



Preparing for the 1997 Economic Census . . .

*Advance
Information
You Can Use*

U.S. Department of Commerce
Economics and Statistics Administration
BUREAU OF THE CENSUS

EC97-PR-1

How to use this booklet

This booklet will help you prepare for the **1997 Economic Census**. It describes how the Census will be conducted, your legal requirement to report, your guarantee of confidentiality, and changes since the last census was conducted.

You can use this information to get ready for the economic census by learning what data you will be asked to report. You can use it to set up systems of records or to alert your internal units.

We also are providing a list of contacts at the Census Bureau. Call or email your contact at any time when you

need information about the 1997 Economic Census.

The table on page 6 lists statistics that you will be required to report. Basic measures, such as employment, payroll, and sales or receipts, are common to nearly every form; but other items, such as assets, inventories, product shipments, and merchandise lines, are collected on only some forms.

We are providing three sample forms for: service-sector, manufacturing, and construction industries. **These are just examples. You will receive questionnaires only for industries or activities in which your company operated during 1997.**

You can preview the forms your company will receive by visiting the Census Bureau's Internet site, **<http://www.census.gov>** (see page 5 for details).

We know the economic census requires information from many different parts of your organization and that some of the information may not be readily available from your records.

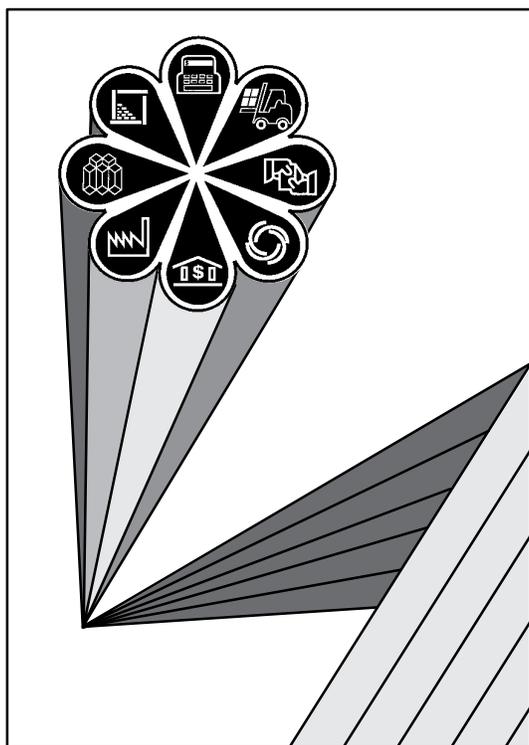
This booklet can help make your job a little easier by alerting you now to the types of information you will be required to report in early 1998.

You can contact us!

Sector	Telephone	Toll-free	Fax	email
Mining	301-457-4639	800-866-6327	301-457-2059	cmi@census.gov
Electric and Sanitary Services; Natural Gas Distribution	301-457-2786	800-541-8345 <i>press 4</i>	301-457-4576	ucb@census.gov
Construction	301-457-4663	800-866-6327	302-457-2059	cci@census.gov
Manufacturing				
Food and Leather Products	301-457-4653	800-201-4647 <i>press 3,1</i>	301-457-4503	cmn@census.gov
Textiles and Apparel	301-457-4637	800-201-4647 <i>press 3,1</i>	301-457-4503	cmn@census.gov
Wood, Paper, and Glass Products	301-457-4768	800-201-4647 <i>press 3,2</i>	301-457-4613	cmn@census.gov
Furniture, Chemicals, and Petroleum Products	301-457-4788	800-201-4647 <i>press 3,2</i>	301-457-4613	cmn@census.gov
Primary Metals and Metal Products	301-457-4767	800-201-4647 <i>press 3,3</i>	301-457-2298	cmn@census.gov
Industrial Machinery	301-457-4762	800-201-4647 <i>press 3,3</i>	301-457-2298	cmn@census.gov
Computers and Electronic Equipment	301-457-4821	800-201-4647 <i>press 3,4</i>	301-457-1997	cmn@census.gov
Transportation Equipment and Instruments	301-457-4743	800-201-4647 <i>press 3,4</i>	301-457-1997	cmn@census.gov
Wholesale Trade	301-457-2725	800-541-8345 <i>press 3</i>	301-457-4577	wcb@census.gov
Retail Trade	301-457-2687	800-541-8345 <i>press 1</i>	301-457-4577	rcb@census.gov
Transportation	301-457-2786	800-541-8345 <i>press 4</i>	301-457-4576	ucb@census.gov
Information				
Newspaper, Periodical, and Book Publishing	301-457-4768	800-201-4647 <i>press 3,2</i>	301-457-4613	cmn@census.gov
Communications, Software Publishing, and Other Information Services	301-457-2689	800-541-8345 <i>press 2</i>	301-457-4577	scb@census.gov
Finance and Insurance	301-457-2824	800-541-8345 <i>press 4</i>	301-457-4576	fcb@census.gov
Real Estate, Renting and Leasing	301-457-2824	800-541-8345 <i>press 4</i>	301-457-4576	fcb@census.gov
Professional, Scientific, and Technical Services	301-457-2689	800-541-8345 <i>press 2</i>	301-457-4577	scb@census.gov
Management, Support, Waste Management and Remediation Services	301-457-2689	800-541-8345 <i>press 2</i>	301-457-4577	scb@census.gov
Education Services	301-457-2689	800-541-8345 <i>press 2</i>	301-457-4577	scb@census.gov
Health and Social Assistance	301-457-2689	800-541-8345 <i>press 2</i>	301-457-4577	scb@census.gov
Arts, Entertainment, and Recreation	301-457-2689	800-541-8345 <i>press 2</i>	301-457-4577	scb@census.gov
Foodservices, Drinking Places, and Accommodations	301-457-2687	800-541-8345 <i>press 1</i>	301-457-4577	rcb@census.gov
Repair and Maintenance Services; Personal and Laundry Services	301-457-2689	800-541-8345 <i>press 2</i>	301-457-4577	scb@census.gov
Membership Organizations; Grantmaking and Advocacy Services	301-457-2689	800-541-8345 <i>press 2</i>	301-457-4577	scb@census.gov
Auxiliary establishments	301-457-2689	800-541-8345 <i>press 2</i>	301-457-4577	scb@census.gov
Electronic reporting	301-457-4125	[Not available]	301-457-1236	ers@census.gov

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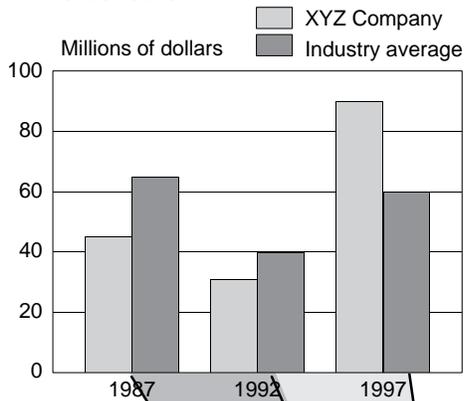


U.S. Department of Commerce
Michael Kantor, Secretary
Economics and Statistics Administration
Everett M. Ehrlich, Under Secretary
for Economic Affairs
BUREAU OF THE CENSUS
Martha Farnsworth Riche, Director

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How Do Businesses Use Census Data?

