



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.

**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. • Complete only the unshaded portion of each item.

| | | | | | | | | | | |
|-------------------------------------|---|---|---|---|---|---|---|---|---|---|
| <input checked="" type="checkbox"/> | 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).

1 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) → 0025

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.)

0031 Yes - Go to line B

0032 No - Enter physical location →

| | | | | | | | | | | |
|--------------------------------|--|--|--|--|--|------------|--|---------------|--|--|
| 0035 Number and street | | | | | | | | | | |
| 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 Yes 0042 No 0043 No legal boundaries 0044 Do not know

C. In what type of municipality is this establishment physically located? (Mark "X" only ONE box.)

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

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3 OPERATIONAL STATUS

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

- 0011 In operation
- 0016 Under construction, development, or exploration
- 0013 Temporarily or seasonally inactive
- 0014 Ceased operation - Give date at right
- 0015 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

| | | | |
|------|-------|-----|------|
| 0018 | Month | Day | Year |
| | | | |

| | | |
|--|---------------------|---------------|
| 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 |
| | | - |

4 MONTHS IN OPERATION

Mark "X" if None 2007 Number

Number of months in operation during 2007 (If none, mark "X" and go to 30.) 0002

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

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

Report

Mark "X" if None

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

Report

| 2007 | | |
|---------|---------|-------|
| \$ Bil. | Mil. | Thou. |
| | 1 0 2 6 | |

5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Mark "X" if None

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. 0130

| 2007 | | |
|---------|------|-------|
| \$ Bil. | Mil. | Thou. |
| | | |

6 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

0181 Yes - Go to line B

0182 No - Go to 7

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

| |
|---------|
| 2007 |
| Percent |
| % |

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If not shown, please enter your 11-digit Census File Number (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 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 periods including:

- a. March 12 0325
- b. June 12 0324
- c. September 12 0344
- d. December 12 0347

2. Add lines A1a through A1d 0329

3. Average annual production workers (Divide line 2 by 4 - omit fractions.) 0335

4. All other employees for pay period including March 12 0336

5. TOTAL (Add lines A3 and A4) 0337

| Mark "X" if None | 2007 | | |
|--------------------------|--------|--|--|
| | Number | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |

B. Payroll before deductions (Exclude employer's cost for fringe benefits.)

1. Annual payroll

- a. Production workers 0304
- b. All other employees 0305
- c. **TOTAL (Add lines B1a and B1b) 0300**

2. First quarter payroll (January-March 2007) 0310

C. Employer's cost for fringe benefits 0220

| Mark "X" if None | 2007 | | |
|--------------------------|---------|------|-------|
| | \$ Bil. | Mil. | Thou. |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |

D. Number of hours worked by production workers (Annual hours worked by production workers reported on lines A1a through A1d.) 0200

| Mark "X" if None | 2007 | | |
|--------------------------|-------|--|--|
| | Hours | | |
| | Thou. | | |
| <input type="checkbox"/> | | | |

8 Not Applicable.

31000037



9 VALUE OF INVENTORIES

A. Did this establishment own inventories, regardless of where held, at the end of 2007 and/or 2006?

0488 Yes - Go to line B

0489 No - Go to 13

B. Report inventories owned by this establishment as of December 31 before Last-in, First-out (LIFO) adjustment (if any)

1. Finished goods 0461

2. Work-in-process 0463

3. Materials, supplies, fuels, etc. 0462

4. **Total inventories** (Add lines B1 through B3) 0460

5. LIFO reserve (if any) 0466

6. **Total inventories after LIFO adjustment** (Line B4 minus line B5) 0490

| Mark "X" if None | End of 2007 | | |
|------------------|-------------|------|-------|
| | \$ Bil. | Mil. | Thou. |
| | | | |
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| Mark "X" if None | End of 2006 | | |
|------------------|-------------|------|-------|
| | \$ Bil. | Mil. | Thou. |
| | | | |
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10 INVENTORIES BY VALUATION METHOD

Report how much of the inventory reported in 9, line B4 is subject to the following valuation methods.

A. LIFO valuation method before adjustment 0465

B. Any non-LIFO valuation method - Specify method ↴

0895 0487

C. TOTAL (Add lines A and B. Total should equal 9, line B4.) 0510

| Mark "X" if None | End of 2007 | | |
|------------------|-------------|------|-------|
| | \$ Bil. | Mil. | Thou. |
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| Mark "X" if None | End of 2006 | | |
|------------------|-------------|------|-------|
| | \$ Bil. | Mil. | Thou. |
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| | | | |

11 and 12 Not Applicable.

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

13 ASSETS, CAPITAL EXPENDITURES, RETIREMENTS, AND DEPRECIATION

(Refer to the instructions on how to report leasing arrangements.)

Report the dollar value of assets, capital expenditures, and depreciation

Mark "X" if None

| | | | 2007 | | |
|-----------|---|------|--------------------------|------|-------|
| | | | \$ Bil. | Mil. | Thou. |
| A. | Gross value of depreciable assets (acquisition costs) at the beginning of the year | 0500 | <input type="checkbox"/> | | |
| B. | Capital expenditures for new and used depreciable assets in 2007 | | | | |
| 1. | Capital expenditures for new and used buildings and other structures (Exclude land.) | 0525 | <input type="checkbox"/> | | |
| 2. | Capital expenditures for new and used machinery and equipment | 0530 | <input type="checkbox"/> | | |
| 3. | TOTAL (Add lines B1 and B2) | 0520 | <input type="checkbox"/> | | |
| C. | Gross value of depreciable assets sold, retired, scrapped, destroyed, etc. | 0510 | <input type="checkbox"/> | | |
| D. | Gross value of depreciable assets at the end of 2007 (Add lines A and B3 minus C) | 0505 | <input type="checkbox"/> | | |
| E. | Depreciation charges | 0540 | <input type="checkbox"/> | | |
| F. | Breakdown of expenditures for new and used machinery and equipment by type (Reported on line B2.) | | | | |
| 1. | Automobiles, trucks, etc., for highway use | 0522 | <input type="checkbox"/> | | |
| 2. | Computers and peripheral data processing equipment | 0523 | <input type="checkbox"/> | | |
| 3. | All other expenditures for machinery and equipment | 0524 | <input type="checkbox"/> | | |
| 4. | TOTAL (Add lines F1 through F3) | 0529 | <input type="checkbox"/> | | |

