



DUE DATE
FEBRUARY 12, 2003

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 our Web site at www.census.gov/econhelp

Call 1-800-233-6136, between 8:00 a.m. and 8:00 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 ink.
- Do not use pencil.
- Place an "X" inside the box.
- Please center numbers in their respective boxes. Examples:
- Do not put slashes through 0 or 7.
- 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 information sheet(s).

1 MONTHS IN OPERATION Mark "X" if None

Number of months in operation during 2002 (If none, mark "X" and go to 29.) 0002

2002	
Number of months	

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 2002 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021 Yes 0022 No - Enter current EIN (9 digits) → 0025 -

3 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 0035 Number and street

0032 No - Enter physical location → 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.?

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

C. Type of municipality where this establishment is physically located

0046 City, village, or borough 0047 Town or township 0048 Other or do not know

10000016

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

Mark "X" if None

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

Report

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

Report

2002		
\$ Bil.	Mil.	Thou.
	1 0 2 6	

4 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Mark "X" if None

	2002			2001
	\$ Bil.	Mil.	Thou.	\$ Thou.
A. Total value of products shipped and other receipts (Report detail in 2.) 0100 <input type="checkbox"/>				
B. Value of products exported (This is a breakout of the value reported on line A.) <i>Report the value of products shipped for export. Include shipments to customers in the Panama Canal Zone, the Commonwealth of Puerto Rico, and U.S. possessions, as well as the value of products shipped to exporters or other wholesalers for export. Also, include the value of products sold to the U.S. Government to be shipped to foreign governments. Exclude products shipped for further manufacture, assembly, or fabrication in the United States.</i> 0130 <input type="checkbox"/>				
C. Shipments to other domestic plants of your company for further assembly, fabrication, or manufacture (This is a breakout of the value reported on line A.) 1. Is this the only establishment of this firm? 0907 <input type="checkbox"/> Yes - Go to 5 0908 <input type="checkbox"/> No - Go to line C2 2. Market value of products shipped to other domestic plants of your company for further assembly, fabrication, or manufacture (This is a breakout of the value reported on line A.) 0905 <input type="checkbox"/>				

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

A. Did any of the amount reported in 4, line A 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.)

0181 Yes - Go to line B 0182 No - Go to 6

B. Percent of total value of products shipped and other receipts reported in 4, line A using e-commerce (Report whole percents. Estimates are acceptable.) 0109

2002	
Percent	
	%



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

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.

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).

A. Number of employees

1. Number of production workers for pay periods including:

- a. March 12. 0325
- b. May 12 0326
- c. August 12 0327
- d. November 12. 0328

2. Sum lines A1a through A1d 0329

3. Average annual production workers (Divide line 2 by 4 - omit fractions.) 0335

4. All other employees for pay period including March 12 0336

5. TOTAL (Sum lines A3 and A4) 0337

Mark "X" if None	2002		2001
	Number		Number
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

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

1. Annual payroll

- a. Production workers 0304
- b. All other employees 0305
- c. **TOTAL (Sum lines B1a and B1b) 0300**

2. First quarter payroll (January-March, 2002) 0310

C. Employer's cost for fringe benefits. 0220

Mark "X" if None	2002		2001
	\$ Mil.	Thou.	\$ Thou.
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

D. Number of hours worked by production workers (Annual hours worked by production workers reported on line A1.) 0200

Mark "X" if None	2002	2001
	Hours	Hours
<input type="checkbox"/>	Thou.	Thou.



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7 LEASED EMPLOYMENT AND PAYROLL

A. Did this establishment have any full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN?

Exclude:

- Temporary staffing obtained from a staffing service.
- Contractors, subcontractors, or independent contractors.
- 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.
- Employees already reported in **6**.

For further clarification, see information sheet(s).

0241 Yes - Go to line B

0242 No - Go to **10**

B. Number of leased employees

1. Number of leased production workers for pay periods including:

- a. March 12. 0375
- b. May 12. 0376
- c. August 12 0377
- d. November 12. 0378

- 2. Sum lines B1a through B1d** 0379
- 3. Average annual leased production workers (Divide line 2 by 4 - omit fractions)** . . 0385
- 4. All other leased employees for pay period including March 12** 0386
- 5. TOTAL (Sum lines B3 and B4)** 0384

Mark "X" if None	2002	
	Number	
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

C. Payroll for leased employees before deductions (Exclude employer's cost for fringe benefits.)

1. Annual payroll for leased employees

- a. Leased production workers 0354
- b. Other leased employees 0355
- c. TOTAL (Sum lines C1a and C1b)** 0350

2. First quarter payroll for leased employees (January-March, 2002). 0360

D. Employer's fringe benefits cost for leased employees (Include fringe benefits for all leased employees reported on line B.) 0225

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

Mark "X" if None	2002	
	Hours	Thou.
<input type="checkbox"/>		

E. Number of annual hours worked by leased production workers (Annual hours worked by leased production workers reported on line B1.) 0205

8-9 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.)