**Average Sales per Location:
1987-1997**

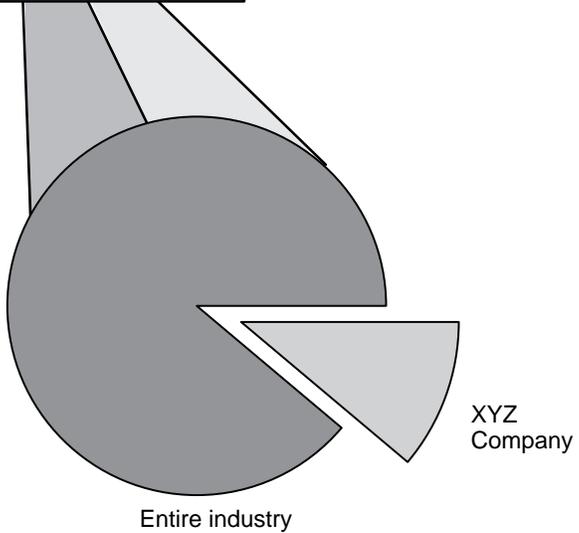
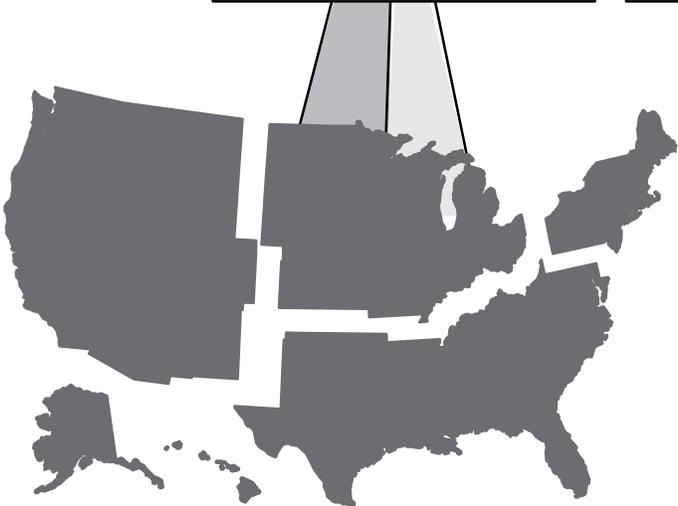


Compare their performance to industry averages

Select new sites, locate new markets

Lay out sales territories, set sales targets

Calculate market share



Introducing the 1997 Economic Census

What is the economic census?

The economic census gathers detailed information about the Nation's economy once every 5 years. The Census Bureau will mail the 1997 Economic Census questionnaires to your company in December, 1997. We will combine the information you supply with that supplied by other firms and publish summary reports on industries and geographic areas from the national to the local level.

The 1997 Economic Census introduces the North American Industry Classification System (NAICS). Census forms will gather enough information that we can compile results according to either the new NAICS or the old Standard Industrial Classification (SIC) system. The 1997 Economic Census reports will be the first statistical reports based on NAICS.

There are nearly 500 versions of the census form, each tailored to particular industries or types of activity. The content of the forms was developed in consultation with data suppliers, accounting organizations, trade associations and other data users, the Business Council on the Reduction of Paperwork, and the Office of Management and Budget.

What is the legal authority for the economic census?

Your Response is Required by Law. Title 13, United States Code, requires firms to complete and return economic census questionnaires.

Your Response is Confidential. Title 13 directs the Census Bureau to publish no data that could reveal the identity or activities of an individual firm. We use the questionnaires solely for developing summary statistics, and they cannot be used by any other government or private agency for any purpose. The law also protects from disclosure any photocopies of the census questionnaires that you retain in your records.

Why is my company included?

Every firm like yours in the Nation will receive similar forms.

What operational units of my company are covered?

The census measures activity at the "establishment" level—generally, a **single physical location**. The establishment definition varies among industry groups because of differences in structure or standard practices. Instructions supplied with each form contain detailed definitions of this and other concepts.

When will the forms be mailed? When are they due?

You will receive questionnaires in December, 1997. Completed reports are due February 12, 1998.

What period is covered?

Each form requests data for calendar year 1997, and employment and payroll must be reported on this basis. Your fiscal year is acceptable for reporting sales, production, and most other data if the year includes March and October of 1997.

Can I use estimates?

We accept estimates where the information requested is not readily available from your records.

What if a form does not apply?

If you receive a questionnaire for one of your locations that does not seem to apply to its operations, **please inform your company contact.**

Why is this booklet being mailed in 1996?

Information in this booklet and sample forms on the Internet show what your company will be required to report in the 1997 Economic Census. You may be able to adjust your recordkeeping, allocate resources, or alert affected units within the company to make reporting easier at the end of calendar year 1997.

How can I get sample forms?

Three sample forms are included in this booklet, starting on page 9. Your information package (mailed with this booklet) included a list of the forms your company will receive. You can preview these forms on the economic census Internet page (forms will be added to the Internet site over the coming months as they become available). See page 5 for additional information about obtaining sample forms.

Can I report electronically?

We are offering electronic reporting for selected industries. The best tools are available for businesses in **retail trade** and **foodservices, drinking places, and accommodations**. If you are interested in reporting on electronic media, please contact:

Electronic Reporting Staff
Bureau of the Census
Washington, DC 20233-6100

telephone: 301-457-4125
E-mail: ers@census.gov

How will the 1997 forms differ from the ones my firm completed for 1992?

- ☞ The questionnaires for various sectors have been made more similar.
- ☞ Many census forms have been shortened and ask fewer questions.
- ☞ Form ES-9100, Company Summary, was dropped.
- ☞ Questions on many forms are changed to accommodate the North American Industry Classification System (NAICS).
- ☞ Sample forms are on the Internet.

How does the census relate to other Census Bureau surveys?

Most Census Bureau surveys will continue as usual during the economic census. There are two exceptions:

- ☞ Form NC-9901, Report of Organization, is abbreviated for the 1997 data year.
- ☞ Form MA-1000 is combined with the economic census for 1997.

What Will I Receive, and When?

Economic census forms will be mailed in December, 1997. The due date is February 12, 1998.

January 1997 **Form NC-9901, Report of Organization**

This form updates our list of establishment addresses and major activities prior to mailing the 1997 Economic Census.

Information you provide on this form will help us determine which census forms your company receives in the economic census. Special questions will help us choose the *right form* under the NAICS industry classifications. It's very important for you to complete this form *accurately* and *promptly!*

December 1997 **The census mail package, containing:**

An **inventory list** of all establishments of your company and its subsidiaries. The list will identify the specific reports required for your company. You can let us know of any corrections by telephone, or return a corrected list by FAX or email.

A **separate questionnaire** for each establishment of your company. The number and type of report forms your company receives will depend on its size and diversity.

How Can I Use the World Wide Web to Look up the Forms My Company Will Receive?

Most companies will receive only a few different kinds of forms in the 1997 Economic Census — even large companies with many hundreds of locations. For example, in the last census the average large, multi-location company received fewer than 6 different kinds of forms! You still will receive a form for each location of your company, but you'll be working with just a few types of forms, not all 500 printed for the entire census.

If you already know the form titles or numbers that your company will receive (the list was included in the mailing package along with this booklet) just scan the list of form numbers on the Internet "Web page." Otherwise, browse the handy subject index to find the forms for your industry.

The Census Bureau's Internet site has a web page devoted to the 1997 Economic Census. The location (URL) is —

<http://www.census.gov/ftp/pub/epcd/www/econ97.html>

From this page, select

Sample forms

under the heading

Information for business respondents.

System Requirements:

Sample forms are stored in page image (PDF) format. You need an Internet browser to retrieve the files and PDF reader software (available for free downloading from the Internet). Once your browser downloads the files to your reader, you can view the questionnaires right on your computer screen or print them on your own printer. The web page provides detailed instructions for obtaining and installing reader software, and downloading census forms.

Major Data Items at a Glance

Collected at the Establishment Level,
by Industry Group

Item	Service-Sector Industries (except wholesale)	Wholesale Trade	Manufacturing, Mining, Construction
Employment:			
All employees	■	■	■
Production or construction workers			■
Worker hours			■ M ■ MI
By principal activity		■	
Labor costs:			
Total payroll	■	■	■
Worker wages			■
Supplemental costs			■
Measures of output:			
Total value	■	■	■
Detailed products or lines of service	■	■	■
Class of customer	■ S	■	
Type of structure			■ C
Expenses:			
Total		■	
Cost of materials, parts, etc.	■ S		■
Cost of fuels			■
Energy consumed			■ MI
Cost of electricity			■
Products bought for resale		■	■ M ■ MI
Purchased services			
Advertising		■	■ M
Rental payments			■
Legal services			■ M
Accounting services			■ M
Data processing services			■ M
Refuse removal			■ M
Communication services			■
Purchased repairs			■ C ■ M
Assets, expenditures, inventories:			
Capital expenditures, total			■
Structures			■ M
Equipment			■ M
Depreciable assets, gross value			■
Value of inventories		■	■

- Data are collected for this industry group
- C Construction only
- M Manufacturing only
- MI Mining only
- S Selected service-sector industries only

Basic Data Items

There are nearly 500 versions of the 1997 Economic Census form, each tailored to specific industries and activities. The sample forms on the following pages, from the service-sector, manufacturing, and construction, illustrate the format that is common to nearly every census form. You can retrieve copies of **any** census questionnaire from the Census Bureau's Internet site (see page 5). The number and types of forms that we send to your company will be determined by the number of establishments you operate and their principal activities. **You will receive a separate census form for each location.** The items below are examples for illustration only. Since some concepts differ across industries, each individual form or questionnaire package provides detailed instructions.

