## DUE DATE <br> FEBRUARY 12, 2008

Mail your completed form to:
U.S. CENSUS BUREAU

1201 East 10th Street Jeffersonville, IN 47134-0001

Please read the accompanying information sheet(s) before answering the questions.

Need help or have questions about filling out this form?

Visit www.census.gov/econhelp
Call 1-800-233-6136, between 8:00 a.m. and 6:00 p.m., Eastern time, Monday through Friday.

- OR -

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

PS-541 14 <br> \title{

## INFORMATION COPY NOT USETO REPORT <br> \title{ \section*{INFORMATION COPY NOT USETO REPORT <br> <br> <br> INFORMATION COPY DO NOT USETO REPORT

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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 Iaw, 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 ballpoint pen. • Please center numbers in their respective boxes. Examples:
- Do not use pencil or felt-tip pen. - Do not put slashes through 0 or 7 .
- Place an "X" inside the box.

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).

## 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 2007 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021Yes - Go to 20022 $\square$ No - Enter current EIN (9 digits) $\qquad$ $\rightarrow 0025$ $\square$
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.)

0031Yes - Go to line B

0032


B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.? (Mark "X" only ONE box.)
$0041 \square$ Yes $0042 \square$ No
o
$0043 \quad \square$ No legal boundaries
0044Do not know
C. In what type of municipality is this establishment physically located? (Mark "X" only ONE box.)

City, village, or borough
$0047 \quad \square$ Town or township
0048Other
0024 $\qquad$ Do not know
(3) OPERATIONAL STATUS

Which ONE of the following best describes this establishment's operational status at the end of 2007?
(Mark "X" only ONE box.)
$0011 \square$ In operation
0013Temporarily or seasonally inactive
$0014 \square$ Ceased operation - Give date at right
0015
Sold or leased to another operator - Give date at right
 and Employer Identification Number (EIN) below 7

| 0060 Name of new owner or operator | 0061 EIN (9 digits) |  |  |
| :--- | :--- | :--- | :--- |
|  |  | - |  |
| 0062 Mailing addres (Number and strect P O. Box, |  |  |  |

0062 Mailing address (Number and street, P.O. Box, etc.)

| 0063 City, town, village, etc. | 0064 State | 0065 ZIP Code |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  | - |  |

0016
Other - Specify $\qquad$
MONTHS IN OPERATION
Mark "X"
2007
if None
Number
Number of months in operation during 2007 (If none, mark "X" and go to 30.)


Not Applicable.
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 1.


## Exclude:

- Temporary staffing obtained from a staffing service.
- Contractors, subcontractors, or independent contractors.
- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.
- Purchased or managed services, such as janitorial, guard, or landscape services.
- Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services.

For further clarification, see information sheet(s).
A. Number of employees for pay period including March 12 .


## If not shown, please enter your 11-digit Census File

 Number (CFN) from the mailing address.
## Not Applicable.

KIND OF BUSINESS OR ACTIVITY
Which ONE of the following best describes this establishment's principal kind of business or activity in 2007? (Mark "X" only ONE box.)

## Drafting services

0700

| 541340001 | $\square$ | Blueprint drafting services |
| :--- | :--- | :--- |
| 541340002 | $\square$ | CAD (Computer aided design) drafting services |
| 541340006 | $\square$ | Steel drafting or detailing services |
| 541340003 | $\square$ | Other drafting services - Specify |

0701

## Other kind of business or activity

561439002
Blueprint reproduction services
773000001Other kind of business or activity - Specify

0701

## CLASS OF CUSTOMER

Estimate the percentage of receipts (reported in (5) by class of customer. Include work performed "in-house" or by others.

1. Federal, state, and local governments, including public authorities (direct services only)

| 1. Federal, state, and local governments, including public authorities (direct services only) . . . . . 3120 |
| :--- |
| 2. Construction firm s . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |

## SUPPORT SERVICES

Was this establishment primarily engaged in providing management, administrative, or support services to other establishments of your enterprise (rather than for the general public or other business firms) in 2007?

