

DUE DATE U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

FORM

WH-5082

## 1997 ECONOMIC CENSUS CONSTRUCTION AND MINING MACHINERY AND EQUIPMENT

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

WH-5082

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

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.														
ls t	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?							HOW TO REPORT DOLLAR  Dollar figures should be roun to thousands of dollars.  Example: If a figure is \$1,125,628.79 • Prefet	ollars. ure	Bil- lions (000)	Mil- lions (000)	Thou- sands (000)			
								GURES	report	Acceptable		1	125	629	
	094 1	Yes	2 No – <i>Re</i>	port cur	rent EIN I	below	Ite	em 4.	DOLLAR VOLUMI BUSINESS	E OF	Bil. 010	Mil.	Thou.	Dol.	
(9 digits)								a. Sales and operating receipts					İ		
Item 2. PHYSICAL LOCATION  a. Is this establishment's physical location the same as									for 1997 (Include the gross selling value of business conducted for others)						
	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							comm	is establishmen issions for the s andise?	Yes – Go to line c  No – Skip to line e					
	093 I	⊔ res	2 L NO - ne	port pri	ysicai ioc	ation below	ı				Bil.	Mil.	Thou.	Dol.	
	Number and street						c.	. Gross selling value of conducted on a comm basis (Include in item 4a	nission	122		l I			
	City, to	own, village,	etc.		State	ZIP Code	d.		nissions received ctions reported in		123	l I	l I		
b.	Is this establishment physically located inside the legal							NOTE	– If this is the only	nt of th	is firm s	skip to i	tem 5		
			city, town,	· ·			۱	Parca	ercent of products sold by this				Percent	:	
	095 1 ☐ Yes 3 ☐ No legal boundaries 2 ☐ No 4 ☐ Do not know						6.	establ mined	ishment manufa in the United S company or subs	ctured or tates by		124		%	
c.	In what type of municipality is this establishment physically located?  096 1 City, village, or borough							f. Value of transfers to other establishments within your company (DO NOT include in item 4a)				Mil.	Thou.	Dol.	
												125	 		
	2 Town or township						Item 5. PAYROLL					Mil.	Thou.	Dol.	
	3 Other - Specify							Payroll in 1997, BEFORE DEDUCTIONS  a. Annual					 		
	4 L Do not know														
d.	In what county (e.g., Dade County) is this es physically located?				his estal	olishment	b.	b. First quarter (January–March)					 		
									Item 6. EMPLOYMENT					r	
Ite	Item 3. OPERATIONAL STATUS  Number of months							period (Includ	er of paid emplo I including Marc e both full- and pa	032					
	a. How many months during 1997 was this establishment actively operated?							employees)					Number		
b.	. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.						b. List the above employees by the employee's primary function:  (1) Selling					131			
	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							(2) Sa cle ser	ales support (including office and lerical, warehousing, customer ervice, maintenance employees, and rivers)		132				
								(3) Su est (i.e	pporting functions ablishments in yo , central administ counting, research		133				
	Name of new owner or operator							134 (4) Manufacturing							
	Number and street								ner – <i>Specify</i>			135			
	City				State	ZIP Code		NOTE -	The sum of lines 1	through 5 shou	ld egual :	total emi	oloymen	t	
						I.				- 0					