Item Description

Number of employees as of March 12, 1997

Manufacturing, mining, and construction forms also may ask for workers and worker hours by quarter.

Annual payroll (in thousands of dollars)

Manufacturing, mining, and construction forms also may ask for worker wages by quarter.

Measure of output (value, in thousands of dollars)

Sales — Retail trade; Foodservices and Drinking Places and Accommodations; Wholesale Trade

Receipts/revenue — Service Industries; Finance and Insurance Industries, and Real Estate and Rental and Leasing Industries; Transportation, Information; Utilities

Value of shipments — Manufacturing; Mineral Industries

Value of construction work done — Construction

Detailed output measures (value, in thousands of dollars)

Merchandise lines — Retail trade; Foodservices and Drinking Places and Accommodations

Commodity lines — Wholesale trade

Receipts/revenue lines — Service Industries; Finance and Insurance Industries, and Real Estate and Rental and Leasing Industries; Transportation, Information; Utilities

Products — Manufacturing; Mineral Industries

Type of construction — Construction Industries

Estimates

Estimates are acceptable if actual data are not available for any of the information requested.

Sample Inquiry

(Examples shown are from a Retail Trade questionnaire)

Item 5. EMPLOYMENT	Number
Number of paid employees for pay period including March 12, 1997 (include both full- and part-time employees)	_____

Item 5. PAYROLL	Mill. Thousands Dollars	Dollars
Payroll in 1997, BEFORE DEDUCTIONS	_____	_____
a. Annual	_____	_____
b. First quarter (January-March)	_____	_____

Item 4. DOLLAR VOLUME OF BUSINESS	Mill. Thousands Dollars	Dollars
Sales of merchandise and other operating receipts for 1997 (Exclude sales of other taxes collected)	_____	_____

Item 10. MERCHANDISE LINES					
Report sales for each merchandise line sold by this establishment, either as a dollar figure or as a whole percent of total sales. ALWAYS REPORT DOLLAR FIGURES on page 7 and HOW TO REPORT PERCENTAGES below.					
HOW TO REPORT	If figure is 33.75% of total sales: = Report whole percent No receivable	Mill.	Thous.	Doll.	Percent
					33
					33.75
		ESTIMATES are acceptable. Report dollars OR percent			
Merchandise line	Commodity line	Mill.	Thous.	Doll.	Percent
1. Drugs, health aids, beauty aids					
a. Prescriptions	0161				
b. Non-prescription medicines	0162				
c. Vitamins, minerals, and other dietary supplements	0163				
d. Health aids (include first-aid products; foot products; prescription accessories; eye contact lens care products; cosmetics; deodorants; antiperspirants; contact lens solution; artificial limbs. Report first-aid and foot care non-prescription medicines on line 1b. Report orthopedic shoes on line 2c.)	0164				





1997 ECONOMIC CENSUS HEALTH AND PERSONAL CARE STORES

OMB No. 0607-0826: Approval Expires 08/31/99

DUE DATE ▶ **FEBRUARY 12, 1998**

If you have questions about completing 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 your completed report to:

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

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

Please read the accompanying instructions before answering the questions.

Census use

RT-5901

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

094 1 Yes 2 No - Report current EIN below

(9 digits) _____

HOW TO REPORT DOLLAR FIGURES	Dollar figures should be rounded to thousands of dollars.		
	Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
Example: If a figure is \$1,125,628.79 report	1	126	
	1	125	629

• Preferred Acceptable

Item 2. PHYSICAL LOCATION
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)

093 1 Yes 2 No - Report physical location below

Number and street _____

City, town, village, etc. _____ State _____ ZIP Code _____

Item 4. DOLLAR VOLUME OF BUSINESS

Sales of merchandise and other operating receipts for 1997 (Exclude sales or other taxes collected)	Mil.	Thou.	Dol.
	010		

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 3 No legal boundaries
2 No 4 Do not know

Item 5. PAYROLL
Payroll in 1997, BEFORE DEDUCTIONS

	Mil.	Thou.	Dol.
a. Annual	030		
b. First quarter (January-March)	031		

c. In what type of municipality is this establishment physically located?

096 1 City, village, or borough
2 Town or township
3 Other - Specify _____
4 Do not know

d. In what county (e.g., Dade County) is this establishment physically located?

Item 6. EMPLOYMENT

Number of paid employees for pay period including March 12, 1997 (Include both full- and part-time employees)	Number
	032

Item 3. OPERATIONAL STATUS _____ Number of months

a. How many months during 1997 was this establishment actively operated?
002 _____

b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.

001 1 In operation
2 Temporarily or seasonally inactive
3 Ceased operation - Give date at right
4 Sold or leased to another operator - Give date at right AND enter name, etc., below

Figures only
Month Year

Name of new owner or operator _____

Number and street _____

City _____ State _____ ZIP Code _____

Item 7. KIND OF BUSINESS AND SELLING CHARACTERISTICS
a. Kind of business

What was this establishment's PRINCIPAL kind of business in 1997? Mark (X) only ONE box. 070

Drug store	<input type="checkbox"/>	5912101
Pharmacy	<input type="checkbox"/>	5912102
Mail order - pharmacy	<input type="checkbox"/>	5961301
Proprietary, drug sundry store (without pharmacy)	<input type="checkbox"/>	5912201
Health and beauty aids store (without pharmacy)	<input type="checkbox"/>	5912202
Cosmetics, beauty supplies, and perfume store	<input type="checkbox"/>	5999801
Health food, vitamins, and food supplement store	<input type="checkbox"/>	5499101
Home health care supplies and medical equipment store	<input type="checkbox"/>	5999911
Convalescent aids store	<input type="checkbox"/>	5999912
Hearing aid store	<input type="checkbox"/>	5999913
Other kind of business - Describe	<input type="checkbox"/>	7777777

ITEM 7 CONTINUED ON PAGE 2

PENALTY FOR FAILURE TO REPORT

CONTINUE ON PAGE 2

Item 7. KIND OF BUSINESS AND SELLING CHARACTERISTICS – Continued

b. Selling characteristics

1. In what format did this establishment PRIMARILY sell in 1997? Mark (X) only ONE box. 068

From physical displays of priced merchandise 1

From a counter (little or no display) 2

From a warehouse or office 3

Other – Describe 4

2. How did this establishment PRIMARILY attract new customers in 1997? Mark (X) only ONE box. 069

Location and store attractiveness 1

Advertising to the general public, including direct mail advertising 2

Advertising to the trade or calls directly to customers 3

Other – Describe 4

Item 8. METHOD OF SELLING

What was this establishment's PRINCIPAL method of selling in 1997? Mark (X) only ONE box. 235

Selling at this establishment 1

Mail order (include catalog selling and home shopping via television or computer) 2

Telemarketing 3

Direct selling (include selling from house-to-house and nonfixed or temporary locations) 4

Operating merchandise vending machines 5

Item 9. CLASS OF CUSTOMER Whole percent of sales

Report the percentage of this establishment's total sales in 1997 (item 4) to each class of customer. 237

a. General public (household consumers and individuals) 239

b. Other, including retailers; wholesalers; institutional, industrial, commercial, professional, and farm users (for use in farm production); and government

Item 10. MERCHANDISE LINES

Report sales for each merchandise line sold by this establishment, either as a dollar figure or as a whole percent of total sales. (See HOW TO REPORT DOLLAR FIGURES on page 1 and HOW TO REPORT PERCENTS below)

HOW TO REPORT PERCENTS

If figure is **38.76%** of total sales:

• Report whole percents → 39

Not acceptable → 38.76

Merchandise lines	Census use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
1. Drugs, health aids, beauty aids	230	231			232
a. Prescriptions	0161				
b. Nonprescription medicines	0162				
c. Vitamins, minerals, and other dietary supplements	0163				
d. Health aids (Include first-aid products; foot products; prescription accessories; eye/contact lens care products; convalescent aids; orthopedic equipment, except shoes; and artificial limbs. Report first-aid and footcare nonprescription medicines on line 1b. Report orthopedic shoes on line 29.)	0164				

