



DUE DATE
FEBRUARY 12, 2008

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

TW-48601

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.

**INFORMATION COPY
DO NOT USE TO REPORT**

(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 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.

<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 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		

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 _____ →

Month	Day	Year

AND enter name and address of new owner or operator and Employer Identification Number (EIN) below ↴

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 50.) 0002

HOW TO REPORT DOLLAR FIGURES	Dollar figures should be rounded to thousands of dollars.	Mark "X" if None	2007			
	If a figure is \$1,025,628.79:	Report → <input type="checkbox"/>	\$ Bil.	Mil.	Thou.	Dol.
	If a value is "0" (or less than \$500.00):	Report → <input checked="" type="checkbox"/>				

5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Mark "X" if None

2007
Number

Operating revenue 0100

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).

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

B. Payroll before deductions (Exclude employer's cost for fringe benefits.)		Mark "X" if None	2007			
	1. Annual payroll 0300	<input type="checkbox"/>	\$ Bil.	Mil.	Thou.	Dol.
	2. First quarter payroll (January-March, 2007) 0310	<input type="checkbox"/>				

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

8 - 18 Not Applicable.

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.)

Pipelines

- 0700 486 110 00 1 Crude petroleum
- 486 910 00 1 Refined petroleum, including liquefied petroleum gas
- 486 210 00 4 Pipeline transportation of natural gas and storage of natural gas
- 211 111 00 1 Petroleum and natural gas field gathering lines
- 486 990 00 1 Other pipelines - Specify ↴

0701

Other business activities

- 221 210 00 3 Natural gas distribution
- 774 000 00 1 Other kind of business or activity - Specify ↴

0701

20 and 21 Not Applicable.

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 5). 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
1. Transportation of bulk natural gas and liquefied natural gas by pipeline	46000									
2. Transportation of bulk crude oil by pipeline	46010									
3. Transportation of refined petroleum products by pipeline	46020									
4. Transportation of other bulk liquids and gasses by pipeline	46030									
5. Pipeline operation services	46040									
6. Sales of energy and resources										
a. Natural gas distribution to final consumer	46054									
b. Natural gas - power marketing and brokering	46053									

CONTINUE WITH 2 ON PAGE 4

CONTINUE ON PAGE 4

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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
6. Sales of energy and resources - Continued						
c. Mixed, manufactured, or liquefied natural gas	46052					
d. Other sales - <i>Specify</i> ↴ _____	46051					
e. Sum lines 6a through 6d	46050					
7. Other products - <i>Specify</i> ↴ _____	49810					
8. TOTAL (Should equal 5 if reporting in dollars.)	49990					1 0 0

23-25 Not Applicable.

26 SPECIAL INQUIRIES

CONSTRUCTION ACTIVITY

1. Capital expenditures for new construction, including renovation (*Include labor and materials. Exclude land and the value of production machinery and equipment that are not an integral part of a structure.*)
(If NONE, mark "X" and go to line 3.) 0900

Mark "X" if None

2007		
\$ Mil.	Thou.	Dol.

2. Percentage of the capital expenditures (reported on line 1) that represented work done by your own employees as opposed to work done by contractors or other hired labor 0901

2007	
Whole percent of capital expenditures	%

3. Expenses for maintenance and repairs (*Exclude expenses for such activities as janitorial services, cleaning, lawn maintenance, etc.*)
(If NONE, mark "X" and go to **30**.) 0918

Mark "X" if None

2007		
\$ Mil.	Thou.	Dol.

4. Percentage of the expenses for maintenance and repairs (reported on line 3) that represented work done by your own employees, as opposed to work done by contractors or other hired labor 0919

2007	
Whole percent of expenses	%

27-29 Not Applicable.

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

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 →

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.

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