Item 7. OPERATING EX	KPENSES		Mil.	Thou.	Dol.	Item 11. KIND OF BUSINESS AND SELLING CHARACTERISTICS						
Operating expenses for			040	 		a. Kind of business						
payroll, but exclude cost ( and interest expense)	of goods sold			1		What was this establishment's PRINCIPAL kind of business in 1997? Mark (X) only						
Item 8. INVENTORIES						ONE box.						
a. Did you have invent	ories at the e	nd of 1	996 or	1997?	(1) Construction and mining machinery and							
4 D.V			£ 41 14-			equipment						
180 1 ∐ Yes – <i>Con</i> 2 ∏ No – <i>Skip t</i>	•	inder o	t the ite	m	(2) Farm and garden machinery and equipment							
				4	(a) Farm machinery and equipment – farm dealers							
b. Were inventories of the last-in, first-out					(b) Farm machinery and equipment – wholesale distributors							
<sup>185</sup> 1 ☐ Yes – <i>Use</i>	the sum of the	LIEO ar	mount n	dua tha	LIEO	(c) Lawn and garden machinery and equipment						
	erve for lines c			ius liie i	LII O	(3) Industrial machinery and equipment						
2 🗌 No – <i>Comp</i>	olete only line o	;				(a) Materials handling equipment and parts						
	End of 19	007		nd of 19	006	(b) Oil well, oil refinery, and pipeline						
	Mil. Thou.			Thou.		machinery, equipment, and supplies						
c. Total inventories				   		(1) Hydraulic and pneumatic (fluid-power) pumps and motors						
(1) Amount not	181		186	[								
subject to LIFO costing				1		(2) General-purpose industrial machinery and equipment (including pumps						
Costing	182		187			and motors not used for fluid-power) 50842  (4) Other kind of business – Specify						
(2) Amount subject to LIFO costing	i			İ		(4) Other kind of business – Specify						
(gross)				 								
	183		188	1								
(a) Amount of the LIFO reserve				I		b. Selling characteristics						
	184		189			In what format did this establishment     PRIMARILY sell in 1997? Mark (X) only						
( <b>b</b> ) LIFO value of the line c(2)				į		ONE box. 068						
(net)				 		From physical displays of priced merchandise						
<b>NOTE</b> – The su	ım of lines c(1)	and c/2	) should	d equal	line c	From a counter (little or no display) 2						
	ım of lines c(1) ım of lines c(2a			•		From a warehouse or office						
line c(2				7-31		Other – <i>Describe</i> 4						
Item 9. TOTAL PURCHA	ASES OF			AT COST								
MERCHANDISE	IN 1997		Mil.	Thou.	Dol.							
Purchases of merchandis (Net of returns, allowances,		160	1	I		How did this establishment PRIMARILY     attract new customers in 1997?						
and cash discounts; but inc amounts allowed for trade-	luding		1	l		Mark (X) only ONE box.						
						Location and store attractiveness						
<b>NOTE</b> – If purchases are explanation in th			ase prov	vide an		Advertising to the general public, including						
·						direct mail advertising						
Item 10. SALES BY CLA	Wł	ole per of sales		Advertising to the trade or calls directly to								
Report the percentage establishment's total s		141			customers							
(item 4a) to each class	of customer.					Other Describe						
a. Export sales												
LAPOIT Suits			142			. What paraout of very sales are						
<b>b.</b> Restaurants, hotels, fo	od services, an	d				c. What percent of your sales are drop-shipped and do not enter						
contract feeding						this establishment?						
c. Retailers and repair sh	nops for resale	or	143			tu sa Tupi of open initial						
repair			144			Item 12. TYPE OF OPERATION What was this establishment's PRINCIPAL						
d. Other wholesale estab	lishments for re	esale				type of operation in 1997? Mark (X) only  ONE box.						
			145			UNE BOX. 060						
e. Industrial users for pro					a. Own-brand importer and marketer							
(manufacturing and m	ining)		146			<b>b.</b> Merchant wholesaler (buying and selling on						
4 Dusiness		for	140			own account)						
<ul> <li>f. Business users for con resale</li> </ul>	isumption, not	ior				(1) Importer						
		147			(3) Merchant wholesale distributor or jobber							
g. Farmers (for farm use)						c. Manufacturers' sales branches and offices						
			148			d. Agent, broker, and commission merchant						
h. Household consumers users	and individual					(1) Auction company						
40010			149			(2) Broker (representing buyers and sellers)						
i. Builders and contracto	ors					(3) Commission merchant						
			150			(5) Export agent						
j. Governmental bodies	(Federal, State,					(6) Manufacturers' agent						
and local)						e. Other broker or agent – Specify type						
L TOTAL (O												
<b>k. TOTAL</b> (Sum of lines should total 1				100%								
FORM WH-5082						CONTINUE ON PAG						

