



# 1997 ECONOMIC CENSUS TRUCKING AND WAREHOUSING

OMB No. 0607-0834: Approval Expires 12/31/99

**DUE DATE** ▶ **FEBRUARY 12, 1998**

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS  
1201 East 10th Street  
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

UT-4200

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

**Census use**

(Please correct any errors in name, address, and ZIP Code.)

**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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

If this questionnaire does not seem to apply to your business, complete it to the extent possible and explain in REMARKS section - this should fulfill your reporting requirements and will reduce follow-up correspondence.

**Item 1. EMPLOYER IDENTIFICATION NUMBER**  
**Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?**

094 1  Yes 2  No - Report current EIN below

(9 digits)

**Item 2. PHYSICAL LOCATION**  
**a. Is this establishment's physical location the same as the address shown in the label?** (P.O. box and rural route addresses are not physical locations)

093 1  Yes 2  No - Report physical location below

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.?**

095 1  Yes 2  No 3  No legal boundaries 4  Do not know

**c. In what type of municipality is this establishment physically located?**

096 1  City, village, or borough  
2  Town or township  
3  Other - Specify   
4  Do not know

**d. In what county (e.g., Dade County) is this establishment physically located?**

**Item 3. OPERATIONAL STATUS** Number of months  
**a. How many months during 1997 was this establishment actively operated?**

002

**b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.**  
**Note:** Complete the remainder of this report (for the period operated) even if the establishment ceased operation during 1997.

001 1  In operation 2  Temporarily or seasonally inactive 3  Ceased operation - Give date at right 4  Sold or leased to another operator - Give date at right AND enter name, etc., below

Figures only

Month Year

Name of new owner or operator

Number and street

City

State

ZIP Code

**HOW TO REPORT DOLLAR FIGURES**

Dollar figures should be rounded to thousands of dollars.  
**Example:** If a figure is \$1,125,628.79 report **1 126** • Preferred  
Acceptable

Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
1	126	
1	125	629

**Item 4. DOLLAR VOLUME OF BUSINESS**

Mil. Thou. Dol.

010

**Operating revenue in 1997**

Establishments which use purchased transportation and/or commissioned agents should include gross revenue regardless of amount retained by this establishment. Do not include sales of used equipment.

**Item 5. PAYROLL**

Mil. Thou. Dol.

030

**Payroll in 1997, BEFORE DEDUCTIONS**

**a. Annual**

031

**b. First quarter (January-March)**

**Item 6. EMPLOYMENT**

Number

032

**Number of paid employees for pay period including March 12, 1997**  
(Include both full- and part-time employees)

**Item 7. LEGAL FORM OF ORGANIZATION**

**Which of the following best describes this establishment's legal form of organization during 1997? Mark (X) only ONE box.**

003 1  Individual owner (sole proprietorship)  
2  Partnership  
5  Governmental - Specify   
0  Corporation  
0  Subchapter "S" corporation  
9  Other - Specify

CONTINUE WITH ITEM 8 ON PAGE 2

**Item 8. KIND OF BUSINESS OR ACTIVITY**

**What was this establishment's PRINCIPAL kind of business or activity in 1997?**

Mark (X) only ONE box.

**Truck transportation** (including rental or leasing of trucks with drivers)

070

- Household goods moving . . . . .  4219101
- General freight, truckload (TL) . . . . .  4219211
- General freight, less-than-truckload (LTL) . . . . .  4219221
- Solid waste collection . . . . .  4212611
- Hazardous waste collection . . . . .  4212621
- Other waste collection . . . . .  4212691
- Dump trucking . . . . .  4212701
- Hazardous materials trucking (except waste) . . . . .  4219301
- Agricultural products trucking . . . . .  4219401
- Log hauling (NO cutting) . . . . .  4219402
- Specialized trucking – Describe . . . . .  4219901

**Courier and messenger services** (including delivery of parcels weighing 100 pounds or less except by means of air transportation)

- Local messenger and delivery service . . . . .  4215101
- Intercity courier service . . . . .  4215201

**Warehousing and storage facilities**

- Cotton and linters . . . . .  4221001
- Grain elevators, storage only . . . . .  4221002
- Other farm products (except cold storage) . . . . .  4221003
- Refrigerated products (except fur storage) . . . . .  4222001
- Fur storage . . . . .  4226221
- Self-service or miniwarehousing . . . . .  4225201
- Household goods . . . . .  4226101
- General warehousing and storage (public and contract warehousing and storage) . . . . .  4225101
- Specialized goods (including bulk petroleum, chemicals, automobile dead storage, and other products requiring special storage) – Describe . . . . .  4226291

**Other transportation-related activities**

- Physical distribution or logistics consulting . . . . .  8742401
- Freight agent or broker . . . . .  4731214
- Freight forwarding service . . . . .  4731104
- Truck rental, without drivers . . . . .  7513101
- Truck leasing, without drivers (except finance leasing) . . . . .  7513201
- Driver leasing, without trucks . . . . .  7363901

**Other kind of business or activity – Describe**

- . . . . .  7777777

**Item 9. SOURCES OF REVENUE**

Please read instructions below before completing this item.

