



1997 ECONOMIC CENSUS

HARDWARE, AND PLUMBING AND HEATING EQUIPMENT AND SUPPLIES

OMB No. 0607-0825: Approval Expires 08/31/99

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

WH-5070

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.

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 3 No legal boundaries
2 No 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.

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

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

Item 4. DOLLAR VOLUME OF BUSINESS

Bil. Mil. Thou. Dol.

010

a. Sales and operating receipts for 1997 (Include the gross selling value of business conducted for others)

b. Did this establishment earn commissions for the sale of merchandise?
121 1 Yes - Go to line c
2 No - Skip to line e

c. Gross selling value of business conducted on a commission basis (Include in item 4a)

Bil. Mil. Thou. Dol.

122

d. Commissions received (On transactions reported in item 4c)

123

NOTE - If this is the only establishment of this firm skip to item 5

e. Percent of products sold by this establishment manufactured or mined in the United States by your company or subsidiaries

Percent

124

%

f. Value of transfers to other establishments within your company (DO NOT include in item 4a)

Mil. Thou. Dol.

125

Item 5. PAYROLL
Payroll in 1997, BEFORE DEDUCTIONS

Mil. Thou. Dol.

030

a. Annual

031

b. First quarter (January-March)

Item 6. EMPLOYMENT

Number

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

032

b. List the above employees by the employee's primary function:

Number

(1) Selling

131

(2) Sales support (including office and clerical, warehousing, customer service, maintenance employees, and drivers)

132

(3) Supporting functions of other establishments in your company (i.e., central administrative, accounting, research, etc.)

133

(4) Manufacturing

134

(5) Other - Specify _____

135

NOTE - The sum of lines 1 through 5 should equal total employment

HM

Item 7. OPERATING EXPENSES Mil. Thou. Dol.
 040
Operating expenses for 1997 (Include payroll, but exclude cost of goods sold and interest expense)

Item 8. INVENTORIES

a. Did you have inventories at the end of 1996 or 1997?

180 1 Yes – Complete the remainder of the item
 2 No – Skip to item 9

b. Were inventories of this establishment subject to the last-in, first-out (LIFO) method of valuation?

185 1 Yes – Use the sum of the LIFO amount plus the LIFO reserve for lines c and c(2)
 2 No – Complete only line c

	End of 1997			End of 1996		
	Mil.	Thou.	Dol.	Mil.	Thou.	Dol.
c. Total inventories	046			047		
(1) Amount not subject to LIFO costing	181			186		
(2) Amount subject to LIFO costing (gross)	182			187		
(a) Amount of the LIFO reserve	183			188		
(b) LIFO value of the line c(2) (net)	184			189		

*NOTE – The sum of lines c(1) and c(2) should equal line c
 The sum of lines c(2a) and c(2b) should equal line c(2)*

Item 9. TOTAL PURCHASES OF MERCHANDISE IN 1997 PURCHASES AT COST VALUE
 Bil. Mil. Thou. Dol.
Purchases of merchandise for resale (Net of returns, allowances, and trade and cash discounts; but including amounts allowed for trade-ins)
 160

NOTE – If purchases are greater than sales, please provide an explanation in the REMARKS section

Item 10. SALES BY CLASS OF CUSTOMER Whole percent of sales
Report the percentage of this establishment's total sales in 1997 (item 4a) to each class of customer.

a. Export sales 141

b. Restaurants, hotels, food services, and contract feeding 142

c. Retailers and repair shops for resale or repair 143

d. Other wholesale establishments for resale 144

e. Industrial users for production (manufacturing and mining) 145

f. Business users for consumption, not for resale 146

g. Farmers (for farm use) 147

h. Household consumers and individual users 148

i. Builders and contractors 149

j. Governmental bodies (Federal, State, and local) 150

k. TOTAL (Sum of lines a through j should total 100%) **100%**

Item 11. KIND OF BUSINESS AND SELLING CHARACTERISTICS

a. Kind of business
What was this establishment's PRINCIPAL kind of business in 1997? Mark (X) only ONE box.

