



**Mail** your completed form to:  
**U.S. CENSUS BUREAU**  
1201 East 10th Street  
Jeffersonville, IN 47132-0001

**Please read** the accompanying instructions before answering the questions.

**Need help or have questions about filling out this form?**

**Visit** our Web site at [www.census.gov/econhelp](http://www.census.gov/econhelp)

**Call:**

- OR -

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

**INFORMATION COPY  
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(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 ink.
- Please center numbers in their respective boxes. Examples:  0 1 2 3 4 5 6 7 8 9
- Do not use pencil.
- Do not put slashes through 0 or 7.
- Place an "X" inside the box.
- Complete only the unshaded portion of each item.

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 instructions.

**1 MONTHS IN OPERATION**

Mark "X" if None

2005

Number of months

Number of months in operation during 2005 (If none, mark "X" and go to 29.) . . . . .

**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 2005 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

Yes - Go to 3

No - Enter current EIN (9 digits) →

**3 PHYSICAL LOCATION**

**A.** Is this establishment's physical location the same as shown below? (P.O. box and rural route addresses are not physical locations.)

Yes - Go to line B

No - If incorrect or blank, enter physical location ↴

Number and street

City, town, village, etc.

State

ZIP Code

**B.** Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

Yes

No

No legal boundaries

Do not know

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

**HOW TO REPORT DOLLAR FIGURES**

Dollar figures should be rounded to thousands of dollars.

Mark "X" if None

2005		
\$ Bil.	Mil.	Thou.
	1	0 2 6

If a figure is \$1,025,628.79: **Report** →

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

**4 SALES, SHIPMENTS, RECEIPTS, OR REVENUE**

Mark "X" if None

	2005			2004
	\$ Bil.	Mil.	Thou.	\$ Thou.
<b>A.</b> Total value of products shipped and other receipts (Report detail in 2.) . . . . .				
<b>B.</b> Value of products exported (This is a breakout of the value reported on line A.)  <i>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..</i> . . . . .				
<b>C.</b> Shipments to other domestic plants of your company for further assembly, fabrication, or manufacture				
<b>1.</b> Is this the only establishment of this firm? <input type="checkbox"/> Yes - Go to 5 <input type="checkbox"/> No - Go to line C2				
<b>2.</b> Market value of products shipped to other domestic plants of your company for further assembly, fabrication, or manufacture (This is a breakout of the value reported on line A.) . . . . .				

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**5 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 4, line A above? Or, were the orders for any of the shipments reported in 4, line A above received over an electronic network?

**Electronic networks include:**

- Electronic Data Interchange (EDI)
- E-mail
- Internet
- Extranet
- Other online systems

Yes - Go to line B

No - Go to 6

**B.** Percent of total reported in 4, line A that were ordered, or whose movement was controlled or coordinated over electronic networks (Report whole percents. Estimates are acceptable.) . . . . .

2005		2004	
Percent		Percent	
	%		%

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

**6** 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 2.
- Full- and part-time employees whose payroll was filed under a Professional Employer Organization's EIN.

**Exclude:**

- Temporary staffing obtained from a staffing service.
- Contractors, subcontractors, or independent contractors.
- Purchased or managed services, such as janitorial, guard, or landscaping services.
- Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services.

For further clarification, see instructions.

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**A. Number of employees**

1. Number of production workers for pay periods including:

- a. March 12 . . . . .
- b. June 12 . . . . .
- c. September 12 . . . . .
- d. December 12. . . . .

2. **Sum lines A1a through A1d** . . . . .

3. Average annual production workers (Divide line A2 by 4 - omit fractions.) . . . . .

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

5. **TOTAL** (Sum lines A3 and A4) . . . . .

Mark "X" if None

	2005		2004	
	Number		Number	

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

1. Annual payroll

- a. Production workers . . . . .
- b. All other employees . . . . .
- c. **TOTAL** (Sum lines B1a and B1b). . . . .

2. First quarter payroll (January-March, 2005) . . . . .

**C. Employer's cost for fringe benefits** . . . . .

Mark "X" if None

	2005			2004
	\$Bil.	Mil.	Thou.	\$ Thou.

Mark "X" if None

	2005	2004
	Hours	Hours
	Thou.	Thou.

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

**7-9** Not Applicable.

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

**10 INVENTORIES**

(Report inventories using generally accepted accounting practices.)

Were inventories of this establishment subject to the Last-in, First-out (LIFO) method of valuation?

- Yes - Use the sum of the LIFO amount plus the LIFO reserve for completing lines A through F2. If you changed to LIFO for calendar year 2005, specify in the "REMARKS" section.
- No - Complete only lines A through E1. Line E1 should equal line D.

