



U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU

FORM  
**MA-10000(S)** (03-08-2004)

# 2003 ANNUAL SURVEY OF MANUFACTURES

OMB No. 0607-0449: Approval Expires 09/30/2004

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DO NOT USE TO REPORT**

**Mail** your completed form to:  
**U.S. CENSUS BUREAU**  
1201 East 10th Street  
Jeffersonville, IN 47132-0001

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

**Need help or have questions about filling out this form?**

**Visit** our Web site at  
[www.census.gov/econhelp](http://www.census.gov/econhelp)

**Call:**

**- OR -**

**Write** to the address above. Include your 11-digit Census File Number (CFN) printed in the mailing address.

(Please correct any errors in this mailing address.)

**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 U.S. Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

- Use blue or black ink.
- Please center numbers in their respective boxes. Examples:
- Do not use pencil.
- Do not put slashes through 0 or 7.
- Place an "X" inside the box.
- Complete only the unshaded portion of each item.

<input checked="" type="checkbox"/>	0	1	2	3	4	5	6	7	8	9
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The reporting unit for this form is an establishment. An **establishment** is generally a single physical location where business is conducted or where services or industrial operations are performed. For further clarification, see instructions.

**1 MONTHS IN OPERATION**

Mark "X" if None

2003

Number of months

Number of months in operation during 2003 (If none, mark "X" and go to 29.) . . . . .

**2 EMPLOYER IDENTIFICATION NUMBER**

Is the Employer Identification Number (EIN) shown in the mailing address the same as the one used for this establishment on its latest 2003 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

Yes  No - Enter current EIN (9 digits) →  -

**3 PHYSICAL LOCATION**

**A.** Is this establishment's physical location the same as shown below? (P.O. box and rural route addresses are not physical locations.)

Yes  No - If incorrect or blank, enter physical location ↴

Number and street			
<input type="text"/>			
City, town, village, etc.	State	ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**B.** Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

Yes  No  No legal boundaries  Do not know

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

**HOW TO REPORT DOLLAR FIGURES**

Dollar figures should be rounded to thousands of dollars.

If a figure is \$1,025,628.79:

Report  Mark "X" if None

If a value is "0" (or less than \$500.00):

Report  Mark "X" if None

2003		
\$ Bil.	Mil.	Thou.
	1	0 2 6

**4 SALES, SHIPMENTS, RECEIPTS, OR REVENUE**

Mark "X" if None

2003			2002
\$ Bil.	Mil.	Thou.	\$ Thou.

Total value of products shipped and other receipts (Report detail in 2).

**5 E-COMMERCE SALES, SHIPMENTS, RECEIPTS, OR REVENUE**

**A.** Did any of the amount reported in 4 include e-commerce sales, shipments, or receipts? (E-commerce sales, shipments, or receipts are online orders for products from customers where price and/or terms of the sale are accepted or negotiated over an Internet, Extranet, Electronic Data Interchange (EDI) network, electronic mail, or other online system. Payment may or may not be made online.)

- Yes - Go to line B
- No - Go to 6

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**B.** Percent of total value of products shipped and other receipts reported in 4 using e-commerce (Report whole percents. Estimates are acceptable.)

2003		2002	
Percent		Percent	
	%		%

**6 EMPLOYMENT AND PAYROLL**

**Include:**

- Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in 2.
- Full- and part-time employees whose payroll was filed under a Professional Employer Organization's EIN.

**Exclude:**

- Temporary staffing obtained from a staffing service.
- Contractors, subcontractors, or independent contractors.
- Purchased or managed services, such as janitorial, guard, or landscaping services.
- Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services.

For further clarification, see instructions.

**A. Number of employees**

Mark "X" if None

2003		2002
Number		Number
<b>1.</b> Number of production workers for pay period including March 12	<input type="checkbox"/>	
<b>2.</b> All other employees for pay period including March 12	<input type="checkbox"/>	
<b>3. TOTAL</b> (Sum lines A1 and A2)	<input type="checkbox"/>	

**B. Payroll before deductions (Exclude employer's cost for fringe benefits.)**

Mark "X" if None

2003		2002
\$ Mil.	Thou.	\$ Thou.
<b>1.</b> Annual payroll	<input type="checkbox"/>	
<b>2.</b> First quarter payroll (January-March, 2003)	<input type="checkbox"/>	

**7-9 Not Applicable.**

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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

**10** INVENTORIES

(Report inventories using generally accepted accounting practices.)

Include finished goods, work-in-process, materials, supplies, fuels, etc..

Mark "X" if None	End of 2003			Mark "X" if None	End of 2002		
	\$ Bil.	Mil.	Thou.		\$ Bil.	Mil.	Thou.
<input type="checkbox"/>				<input type="checkbox"/>			

**11** Not Applicable.

**12** CAPITAL EXPENDITURES

(Refer to the instructions on how to report leasing arrangements.)

Report the dollar value of capital expenditures (Do not include land.)

Total capital expenditures for new and used buildings, machinery and equipment.

Mark "X" if None	2003		2002
	\$ Mil.	Thou.	\$ Thou.
<input type="checkbox"/>			

**13-14** Not Applicable.

**15** SELECTED EXPENSES

Cost of materials, parts, containers, packaging, etc., used; cost of products bought and sold as such without further processing; cost of purchased fuels consumed for heat, power, or the generation of electricity; cost of purchased electricity; and cost of work done for you by others on your materials

Mark "X" if None	2003			2002
	\$ Bil.	Mil.	Thou.	\$ Thou.
<input type="checkbox"/>				

**16-21** Not Applicable.

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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

**22** DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

If you cannot locate the description of any products that you produce, please enter a description of your products in column (a) and enter their value in column (c). If additional lines are needed please use the "REMARKS" section. Report separately for each major kind of product. Include the value of products exported and interplant transfers in the appropriate product line. They should also be reported separately in 4.

An asterisk (\*) at the end of a description denotes a comparability with products collected on a Current Industrial Report (CIR) questionnaire. See paragraph on "Comparability" in Part C of CIR instruction manual for item code references.

Enter TOTAL value of shipments under code 7700000 8.

Products and services  (a)	Product Class code  (b)	Products shipped and other receipts, including interplant transfers and exports			
		2003 (c)			2002 (d)
		\$ Bil.	Mil.	Thou.	\$ Thou.
	018				
	026				
	034				
	042				
	059				
	067				
	075				
	083				
	091				
	109				

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**23-28** Not Applicable.

**29 OPERATIONAL STATUS**

Activity that best describes this establishment's status at the end of 2003 (Mark "X" only ONE box.)

- In operation
- Under construction, development, or exploration
- Temporarily or seasonally inactive

Ceased operation - Give date at right →

Month	Day	Year

Sold or leased to another operator - Give date at right AND enter new name and mailing address below ↴

Name of new owner or operator	Employer Identification Number
	Enter EIN of new owner (9 digits) →
Mailing address (Number and street, P.O. Box, etc.)	
City, town, village, etc.	State ZIP Code

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

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**30 CERTIFICATION** - This report is substantially accurate and was prepared in accordance with the instructions.

Is the time period covered by this report a calendar year?

- Yes       No - Enter time period covered →

	FROM	Month	Year		TO	Month	Year

Name of person to contact regarding this report	Title

Telephone	Area code	Number	Extension	Fax	Area code	Number

Internet e-mail address	Date completed	Month	Day	Year

**Thank you for completing your 2003 ANNUAL SURVEY OF MANUFACTURES form.**

**PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.**

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