070

(1) Hardware 507200

Plumbing and heating equipment and supplies (hydronics)

Warm air heating and air conditioning equipment and supplies 507500

Refrigeration equipment and supplies 507800

Construction contracting – Specify kind 777777

Other kind of business – Specify 777777

b. Selling characteristics

(1) In what format did this establishment PRIMARILY sell in 1997? Mark (X) only ONE box.

068

From physical displays of priced merchandise . . . 1

From a counter (little or no display) 2

From a warehouse or office 3

Other – Describe 4

(2) How did this establishment PRIMARILY attract new customers in 1997? Mark (X) only ONE box.

069

Location and store attractiveness 1

Advertising to the general public, including direct mail advertising. 2

Advertising to the trade or calls directly to customers 3

Other – Describe 4

c. What percent of your sales are drop-shipped and do not enter this establishment? Percent
 111 %

Item 12. TYPE OF OPERATION
What was this establishment's PRINCIPAL type of operation in 1997? Mark (X) only ONE box.

060

a. Own-brand importer and marketer 14

b. Merchant wholesaler (buying and selling on own account)

(1) Importer 12

(2) Exporter 13

(3) Merchant wholesale distributor or jobber 11

c. Manufacturers' sales branches and offices 20

d. Agent, broker, and commission merchant

(1) Auction company 41

(2) Broker (representing buyers and sellers) 42

(3) Commission merchant 43

(4) Import agent 44

(5) Export agent 45

(6) Manufacturers' agent 46

e. Other broker or agent – Specify type 77

If not shown, please enter your 11-digit Census File Number from the address label on page 1							Census File Number												
Item 13. COMMODITY LINES							Item 13. COMMODITY LINES – Continued												
Report sales by commodity group either as a dollar figure or as a whole percent of total sales (Include the value of merchandise marketed under capital, finance, or full payout leases and rental receipts derived from merchandise under operating leases)							Commodity lines		Census use		ESTIMATES are acceptable. Report dollars OR percents.								
HOW TO REPORT PERCENTS		If figure is 38.76% of total sales					Bil.	Mil.	Thou.	Dol.	Percent			Bil.	Mil.	Thou.	Dol.	Percent	
• Report whole percents		→									39								
Not acceptable		→									38.76								
Commodity lines		Census use	ESTIMATES are acceptable. Report dollars OR percents.																
			Bil.	Mil.	Thou.	Dol.	Percent												
1. Hardware		100	101				102												
a. Hand tools (including power driven)		1711																	
b. Bolts, nuts, rivets, and fasteners		1712																	
c. Other hardware (including cutlery)		1713																	
d. Total (Sum of lines 1a through 1c)		1700																	
2. Plumbing and heating equipment and supplies (hydronics)																			
a. Plastic pipe fittings and valves (Report pipe on line 21)		1811																	
b. Metal pipe fittings and valves (Report pipe on line 10)		1812																	
c. Plumbing fixtures		1813																	
d. Furnaces, stoves, water heaters (Except electric and warm air)		1814																	
e. Boilers, radiators, and convectors		1815																	
f. Other plumbing and heating equipment and supplies		1818																	
g. Total (Sum of lines 2a through 2f)		1800																	
3. Warm air heating and air-conditioning equipment and supplies																			
a. Furnaces (warm air)		1911																	
b. Central air-conditioning (residential and commercial)		1912																	
c. Heat pumps (residential and commercial)		1914																	
d. Air cleaning and filtration systems		1916																	
e. Compressors for air-conditioners		1917																	
f. Condensing units for air-conditioners		1918																	
g. Registers, grills, pre-formed ductwork (excluding sheet metal), and duct insulation		1919																	
h. Total (Sum of lines 3a through 3g)		1900																	
4. Refrigeration equipment and supplies																			
a. Commercial refrigerators (reach-in and walk-in)		2011																	
b. Unit coolers for commercial refrigerators		2012																	
4. Refrigeration equipment and supplies – Continued																			
c. Condensing units for commercial refrigerators		2013																	
d. Refrigerants		2014																	
e. Other refrigeration equipment and supplies		2015																	
f. Total (Sum of lines 4a through 4e)		2000																	
5. Electrical apparatus and equipment		1400																	
6. Electrical appliances, household		1500																	
7. Electronic parts and equipment, except communication		1600																	
8. Flat iron and steel products		1120																	
9. Iron and steel wire and wire products		1140																	
10. Iron and steel pipe and tubing		1150																	
11. Aluminum shapes and forms		1220																	
12. General-purpose industrial machinery, equipment, and parts		2320																	
13. Metalworking machinery, equipment, and parts		2330																	
14. Materials handling machinery, equipment and parts		2340																	
15. Industrial containers and supplies		2450																	
16. Abrasives, strapping, tape, inks, and mechanical rubber goods		2460																	
17. Farm machinery, equipment, and parts		2200																	
18. Garden machinery, equipment, and parts		2220																	
19. Construction and mining machinery and equipment (including parts and attachments)		2100																	
20. Farm supplies		5800																	
21. Plastics materials and basic shapes		5300																	
22. Chemicals and allied products (excluding agricultural, plastics, gases, and petroleum)		5330																	
23. Sporting and recreational goods and supplies		2700																	
24. Brick, stone, tile, sand, block, cement, and gravel		0700																	
25. Roofing, siding, and insulation materials		0720																	
26. Wire fences, manufactured (mobile) homes, building and construction paper, and prefabricated buildings and structural assemblies		0740																	