	Mark "X" if None	End of 2005			Mark "X" if None	End of 2004		
		\$ Bil.	Mil.	Thou.		\$ Bil.	Mil.	Thou.
<b>A.</b> Finished goods . . . . .	<input type="checkbox"/>				<input type="checkbox"/>			
<b>B.</b> Work-in-process . . . . .	<input type="checkbox"/>				<input type="checkbox"/>			
<b>C.</b> Materials, supplies, fuels, etc. . . . .	<input type="checkbox"/>				<input type="checkbox"/>			
<b>D. TOTAL</b> . . . . .	<input type="checkbox"/>				<input type="checkbox"/>			
<b>E.</b> Of the value on line D report:								
<b>1.</b> Amount not subject to LIFO costing . . . . .	<input type="checkbox"/>				<input type="checkbox"/>			
<b>2.</b> Amount subject to LIFO costing (gross) . . . . .	<input type="checkbox"/>				<input type="checkbox"/>			
<b>F.</b> Of the value on line E2 report:								
<b>1.</b> Amount of LIFO reserve . . . . .	<input type="checkbox"/>				<input type="checkbox"/>			
<b>2.</b> Amount of LIFO value (net) . . . . .	<input type="checkbox"/>				<input type="checkbox"/>			

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**11** Not Applicable.

**12 CAPITAL EXPENDITURES**

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

	Mark "X" if None	2005		2004
		\$ Mil.	Thou.	\$ Thou.
<b>A.</b> Capital expenditures for new and used depreciable assets in 2005				
<b>1.</b> Capital expenditures for new and used buildings and other structures (Exclude land) . . . . .	<input type="checkbox"/>			
<b>2.</b> Capital expenditures for new and used machinery and equipment . . . . .	<input type="checkbox"/>			
<b>3. TOTAL</b> (Sum lines A1 and A2) . . . . .	<input type="checkbox"/>			
<b>B.</b> Breakdown of expenditures for new and used machinery and equipment by type (Reported on line A2.)				
<b>1.</b> Automobiles, trucks, etc., for highway use . . . . .	<input type="checkbox"/>			
<b>2.</b> Computers and peripheral data processing equipment . . . . .	<input type="checkbox"/>			
<b>3.</b> All other expenditures for machinery and equipment . . . . .	<input type="checkbox"/>			
<b>4. TOTAL</b> (Sum lines B1 through B3) . . . . .	<input type="checkbox"/>			

**13-14** Not Applicable.

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**15** SELECTED EXPENSES

**A.** Selected production related costs

Mark "X" if None

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

2005			2004
\$ Bil.	Mil.	Thou.	\$ Thou.

**B.** Quantity of electricity

Mark "X" if None

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

2005		2004
Kilowatthours		Kilowatthours
Mil.	Thou.	Thou.

**16-21** Not Applicable.

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

**22** DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

If you cannot locate the description of any products that you produce, please enter a description of your products in column (a) and enter their value in column (c). If additional lines are needed please use the "REMARKS" section. Report separately for each major kind of product. Include the value of products exported and interplant transfers in the appropriate product line. They should also be reported separately in 4.

An asterisk (\*) at the end of a description denotes a comparability with products collected on a Current Industrial Report (CIR) questionnaire. See paragraph on "Comparability" in Part C of CIR instruction manual for item code references.

Enter TOTAL value of shipments under code 7700000.

Products and services  (a)	Product Class code  (b)	Products shipped and other receipts, including interplant transfers and exports			
		2005 (c)			2004 (d)
		\$ Bil.	Mil.	Thou.	\$ Thou.
	018				
	026				
	034				
	042				
	059				
	067				
	075				
	083				
	091				
	109				

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23-28 Not Applicable.

29 OPERATIONAL STATUS

Which of the following best describes this establishment's operational status at the end of 2005?  
(Mark "X" only ONE box.)

- In operation
- Under construction, development, or exploration
- Temporarily or seasonally inactive
- 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 below ↴

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Month	Day	Year

Name of new owner or operator		Employer Identification Number		
		Enter EIN of new owner (9 digits) →		
Mailing address (Number and street, P.O. Box, etc.)				
City, town, village, etc.			State	ZIP Code

REMARKS (Please use this space for any explanations that may be essential in understanding your reported data.)

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

Is the time period covered by this report a calendar year?

- Yes
- No - Enter time period covered →

FROM	Month	Year	TO	Month	Year

Name of person to contact regarding this report	Title

Telephone	Area code	Number	Extension	Fax	Area code	Number

Internet e-mail address	Date completed	Month	Day	Year

**Thank you for completing your 2005 ANNUAL SURVEY OF MANUFACTURES form.**

**PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.**

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