Merchandise lines	Census use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
1. Drugs, health aids, beauty aids – Continued					
e. Cosmetics (include face cream, make-up, perfumes and colognes, etc.)	0165				
f. Other hygiene needs (include deodorants; hair and shaving products; oral, feminine, and baby hygiene needs; hand products; etc.)	0166				
g. Hearing aids and supplies	0167				
h. Sum of lines 1a through 1g	0160				
2. Cigars, cigarettes, tobacco, and smokers' accessories (exclude sales from vending machines operated by others)	0150				
3. Groceries and other food items for human consumption off the premises (Include candy, gum, packaged snacks, etc. Report vitamins on line 1c and pet food on line 33.)					
a. Bottled, canned, or packaged soft drinks	0108				
b. All other foods (dry groceries, canned and bottled foods, candy, packaged snacks, bakery products, etc.)	0113				
c. Sum of lines 3a and 3b	0100				
4. Meals, unpackaged snacks, sandwiches, nonalcoholic beverages generally served for immediate consumption	0120				
5. Packaged liquor, wine, and beer	0140				
6. Photographic equipment and supplies (Report photofinishing on line 37b or 37c)	0440				
7. Books (Report audio tape books on line 16 and comic books on line 8)	0420				
8. Magazines and newspapers	0856				
9. Stationery and computer paper	0851				
10. School supplies	0852				
11. Office supplies	0853				
12. Greeting cards	0855				
13. Toys, hobby goods, and games (Include video and electronic games, and wheel goods, except bicycles. Report bicycles on line 23.)					
a. Toys (include wheel goods)	0461				
b. Games (include video and electronic games)	0462				
c. Hobby goods	0463				
d. Sum of lines 13a through 13c	0460				
14. Kitchenware and home furnishings (include cookware, cooking accessories, dinnerware, glassware, giftware, decorative accessories, clocks, mirrors, closet and bathroom accessories, etc.)	0380				
15. Small electric appliances (include mixers; blenders; can openers; toasters; coffee makers; frypans; and personal care appliances, such as hair dryers, curling irons, shavers, etc.)	0310				

ITEM 10 CONTINUED ON PAGE 3

CONTINUE ON PAGE 3

If not shown, please enter your 11-digit Census File Number from the address label on page 1					Census File Number						
Item 10. MERCHANDISE LINES – Continued					Item 10. MERCHANDISE LINES – Continued						
Merchandise lines	Cen- sus use	ESTIMATES are acceptable. Report dollars OR percents.				Merchandise lines	Cen- sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per- cent			Mil.	Thou.	Dol.	Per- cent
16. Audio equipment, musical instruments, radios, stereos, compact discs, records, tapes, sheet music, accessories (include audio tape books)	0330					37. All nonmerchandise receipts EXCLUDING SALES AND OTHER TAXES (Include rentals, storage, and other services provided to customers. Exclude all receipts and commissions received from lottery ticket sales.)					
17. TV's, video recorders, video cameras, video tapes, etc. (include parts and accessories)	0320					a. Receipts from video tape, video player/recorder, laser disc, and laser disc player rentals	9912				
18. Office equipment (Include fax machines, dictaphones, copying machines, calculating machines, etc. Report office supplies on line 11.)	0854					b. Receipts from photofinishing performed by this establishment	9917				
19. Jewelry (Include watches, watch attachments, novelty jewelry, etc. Report flatware and holloware on line 14 and receipts from watch, clock, and jewelry repair and engraving on line 37e.)	0400					c. Receipts from photofinishing contracted out to other establishments	9918				
20. Optical goods (include eyeglasses, contact lenses, sunglasses, etc.)	0490					d. Rental of medical/convalescent equipment	9926				
21. Paper and related products (include paper towels, toilet tissue, wraps, bags, foils, etc.)	0190					e. All other nonmerchandise receipts (include charges for delivery, repair, etc.)	9959				
22. Soaps, detergents, and household cleaners	0180					f. Sum of lines 37a through 37e	9900				
23. Sporting goods	0500					38. TOTAL (Should equal item 4 if reporting in dollars)	9990				100%
24. Hardware, tools, and plumbing and electrical supplies	0600					Item 11. SPECIAL INQUIRIES					
25. Lawn, garden, and farm equipment and supplies; cut flowers; plants and shrubs; fertilizers; etc.	0620					a. Were prescriptions filled in this establishment in 1997? 365 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No If "Yes," answer b, c, and d If "No," skip to item 13					
26. Men's wear (Report boys' wear on line 28 and footwear on line 29)	0200					Number 366					
27. Women's, juniors', and misses' wear (Report girls' and infants' and toddlers' wear on line 28 and footwear on line 29)	0220					b. Enter total number of prescriptions filled in this establishment in 1997. (Include new and refilled prescriptions)					
28. Children's wear (Include boys' (sizes 2 to 7 and 8 to 20), girls' (sizes 4 to 6x and 7 to 14), and infants' and toddlers' clothing and accessories. Report footwear on line 29.)	0240					Number 367					
29. Footwear (include accessories)	0260					c. How many prescriptions reported in b above were refills only in 1997?					
30. Sewing and knitting materials and supplies	0270					Number 370					
31. Automotive lubricants (oil, greases, etc.)	0730					d. Enter the number of pharmacists (full- and part-time) working in this establishment during the pay period including March 12, 1997. (Include working proprietors, partners, or family members who were registered pharmacists. For pharmacists working at more than one location, report at the one location where they spent most of their working time.)					
32. Automotive tires, batteries, parts, accessories	0740					Item 12. Not applicable to this report					
33. Pet foods and supplies	0800					Item 13. LEGAL FORM OF ORGANIZATION					
34. Seasonal decorations	0878					Which of the following best describes this establishment's legal form of organization during 1997? Mark (X) only ONE box.					
35. Souvenirs and novelty items	0877					003 1 <input type="checkbox"/> Individual owner (sole proprietorship) 2 <input type="checkbox"/> Partnership 3 <input type="checkbox"/> Cooperative association (taxable) 4 <input type="checkbox"/> Cooperative association (tax-exempt) 5 <input type="checkbox"/> Government – Specify _____ 0 <input type="checkbox"/> Corporation (Do not mark if any form of cooperative association) 9 <input type="checkbox"/> Other – Specify _____					
36. All other merchandise (Report receipts for services on line 37) <i>Specify principal lines and estimated sales below</i>	9810										
a. <small>076</small>	9811										
b. <small>077</small>	9812										
c. <small>078</small>	9813										

CONTINUE ON PAGE 4



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

Please read the accompanying instructions before answering the questions.

(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 Number (EIN) shown in the label the SAME as that used for this establishment on its 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941? 094 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Enter current 9 digit EIN <input type="checkbox"/>	Person within your company to contact regarding this report. If this information is incorrect or blank, please enter the correct information in item 22 at the end of the questionnaire. Name _____ Area Code _____ Telephone Number _____ Extension _____				
	TAB	IND-T	AREA	INFL	CCS

Item 1B. PHYSICAL LOCATION - Answer a through c a. If this establishment is NOT located in the State, county, and place, mark correction at right. →	(1) Number and street	
	(2) City, village, or other place	State ZIP Code
	(3) County	(4) If you corrected lines 1, 2, or 3, give year moved to new location 19 ____
	b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc., indicated in part a(2)? 095 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No legal boundaries 4 <input type="checkbox"/> Don't know	
c. Type of municipality indicated in part a(2) 096 1 <input type="checkbox"/> City, village, or borough 2 <input type="checkbox"/> Town or township 3 <input type="checkbox"/> Other or don't know		

Item 2. EMPLOYMENT IN 1997	Key	1997	1996
a. Number of PRODUCTION WORKERS during pay period including the 12th of month (Include both full- and part-time employees.)	(1) March 12	301	
	(2) May 12	302	
	(3) August 12	303	
	(4) November 12	304	
b. Total (Sum of lines (1) through (4))		305	
c. Average annual production workers (Divide line b by 4 - omit fractions)		306	
d. ALL OTHER EMPLOYEES (Pay period including March 12)		307	
e. Total (Sum of lines c and d)		308	