**Report sources of revenue for this establishment either as dollar figures or as whole percents of total operating revenue.** (See *HOW TO REPORT DOLLAR FIGURES* on page 1 and *HOW TO REPORT PERCENTS* below)

**Line 1** – Report all revenue from the transportation of freight, including hazardous materials, by motor vehicle. Include revenue from rental and leasing of vehicles WITH drivers. Report courier and messenger service revenue on line 2. Report revenue from the collection of hazardous waste on line 7b.

**Lines 3 and 4** – Report storage revenue only. Handling and other service charges should be reported on line 6.

**Line 5** – Include consulting fees received for counseling and advising clients on aspects of operating businesses (not providing management services for day-to-day operation).

**Line 6** – Report all amounts billed separately for labor, packing and crating, handling, accessorial services, etc. Include booking and origin commissions. Include revenue from truck repair and parts installed in repair work on line 9.

**Line 8** – Report gross value of goods sold on own account. For goods sold for others on a commission or brokerage basis, report commissions on line 10. Do not include the sale of used vehicles, equipment, or parts.

<b>HOW TO REPORT PERCENTS</b>	If figure is <b>38.76%</b> of total sales:	Mil.	Thou.	Dol.	Per-cent
	• <b>Report whole percents</b>				→ <b>39</b>
	<i>Not acceptable</i>				→ 38.76

Sources of revenue	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
<b>1. Motor carrier revenue – See instructions for line 1 above</b>	700 <b>2000</b>	701			702
<b>2. Courier and messenger services (including parcel delivery)</b>	<b>2010</b>				
<b>3. Contract warehousing and storage – See instructions for lines 3 and 4 above</b>	<b>2020</b>				
<b>4. Public warehousing and storage – See instructions for lines 3 and 4 above</b>	<b>2030</b>				
<b>5. Process, physical distribution, and logistics consulting – See instructions for line 5 above</b>	<b>2040</b>				
<b>6. Other services related to motor carrier and storage activities – See instructions for line 6 above</b>	<b>2050</b>				
<b>7. Waste collection</b>					
<b>a. Collection of garbage and trash, excluding hazardous waste</b>	<b>3200</b>				
<b>b. Hazardous waste collection</b>	<b>3250</b>				
<b>8. Sales of merchandise – See instructions for line 8 above</b>	<b>3750</b>				
<b>9. Repair and maintenance (including parts installed)</b>	<b>3650</b>				
<b>10. All other operating revenue – Describe</b>	076 <b>9810</b>				
<b>11. TOTAL (Should equal item 4 if reporting in dollars)</b>	<b>9990</b>				<b>100%</b>

If not shown, please enter your 11-digit Census File Number from the address label on page 1

Census File Number

**Item 10. SPECIAL INQUIRIES** 741

a. ANALYSIS OF OPERATING REVENUE 1  Yes - Continue with line 2

1. Did this establishment report motor carrier revenue in item 9? 2  No - Skip to item 11

2. What percentage of the motor carrier revenue was: Report in whole percents

(a) LOCAL (furnishing motor carrier service within a city, town, or other local area, including adjoining towns and suburban areas) 742

(b) INTERCITY (motor carrier service beyond local areas and commercial zones) 743

(c) TOTAL (Sum of lines (a) and (b)) 100%

b. PURCHASED TRANSPORTATION 749

1. Did this establishment use purchased transportation in 1997? 1  Yes - Continue with line 2  
2  No - Skip to item 11

2. Report the transportation purchased in 1997 for each of the following uses: Mil. Thou. Dol.

(a) Lease and rental payments for trucks and other motor vehicles with drivers 751

(b) Lease and rental payments for trucks and other motor vehicles without drivers 752

(c) Purchased transportation from other motor carriers 753

(d) All other purchased transportation (including allowances to shippers less credits for equipment rents to others) 754

(e) TOTAL purchased transportation (Sum of lines (a) through (d)) 750

**Item 11. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION**

a. Is the FIRST DIGIT of your Census File Number (CFN) (shown in the address label immediately after CFN) a zero?

1  Yes - Complete this item  
2  No - Skip to item 12

b. Is this company owned or controlled by another company?

Enter name, address, and EIN of the owning or controlling company

097 1  Yes →  
2  No

EIN (9 digits)

c. Does this company own or control any other company or companies?

Enter name, address, and EIN of the owned or controlled company

098 1  Yes →  
2  No

EIN (9 digits)

**Item 11. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION - Continued**

d. How many establishments operated under the EIN shown in the label (or as corrected in item 1) AT THE END of 1997? Number 079

If more than one, provide the physical location address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

Estimates are acceptable if book figures are not available.

Name	1997	Mil.	Thou.	Dol.
Number and street	Revenue	081		
City State ZIP Code	Annual payroll	082		
Kind-of-business description	Paid employees for pay period including March 12			
	083			
<b>Census use</b> 088				

Name	1997	Mil.	Thou.	Dol.
Number and street	Revenue	081		
City State ZIP Code	Annual payroll	082		
Kind-of-business description	Paid employees for pay period including March 12			
	083			
<b>Census use</b> 088				

Name	1997	Mil.	Thou.	Dol.
Number and street	Revenue	081		
City State ZIP Code	Annual payroll	082		
Kind-of-business description	Paid employees for pay period including March 12			
	083			
<b>Census use</b> 088				

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

**Item 12. CERTIFICATION -** This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report FROM: Mo. Year TO: Mo. Year

Name of person to contact regarding this report - Print or type

Title

Telephone Area code Number Extension

Signature of authorized person Date

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