## 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.

# 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 Iaw, 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.
$\bullet$ Use blue or black ballpoint pen. •Please center numbers in their respective boxes.

- Do not use pencil or felt-tip pen. •Do not put slashes through 0 or 7.
- Place an "X" inside the box.
- Complete only the unshaded portion of each item.

Examples:

| $\triangle$ | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |

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 2
0022No - Enter current EIN (9 digits) $\qquad$
$\square$
(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

$\left.\begin{array}{l}\text { physical } \\ \text { location }\end{array}\right)$
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
$0043 \square$ No legal boundaries
0044 Do not know
C. In what type of municipality is this establishment physically located? (Mark "X" only ONE box.)
$0046 \quad \square$ City, village, or borough
0047 $\square$ Town or township
0048Other
0024 $\square$ Do not know

## 3 OPERATIONAL STATUS

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

0011In operation
0016
Under construction, development, or exploration
0013Temporarily or seasonally inactive
0014

0015
Ceased operation - Give date at right
Sold or leased to another operator - Give date at right AND

enter name and address of new owner or operator and
Employer Identification Number (EIN) below 7

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

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

| 0063 City, town, village, etc. | 0064 State | 0065 ZIP Code |
| :--- | :--- | :--- |

MONTHS IN OPERATION $\quad$ Mark "X" 2007 if None Number

Number of months in operation during 2007 (If none, mark "X" and go to 30.) $\qquad$
HOW TO
REPORT
DOLLAR
FIGURES

Dollar figures should be rounded to thousands of dollars.

If a figure is $\mathbf{\$ 1 , 0 2 5 , 6 2 8 . 7 9 :}$
If a value is " 0 " (or less than $\$ 500.00$ ):

|  | Mark "X" if None | 2007 |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  |  | \$ Bil. | Mil. | Thou. |
| Report | $\square$ |  | 1 | 026 |
| Report | Х |  |  |  |

SALES, SHIPMENTS, RECEIPTS, OR REVENUE
A. Total value of products shipped and other receipts (Report detail in 22.) . . . . 0100
B. Value of products exported (This is a breakout of the value reported on line A.)
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. Exclude products shipped for further manufacture, assembly, or fabrication in the United States.

## E-SHIPMENTS

A. Did this plant use any electronic network to control or coordinate the flow of any of the shipments of goods reported in 5, line A? Or, were the orders for any of the shipments reported in (5, line A received over an electronic network?

## Electronic networks include:

- Electronic Data Interchange (EDI) • Extranet
- E-mail - Other online systems
- Internet
0181Yes - Go to line B
0182No - Go to
B. Percent of total reported in (5), line A that were ordered, or whose movement was controlled or coordinated over electronic networks (Report whole percents. Estimates are acceptable.)

0109


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

 Number (CFN) from the mailing address.
## 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


## Exclude:

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

For further clarification, see information sheet(s).
A. Number of employees

1. Number of production workers for pay period including March 12th

Mark "X"
if None

3. TOTAL (Add lines A1 and A2)
2. All other employees for pay period including March 12 0337
B. Payroll before deductions (Exclude employer's cost for fringe benefits.)

1. Annual payroll

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

Not Applicable.
(9) VALUE OF INVENTORIES

Report inventories using generally accepted accounting practices. (Include finished products, work in process, material supplies, fuels, etc.)


| Mark " <br> if None <br> if |  |  | End of 2007 |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | \$ Bil. | Mil. | Thou. |  |  |
|  | $\square$ |  |  |  |  |



Not Applicable.
ASSETS AND CAPITAL EXPENDITURES
(Refer to the instructions on how to report leasing arrangements.)
Report the dollar value of assets, capital expenditures, and depreciation.
A. Total capital expenditures (new and used) during the year (Exclude land.) . . . 0520
B. Gross value of depreciable assets (original cost) at the end of the year (Exclude land.) 0505

RENTAL PAYMENTS

Buildings, machinery, and equipment (Include land.)

$$
\text { Mark " } X \text { ' }
$$ if None

Not Applicable.
COST OF MATERIALS, RESALES, FUELS, ELECTRICITY, AND WORK DONE FOR YOU BY OTHERS ON YOUR MATERIALS

Cost of materials, parts, containers, packaging, etc., used; cost of products bought and sold as such without further processing; cost of purchased fuels consumed for heat, power, or the generation of electricity; cost of purchased electricity; and cost of work done for you by others on your materials. $\qquad$ 0420

| Mark " ${ }^{\prime}$ if None | 2007 |  |  |
| :---: | :---: | :---: | :---: |
|  | \$ Bil. | Mil. | Thou. |
| $\square$ |  |  |  |

