



# 1997 ECONOMIC CENSUS

## INDUSTRIAL MACHINERY AND EQUIPMENT

**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-5084**

*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.

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

Bil.	Mil.	Thou.	Dol.
010			

**b. Did this establishment earn commissions for the sale of merchandise?**

121	1 <input type="checkbox"/> Yes - Go to line c		
	2 <input type="checkbox"/> 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			
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*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 <input type="text"/>

**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.

**a. Annual**

030		
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**b. First quarter (January-March)**

031		
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**Item 6. EMPLOYMENT**

Number

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

032	
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**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**

<b>Item 7. OPERATING EXPENSES</b>	Mil.	Thou.	Dol.
<b>Operating expenses for 1997</b> (Include payroll, but exclude cost of goods sold and interest expense)	040		
<b>Item 8. INVENTORIES</b>			
<b>a. Did you have inventories at the end of 1996 or 1997?</b>			
180	1 <input type="checkbox"/> Yes – Complete the remainder of the item		
	2 <input type="checkbox"/> No – Skip to item 9		
<b>b. Were inventories of this establishment subject to the last-in, first-out (LIFO) method of valuation?</b>			
185	1 <input type="checkbox"/> Yes – Use the sum of the LIFO amount plus the LIFO reserve for lines c and c(2)		
	2 <input type="checkbox"/> No – Complete only line c		
		End of 1997	End of 1996
		Mil. Thou. Dol.	Mil. Thou. Dol.
		046	047
<b>c. Total inventories</b>			
<b>(1) Amount not subject to LIFO costing</b>	181		186
<b>(2) Amount subject to LIFO costing (gross)</b>	182		187
<b>(a) Amount of the LIFO reserve</b>	183		188
<b>(b) LIFO value of the line c(2) (net)</b>	184		189
<i>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)</i>			
<b>Item 9. TOTAL PURCHASES OF MERCHANDISE IN 1997</b>		PURCHASES AT COST VALUE	
		Bil.	Dol.
<b>Purchases of merchandise for resale</b> (Net of returns, allowances, and trade and cash discounts; but including amounts allowed for trade-ins)		160	
<i>NOTE – If purchases are greater than sales, please provide an explanation in the REMARKS section</i>			
<b>Item 10. SALES BY CLASS OF CUSTOMER</b>		Whole percent of sales	
<b>Report the percentage of this establishment's total sales in 1997 (item 4a) to each class of customer.</b>		141	
<b>a. Export sales</b>		142	
<b>b. Restaurants, hotels, food services, and contract feeding</b>		143	
<b>c. Retailers and repair shops for resale or repair</b>		144	
<b>d. Other wholesale establishments for resale</b>		145	
<b>e. Industrial users for production (manufacturing and mining)</b>		146	
<b>f. Business users for consumption, not for resale</b>		147	
<b>g. Farmers (for farm use)</b>		148	
<b>h. Household consumers and individual users</b>		149	
<b>i. Builders and contractors</b>		150	
<b>j. Governmental bodies (Federal, State, and local)</b>			
<b>k. TOTAL</b> (Sum of lines a through j should total 100%)		<b>100%</b>	

