



# 2007 ECONOMIC CENSUS

## Trucking and Warehousing (Enterprise Support)

**DUE DATE**  
**FEBRUARY 12, 2008**

**Mail** your completed form to:  
**U.S. CENSUS BUREAU**  
1201 East 10th Street  
Jeffersonville, IN 47134-0001

**TW-48459**

**INFORMATION COPY  
DO NOT USE TO REPORT**

*(Please correct any errors in this mailing address.)*

**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](http://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.

**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 ballpoint pen.
  - Do not use pencil or felt-tip pen.
  - Place an "X" inside the box.
  - Please center numbers in their respective boxes.
  - Do not put slashes through 0 or 7.
- Examples:  0 1 2 3 4 5 6 7 8 9

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 2007 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
<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.? (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

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**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  In operation

0013  Temporarily or seasonally inactive

0014  Ceased operation - Give date at right

Month	Day	Year

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

0060 Name of new owner or operator		0061 EIN (9 digits)	
		-	
0062 Mailing address (Number and street, P.O. Box, etc.)			
0063 City, town, village, etc.	0064 State	0065 ZIP Code	
		-	

0016  Other - Specify

0815

**4 MONTHS IN OPERATION**

Mark "X" if None 2007 Number

Number of months in operation during 2007 (If none, mark "X" and go to 5.) . . . . . 0002

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

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

Report

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

Report

Mark "X" if None

2007			
\$ Bil.	Mil.	Thou.	Dol.
	1 0 2 6		

**5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE**

Sales to, or receipts or revenue from, customers outside your enterprise (Exclude billings, sales, receipts, or revenue from establishments of your own enterprise.) . . . . . 0100

Mark "X" if None

2007			
\$ Bil.	Mil.	Thou.	Dol.

**6 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).

Mark "X" if None

2007 Number

A. Number of employees for pay period including March 12 . . . . . 0320

Mark "X" if None

2007			
\$ Bil.	Mil.	Thou.	Dol.

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

1. Annual payroll . . . . . 0300

2. First quarter payroll (January-March, 2007) . . . . . 0310

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

**8** Not Applicable.

**9** VALUE OF INVENTORIES

**A.** Did this establishment own inventories, regardless of where held, at the end of 2007 and/or 2006?

0486  Yes - Go to line B

0487  No - Go to **16**

**B.** Report inventories for products owned by this establishment as of December 31.

	Mark "X" if None	End of 2007				Mark "X" if None	End of 2006			
		\$ Bil.	Mil.	Thou.	Dol.		\$ Bil.	Mil.	Thou.	Dol.
<b>1. Total inventories before Last-in, First-out (LIFO) adjustment (if any)</b> . . . . . 0460	<input type="checkbox"/>					<input type="checkbox"/>				
<b>2. LIFO reserve (if any)</b> . . . 0466	<input type="checkbox"/>					<input type="checkbox"/>				
<b>3. Total inventories after LIFO adjustment (Line B1 minus line B2)</b> . 0468	<input type="checkbox"/>					<input type="checkbox"/>				

**10** INVENTORIES BY VALUATION METHOD

Report how much of the inventory reported in **9**, line B1 for 2007 is subject to the following valuation methods.

	Mark "X" if None	2007			
		\$ Bil.	Mil.	Thou.	Dol.
<b>A.</b> LIFO valuation method before adjustment . . . . . 0244	<input type="checkbox"/>				
<b>B.</b> First-in, First-out (FIFO) . . . . . 0491	<input type="checkbox"/>				
<b>C.</b> Average cost . . . . . 0492	<input type="checkbox"/>				
<b>D.</b> Standard cost . . . . . 0493	<input type="checkbox"/>				
<b>E.</b> Other valuation method - <i>Specify method</i> ↴					
0895 <input type="text" value=""/>	<input type="checkbox"/>				
<b>F. TOTAL (Add lines A through E. Total should equal <b>9</b>, line B1.)</b> . . . . . 0490	<input type="checkbox"/>				

**11-15** Not Applicable.

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**16** SELECTED EXPENSES**Report the operating expenses allocated by category**

- Report expenses directly attributable to this establishment in column 1.
- Report payments made by this establishment for expenses incurred by other establishments of your enterprise in column 2 (where applicable).