0998Yes

0999
No

If figure is $\mathbf{3 8 . 7 6 \%}$ of total sales:

| 2007 |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Estimates are acceptable. <br> Report dollars OR percents. |  |  |  |  |  |
| \$ Bil. | Mil. | Thou. | Dol. | Percent |  |
|  |  |  |  | 3 |  |

DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE
(Report receipts by source either as a dollar figure or as a whole percent of total receipts (reported in (5). See HOW TO REPORT DOLLAR FIGURES on page 2 and HOW TO REPORT PERCENTS above. Do not combine data for two or more receipts lines.)
Line 19 - Report fees from specialized design services related to creating and developing designs and specifications that optimize the function, value, and appearance of manufactured products.
Line 20 - Report receipts from the specialized activity of creating the basic idea for an advertisement. Include drafting the words or copy that will appear in the ad or be spoken by an actor, designing the layout for a print ad, or the filming sequence of a television commercial.
Line 21a - Report receipts from granting permission to use content protected by copyright owned or controlled by this establishment. Exclude outright sale of rights in perpetuity.
Line 21b - Report receipts from granting permission to use content protected as industrial property (i.e., by patent or trademark) owned or controlled by this establishment. Exclude outright sale of rights in perpetuity.

Description of sales, shipments, receipts, or revenue

1. Mechanical drafting services
a. Machine drafting services
b. Mechanical systems drafting services
c. Mechanical flow diagram drafting services
d. Industrial machinery and equipment layout drafting services
e. Sum lines 1a through 1d
2. Process piping systems drafting services
3. Electrical and electronic drafting services
4. Site drafting services for civil engineering projects
5. Structural drafting services for civil engineering projects
6. Structural drafting services for buildings
7. Steel detailing drafting services
8. Other engineering drafting services
9. Architectural drafting services
10. Display and presentation drafting services
11. Patent drawing and trademark illustration services
12. Drafting of as-built drawings
13. Checking and revision services
14. Drafting consulting services

| Census use | 2007 |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Estimates are acceptable. Report dollars OR percents. |  |  |  |  |
|  | \$ Bil. | Mil. | Thou. | Dol. | Percent |
| 0720 | 0721 |  |  |  | 0722 |
| 38301 |  |  |  |  |  |
| 38302 |  |  |  |  |  |
| 38303 |  |  |  |  |  |
| 38304 |  |  |  |  |  |
| 38300 |  |  |  |  |  |
| 38310 |  |  |  |  |  |
| 38320 |  |  |  |  |  |
| 38330 |  |  |  |  |  |
| 38340 |  |  |  |  |  |
| 38350 |  |  |  |  |  |
| 38360 |  |  |  |  |  |
| 38370 |  |  |  |  |  |
| 38380 |  |  |  |  |  |
| 38390 |  |  |  |  |  |
| 38400 |  |  |  |  |  |
| 38410 |  |  |  |  |  |
| 38420 |  |  |  |  |  |
| 38430 |  |  |  |  |  |

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

DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

Description of sales, shipments, receipts, or revenue
15. Drafting training services
16. Other drafting services
a. Interior design drafting services
b. Landscape design drafting services
c. Other drafting services - Specify

## d. Sum lines 16a through 16 c

17. Plotting, printing, and conversion services
18. Interior design services
19. Industrial design services
20. Advertising creative services (Include graphic design services)
21. Licensing of rights to use intellectual property
a. Protected by copyright
b. Protected as industrial property
22. Resale of merchandise - Specify 7
23. All other operating receipts - Specify if more than 10 percent of total receipts
24. TOTAL OPERATING RECEIPTS - Sum of lines should equal 5 if reporting in dollars

Not Applicable.

## EXPORTED SERVICES

NOTE - An exported service is a product (e.g., service performed, license agreement) that is performed for, or sold or transferred to, a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions). Include products provided to unaffiliated and affiliated foreign firms (e.g., foreign parent firms, subsidiaries, branches). Exclude products provided to domestic subsidiaries of foreign firms.
A. Did the receipts or revenue (reported in (5) include any amounts for exported services?

0911Yes - Go to line B

0912No - Go to
B. Amount of receipts or revenue for exported services


Not Applicable.
REMARKS (Please use this space for any explanations that may be essential in understanding your reported data.)

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?