<b>Item 11. KIND OF BUSINESS AND SELLING CHARACTERISTICS</b>	
<b>a. Kind of business</b>	
<b>What was this establishment's PRINCIPAL kind of business in 1997? Mark (X) only ONE box.</b>	
	070
<b>(1) Food-processing machinery and equipment . . . . .</b>	<input type="checkbox"/> 508410
<b>(2) Hydraulic and pneumatic (fluid-power) pumps, motors, and parts . . . . .</b>	<input type="checkbox"/> 508421
<b>(3) General-purpose industrial machinery, equipment, and parts (including pumps and motors not used for fluid-power) . . . . .</b>	<input type="checkbox"/> 508422
<b>(4) Metalworking machinery, equipment, and supplies . . . . .</b>	<input type="checkbox"/> 508430
<b>(5) Materials handling equipment and parts . . . . .</b>	<input type="checkbox"/> 508440
<b>(6) Oil well, oil refinery, and pipeline machinery, equipment, and supplies . . . . .</b>	<input type="checkbox"/> 508450
<b>(7) Other industrial machinery and equipment . . . . .</b>	<input type="checkbox"/> 508490
<b>(8) Hydraulic and pneumatic (fluid-power) valves, cylinders, rotary actuators, connectors, assemblies, filters, accessories, and parts . . . . .</b>	<input type="checkbox"/> 508530
<b>(9) Other kind of business – Specify . . . . .</b>	<input type="checkbox"/> 777777
<b>b. Selling characteristics</b>	
<b>(1) In what format did this establishment PRIMARILY sell in 1997? Mark (X) only ONE box.</b>	
	068
From physical displays of priced merchandise . . . . .	1 <input type="checkbox"/>
From a counter (little or no display) . . . . .	2 <input type="checkbox"/>
From a warehouse or office . . . . .	3 <input type="checkbox"/>
Other – Describe . . . . .	4 <input type="checkbox"/>
<b>(2) How did this establishment PRIMARILY attract new customers in 1997? Mark (X) only ONE box.</b>	
	069
Location and store attractiveness . . . . .	1 <input type="checkbox"/>
Advertising to the general public, including direct mail advertising. . . . .	2 <input type="checkbox"/>
Advertising to the trade or calls directly to customers . . . . .	3 <input type="checkbox"/>
Other – Describe . . . . .	4 <input type="checkbox"/>
<b>c. What percent of your sales are drop-shipped and do not enter this establishment?</b>	Percent
	111
	%
<b>Item 12. TYPE OF OPERATION</b>	
<b>What was this establishment's PRINCIPAL type of operation in 1997? Mark (X) only ONE box.</b>	
	060
<b>a. Own-brand importer and marketer . . . . .</b>	<input type="checkbox"/> 14
<b>b. Merchant wholesaler (buying and selling on own account)</b>	
<b>(1) Importer . . . . .</b>	<input type="checkbox"/> 12
<b>(2) Exporter . . . . .</b>	<input type="checkbox"/> 13
<b>(3) Merchant wholesale distributor or jobber . . . . .</b>	<input type="checkbox"/> 11
<b>c. Manufacturers' sales branches and offices . . . . .</b>	<input type="checkbox"/> 20
<b>d. Agent, broker, and commission merchant</b>	
<b>(1) Auction company . . . . .</b>	<input type="checkbox"/> 41
<b>(2) Broker (representing buyers and sellers) . . . . .</b>	<input type="checkbox"/> 42
<b>(3) Commission merchant . . . . .</b>	<input type="checkbox"/> 43
<b>(4) Import agent . . . . .</b>	<input type="checkbox"/> 44
<b>(5) Export agent . . . . .</b>	<input type="checkbox"/> 45
<b>(6) Manufacturers' agent . . . . .</b>	<input type="checkbox"/> 46
<b>e. Other broker or agent – Specify type . . . . .</b>	<input type="checkbox"/> 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**

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)

<b>HOW TO REPORT PERCENTS</b>	If figure is <b>38.76%</b> of total sales	Bil.	Mil.	Thou.	Dol.	Percent
	• Report whole percents					<b>39</b>
	Not acceptable					<b>38.76</b>

Commodity lines	Census use	ESTIMATES are acceptable. Report dollars OR percents.				
		Bil.	Mil.	Thou.	Dol.	Percent
<b>1. Food-processing machinery, equipment, and parts</b>	100	101				102
<b>a. New commercial food-processing machinery (slicers, choppers, baking, etc.)</b>	<b>2231</b>					
<b>b. New packing, packaging, and bottling equipment</b>	<b>2232</b>					
<b>c. Used food-processing machinery and equipment</b>	<b>2233</b>					
<b>d. Total (Sum of lines 1a through 1c)</b>	<b>2230</b>					
<b>2. General-purpose industrial machinery, equipment, and parts</b>						
<b>a. New pumps, compressors (air or gas), and equipment</b>	<b>2321</b>					
<b>b. New diesel engines (excluding automotive)</b>	<b>2323</b>					
<b>c. New controlling, recording, and indicating instruments and accessories</b>	<b>2326</b>					
<b>d. All other new general-purpose industrial machinery and equipment</b>	<b>2327</b>					
<b>e. Used general-purpose industrial machinery and equipment</b>	<b>2328</b>					
<b>f. Total (Sum of lines 2a through 2e)</b>	<b>2320</b>					
<b>3. Hydraulic and pneumatic (fluid-power) pumps, motors, and parts</b>						
<b>a. Pumps</b>	<b>2311</b>					
<b>b. Motors</b>	<b>2312</b>					
<b>c. Parts for pumps and motors</b>	<b>2313</b>					
<b>d. Total (Sum of lines 3a through 3c)</b>	<b>2300</b>					
<b>4. Hydraulic and pneumatic (fluid-power) valves</b>						
<b>a. Hydraulic valves</b>	<b>2391</b>					
<b>b. Pneumatic valves</b>	<b>2392</b>					
<b>c. Total (Sum of lines 4a and 4b)</b>	<b>2390</b>					
<b>5. Hydraulic and pneumatic cylinders and rotary actuators</b>						
<b>a. Hydraulic cylinders and rotary actuators</b>	<b>2411</b>					
<b>b. Pneumatic cylinders and rotary actuators</b>	<b>2412</b>					
<b>c. Total (Sum of lines 5a and 5b)</b>	<b>2400</b>					

