



1997 ECONOMIC CENSUS CHEMICALS AND ALLIED PRODUCTS

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-5160

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?

Number of months _____

Item 3. OPERATIONAL STATUS
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 _____ %

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

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.
Operating expenses for 1997 (Include payroll, but exclude cost of goods sold and interest expense)	040		
Item 8. INVENTORIES			
a. Did you have inventories at the end of 1996 or 1997?			
180	1 <input type="checkbox"/> Yes – Complete the remainder of the item		
	2 <input type="checkbox"/> No – Skip to item 9		
b. Were inventories of this establishment subject to the last-in, first-out (LIFO) method of valuation?			
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
c. Total inventories			
(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
<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>			
Item 9. TOTAL PURCHASES OF MERCHANDISE IN 1997		PURCHASES AT COST VALUE	
		Bil.	Dol.
Purchases of merchandise for resale (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>			
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.		141	
a. Export sales		142	
b. Restaurants, hotels, food services, and contract feeding		143	
c. Retailers and repair shops for resale or repair		144	
d. Other wholesale establishments for resale		145	
e. Industrial users for production (manufacturing and mining)		146	
f. Business users for consumption, not for resale		147	
g. Farmers (for farm use)		148	
h. Household consumers and individual users		149	
i. Builders and contractors		150	
j. Governmental bodies (Federal, State, and local)			
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.	
(1) Chemicals and allied products	070
(a) Plastics materials and basic shapes and forms	<input type="checkbox"/> 516200
(b) Industrial gases (excluding liquified petroleum)	<input type="checkbox"/> 516910
(c) Other chemicals and allied products	<input type="checkbox"/> 516990
(2) Other kind of business – Specify	<input type="checkbox"/> 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 <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"/>
(2) How did this establishment PRIMARILY attract new customers in 1997? Mark (X) only ONE box.	
	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"/>
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	<input type="checkbox"/> 14
b. Merchant wholesaler (buying and selling on own account)	
(1) Importer	<input type="checkbox"/> 12
(2) Exporter	<input type="checkbox"/> 13
(3) Merchant wholesale distributor or jobber	<input type="checkbox"/> 11
c. Manufacturers' sales branches and offices	<input type="checkbox"/> 20
d. Agent, broker, and commission merchant	
(1) Auction company	<input type="checkbox"/> 41
(2) Broker (representing buyers and sellers)	<input type="checkbox"/> 42
(3) Commission merchant	<input type="checkbox"/> 43
(4) Import agent	<input type="checkbox"/> 44
(5) Export agent	<input type="checkbox"/> 45
(6) Manufacturers' agent	<input type="checkbox"/> 46
e. Other broker or agent – Specify type	<input type="checkbox"/> 77

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) _____

Item 15. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION - Continued

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

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.

1	Name	1997	Number		
			Mil.	Thou.	Dol.
	Number and street	Sales	081		
	City State ZIP Code	Annual payroll	082		
	Kind-of-business description	Paid employees for pay period including March 12			
	Type of operation (choose from item 12)	083			
		Census use	088		
			089		

2	Name	1997	Number		
			Mil.	Thou.	Dol.
	Number and street	Sales	081		
	City State ZIP Code	Annual payroll	082		
	Kind-of-business description	Paid employees for pay period including March 12			
	Type of operation (choose from item 12)	083			
		Census 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	
Telephone	Area code	Number	Extension	Title
Signature of authorized person				Date