Item 3A. ANNUAL PAYROLL (Exclude fringe benefits.)		Mil.	Thou.	Thou.
a. Production workers' wages	309			
b. All other salaries and wages	310			
c. Total (Sum of lines a and b)	311			

Item 3B. FIRST QUARTER PAYROLL (Exclude fringe benefits.) Total payroll for the first quarter (January-March)	315			
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Item 3C. EMPLOYER'S COST FOR FRINGE BENEFITS (Annual supplemental labor costs.) Total legally required and payments for voluntary programs (Exclude from items 3A and 3B)	314			
--	-----	--	--	--

Item 4. PLANT HOURS WORKED BY PRODUCTION WORKERS IN 1997 (Annual) Total plant hours worked by production workers in 1997	320			
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PENALTY FOR FAILURE TO REPORT

CONTINUE ON PAGE 2

Item 5A. TOTAL SHIPMENTS AND OTHER RECEIPTS For 1997, report the total value of products shipped and other receipts (report detail in item 18B). This value should be comparable to the total reported for 1996. If the two figures are not comparable, please explain the reasons why in the REMARKS section.	Key	Products shipped			
		1997		1996	
		Mil.	Thou.	Mark (X) if "0"	Thou.
330			<input type="checkbox"/> 0		
Item 5B. VALUE OF PRODUCTS EXPORTED (This is a breakout of the value reported in item 5A) 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. DO NOT INCLUDE PRODUCTS SHIPPED FOR FURTHER MANUFACTURE, ASSEMBLE, OR FABRICATION IN THE UNITED STATES.	Key	Products exported			
		1997		1996	
		Mil.	Thou.	Mark (X) if "0"	Thou.
399			<input type="checkbox"/> 0		
Item 5C. SHIPMENTS TO OTHER DOMESTIC PLANTS OF YOUR COMPANY FOR FURTHER ASSEMBLY, FABRICATION, OR MANUFACTURE. (This is a breakout of the value reported in item 5A) a. Is the FIRST DIGIT of your Census File Number (imprinted in the address box) "0"? <input type="checkbox"/> Yes - SKIP to item 6 <input type="checkbox"/> No - Complete b, below <input checked="" type="checkbox"/> b. Market value of products shipped to other domestic plants of your company for further assembly, fabrication, or manufacture.	Key	Products shipped			
		1997		1996	
		Mil.	Thou.	Mark (X) if "0"	Thou.
376			<input type="checkbox"/> 0		
Item 6. DEPRECIABLE ASSETS, CAPITAL EXPENDITURES, AND RETIREMENTS <i>Refer to the instructions for how to report leasing arrangements.</i> a. Gross value of depreciable assets (usually original cost) at beginning of year (exclude land) b. Total capital expenditures (new and used) during the year (Line b1 + b2) 1. Capital expenditures for new and used buildings and other structures (excluding land) 2. Capital expenditures for new and used machinery and equipment c. Total retirements and disposition of depreciable assets (gross value of assets sold, retired, scrapped, destroyed, etc.) d. Gross value of depreciable assets (usually original cost) at the end of the year (exclude land) (Line a plus b minus c equals d.)	Key	1997		1996	
		Mil.	Thou.	Mark (X) if "0"	Thou.
		341			<input type="checkbox"/> 0
350			<input type="checkbox"/> 0		
348			<input type="checkbox"/> 0		
349			<input type="checkbox"/> 0		
353			<input type="checkbox"/> 0		
356			<input type="checkbox"/> 0		
Item 7. TOTAL DEPRECIATION CHARGES FOR THE YEAR	359		<input type="checkbox"/> 0		
Item 8. TOTAL RENTAL PAYMENTS FOR THE YEAR (Including land)					
a. Rental payments for buildings and other structures, including land	360		<input type="checkbox"/> 0		
b. Rental payments for machinery and equipment	361		<input type="checkbox"/> 0		
c. Total (Sum of lines a and b)	362		<input type="checkbox"/> 0		
Item 9. SELECTED PURCHASED SERVICES (See Instructions)	Key	1997			
		Mil.	Thou.	Mark (X) if "0"	
		a. Repair of buildings and other structures	390		<input type="checkbox"/> 0
b. Repair of machinery	391		<input type="checkbox"/> 0		
c. Communication services (telephone, data transmission, fax, telegraph, etc.)	392				
d. Legal services	372		<input type="checkbox"/> 0		
e. Accounting and bookkeeping services	373		<input type="checkbox"/> 0		
f. Advertising	374		<input type="checkbox"/> 0		
g. Software and other data processing services	380		<input type="checkbox"/> 0		
h. Refuse removal (include hazardous waste)	398		<input type="checkbox"/> 0		

CONTINUE ON PAGE 3

If not shown, please enter your 11-digit Census File Number from the address label on page 1		Census File Number						
Item 10. COST OF MATERIALS AND CONTRACT WORK		Key	1997		<i>Mark (X) if "0"</i>	1996		
			Mil.	Thou.		Thou.		
a. Cost of materials, parts, containers, etc., used (Report detail in item 17)		321			<input type="checkbox"/> 0			
b. Cost of products bought and sold as such without further processing or assembly (Report sales in item 18B)		322			<input type="checkbox"/> 0			
c. Cost of fuels consumed for heat and power		323			<input type="checkbox"/> 0			
d. Cost of purchased electricity (Report quantity in item 11, line a)		324			<input type="checkbox"/> 0			
e. Cost of contract work done for you by others on your materials		325			<input type="checkbox"/> 0			
f. Total (Sum of a through e)		326			<input type="checkbox"/> 0			
Item 11. QUANTITY OF ELECTRICITY		Key	1997		<i>Mark (X) if "0"</i>	1996		
			Kilowatthours			Kilowatthours		
			Mil.	Thou.	Thou.			
a. Purchased electricity (Quantity comparable to cost reported in item 10, line d)		327			<input type="checkbox"/> 0			
b. Generated electricity (Gross less generating station use)		328			<input type="checkbox"/> 0			
c. Electricity sold or transferred to other establishments (Included in item 11a or 11b)		329			<input type="checkbox"/> 0			
Item 12. INVENTORIES OF THIS ESTABLISHMENT AT END OF YEAR (Report both years)		Key	1997		<i>Mark (X) if "0"</i>	Key	1996	
			Mil.	Thou.			Mil.	Thou.
Report inventories at cost or market using generally accepted accounting methods. Are inventories of this establishment subject to the LIFO method of valuation?		a. Finished goods			<input type="checkbox"/> 0	331		<input type="checkbox"/> 0
		335			<input type="checkbox"/> 0	332		<input type="checkbox"/> 0
		b. Work-in-process			<input type="checkbox"/> 0	333		<input type="checkbox"/> 0
		336			<input type="checkbox"/> 0	334		<input type="checkbox"/> 0
		c. Materials, supplies, fuels, etc.			<input type="checkbox"/> 0	335		<input type="checkbox"/> 0
		337			<input type="checkbox"/> 0	336		<input type="checkbox"/> 0
230 <input type="checkbox"/> Yes – Use the sum of the LIFO amount plus the LIFO reserve for completing lines a through e(2). Note: If you changed to LIFO for calendar year end of 1997, specify in the REMARKS section.		d. Total inventories (Sum of a, b, and c)			<input type="checkbox"/> 0	338		<input type="checkbox"/> 0
		338			<input type="checkbox"/> 0	339		<input type="checkbox"/> 0
2 <input type="checkbox"/> No – Complete only lines a through e(1) Note: Line e(1) should equal line d		e. Of the value on line d, report:						
		(1) Amount not subject to LIFO costing (Report detail in item 13)			<input type="checkbox"/> 0	368		<input type="checkbox"/> 0
		368			<input type="checkbox"/> 0	369		<input type="checkbox"/> 0
		(2) Amount subject to LIFO costing (gross)			<input type="checkbox"/> 0	370		<input type="checkbox"/> 0
		369			<input type="checkbox"/> 0	371		<input type="checkbox"/> 0
		f. Report the following applicable to line e(2):						
		(1) Amount of the LIFO reserve			<input type="checkbox"/> 0	372		<input type="checkbox"/> 0
		370			<input type="checkbox"/> 0	373		<input type="checkbox"/> 0
		(2) LIFO value of line e(2) (net)			<input type="checkbox"/> 0	374		<input type="checkbox"/> 0
		371			<input type="checkbox"/> 0	375		<input type="checkbox"/> 0
Item 13. METHOD OF VALUATION FOR INVENTORIES NOT SUBJECT TO LIFO COSTING						Key	Amount at end of 1997	
							Mil.	Thou.
Using the inventory total reported for this establishment in item 12, line e(1) for end of 1997, indicate the breakdown of that total according to the inventory valuation methods shown.								
a. First-in, First-out (FIFO)						381		
b. Average cost						383		
c. Standard cost						385		
d. Other methods, including market basis – Specify method						386		
e. Total (Sum of a through d equals the total reported in item 12, line e(1) for end of 1997)						389		
CONTINUE ON PAGE 4								