**Item 13. COMMODITY LINES – Continued**

Commodity lines	Census use	ESTIMATES are acceptable. Report dollars OR percents.				
		Bil.	Mil.	Thou.	Dol.	Percent
<b>6. Hydraulic and pneumatic connectors and assemblies</b>						
<b>a. Hydraulic and pneumatic connectors</b>	<b>2421</b>					
<b>b. Hydraulic and pneumatic assemblies</b>	<b>2422</b>					
<b>c. Total (Sum of lines 6a and 6b)</b>	<b>2420</b>					
<b>7. Fluid-power filters, components, accessories, and parts</b>						
<b>a. Filters</b>	<b>2431</b>					
<b>b. Other fluid-power components, accessories, and parts, n.e.c.</b>	<b>2432</b>					
<b>c. Total (Sum of lines 7a and 7b)</b>	<b>2430</b>					
<b>8. Metalworking machinery, equipment, and parts</b>	<b>2330</b>					
<b>9. Materials handling machinery, equipment and parts</b>						
<b>a. New conveying equipment</b>	<b>2341</b>					
<b>b. New hoists, cranes, and monorails</b>	<b>2342</b>					
<b>c. New forklift trucks</b>	<b>2343</b>					
<b>d. New industrial trucks and tractors</b>	<b>2344</b>					
<b>e. Used materials handling machinery, equipment, and parts</b>	<b>2345</b>					
<b>f. Total (Sum of lines 9a through 9e)</b>	<b>2340</b>					
<b>10. Oil well, oil refinery, and pipeline machinery, equipment, and supplies</b>						
<b>a. New oil refining and pipeline machinery, equipment, and supplies</b>	<b>2351</b>					
<b>b. New oil field machinery, equipment, and supplies (including drilling bits)</b>	<b>2352</b>					
<b>c. Used oil well, oil refinery, and pipeline machinery, equipment, and supplies</b>	<b>2353</b>					
<b>d. Total (Sum of lines 10a through 10c)</b>	<b>2350</b>					

