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

FORM
MA-10000(S) (10-11-2006)

2006 ANNUAL SURVEY OF MANUFACTURES

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

Call:

- OR -

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

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(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.	☒ 0 1 2 3 4 5 6 7 8 9
•Place an "X" inside the box.	•Complete only the unshaded portion of each item.	

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 information sheet(s).

1 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 2006 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021 ☐ Yes - *Go to* **2**   0022 ☐ No - *Enter current EIN (9 digits)* ⟶ 0025 [   ] - [   ]

2 PHYSICAL LOCATION

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

0031 ☐ Yes - *Go to line B*

0032 ☐ No - *Enter physical location* ⟶

0035 Number and street

0036 City, town, village, etc.   0037 State   0038 ZIP Code

B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.? *(Mark "X" only ONE box.)*

0041 ☐ Yes   0042 ☐ No   0043 ☐ No legal boundaries   0044 ☐ Do not know

C. In what type of municipality is this establishment physically located? *(Mark "X" only ONE box.)*

0046 ☐ City, village, or borough   0047 ☐ Town or township   0048 ☐ Other   0024 ☐ Do not know

PENALTY FOR FAILURE TO REPORT

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

3 OPERATIONAL STATUS

Which of the following best describes this establishment's operational status at the end of 2006? *(Mark "X" only ONE box.)*

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0011 ☐ In operation

0016 ☐ Under construction, development, or exploration

0013 ☐ Temporarily or seasonally inactive

0014 ☐ Ceased operation - *Give date at right* ⟶

0015 ☐ Sold or leased to another operator - *Give date at right AND enter name and address of new owner or operator and Employer Identification Number (EIN) below* ⟶

0018	Month	Day	Year

6030 Name of new owner or operator	0061 EIN (9 digits)
	-

6031 Mailing address (Number and street, P.O. Box, etc.)

6032 City, town, village, etc.	6033 State	6034 ZIP Code
		-

4 MONTHS IN OPERATION

Number of months in operation during 2006 *(If none, mark "X" and go to ㉚.)* 0002

Mark "X" if None	2006 Number
☐	

HOW TO REPORT DOLLAR FIGURES	Dollar figures should be **rounded** to **thousands** of dollars.		*Mark "X" if None*	2006		
				$ Bil.	Mil.	Thou.
	If a figure is **$1,025,628.79:**	*Report* ⟶	☐		1	0 2 6
	If a value is "0" (or less than $500.00):	*Report* ⟶	☒			

5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

	Mark "X" if None	2006			2005
		$ Bil.	Mil.	Thou.	$ Thou.
Total value of products shipped and other receipts *(Report detail in ㉒.).* 0100	☐				

6 E-SHIPMENTS

A. Did this plant use any electronic network to control or coordinate the flow of any of the shipments of goods reported in ❺, line A? Or, were the orders for any of the shipments reported in ❺, line A received over an electronic network?

Electronic networks include:
- Electronic Data Interchange (EDI)
- E-mail
- Internet
- Extranet
- Other online systems

0181 ☐ Yes - *Go to line B*   0182 ☐ No - *Go to* ❼

B. Percent of total reported in ❺, line A that were ordered, or whose movement was controlled or coordinated over electronic networks (Report whole percents. Estimates are acceptable.). 0109

2006 Percent	2005 Percent
%	%

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7 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 ❶.

Exclude:

- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.
- Temporary staffing obtained from a staffing service.

For further clarification, see information sheet(s).

		Mark "X" if None	2006 Number	2005 Number
A. Number of employees				
1. Number of production workers for pay period including March 12	0325	☐		
2. All other employees for pay period including March 12	0353	☐		
3. TOTAL (Add lines A3 and A4)	0366	☐		

		Mark "X" if None	2006 $ Bil.	Mil.	Thou.	2005 $ Thou.
B. Payroll before deductions (Exclude employer's cost for fringe benefits.)						
1. Annual payroll	0300	☐				
2. First quarter payroll (January-March 2006)	0310	☐				

8 Not Applicable.

9 INVENTORIES

Report total inventories, regardless of where held, before Last-in, First-out adjustments (if any) owned by this establishment as of December 31. Include finished goods, work-in-process, materials, supplies, fuels, etc.

	Mark "X" if None	End of 2006 $ Bil.	Mil.	Thou.		Mark "X" if None	End of 2005 $ Bil.	Mil.	Thou.
0460	☐				0470	☐			

10–12 Not Applicable.

13 CAPITAL EXPENDITURES

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

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

		Mark "X" if None	2006 $ Bil.	Mil.	Thou.	2005 $ Thou.
Total capital expenditures for new and used buildings, machinery and equipment.	0520	☐				

14–15 Not Applicable.

16 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	2006 $ Bil.	Mil.	Thou.	2005 $ Thou.
	0420	☐				

17–21 Not Applicable.

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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 ❺.

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.

Products and services (a)	Product Class code (b)	Products shipped and other receipts, including interplant transfers and exports			
		2006 (c)			2005 (d)
		$ Bil.	Mil.	Thou.	$ Thou.
	018				
	026				
	034				
	042				
	059				
	067				
	075				
	083				
	091				
	109				

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23–29 Not Applicable.

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 ⟶

	Month	Year		Month	Year
FROM			TO		

Name of person to contact regarding this report	Title

	Area code	Number	Extension		Area code	Number
Telephone		-		Fax		-

Internet e-mail address		Month	Day	Year
	Date completed			

10001055

Thank you for completing your 2006 ANNUAL SURVEY OF MANUFACTURES form.

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