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

003 1 Individual proprietorship 5 Government - Specify _____

2 Partnership 0 Corporation (do not mark if any form of cooperative association)

3 Cooperative association (taxable) 9 Other - Specify

4 Cooperative association (tax-exempt) _____

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

001 1 In operation

2 Temporarily or seasonally inactive

3 Ceased operation - Give date at right

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

5 Acquired or leased FROM another operator - Give date at right AND enter name, etc., below

} GIVE DATE →
Enter figures only

Month	Day	Year

Name of new/former owner or operator 002

Employer Identification Number (9 digits)

Number and street City State ZIP Code

Item 16. OWNERSHIP, CONTROL, AND LOCATION OF OPERATIONS

a. Is the FIRST DIGIT of your Census File Number (imprinted in the address box) "0"?

Yes - Answer parts b-d
 No - SKIP to item 17

097 **b. Is this company owned or controlled by another company?**

1 Yes →
 2 No ✓

Name and address of owning or controlling company Kind of business of this company

Employer Identification Number (9 digits)

098 **c. Does this company own or control any other company or companies?**

1 Yes →
 2 No ✓

Name and address of owned or controlled company *If more space is needed attach a separate sheet* Kind of business of this company

Employer Identification Number (9 digits)

d. Did this company operate at more than one location during 1997? If more space is needed, attach a separate sheet.

079 1 Yes - List additional locations below.
 2 No - SKIP to item 17

Physical address of business location (Number and street, city, State, ZIP Code)	Kind of business (KB) at this location and Employer Identification Number	Sales and receipts		Annual payroll		Number of employees during pay period including March 12	Are these figures included in other items on this report?
		(3)		(4)			
		Mil.	Thou.	Mil.	Thou.		
(1)	(2)	4	5	6	7		
091 1	2 KB						<input type="checkbox"/> Yes <input type="checkbox"/> No
092 1	2 KB						<input type="checkbox"/> Yes <input type="checkbox"/> No
093 1	2 KB						<input type="checkbox"/> Yes <input type="checkbox"/> No

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If not shown, please enter your 11-digit Census File Number from the address label on page 1

Census File Number

Item 17. CONSUMPTION OF SELECTED MATERIALS DURING 1997

INSTRUCTIONS

1. General – The materials, parts, and supplies listed below are those commonly consumed in the manufacture, processing, or assembly of the products listed in item 18B. Please review the entire list and report separately each item consumed. Leave blank if you do not consume the item. If you use materials, parts, and supplies which are not listed, describe and report them in the "Cost of all other materials . . ." line at the end of this section. If you consumed less than \$25,000 of a listed material, include the value with "Cost of all other materials . . .," Census material code 970099 8.

Report materials, parts, and supplies purchased, transferred from other plants of your company, or withdrawn from inventory.

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.

2. Valuation of Materials Consumed – The value of the materials, etc., consumed should be based on the delivered cost; i.e., the amount paid or payable after discounts and including freight and other direct charges incurred in acquiring the materials.

Materials received from other plants within your company should be reported at their full economic value (the value assigned by the shipping plant, plus the cost of freight and other handling charges).

If purchases or transfers do not differ significantly from the amounts actually put into production, you may report the cost of purchases or transfers. However, if consumption differs significantly from the amounts purchased or transferred, these amounts should be adjusted for changes in the materials and supplies inventories by adding the beginning inventory to the amount purchased or transferred and subtracting ending inventory.

3. Contract Work – Include as materials consumed those you purchased for use by others making products for you under contract. Amounts paid to the companies doing the contract work should be reported in item 10, line e, and should include freight in and out. On the other hand, materials owned by others but used at this establishment in making products for others under contract or on commission should be excluded.

4. Resales – Cost for products bought and sold or transferred from other establishments of your company and sold without further manufacture, processing, or assembly should be reported in item 10, line b, not in item 17 below. The value of these products shipped by this establishment should be reported in item 18B under Census product code 99989 00 6, "Resales."

5. Produced and Consumed – Forgings, foundries, and screw machine products – Report the quantities produced and used in manufacturing other products made in this establishment in Item 19. Note that the materials used to produce these items should be reported in Item 17.

Line No.	Materials, parts, and supplies (A)		Census material code (B)	Consumption of purchased materials and of materials received from other establishments of your company		
				Cost, including delivery cost (freight-in) (E)		
				574 Millions	574 Thou- sands	574 Dollars
1	FABRICATED METAL PRODUCTS (Except forgings)	Bolts, nuts, screws, washers, rivets, and other screw machine products	345001 2	\$		
2		Other fabricated metal products	340098 3			
3	CASTINGS (Rough and semifinished)	Iron and steel	332001 7			
4		Aluminum and aluminum-base alloy	336005 4			
5		Other nonferrous	336003 9			
6	Shapes and Forms (Except castings, forgings, and fabricated metal products)	STEEL	Bars, bar shapes, and plates	331007 5		
7			All other steel shapes and forms	331xxx x		
8		Aluminum and aluminum-base alloy	335010 5			
9		Other nonferrous shapes and forms	335xxx x			
10		Paperboard containers, boxes, and corrugated paperboard	265001 8			
11		Flexible packaging materials	190003 4			
12		Gaskets (all types), packing and sealing devices	305302 2			

CONTINUE WITH ITEM 17 ON PAGE 6

Item 17. CONSUMPTION OF SELECTED MATERIALS DURING 1997 - Continued					
Line No.	Materials, parts, and supplies (A)	Census material code (B)	Consumption of purchased materials and of materials received from other establishments of your company		
			Cost, including delivery cost (freight-in) (E)		
			574 Millions	Thou- sands	Dollars
13	Cost of all other materials and components, parts, containers, and supplies consumed <i>Describe the three principal materials, etc., included in this value.</i>	970099 8	\$		
14	TOTAL Sum of lines 1-13 should equal item 10, line a		\$		

Item 18A - Not applicable to this report

Item 18B. PRODUCTS AND SERVICES OF THIS ESTABLISHMENT DURING 1997

INSTRUCTIONS

1. 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 item 18B. 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.

2. 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.

3. 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 on the specific product lines PRODUCTS THAT YOU MADE FROM MATERIALS OWNED BY OTHERS. Report only the amount that you received for "commission or contract receipts" under Census product code 93000 00 8.

4. Resales - Do not report on the specific product lines those PRODUCTS BOUGHT AND SOLD OR TRANSFERRED FROM OTHER ESTABLISHMENTS OF YOUR COMPANY AND SOLD WITHOUT FURTHER MANUFACTURE. Report only a value under Census product code 99989 00 6, "Resales."

