



2002 ECONOMIC CENSUS

OMB No. 0607-0899: Approval Expires 08/31/2004

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.

<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

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.?

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

31000011

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		
\$ Bil.	Mil.	Thou.

A. Total value of products shipped and other receipts (Report detail in 2). . . . 0100

B. Value of products exported (This is a breakout of the value reported on line A.)

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. 0130

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	%



31000029

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	
	Number	
<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	
	\$ Mil.	Thou.
<input type="checkbox"/>		

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

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



31000037

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	

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

Mark "X" if None

2002	
\$ Mil.	Thou.

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	
Hours	Thou.

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.

31000045

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	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 Not Applicable.



31000052

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

15 SELECTED EXPENSES

A. Selected production related costs

- 1. Cost of materials, parts, containers, packaging, etc. used (Report detail in **16**). 0421
- 2. Cost of products bought and sold as such without further processing (Report sales in **2**). 0426
- 3. Cost of purchased fuels consumed for heat, power, or the generation of electricity 0430
- 4. Cost of purchased electricity (Report quantity on line B1.) 0425
- 5. Cost of work done for you by others on your materials 0424
- 6. **TOTAL** (Sum lines A1 through A5). 0420

Mark "X" if None

2002		
\$ Bil.	Mil.	Thou.

B. Quantity of Electricity

- 1. Purchased electricity (Quantity comparable to cost reported on line A4.) 0436
- 2. Generated electricity (Gross less generating station use) 0437
- 3. Electricity sold or transferred to other establishments (Include on lines B1 or B2.) . 0438

Mark "X" if None

2002	
Kilowatthours	
Mil.	Thou.