**Exclude:**

- Transfers made within the company
- Capitalized expenses
- Impairment
- Interest
- Bad debt
- Income tax
- Cost of merchandise for resale

**Line 1** - Employer's cost for legally required programs and programs not required by law. Include health insurance, pension plans, Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare, etc. (Include fringe benefits for all employees reported in **7**, line A.)

**Line 2** - Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. Include all charges for payroll, benefits and services.

**Line 3** - Report packaged software in **line 6**. Report leased and rented equipment in **line 18**.

**Line 4** - Materials and supplies used in providing services to others; materials and parts used in repairs; office and janitorial supplies; small tools; containers and other packaging materials; and motor fuels.

**Line 5** - Include contract payments to other carriers for the lease and/or rental of trucks, truck-tractors, trailers, and other motor vehicles with operators. Include transportation purchased from railroads, airlines, water, and other motor carriers. Report leased and rented transportation equipment without operators in **line 18**.

**Line 6** - Purchases of prepackaged, custom coded, or vendor customized software. Include software developed or customized by others, web-design services and purchases, licensing agreements, upgrades of software, and maintenance fees related to software upgrades and alterations.

**Line 7** - Include computer facilities management services, computer input preparation, data storage, computer time rental, optical scanning services, and other computer-related advice and services, including training. Exclude expensed integrated systems, repair and maintenance of computer equipment, payroll processing and credit card transaction fees, and expenses for telecommunication services (e.g., Internet, connectivity, telephone).

**Line 8** - Telephone, cellular, and fax services; computer-related communications (e.g., Internet, connectivity, online); and other wired and wireless communication services.

**Line 9** - Expensed repair and maintenance services to motor vehicles, vessels, aircraft and other transportation equipment. Exclude materials, parts, and supplies used for repairs and maintenance performed by the firm's employees.

**Line 10** - Expensed repair and maintenance services to machinery, equipment, and computer hardware. Exclude materials, parts, and supplies used for repairs and maintenance performed by this firm's employees.

**Line 11** - Include repair and maintenance to integral parts of buildings (e.g., elevators, heating systems). Exclude materials, parts, and supplies used for repairs and maintenance performed by this firm's employees. Report janitorial and grounds maintenance services in **line 23**.

**Line 12** - If the cost of electricity is included in a lease or rental payment, report in **line 19**.

**Line 13** - Gasoline and other fuels purchased for trucks, truck-tractors, and other vehicles.

**Line 14** - Fuel for heating, power or generating electricity (e.g., natural gas, propane, oil, coal). If the cost of fuels are included in a lease or rental payment, report in **line 19**.

**Line 15** - Include the cost of hazardous waste removal. If the cost of these utilities is included in a lease or rental payment, report in **line 19**.

**Line 16** - Include marketing and public relations services.

**Line 17** - Include management consulting, accounting, auditing, bookkeeping, legal, actuarial, payroll processing, architectural, engineering, and other professional services. Exclude salaries paid to your own employees for these services.

**Line 18** - Include lease and rental of transportation equipment without operators and penalties incurred for broken leases. Exclude capital and financing lease agreements and licensing/leasing of software.

CONTINUE WITH **16** ON PAGE 5

CONTINUE ON PAGE 5

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

**16** SELECTED EXPENSES - Continued

**Line 19** - Include penalties incurred for broken leases.

**Line 20** - Include business related premiums such as liability. Exclude costs included with employee fringe benefits.

**Line 21** - Include depreciation charges taken against tangible assets owned and used by your firm, tangible assets and improvements owned by your firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). Exclude impairment.

**Line 22** - Payments to government agencies for taxes and licenses. Include business and property taxes. Exclude income taxes and sales and excise taxes collected from customers.

**Line 23** - All other operating expenses not reported above, unless specifically excluded in the general instructions. Exclude payroll, purchases of merchandise for resale, and nonoperating expenses.

