



MC-3000

OMB No. 0607-0840: Approval Expires 03/31/00

DUE DATE
FEBRUARY 12, 1998

If you have questions concerning this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return any correspondence with your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Call for assistance, 8:00 a.m. to 8:00 p.m., Eastern Time, Monday through Friday:

1-800-233-6136

MC

Please read the accompanying instructions before answering the questions.

INFORMATION COPY
DO NOT USE TO REPORT

(Please correct any errors in name, address, and ZIP Code.)

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1A. EMPLOYER IDENTIFICATION NUMBER
Is the Employer Identification (EIN) Number shown in the label the SAME as that used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No - Enter current 9 digit EIN

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Item 5B. VALUE OF PRODUCTS EXPORTED
Report the value of PRODUCTS SHIPPED FOR EXPORT. Include 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.

Mil.	Thou.	Mark (X) if "0"
399		<input type="checkbox"/> 0

Item 1B. PHYSICAL LOCATION (Answer parts a through d)

a. Is this establishment's physical location the same as the address shown in the label?
P.O. box and rural route addresses are not physical locations. If different, indicate actual physical location.

Number and street

City, village, or other place State ZIP Code

Item 6b. TOTAL CAPITAL EXPENDITURES IN 1997 (EXCLUDE LAND) New and used buildings, machinery, and equipment

350		<input type="checkbox"/> 0
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Item 6d. GROSS VALUE OF ALL DEPRECIABLE ASSETS (ORIGINAL COST) AT END OF 1997 Buildings, machinery, and equipment (exclude land)

356		<input type="checkbox"/> 0
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b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 2 No 3 No legal boundaries 4 Don't Know

Item 8. TOTAL RENTAL PAYMENTS FOR 1997 Buildings, machinery, and equipment (include land)

362		<input type="checkbox"/> 0
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c. In what type of municipality is this establishment located?

096 1 City, village, or borough 3 Other - Specify _____

2 Town or township 4 Do not know

Item 10. COST OF MATERIALS FOR 1997
Include cost of parts, containers, supplies, fuels, electricity; cost of products bought and sold as such; and contract work

326		<input type="checkbox"/> 0
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d. In what county is this establishment located?

Item 12. VALUE OF INVENTORIES

Include finished products, work in process, materials, supplies, fuels, etc.

a. End of 1996		Mark (X) if "0"
334		
b. End of 1997		
338		<input type="checkbox"/> 0

Item 1C. PRINCIPAL ACTIVITY - Mark (X) the ONE box which best describes the PRINCIPAL kind of business or industrial activity of this establishment.

070 1 Manufacturing (including such activities as logging, apparel jobbing, publishing, printing, and machine shops)

2 Minerals extraction, quarrying, production, or exploration

3 Construction

4 Wholesale operations

5 Retail stores

6 Other

If you have marked (X) in boxes 2 through 6, describe your principal activity below.

Item 14. LEGAL FORM OF ORGANIZATION - Mark (X) the ONE box which best describes this establishment during 1997.

003 1 Individual proprietorship 5 Government - Specify _____

2 Partnership

3 Cooperative association (taxable)

4 Cooperative association (tax-exempt)

6 Corporation (do not mark if any form of cooperative association)

9 Other - Specify _____

Item 2. EMPLOYMENT IN 1997

	Number of employees
a. Number of PRODUCTION WORKERS during pay period including March 12th	306
b. ALL OTHER EMPLOYEES (Pay period including March 12)	307
c. TOTAL (Sum of lines a and b)	308

Item 15. OPERATIONAL STATUS - Mark (X) the ONE box which best describes this establishment at the end of 1997.

001 1 In operation

2 Temporarily or seasonally inactive

3 Ceased operation - Give date _____

4 Sold or leased to another operator - Give date at right _____ AND enter name, etc., below

Figures only	
Month	Year

Item 3. ANNUAL PAYROLL (Exclude fringe benefits)

	Mil.	Thou.
Total annual payroll for all employees before deductions	311	

Name of new owner or operator

Number and street

City, village, or other place State ZIP Code

Items 4, 5A, 6a, 6c, 7, 9, 11, 13, 16 - Not applicable to this report