Line No.	Products and services (A)		Census product code (B)	Total shipments (including interplant transfers)		
				Value, f.o.b. plant (E)		
				584 Millions	Thou- sands	Dollars
1	Carburetors, All Types (35921)	NEW For motor vehicle engines (passenger car, truck, and bus)	35921 01 4	\$		
2		All other carburetors	35921 02 2			
3		Rebuilt carburetors, all types	35921 03 0			
4		Parts for carburetors (excluding gaskets and screw machine products)	35921 05 5			
5	PISTONS, ALL TYPES (Machined - do not report rough castings)	For motor vehicle engines (passenger car, truck, and bus)	35922 01 2			
6		All other pistons	35922 02 0			
7		OIL TYPE For motor vehicle engines (passenger car, truck, and bus)	35922 03 8			
8			All other oil type piston rings	35922 04 6		
9		COMPRESSION TYPE For motor vehicle engines (passenger car, truck, and bus)	35922 05 3			
10	All other compression type piston rings		35922 06 1			
11		Piston pins	35922 09 5			
12	VALVES (Intake and exhaust only) (35923)	For motor vehicle engines (passenger car, truck, and bus)	35923 01 0			
13		All other valves	35923 02 8			

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If not shown, please enter your 11-digit Census File Number from the address label on page 1		Census File Number				
Item 18B. PRODUCTS AND SERVICES OF THIS ESTABLISHMENT DURING 1997 – Continued						
Line No.	Products and services (A)	Census product code	Unit of measure for quantities	Total shipments and other receipts including interplant transfers		
		581	583	Quantity		Value, f.o.b. plant (E)
		(B)	(C)	(D)	584	Thou-
				Millions	sands	
14	Gray iron castings, automotive uses	33219 39 5				\$
15	Aluminum and aluminum-base alloy castings (except cast aluminum cooking utensils)	33630 00 5				
16	Motor vehicle hardware (including lock units, door and window handles, window regulators, hinges, license plate brackets, instrument panel knobs, etc.)	34296 00 4				
17	Complete electrical equipment for internal combustion engines – <i>Specify kind</i>	36940 00 5				
18	Gasoline engines and gasoline engine parts for motor vehicles, new	37142 00 7				
19	ALL OTHER PRODUCTS MADE IN THIS ESTABLISHMENT <i>Describe and report separately each product with a sales value of \$50,000 or more which cannot be assigned to one of the lines above. Specify unit of measure for quantity. For all remaining products, write "Other" and report a single total value.</i>	18				
20		26				
21		34				
22		42				
23		59				
24		67				
25		75				
26		83				
27		91				
28	CONTRACT WORK Receipts for work done for others on their own materials <i>Describe below products worked on and kind of work.</i>	93000 00 8				
29	MISCELLANEOUS RECEIPTS Sales of scrap, refuse, and other miscellaneous receipts (including receipts for repair work, etc.)	99980 00 5				
30	RESALES Sales of products bought and sold without further manufacture, processing, or assembly in this establishment. The cost of such items should be reported in item 10, line b.	99989 00 6				
31	TOTAL value of shipments and other receipts Sum of lines 1–30, column (E)	77000 00 8				\$
CONTINUE WITH ITEM 19 ON PAGE 8						

Item 19. SELECTED PRODUCTS PRODUCED IN THIS ESTABLISHMENT AND USED IN MANUFACTURING OTHER PRODUCTS MADE IN THIS ESTABLISHMENT						
INSTRUCTIONS						
1. Report below the quantity of each listed item produced in this establishment and used in manufacturing other products made in this establishment.		2. Purchases or receipts of the items specified below should be reported only in item 17.		3. Materials used to produce the items specified below should be reported in item 17.		4. Quantities produced for sale as such and not for incorporation in other products should be reported in item 18B.
5. Report quantities in the unit of measure specified in column (D).						
Line No.	Item (A)	Census code (B)	Was this operation performed at this establishment during 1997? (C)		Unit of measure for quantities (D)	Quantities produced in this establishment and used in manufacturing other products made in this establishment (E)
			591 Yes	592 No		
1	Ferrous foundries	1001 7	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Short tons	
2	NONFERROUS FOUNDRIES (Except die-casting)	1002 5	1 <input type="checkbox"/>	2 <input type="checkbox"/>	↑ Thousand pounds ↓	
3		1003 3	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
4		1004 1	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
5		1005 8	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
6	Nonferrous die-casting foundries	1006 6	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
7	Automatic screw machine products	1007 4	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
Items 20 and 21 – Not applicable to this report						
REMARKS – Please use this space for any explanations that may be essential in understanding your reported data.						
Item 22. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.						
Name of person to contact regarding this report (<i>Print or type</i>)		Telephone		Area code	Number	Extension
Name of company		Address (<i>Number and street, city, State, ZIP Code</i>)				
Period covered		FROM: Month	Day	Year	TO: Month	Day
Signature of authorized person		Title			Date	

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS



**1997 ECONOMIC CENSUS
CENSUS OF CONSTRUCTION INDUSTRIES**

OMB No. 0607-XXXX: Approval Expires XX/XX/XX

**DUE DATE
FEBRUARY 12, 1998**

If you have questions about completing 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. Return your completed form to:

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

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:
1-800-233-6136

Please read the accompanying instruction guide before answering the questions.

Census use only

CC-1718

(Please correct any error 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 1. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) 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 EIN (9 digits) →

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Item 3. OPERATIONAL STATUS

a. How many months during 1997 did this firm or organization actively operate this establishment? Number of months
002

b. Mark (X) the ONE box which best describes this establishment at the end of 1997

Figures only			
001	1 <input type="checkbox"/> In operation	Month	Day
002	2 <input type="checkbox"/> Temporarily or seasonally inactive	Year	
003	3 <input type="checkbox"/> Ceased operation - Give date →		
004	4 <input type="checkbox"/> Sold or leased to another operator - Give date AND enter name, etc., below		

Name of new owner or operator

Number and street

City State ZIP Code

Item 2. PHYSICAL LOCATION - Answer parts a-d (P.O. boxes or rural routes are not physical locations.)

a. Is this establishment's physical location the same as the address shown in the label?

093 1 Yes 2 No - Enter physical location below

Number and street

City, town, village, etc. State ZIP Code

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 Do not know

c. In what type of municipality is this establishment located?

096 1 City, village, or borough 2 Town or township 3 Other or do not know

d. In what COUNTY is this establishment located?

Item 4. ORGANIZATIONAL STATUS - Mark (X) the ONE box which best describes this establishment during 1997

003 1 Individual proprietorship
2 Partnership
3 Cooperative association (taxable)
4 Cooperative association (tax-exempt)
5 Government - Specify _____
0 Corporation (Do not mark if any form of cooperative association)
9 Other - Specify _____

If this establishment is primarily engaged in construction activities as shown on the Kind of Construction Activities List enclosed, then complete the entire questionnaire. Otherwise, complete items 5, 6, and 12, describe your business in item 13, and enter your name and telephone number in item 23.

Item 5. EMPLOYMENT IN 1997 - Your answers should be based on all employees included on your Employer's Quarterly Federal Tax Return, Treasury Form 941. Do not include your subcontractors or their employees.

During the pay periods including the 12th of March, May, August, and November 1997 -

a. how many construction workers were on the payroll of this establishment? <i>INCLUDE -</i> • Apprentices • Working foremen • Equipment operators and mechanics • Journeymen • Job-site record keepers • Others engaged directly in construction • Craftsmen • Laborers • Truck drivers and helpers	Number of employees of this establishment during the pay periods including the 12th of -			
	March 1997	May 1997	August 1997	November 1997
	101	102	103	104
b. how many other employees were on the payroll of this establishment? <i>INCLUDE -</i> • Supervisors above working foremen • Office staff • Executives • Personnel staff • Architects • Others engaged in nonconstruction activities • Accounting staff • Engineers • Purchasing agents				
	105	106	107	108
c. how many total employees were on the payroll of this establishment? Sum lines a and b	109	110	111	112

YOUR RESPONSE IS REQUIRED BY LAW.