	Mark "X" if None	2007				Mark "X" if None	2007			
		Expenses of this establishment ONLY					Payments made by this establishment in behalf of other establishments of your enterprise			
		\$ Bil.	Mil.	Thou.	Dol.		\$ Bil.	Mil.	Thou.	Dol.
<b>Personnel costs, except payroll</b>										
1. Employer's cost for fringe benefits . . . . .0228	<input type="checkbox"/>									
2. Contract temporary staff and leased employee expense . . . . .0793	<input type="checkbox"/>									
<b>Expensed equipment and materials</b>										
3. Expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors) . . . . .0795	<input type="checkbox"/>									
4. Expensed purchases of other materials, parts, and supplies . . . . .0797	<input type="checkbox"/>									
<b>Expensed purchased services</b>										
5. Purchased transportation . . .0799	<input type="checkbox"/>									
6. Expensed purchases of software . . . . .0801	<input type="checkbox"/>									
7. Data processing and other purchased computer services . . . . .0414	<input type="checkbox"/>				0674	<input type="checkbox"/>				
8. Purchased communication services . . . . .0413	<input type="checkbox"/>				0673	<input type="checkbox"/>				
9. Purchased repairs and maintenance to transportation equipment . . .0803	<input type="checkbox"/>				0807	<input type="checkbox"/>				
10. Purchased repairs and maintenance to machinery and equipment . . . . .0412	<input type="checkbox"/>				0672	<input type="checkbox"/>				
11. Purchased repairs and maintenance to buildings, structures, and offices . . .0411	<input type="checkbox"/>				0671	<input type="checkbox"/>				

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CONTINUE WITH 16 ON PAGE 6

CONTINUE ON PAGE 6

**16** SELECTED EXPENSES - Continued

	Mark "X" if None	2007				Mark "X" if None	2007			
		Expenses of this establishment ONLY					Payments made by this establishment in behalf of other establishments of your enterprise			
		\$ Bil.	Mil.	Thou.	Dol.		\$ Bil.	Mil.	Thou.	Dol.
<b>12.</b> Purchased electricity . . . . .0452	<input type="checkbox"/>									
<b>13.</b> Purchased fuels for transportation equipment . . .0809	<input type="checkbox"/>									
<b>14.</b> Purchased fuels (except motor fuels) . . . . .0451	<input type="checkbox"/>									
<b>15.</b> Water, sewer, refuse removal, and other utility payments . . . . .0455	<input type="checkbox"/>					0456	<input type="checkbox"/>			
<b>16.</b> Purchased advertising and promotional services . . . . .0417	<input type="checkbox"/>					0677	<input type="checkbox"/>			
<b>17.</b> Purchased professional and technical services . . . . .0812	<input type="checkbox"/>					0814	<input type="checkbox"/>			
<b>Other operating expenses</b>										
<b>18.</b> Lease and rental payments for machinery, equipment, and other tangible items . . .0562	<input type="checkbox"/>					0567	<input type="checkbox"/>			
<b>19.</b> Lease and rental payments for land, buildings, structures, store spaces, and offices . . . . .0561	<input type="checkbox"/>					0566	<input type="checkbox"/>			
<b>20.</b> Cost of insurance . . . . .0819	<input type="checkbox"/>									
<b>21.</b> Depreciation and amortization charges . . . . .0543	<input type="checkbox"/>									
<b>22.</b> Governmental taxes and license fees ( <b>Exclude income, sales, and excise taxes</b> ) . . . . .0419	<input type="checkbox"/>					0678	<input type="checkbox"/>			
<b>23.</b> All other operating expenses ( <b>Specify - If more than 50% of TOTAL reported on line 24)</b> ↴										
0409 <input type="text" value=""/> 0418	<input type="checkbox"/>									
<b>24. TOTAL OPERATING EXPENSES</b> of this establishment ONLY, excluding payroll ( <b>Add lines 1 through 23</b> ) . . . . .0459	<input type="checkbox"/>									

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**17 and 18** Not Applicable.

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

19 KIND OF BUSINESS

Which ONE of the following best describes this establishment's principal kind of business in 2007? (Mark "X" only ONE box.)

