



2007 ECONOMIC CENSUS

Fuel Dealers

DUE DATE
FEBRUARY 12, 2008

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

RT-45402

**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

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"/>	<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

45402013

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 50.) 0002

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

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

Report

Mark "X" if None

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

Report

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

5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Mark "X" if None

Sales of merchandise and other operating receipts (Include excise taxes.) . . . 0100

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

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

2007 Number

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

Mark "X" if None

1. Annual payroll 0300

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

2007			
\$ Bil.	Mil.	Thou.	Dol.

45402021

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

8 - 13 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.)

- 0700 454 311 00 1 Heating/fuel oil dealer
- 454 312 00 1 Liquefied petroleum (LP) gas dealer
- 424 710 20 2 Liquefied petroleum (LP) bulk station or terminal
- 454 319 00 1 Coal dealer
- 454 319 00 2 Wood dealer, for heating
- 447 190 10 1 Gasoline station
- 447 110 00 1 Gasoline station with convenience store
- 447 190 20 1 Truck stop
- 424 710 11 3 Bulk station for gasoline, distillate fuel oil, and/or residual fuel oil
- 424 710 12 2 Bulk terminal for gasoline, distillate fuel oil, and/or residual fuel oil
- 424 720 00 2 Petroleum distributor with no storage capacity
- 238 220 00 6 Plumbing, heating, and/or air-conditioning contractor
- 772 000 00 1 Other kind of business - *Specify* ↴

0701

20 CLASS OF CUSTOMER

A. As a general business practice, did this establishment sell to household consumers and individual users in 2007?

0251 Yes

0252 No

B. Were 75% or more of this establishment's sales to retailers/wholesalers for resale in 2007?

0256 Yes

0257 No

C. Did this establishment require proof of business or professional license from new customers in 2007?

0276 Yes

0277 No

CONTINUE WITH **20** ON PAGE 4

45402039



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

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
				39

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE
 (Report sales for each product line sold by this establishment, either as a dollar figure or as a whole percent of total sales (reported in 5). See HOW TO REPORT DOLLAR FIGURES on page 2 and HOW TO REPORT PERCENTS above.)

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. Household fuels, including oil, LP gas, wood, coal										
a. LP gas, including bulk and bottled	20781									
b. Kerosene	20782									
c. No. 2 distillate fuel oil	20783									
d. Other distillate fuel oil, including nos. 1 and 4	20784									
e. Residual fuel oil, including nos. 5 and 6	20785									
f. Coal	20786									
g. Wood	20787									
h. Other household fuels	20788									
i. Sum lines 1a through 1h	20780									
2. Crude oil	20790									
3. Automotive fuels										
a. Unleaded regular gasoline	20721									
b. Unleaded mid-grade gasoline	20722									
c. Unleaded premium gasoline	20723									
d. Diesel fuel	20725									
e. Other automotive fuels	20726									
f. Sum lines 3a through 3e	20720									
4. Automotive lubricants, including oil, greases, etc.	20730									
5. Automotive tires, batteries, parts, accessories	20740									
6. Cars, trucks, motorcycles, and other powered vehicles	20700									

45402054



CONTINUE WITH 2 ON PAGE 6

CONTINUE ON PAGE 6

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	
7. Dimensional lumber and other building/structural materials and supplies							
a. Heating and HVAC units, fuel storage tanks, and related parts and equipment; ductwork; heating stoves, including wood, kerosene, and oil; and prefabricated fireplaces (<i>Report stand-alone air-conditioners on line 10 and parts installed in repair on line 14b.</i>)	20662						
b. All other building/structural materials and supplies	20664						
c. Sum lines 7a and 7b	20640						
8. Lawn, garden, and farm equipment and supplies; cut flowers; plants and shrubs; fertilizers; etc.	20620						
9. Hardware, tools, and plumbing and electrical supplies	20600						
10. Major household appliances, including refrigerators, ranges, microwave ovens, room air-conditioners, etc.	20300						
11. Groceries and other food items for human consumption off the premises, including candy, gum, packaged snacks, etc.	20100						
12. Cigars, cigarettes, tobacco, and smokers' accessories, excluding sales from vending machines operated by others	20150						
13. All other merchandise (<i>Report receipts for services on line 14.</i>) <i>Specify principal lines and estimated sales below</i>	29810						
a. _____	29811						
b. _____	29812						
c. _____	29813						
14. All nonmerchandise receipts, including receipts from rentals, storage, and other services provided to customers EXCLUDING SALES AND OTHER TAXES							
a. Labor charges for work performed by this establishment, including receipts from heater repair, installation, etc.	29904						
b. All other nonmerchandise receipts, including receipts from customers for parts installed in repair, service contracts, and charges for delivery, storage, etc.	29978						
c. Sum lines 14a and 14b	29900						
15. TOTAL (<i>Should equal 5 if reporting in dollars.</i>)	29990						1 0 0

23-25 Not Applicable.

45402062



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

26 SPECIAL INQUIRIES

A. EXCISE TAX

1. Estimated amount of excise taxes on items such as gasoline, liquor, and tobacco sold by this establishment. 2150

Mark "X" if None

2007			
\$ Mil.	Thou.	Dol.	

2. Are excise taxes included in sales and receipts (reported in 5)?

2156 Yes

2157 No

B. FUEL PUMPS

Did this establishment have public-access fuel pumps in 2007?

1217 Yes

1218 No

C. INTERCOMPANY TRANSFERS

1. Did any of the sales reported in 5 include the value of transfers to other company-owned gasoline stations, fuel oil dealers, and liquefied petroleum (LP) gas dealers?

1211 Yes

1212 No - Go to line D

Mark "X" if None

2007			
\$ Bil.	Mil.	Thou.	Dol.

2. Value of transfers to other company-owned gasoline stations, fuel oil dealers, and liquefied petroleum (LP) gas dealers 1213

D. BULK PETROLEUM

Did this establishment have bulk petroleum storage capacity of more than 30,000 gallons in 2007?

1221 Yes

1222 No

E. FRANCHISE

Was this establishment operating under a trademark or brand name authorized by a franchisor in 2007? (Mark "X" only ONE box.)

0237 Yes - franchisee owned establishment

0238 Yes - franchisor owned establishment

0239 No

27-29 Not Applicable.

45402070



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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