292003 | $\square$ | Pleasure boat rental |
| 713990808 | $\square$ | River rafting or canoeing |
| 483212201 | $\square$ | Other water passenger transportation, including water taxis - Specify |

## Ferry transportation of passengers

| 483114001 | $\square$ | Coastal or Great Lakes - St. Lawrence Seaway |
| :--- | :--- | :--- |
| 483212101 | $\square$ | Inland waterways |

Other services incidental to water transportation or activity

| 483113002 | $\square$ | Towing services: coastal or intercoastal |
| :--- | :--- | :--- |
| 483211201 | $\square$ | Towing services: inland waterways |
| 488330004 | $\square$ | Tugboat services, including fleeting and harbor service |
| 488310004 | $\square$ | Operation of a port or waterfront terminal |
| 488320001 | $\square$ | Marine cargo handling, including stevedoring |
| 488330006 | $\square$ | Piloting of vessels |
| 488330005 | $\square$ | Marine salvaging |
| 532411101 | $\square$ | Commercial vessel or barge rental or lease without crew |
| 48839000 B | $\square$ | Marine cargo inspectors and/or surveyors |

KIND OF BUSINESS - Continued
Other services incidental to water transportation or activity - Continued
0700
$713930004 \quad \square$ Marina

488390008Other services incidental to water transportation, including boat barge cleaning - Specify

0701
Arrangement of transportation for freight and cargo
488510101
Freight forwarding service
488510203 Freight/shipping agent or broker, except freight forwarding

Arrangement of transportation for passengers
561510001
Travel agency
561520002
Tour operator

## Other business activities

774000001Other kind of business or activity - Specify
and 21 Not Applicable.

HOW TO
REPORT
PERCENTS
If figure is $\mathbf{3 8 . 7 6 \%}$ of total sales:

Report whole percents

| 2007 |  |  |  |  |  |
| :--- | :---: | :---: | :---: | :---: | :---: |
| Estimates are acceptable. <br> Report dollars OR percents. |  |  |  |  |  |
| \$ Bil. | Mil. | Thou. | Dol. | Percent |  |
|  |  |  |  | 3 |  |

DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE
(Report sources of operating revenue for this establishment, either as a dollar figure or as a whole percent of total operating revenue (reported in (5). See HOW TO REPORT DOLLAR FIGURES on page 2 and HOW TO REPORT PERCENTS above. Do not combine data for two or more lines.)

Description of sales, shipments, receipts, or revenue

|  |  |  |  |  | 2007 |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Description of sales, shipments, receipts, or revenue | $\begin{array}{\|l\|l} \text { Cen- } \\ \text { sus } \\ \text { use } \end{array}$ |  | Estim <br> Repor | are ac ars OR | table rcent |  |
|  |  |  | \$ Bil. | Mil. | Thou. | Dol. | Percent |
| 0723 |  | 0720 | 0721 |  |  |  | 0722 |
| 1. | Transportation of bulk liquids and gases in intermodal tank containers by water | 43000 |  |  |  |  |  |
| 2. | Transportation of bulk liquids and gases, except in intermodal tank containers, by water | 43010 |  |  |  |  |  |
|  | Transportation of dry bulks, except in intermodal tank containers, by water | 43020 |  |  |  |  |  |
| 4. | Transportation of climate-controlled boxed and palletized goods, except in intermodal tank containers, by water | 43030 |  |  |  |  |  |
| 5. | Transportation of boxed and palletized goods, not climate-controlled, except in intermodal tank containers, by water | 43040 |  |  |  |  |  |
| 6. | Transportation of climate-controlled intermodal containers by water | 43050 |  |  |  |  |  |
| 7. | Transportation of other intermodal containers, not elsewhere classified, by water | 43060 |  |  |  |  |  |

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

Description of sales, shipments, receipts, or revenue

## 0723

8. Transportation of automobiles by water
9. Transportation of livestock by water
10. Transportation of waste by water
11. Transportation of truck trailers by water
12. Transportation of other goods by water
13. Passenger transportation by water
a. Coastal, fixed-route, passenger transportation by water
b. Other transportation of passengers by water
c. Sum lines 13a and 13b
14. Cruises
15. Participatory recreational services by water craft, except overnight cruises with cabin accomodation
16. Sightseeing by water
17. Towing services by water
18. Tugboat services
19. Related services
a. Meals and beverages, prepared and served or dispensed, for immediate consumption
b. Reselling services for merchandise, retail
c. Gambling services
d. Related services, not elsewhere classified
e. Sum lines 19a through 19d
20. Marine facility services
21. Navigational services to shipping
22. Marine salvaging services
23. Coordination of provisions for marine vessels and offshore oil platforms
24. Maintenance and repair services for maritime vessels
25. Handling of goods

| $\begin{array}{\|l} \text { Cen- } \\ \text { sus } \\ \text { use } \end{array}$ | 2007 |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Estimates are acceptable. Report dollars OR percents. |  |  |  |  |
|  | \$ Bil. | Mil. | Thou. | Dol. | Percent |
| 0720 | 0721 |  |  |  | 0722 |
| 43070 |  |  |  |  |  |
| 43080 |  |  |  |  |  |
| 43090 |  |  |  |  |  |
| 43100 |  |  |  |  |  |
| 43110 |  |  |  |  |  |
| 43122 |  |  |  |  |  |
| 43121 |  |  |  |  |  |
| 43120 |  |  |  |  |  |
| 43130 |  |  |  |  |  |
| 43140 |  |  |  |  |  |
| 43150 |  |  |  |  |  |
| 43160 |  |  |  |  |  |
| 43170 |  |  |  |  |  |
| 43184 |  |  |  |  |  |
| 43183 |  |  |  |  |  |
| 43182 |  |  |  |  |  |
| 43181 |  |  |  |  |  |
| 43180 |  |  |  |  |  |
| 43190 |  |  |  |  |  |
| 43200 |  |  |  |  |  |
| 43210 |  |  |  |  |  |
| 43220 |  |  |  |  |  |
| 43230 |  |  |  |  |  |
| 44193 |  |  |  |  |  |

Description of sales, shipments, receipts, or revenue
26. Other products - Specify
27. TOTAL (Should equal (5) if reporting in dollars.)


Not Applicable.
REMARKS (Please use this space for any explanations that may be essential in understanding your reported data.)

CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.


Thank you for completing your 2007 ECONOMIC CENSUS form.