Local trucking without storage - goods carried within a single metropolitan area and its adjacent nonurban areas; generally same-day return trips

- 0700 484 210 10 1  Household goods moving - used
- 484 110 10 1  General freight, truckload (TL)
- 484 110 20 1  General freight, less-than-truckload (LTL)
- 484 220 30 1  Dump trucking, including coal hauling
- 562 111 00 3  Solid waste collection, excluding hazardous waste
- 562 112 00 3  Hazardous waste collection
- 777 480 00 3  Other waste collection - Specify ↴

0701 [Empty box for CFN]

- 484 220 10 1  Hazardous materials trucking, except waste
- 484 220 20 1  Agricultural products trucking, including log hauling
- 484 220 40 1  Specialized trucking **without storage**, including auto transport, boat transport, manufactured (mobile) home transport, and newspaper delivery - Specify ↴

0701 [Empty box for CFN]

Local trucking with storage - goods carried within a single metropolitan area and its adjacent nonurban areas; generally same-day return trips

- 484 210 30 1  Household goods moving - used
- 484 110 30 1  General freight, truckload (TL)
- 484 110 40 1  General freight, less-than-truckload (LTL)
- 484 220 50 1  Specialized trucking **with storage**- Specify ↴

0701 [Empty box for CFN]

Long-distance trucking - goods carried between metropolitan areas

- 484 210 20 1  Household goods moving - used
- 484 121 00 1  General freight, truckload (TL)
- 484 122 00 1  General freight, less-than-truckload (LTL)
- 484 230 10 1  Hazardous materials trucking, except waste
- 484 230 20 1  Agricultural products trucking, including log hauling
- 484 230 30 1  Specialized trucking, including auto transport, boat transport, and coal hauling - Specify ↴

0701 [Empty box for CFN]

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19 KIND OF BUSINESS - Continued

**Courier and messenger service, including delivery of parcels weighing 100 pounds or less, except by means of air transportation**

- 0700 492 210 00 1  Local messenger and delivery services, including bicycles
- 492 110 10 1  Intercity courier and delivery services

**Warehousing and storage facilities**

- 493 130 00 1  Cotton and linters
- 493 130 00 2  Grain elevators, storage only
- 493 130 00 3  Other farm products, except cold storage
- 493 120 00 3  Refrigerated products, except fur storage
- 493 120 00 4  Fur storage
- 531 130 00 2  Self-service storage or miniwarehouses
- 493 190 10 1  Household goods
- 493 110 00 2  General warehousing and storage, including public and contract warehousing and storage
- 493 110 00 6  Document warehousing and storage
- 493 110 00 7  Distribution warehouse/center - *Specify* ↴

0701

- 493 190 20 1  Specialized goods, including bulk petroleum, chemicals, automobile dead storage, and other products requiring special storage - *Specify* ↴

0701

**Other transportation-related activities**

- 541 614 00 5  Physical distribution or logistics consulting services
- 488 510 20 3  Freight/shipping agent or broker, except freight forwarding
- 488 510 10 1  Freight forwarding service
- 488 490 00 K  Motor freight terminal and joint terminal maintenance facility
- 532 120 10 2  Truck rental, **without drivers**
- 532 120 20 2  Truck leasing, **without drivers**, except finance leasing
- 561 330 00 3  Driver leasing, without trucks

**Other business activities**

- 774 000 00 1  Other kind of business or activity - *Specify* ↴

0701

20 Not Applicable.

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

**21 A. 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?

0998  Yes - Go to line B

0999  No - Go to 22

**B. PRINCIPAL BUSINESS OR ACTIVITY OF THE OPERATING ESTABLISHMENTS SERVICED**

Describe the principal kind of business or activity performed by the establishments of your enterprise that are managed or serviced by this establishment.

Example: If this establishment is a corporate, subsidiary, or regional managing office, data processing service center, or administrative/support office to a chain of clothing stores, please specify "clothing stores" below.

0996

HOW TO REPORT PERCENTS

If figure is **38.76%** of total sales:

**Report whole percents**

2007				
Estimates are acceptable. Report dollars OR percents.				
\$ Bil.	Mil.	Thou.	Dol.	Percent
				3 9

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

(Report sources of operating revenue for this establishment, either as a dollar figure or as a whole percent of total operating revenue (reported in 21). See HOW TO REPORT DOLLAR FIGURES on page 2 and HOW TO REPORT PERCENTS above. Do not combine data for two or more lines.)