**Form WH-5082** Page 3 Census File Number If not shown, please enter your 11-digit Census File Number from the address label on page 1 Item 13. COMMODITY LINES - Continued Item 13. COMMODITY LINES 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) ESTIMATES are acceptable. Report dollars OR percents. Cen Commodity lines SUS Per-cent Bil. | Thou. Mil. Dol. If figure is 38.76% of нош то Bil. Mil. | Thou. | Dol. 13. New and rebuilt cent automotive parts and supplies (Report parts installed in REPORT Report whole percents 39 **PERCENTS** Not acceptable ▶ 38.76 repair work on line ESTIMATES are acceptable. Report dollars OR percents. 0200 Cen 14. Electrical apparatus Commodity lines sus use and equipment 1400 Bil. Mil. ∣ Thou. ∣ Dol. Percent 100 101 102 1700 **15.** Hardware 1. Construction and mining machinery and equipment (including parts and attachments) **16.** Abrasives, strapping, tape, inks, and mechanical rubber 2460 a. New off-highway 17. Petroleum products refined (exclude liquefied petroleum) wheel and track-laying tractors 2111 5400 **18.** Miscellaneous commodities – *Specify* b. New power cranes, draglines, and shovels 2112 076 **c.** New mixers, pavers, and related equipment 2113 9811 077 d. New tractor shovel e. New graders, rollers, and off-highway 9812 078 trucks 2115 f. New mining machinery 2116 9813 g. Other new construction and 19. Rental and operating mining, logging, and road maintenance machinery, 9940 lease receipts Service receipts and labor charges (including installed 20. equipment, and parts (including scaffolding, etc.) 2117 parts) h. Used construction a. Labor charges for and mining machinery and 9701 repair work 2118 equipment b. Parts installed in 9702 repair work c. Other service receipts i. Total (Sum of lines 1a through 1h) and labor charges 2100 Specify Farm machinery, equipment, and parts 3. Garden machinery, equipment, and parts 2220 Oil well, oil refinery, and pipeline machinery, equipment, and supplies 9703 2350 **d. Total** (Sum of lines 20a through 20c) **5.** Metalworking machinery, equipment, and parts 21. Receipts for service contracts 9720 2330 6. Materials handling machinery, equipment 22. TOTAL (Should equal item 4a if reporting in 2340 and parts 100% dollars) 9990 7. General-purpose industrial machinery, equipment, and parts Item 14. LEGAL FORM OF ORGANIZATION 2320 Which of the following best describes this establishment's legal form of organization during 1997? Mark~(X)~only~ONE~box.8. Hydraulic and pneumatic cylinders and rotary actuators 2400 1 Individual owner (sole proprietorship) 2 Partnership 9. Fluid-power filters components, and parts 2430 3 Cooperative association (taxable) Light trucks and vans (14,000 lb. or less) 10. 4 Cooperative association (tax-exempt) 0130 5 Government – Specify 0 Corporation (Do not mark if any form of cooperative association) **11.** Medium trucks and tractors (14,001 to 26,000 lb.)

9 Other - Specify

0140

0150

**12.** Heavy trucks and tractors (over 26,000 lb.)

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?														
<b>a.</b>	1 Yes – Complete this item 2 No – Skip to item 16													
b.	Is this company owned or controlled by another company?	owned or controlled by another company?												
	097 1 ☐ Yes → 2 ☐ No	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													
d.	How many establishments label (or as corrected in its lf more than one, provide the each establishment. The head	Number 079												
	room is needed, continue in Estimates are acceptable in													
	Name						1997	Mil. Thou. Dol.						
	Number and street						Sales Annual	082						
	City				State	ZIP Code	payroll Paid	l employees for pay						
1	Kind-of-business description	period 083	d including March 12											
-	Type of operation (choose fro	Cen-	088											
							sus use	089						
	Name						1997	Mil. Thou. Dol.						
	Number and street						Sales Annual	082						
	City				State	ZIP Code	Paid	l employees for pay d including March 12						
2	Kind-of-business description	083												
-	Type of operation (choose fro	Cen- sus use	088											
	Name						1997	Mil. Thou. Dol.						
-	Number and street	Sales	081											
-	City				State	ZIP Code	Annual payroll	082						
3	Kind-of-business description						Paid employees for pay period including March 12							
							000	088						
	Type of operation (choose fro	m item 12)					Cen- sus use	089						
R	EMARKS – Please use this sp	ace for any ex	planatio	ns that may be	essential in un	derstanding your reported data								
Item 16. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.														
	riod covered this report FROM: Mo.	Year	TO:	Mo. Ye	·	erson to contact regarding this	report -	Print or type						
Telephone Area code Number Extension Title														
Si	Signature of authorized person Date													