## 17-21 Not Applicable.

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

General - The manufactured products and services listed below are generally made in your industry. If you make products that are not listed, describe and report them in the "All other products made in this establishment" section at the end of 22. PLEASE DO NOT COMBINE PRODUCT LINES.
If quantities are requested, please use the unit of measure specified.
If the information as requested cannot be taken directly from your book records, REASONABLE ESTIMATES ARE ACCEPTABLE.

Valuation of Products - Report the value of the products shipped and services performed at the net selling value, f.o.b. plant to the customer; i.e., after discounts and allowances, and exclusive of freight charges and excise taxes.

If you transfer products to other establishments within your company, you should assign the full economic value to the transferred products; i.e., include all direct costs of production and a reasonable proportion of all other costs and profits.

Contract Work - Report PRODUCTS MADE BY OTHERS FOR YOU FROM YOUR MATERIALS on the specific lines as if they were made in this establishment. On the other hand, do not report prdes ific product lines PRODUCTS THAT YOU MADE FROM MATERIALS OWNED BY OTHERS. Reporten he mau hat you received for "commission or contract receipts" under Census code 999899 2009. A
Resales - Do not report on the specifi P ac hes those PRODUCTGRMD AR SOLD OR TRANSFERRED FROM OTHER ESTABLISHMENTS O N LR CEMPANY AND SOLD VI H U UBIHER VIANUFACTURE. Report only a value under Census code 999899 1000, "Resales,"


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

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


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

2. If yes, provide the trademark(s) or brand name(s) below. 7

0235
27-29 Not Applicable.

## 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.)

## INFORMATION COPY DO NOT USE TO REPORT

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


| Name of person to contact regarding this report |  |  |  |  |  | Title |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Telephone | Area code | Number |  |  | Extension | Fax | Area code | Num |  |
|  |  | - | - | - |  |  |  | - | - |
| E-mail address |  |  |  |  |  | Date completed |  | Month | Day |
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