14 RENTAL PAYMENTS

Mark "X" if None

| | | | 2007 | | |
|-----------|--|------|--------------------------|------|-------|
| | | | \$ Bil. | Mil. | Thou. |
| A. | Rental payments for buildings and other structures (Include land.) | 0551 | <input type="checkbox"/> | | |
| B. | Rental payments for machinery and equipment | 0552 | <input type="checkbox"/> | | |
| C. | TOTAL (Add lines A and B) | 0550 | <input type="checkbox"/> | | |

15 Not Applicable.

31000052



16 SELECTED EXPENSES

A. Selected production related costs

- 1. Cost of materials, parts, containers, packaging, etc. used (Report detail in **17**.) 0421
- 2. Cost of products bought and sold as such without further processing (Report sales in **22**.) 0426
- 3. Cost of purchased fuels consumed for heat, power, or the generation of electricity 0430
- 4. Cost of purchased electricity (Report quantity on line B1.) 0425
- 5. Cost of work done for you by others on your materials 0424
- 6. **TOTAL** (Add lines A1 through A5) 0420

Mark "X" if None

| 2007 | | |
|---------|------|-------|
| \$ Bil. | Mil. | Thou. |
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B. Quantity of Electricity

- 1. Purchased electricity (Quantity comparable to cost reported on line A4.) . . . 0436
- 2. Generated electricity (Gross less generating station use.) 0437
- 3. Electricity sold or transferred to other establishments (Include on lines B1 or B2.) 0438

Mark "X" if None

| 2007 | | |
|---------------|------|-------|
| Kilowatthours | | |
| Bil. | Mil. | Thou. |
| | | |
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GENERAL INSTRUCTIONS

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget (OMB). The OMB 8-digit number appears in the upper right corner of this report form.

Report all value figures in thousands of dollars, total plant hours in thousands of hours, and all electricity quantity figures in thousands of kilowatthours for the manufacturing establishment.

When actual book figures cannot be provided without high cost to your company, reasonable amounts of estimating or prorating are acceptable.

If you require an extension of time to complete this report or if there are any other questions regarding this report, please -

- Write to the U.S. Census Bureau, 1201 Tenth Street, Jeffersonville, IN 47134-0001, or
- Visit our website at www.census.gov/econhelp, or
- Call 1-800-233-6136 for toll-free assistance, 8:00 a.m. to 6 p.m., Eastern Time, Monday through Friday

Please include the 11-digit Census File Number (CFN) shown in the address box of the report form.

DEFINITION OF ESTABLISHMENT AND MANUFACTURING ACTIVITY

An establishment is generally a single physical location where business is conducted or where services or industrial operations are performed. Further clarification is provided in the General Instructions.

Manufacturing activity involves the mechanical, physical, or chemical transformation of materials, substances, or components into new products. The assembling of component parts of manufactured products is considered manufacturing, except in cases where the activity is appropriately classified in Sector 23, Construction.

Who Should Report

Since data will be published for industries and States, separate reports are required for each manufacturing establishment (plant).

An establishment is a single physical location where manufacturing is performed. If your company operates at different physical locations, even if they are producing the same line of goods, a separate report must be filed for each location.

If your company operates in two or more distinct lines of manufacturing at the same location, file a separate report for each activity.

Manufacturing Activities

Report all activities (manufacturing, fabricating, processing, and assembling) conducted within the establishment.

Include

- Maintenance of plant and equipment
- Receiving and shipping activities
- Warehousing and storage
- Research
- Recordkeeping
- Health and safety
- Cafeteria and other services unless operated as separate establishments

Exclude

- Sales branches and sales offices
- Research laboratories
- Retail stores
- Mining activities and general administrative offices

The Manufacturing Sector also includes establishments engaged in the following activities:

- Apparel jobbing and contracting
- Assembling from purchased components
- Commission processing of materials owned by others
- Job casting, stamping, and machining
- Lapidary work
- Machine shops, including those operating on a job-order basis
- Manufacturing and delivering ready-mixed concrete
- Milk pasteurizing and bottling
- Plating, galvanizing, polishing, etc., of materials owned by others
- Poultry dressing
- Printing book, periodical, etc.
- Sawmills
- Seafoods, fresh-packaged or frozen
- Wood preserving

Descriptions of some of these activities are provided in the DETAILED INSTRUCTIONS, 2.

WHAT PERIOD SHOULD EACH REPORT COVER?

Each report should cover the calendar year 2007.

If book records are not on a calendar-year basis, carefully prepared estimates are acceptable.

If an establishment began to operate or ceased to operate during 2007, report only the part of the year that the establishment was in operation.

If the operator changed during the year, report only for that part of the year that your company operated the establishment. Report in 3 the appropriate information on changes in **operator** or operational status.

Specify in the certification, 30, the exact period that the report covers.