Description of sales, shipments, receipts, or revenue	Census use	2007								
		Estimates are acceptable. Report dollars OR percents.								
		\$ Bil.	Mil.	Thou.	Dol.	Percent				
0723	0720	0721								0722
<b>1. Moving services</b>										
<b>a. Residential moving</b> . . . . .	44003									
<b>b. Commercial moving</b> . . . . .	44002									
<b>c. Moving of other goods requiring special handling</b> . . . . .	44001									
<b>d. Sum lines 1a through 1c</b> . . . . .	44000									
<b>2. Transportation of documents and parcels</b> . . . . .	44010									
<b>3. Local transportation and delivery of small purchased or serviced items</b> . . . . .	44020									
<b>4. Transportation of bulk liquids and gases in intermodal tank containers by road</b> . . . . .	44030									
<b>5. Transportation of bulk liquids and gases, except in intermodal tank containers, by road</b> . . . . .	44040									
<b>6. Transportation of dry bulks, except in intermodal tank containers, by road</b> . . . . .	44050									
<b>7. Transportation of climate-controlled boxed and palletized goods, except in intermodal tank containers, by road</b> . . . . .	44060									
<b>8. Transportation of boxed and palletized goods, not climate-controlled, except in intermodal tank containers, by road, truckload service</b> . . . . .	44070									

CONTINUE WITH 22 ON PAGE 10

CONTINUE ON PAGE 10

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

Description of sales, shipments, receipts, or revenue	Cen- sus use	2007				
		Estimates are acceptable. Report dollars OR percents.				
		\$ Bil.	Mil.	Thou.	Dol.	Percent
0723	0720	0721				0722
<b>9.</b> Transportation of boxed and palletized goods, not climate-controlled, except in intermodal tank containers, by road, less-than-truckload service . . . . .	44080					
<b>10.</b> Transportation of climate-controlled intermodal containers by road . . . . .	44090					
<b>11.</b> Transportation of other intermodal containers, not elsewhere classified, by road . . . . .	44100					
<b>12.</b> Transportation of automobiles by road . . . . .	44110					
<b>13.</b> Transportation of livestock by road . . . . .	44120					
<b>14.</b> Transportation of waste by road						
<b>a.</b> Transportation of hazardous waste by road . . . . .	44132					
<b>b.</b> Transportation of non-hazardous waste by road . . . . .	44131					
<b>c. Sum lines 14a and 14b</b> . . . . .	44130					
<b>15.</b> Transportation of other goods by road . . . . .	44140					
<b>16.</b> Repositioning service . . . . .	44150					
<b>17.</b> Drayage . . . . .	44160					
<b>18.</b> Domestic freight transportation arrangement service . . . . .	48000					
<b>19.</b> International freight forwarding and customs brokerage services . . . . .	48010					
<b>20.</b> Warehousing services						
<b>a.</b> Storage for goods . . . . .	44194					
<b>b.</b> Handling of goods . . . . .	44193					
<b>c.</b> Warehouse specialty services . . . . .	44192					
<b>d.</b> Integrated third-party logistics services . . . . .	44191					
<b>e. Sum lines 20a through 20d</b> . . . . .	44190					
<b>21.</b> Rental of goods transportation equipment, without operators . . . . .	48040					
<b>22.</b> Van line coordination service . . . . .	48060					
<b>23.</b> Towing services . . . . .	48130					
<b>24.</b> Hauling services for truck trailers . . . . .	44230					
<b>25.</b> Operations and supply chain management consulting services . . . . .	48070					

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CONTINUE WITH **22** ON PAGE 11

CONTINUE ON PAGE 11

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

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

Description of sales, shipments, receipts, or revenue	Census use	2007				
		Estimates are acceptable. Report dollars OR percents.				
		\$ Bil.	Mil.	Thou.	Dol.	Percent
0723	0720	0721				0722
26. Other products - Specify $\nearrow$  	49810					
<b>27. TOTAL</b> (Should equal <b>5</b> if reporting in dollars.) . . . . .	49990					1 0 0

**23-29** Not Applicable.

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

**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  $\rightarrow$

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 2007 ECONOMIC CENSUS form.**  
**PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.**

48459119