Were inventories of this establishment subject to the Last-in, First-out (LIFO) method of valuation?

0481 Yes - Use the sum of the LIFO amount plus the LIFO reserve for completing lines A through F2. If you changed to LIFO for calendar year 2002, specify in the REMARKS section.

0482 No - Complete only lines A through E1. Line E1 should equal line D.

	Mark "X" if None	End of 2002			Mark "X" if None	End of 2001			
		\$ Bil.	Mil.	Thou.		\$ Bil.	Mil.	Thou.	
A. Finished goods 0461	<input type="checkbox"/>				0471	<input type="checkbox"/>			
B. Work-in-process 0463	<input type="checkbox"/>				0473	<input type="checkbox"/>			
C. Materials, supplies, fuels, etc. 0462	<input type="checkbox"/>				0472	<input type="checkbox"/>			
D. TOTAL 0460	<input type="checkbox"/>				0470	<input type="checkbox"/>			
E. Of the value on line D report:									
1. Amount not subject to LIFO costing (Report detail in 10.) 0464	<input type="checkbox"/>				0474	<input type="checkbox"/>			
2. Amount subject to LIFO costing (gross) 0465	<input type="checkbox"/>				0475	<input type="checkbox"/>			
F. Of the value on line E2 report:									
1. Amount of LIFO reserve 0466	<input type="checkbox"/>				0476	<input type="checkbox"/>			
2. Amount of LIFO value (net) 0467	<input type="checkbox"/>				0477	<input type="checkbox"/>			

11 INVENTORY VALUATION

Methods of valuation for inventories not subject to LIFO costing

(Using the inventory value reported in 10, line E1 above at the end of 2002, report the breakdown of that total according to the inventory valuation methods shown.)

	Mark "X" if None	2002		
		\$ Bil.	Mil.	Thou.
A. First-in, First-out (FIFO) 0491	<input type="checkbox"/>			
B. Average cost 0492	<input type="checkbox"/>			
C. Standard cost 0493	<input type="checkbox"/>			
D. Other methods (Specify) ↴				
0895 <input type="text"/>	<input type="checkbox"/>			
E. TOTAL (Sum of lines A through D should equal 10, line E1 for end of 2002.) 0490	<input type="checkbox"/>			



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12 ASSETS, CAPITAL EXPENDITURES, RETIREMENTS, AND DEPRECIATION

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

Report the dollar value of assets, capital expenditures, and depreciation

Mark "X" if None

		2002		2001
		\$ Mil.	Thou.	\$ Thou.
A.	Gross value of depreciable assets (acquisition costs) at the beginning of the year 0500	<input type="checkbox"/>		Not collected in 2001
B.	Capital expenditures for new and used depreciable assets in 2002			
1.	Capital expenditures for new and used buildings and other structures (Exclude land.) 0525	<input type="checkbox"/>		
2.	Capital expenditures for new and used machinery and equipment 0530	<input type="checkbox"/>		
3.	TOTAL (Sum lines B1 and B2) 0520	<input type="checkbox"/>		
C.	Gross value of depreciable assets sold, retired, scrapped, destroyed, etc. 0510	<input type="checkbox"/>		Not collected in 2001
D.	Gross value of depreciable assets at the end of 2002 (Sum lines A and B3 minus C) 0505	<input type="checkbox"/>		Not collected in 2001
E.	Depreciation charges 0540	<input type="checkbox"/>		Not collected in 2001
F.	Breakdown of expenditures for new and used machinery and equipment by type (Reported on line B2.)			
1.	Automobiles, trucks, etc., for highway use 0522	<input type="checkbox"/>		
2.	Computers and peripheral data processing equipment 0523	<input type="checkbox"/>		
3.	All other expenditures for machinery and equipment 0524	<input type="checkbox"/>		
4.	TOTAL (Sum lines F1 through F3) 0529	<input type="checkbox"/>		

13 RENTAL PAYMENTS

Mark "X" if None

		2002	
		\$ Mil.	Thou.
A.	Rental payments for buildings and other structures (Include land.) . . 0551	<input type="checkbox"/>	
B.	Rental payments for machinery and equipment. 0552	<input type="checkbox"/>	
C.	TOTAL (Sum lines A and B). 0550	<input type="checkbox"/>	

14 Not Applicable.



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