ITEM 13 CONTINUED ON PAGE 4

CONTINUE ON PAGE 4



Item 13. COMMODITY LINES – Continued							Item 13. COMMODITY LINES – Continued							
Commodity lines	Cen- sus use	ESTIMATES are acceptable. Report dollars OR percents.					Commodity lines	Cen- sus use	ESTIMATES are acceptable. Report dollars OR percents.					
		Bil.	Mil.	Thou.	Dol.	Per- cent			Bil.	Mil.	Thou.	Dol.	Per- cent	
<b>11.</b> Other industrial machinery, equipment, and parts							<b>30.</b> Recyclable paper and paperboard	<b>2930</b>						
<b>a.</b> New metal smelting and refining machinery, and equipment	<b>2361</b>						<b>31.</b> Recyclable materials, except metal, paper, and paperboard	<b>2940</b>						
<b>b.</b> New power plant machinery (excluding electrical)	<b>2362</b>						<b>32.</b> Plastics materials and basic shapes	<b>5300</b>						
<b>c.</b> New printing trades machinery, equipment, and supplies	<b>2363</b>						<b>33.</b> Chemicals and allied products (excluding agricultural, plastics, gases and petroleum)	<b>5330</b>						
<b>d.</b> New textile and sewing machinery and equipment	<b>2364</b>						<b>34.</b> Miscellaneous commodities – <i>Specify</i>							
<b>e.</b> New woodworking machinery	<b>2365</b>						076							
<b>f.</b> Other new industrial machinery and equipment	<b>2366</b>						<b>a.</b>	<b>9811</b>						
<b>g.</b> Used industrial machinery and equipment	<b>2367</b>						077							
<b>h. Total</b> (Sum of lines 11a through 11g)	<b>2360</b>						<b>b.</b>	<b>9812</b>						
<b>12.</b> New and rebuilt automotive parts and supplies (Report parts installed in repair work on line 36b)	<b>0200</b>						078							
<b>13.</b> New computer equipment	<b>0920</b>						<b>c.</b>	<b>9813</b>						
<b>14.</b> Flat iron and steel products	<b>1120</b>						<b>35.</b> Rental and operating lease receipts	<b>9940</b>						
<b>15.</b> Iron and steel wire and wire products	<b>1140</b>						<b>36.</b> Service receipts and labor charges (including installed parts)							
<b>16.</b> Other nonferrous metals (magnesium, nickel, tin, lead, zinc, etc.)	<b>1230</b>						<b>a.</b> Labor charges for repair work	<b>9701</b>						
<b>17.</b> Electrical apparatus and equipment	<b>1400</b>						<b>b.</b> Parts installed in repair work	<b>9702</b>						
<b>18.</b> Electronic parts and equipment, except communication	<b>1600</b>						<b>c.</b> Other service receipts and labor charges – <i>Specify</i>							
<b>19.</b> Communication equipment and supplies	<b>1650</b>						<b>d. Total</b> (Sum of lines 36a through 36c)	<b>9700</b>						
<b>20.</b> Hardware	<b>1700</b>						<b>37.</b> Receipts for service contracts	<b>9720</b>						
<b>21.</b> Plumbing and heating equipment and supplies (hydronics)	<b>1800</b>						<b>38.</b> Receipts for installing equipment	<b>9740</b>						
<b>22.</b> Construction and mining machinery and equipment (including parts and attachments)	<b>2100</b>						<b>39. TOTAL</b> (Should equal item 4a if reporting in dollars)	<b>9990</b>						<b>100%</b>
<b>23.</b> Farm machinery, equipment, and parts	<b>2200</b>						<b>Item 14. LEGAL FORM OF ORGANIZATION</b>							
<b>24.</b> Garden machinery, equipment, and parts	<b>2220</b>						<b>Which of the following best describes this establishment's legal form of organization during 1997? Mark (X) only ONE box.</b>							
<b>25.</b> Mechanical power transmission supplies	<b>2370</b>						003 1 <input type="checkbox"/> Individual owner (sole proprietorship)							
<b>26.</b> Industrial valves and fittings (except fluid-power)	<b>2380</b>						2 <input type="checkbox"/> Partnership							
<b>27.</b> Industrial containers and supplies	<b>2450</b>						3 <input type="checkbox"/> Cooperative association (taxable)							
<b>28.</b> Abrasives, strapping, tape, inks, and mechanical rubber goods	<b>2460</b>						4 <input type="checkbox"/> Cooperative association (tax-exempt)							
<b>29.</b> New and used transportation equipment and supplies	<b>2630</b>						5 <input type="checkbox"/> Government – <i>Specify</i> _____							
							0 <input type="checkbox"/> Corporation (Do not mark if any form of cooperative association)							
							9 <input type="checkbox"/> Other – <i>Specify</i> _____							

Census File Number

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

**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
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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.

	1997	Mil.	Thou.	Dol.
Name				
Number and street				
City	State	ZIP Code		
1 Kind-of-business description	Paid employees for pay period including March 12			
Type of operation (choose from item 12)	083			
	<b>Cen- sus use</b>	088		
		089		
Name				
Number and street				
City	State	ZIP Code		
2 Kind-of-business description	Paid employees for pay period including March 12			
Type of operation (choose from item 12)	083			
	<b>Cen- sus use</b>	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.

<b>Period covered by this report</b>	FROM: Mo.   Year	TO: Mo.   Year	Name of person to contact regarding this report – <i>Print or type</i>		
Telephone	Area code	Number	Extension	Title	
Signature of authorized person					Date

**PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS**