ITEM 13 CONTINUED ON PAGE 4

CONTINUE ON PAGE 4

Item 13. COMMODITY LINES – Continued						
Commodity lines	Cen- sus use	ESTIMATES are acceptable. Report dollars OR percents.				
		Bil.	Mil.	Thou.	Dol.	Per- cent
27. Plywood and millwork	0620					
28. New and rebuilt automotive parts and supplies (Report parts installed in repair work on line 36b)	0200					
29. Household and lawn furniture	0400					
30. Kitchen utensils, mirrors, lamps, and picture frames	0540					
31. Restaurant and hotel equipment and supplies	0960					
32. Store machines and equipment	0970					
33. Paint, paint supplies, and wallpaper	6000					
34. Miscellaneous commodities – <i>Specify</i>						
a. 076	9811					
b. 077	9812					
c. 078	9813					
35. Rental and operating lease receipts	9940					
36. Service receipts and labor charges (including installed parts)						
a. Labor charges for repair work	9701					
b. Parts installed in repair work	9702					
c. Other service receipts and labor charges – <i>Specify</i>	9703					
d. TOTAL (Sum of lines 36a through 36c)	9700					
37. Construction receipts	9950					
38. Receipts for installing equipment	9740					
39. Receipts for service contracts	9720					
40. TOTAL (Should equal item 4a if reporting in dollars)	9990					100%

Item 14. 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
 3 Cooperative association (taxable)
 4 Cooperative association (tax-exempt)
 5 Government – *Specify* _____
 0 Corporation (Do not mark if any form of cooperative association)
 9 Other – *Specify* _____

Item 15. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

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

1 Yes – Complete this item
 2 No – Skip to item 16

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

097 1 Yes →
 2 No

Enter name, address, and EIN of the owning or controlling company
 EIN (9 digits) _____

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

098 1 Yes →
 2 No

Enter name, address, and EIN of the owned or controlled company
 EIN (9 digits) _____

d. How many establishments operated under the Employer Identification Number 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	081			
City State ZIP Code	082			
1 Kind-of-business description	083			
Type of operation (choose from item 12)	088			
	089			
Name	1997	Mil.	Thou.	Dol.
Number and street	Sales	081		
City State ZIP Code	Annual payroll	082		
2 Kind-of-business description	Paid employees for pay period including March 12	083		
Type of operation (choose from item 12)	Cen- sus use	088		
	089			

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

Item 16. 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