CONTINUE ON PAGE 2 →

HOW TO REPORT DOLLAR FIGURES <i>Report dollars rounded to thousands.</i> Example: If a value is \$1,025,739.00 – REPORT → If a value is "0" (or less than \$500.00) – MARK (X) →		Millions	Thou-	Mark	
		(000)	sands	(X) if	
		1	026	0	
				X 0	
Item 6. PAYROLL IN 1997 BEFORE DEDUCTIONS What were the annual payroll costs to this establishment for – <i>Exclude fringe benefits listed in item 8.</i>		Key	Mil.	Thou.	Mark (X) if "0"
a. construction workers (as defined in item 5a)?	117				<input type="checkbox"/> 0
b. other employees (as defined in item 5b)?	118				<input type="checkbox"/> 0
c. all employees? <i>Sum lines a and b</i>	119				<input type="checkbox"/> 0
Item 7. FIRST QUARTER PAYROLL IN 1997 What were the first quarter payroll costs (January to March) for all employees before deductions in 1997?			Mil.	Thou.	
120					<input type="checkbox"/> 0
Item 8. EMPLOYER'S COST FOR FRINGE BENEFITS What were your employer costs of this establishment in 1997 for –			Mil.	Thou.	
a. legally required fringe benefits? <i>Include employer payments for Social Security, unemployment compensation, workman's compensation, and State disability programs, if required.</i>	121				<input type="checkbox"/> 0
b. voluntarily provided fringe benefits? <i>Include such items as payments for life insurance, medical insurance, pensions, welfare benefits, and union-negotiated benefits.</i>	122				<input type="checkbox"/> 0
c. all fringe benefits? <i>Sum lines a and b</i>	123				<input type="checkbox"/> 0
Item 9. CONSTRUCTION WORK SUBCONTRACTED OUT What was the total cost to this establishment for construction work subcontracted out in 1997? <i>Exclude the cost of materials purchased by this establishment for subcontractors.</i>			Mil.	Thou.	
124					<input type="checkbox"/> 0
Item 10. MATERIALS, COMPONENTS, AND SUPPLIES What were the job-site, general office, and all other costs to this establishment for materials, components, and supplies in 1997? <i>Include the cost of materials purchased by this establishment for subcontractors.</i> <i>Exclude the cost of –</i> <ul style="list-style-type: none"> items purchased by this establishment that were installed in a building but were not part of its structure, such as production machinery, furniture, etc. items listed in item 11. 			Mil.	Thou.	
125					<input type="checkbox"/> 0
Item 11. SELECTED COSTS What were the job-site, general office, and all other costs to this establishment in 1997 for – <i>Where items are combined on your books, separate estimates are preferred.</i>			Mil.	Thou.	
a. purchased electricity?	126				<input type="checkbox"/> 0
b. natural gas and manufactured gas (propane)?	127				<input type="checkbox"/> 0
c. gasoline and diesel fuel – ON highway?	128				<input type="checkbox"/> 0
d. gasoline and diesel fuel – OFF highway?	129				<input type="checkbox"/> 0
e. all other fuels and lubricants, including heating oils, lubricating oils and greases?	130				<input type="checkbox"/> 0
f. communication services, including telephone, data transmission, fax, and related service contracts?	131				<input type="checkbox"/> 0
g. purchased maintenance and repair of construction equipment and tools; machinery; office equipment, furniture, and vehicles, including related service contracts?	132				<input type="checkbox"/> 0
h. purchased maintenance and repair of buildings, job-site trailers, and other structures? <i>Exclude janitorial services.</i>	133				<input type="checkbox"/> 0
i. the rental or lease of construction equipment and tools; machinery; office equipment, furniture, and vehicles? <i>Exclude capital leases (leases with a contract to own at the end of the lease).</i>	134				<input type="checkbox"/> 0
j. the rental or lease of buildings, job-site trailers, and other structures? <i>Exclude capital leases (leases with a contract to own at the end of the lease).</i>	135				<input type="checkbox"/> 0
Item 12. DOLLAR VALUE OF BUSINESS DONE IN 1997 For this establishment in 1997 –			Mil.	Thou.	
a. (1) what were the receipts (or billings) for contract construction work done for others? <i>Exclude the cost of items purchased by this establishment that were installed in a building but were not part of its structure, such as production machinery, furniture, etc.</i>	136				<input type="checkbox"/> 0
(2) what was the estimated dollar value of construction work done on residential and other building projects which you sold or intended to sell, rent, or lease? <i>INCLUDE the estimated dollar value of –</i> <ul style="list-style-type: none"> all improvements to land associated with these building projects done by or for you in 1997. work actually done in 1997, whether buildings were sold or not. subdividing and preparing your own land into lots. <i>EXCLUDE the estimated dollar value of –</i> <ul style="list-style-type: none"> land. Even though land would generally be included in the value of your building project, the value of the land is not considered construction work done. 	137				<input type="checkbox"/> 0
(3) what was the total dollar value of construction work done? <i>Sum lines (1) and (2)</i>	139				<input type="checkbox"/> 0
b. what were the receipts for all other business activities done by this establishment in 1997? <i>INCLUDE –</i> <ul style="list-style-type: none"> architectural services engineering services manufacturing mining rental or lease of properties real estate commissions and property management fees <ul style="list-style-type: none"> rental of construction machinery or equipment to others, without an operator retail trade transportation wholesale trade other business activities 	140				<input type="checkbox"/> 0
c. what was the total dollar value of all business done by this establishment in 1997? <i>Sum lines 12a(3) and 12b</i>	141				<input type="checkbox"/> 0

CONTINUE ON PAGE 3 →

If not shown, please enter your 11-digit Census File Number from the address label on page 1

Census File Number

HOW TO REPORT PERCENTAGES

Report percents rounded to whole percents.
Example: If figure is 38.8% – REPORT

Percent
39 %

Item 13. KIND OF BUSINESS IN 1997

What percent of the amount that you reported in item 12c (the total dollar value of business done in 1997) was due to –

a. each of the following construction activities? (As reported in item 12a)

	201 Code	Percent of total business done
Building sprinkler system installation contractor	7102	%
Energy management contractor	7103	%
Environmental control systems installation and service contractor	7104	%
Heating, ventilation, and air conditioning contractor	7101	%
Lawn sprinkler system installation contractor	7106	%
Mechanical contractor	7107	%
Plumbing contractor	7108	%
Refrigeration contractor	7109	%
Septic system installation contractor	7110	%
Steamfitting and piping contractor	7111	%
Electric power installation and service contractor including lighting	7311	%
Sheet metal contractor, except HVAC and plumbing	7613	%
Other kinds of construction Refer to list of construction activities _____		%
Specify kind(s) of construction and enter code(s) _____		%

b. each of the following other business activities? (As reported in item 12b)

Engineering services	9914	%
Manufacturing – products manufactured and sold to others – Specify kind	9915	%
Retail trade – Specify kind	9920	%
Wholesale trade – Specify kind	9922	%
Other business activities – Specify kind	9999	%

The sum of the percentages reported should equal 100%.

100 %

Item 14. TYPE OF CONSTRUCTION

What percent of the amount you reported in item 12a(3) (the dollar value of construction work done by this establishment in 1997) involved the following types of construction? Report these percentages in column (1) of the table below. Then in columns (2), (3), and (4) allocate this percent according to the three categories of construction. The sum of columns (2) through (4) should equal the entry in column (1). Refer to the Instruction Guide for a step by step example and for definitions of the three categories of construction.

Type of construction	Percent of dollar value of construction work done		Three categories of construction					
			New construction		Additions, alterations, or reconstruction		Maintenance and repair work	
	Key	(1)	Key	(2)	Key	(3)	Key	(4)
BUILDING CONSTRUCTION								
Single-family houses, detached	316	%	416	%	516	%	616	%
Single-family houses, attached	317	%	417	%	517	%	617	%
Apartment buildings with two or more units, including rentals, apartment type condominiums, and cooperatives	318	%	418	%	518	%	618	%
Other residential buildings – Specify kind	319	%	419	%	519	%	619	%
Manufacturing and light industrial buildings, such as factories, assembly plants, and industrial research laboratories	321	%	421	%	521	%	621	%
Manufacturing and light industrial warehouses	322	%	422	%	522	%	622	%
Hotels, motels, and tourist cabins	323	%	423	%	523	%	623	%
Office buildings	324	%	424	%	524	%	624	%
Other commercial buildings, such as stores, restaurants, and automobile service stations	325	%	425	%	525	%	625	%
Commercial warehouses such as distribution buildings and mini-storage	326	%	426	%	526	%	626	%
Religious buildings	327	%	427	%	527	%	627	%
Educational buildings	328	%	428	%	528	%	628	%
Health care and institutional buildings	331	%	431	%	531	%	631	%
Public safety buildings such as prisons, police and fire stations	332	%	432	%	532	%	632	%
Farm buildings, nonresidential	333	%	433	%	533	%	633	%
Amusement, social, and recreational buildings	334	%	434	%	534	%	634	%
Other nonresidential buildings – Specify kind	338	%	438	%	538	%	638	%
NONBUILDING CONSTRUCTION								
Tunnels: highway, pedestrian, railroad, etc.	347	%	447	%	547	%	647	%
Sewers, sewer lines, septic systems, and related facilities	351	%	451	%	551	%	651	%
Water mains and related facilities	352	%	452	%	552	%	652	%
Pipeline construction other than sewer or waterlines	353	%	453	%	553	%	653	%
Power and cogeneration plants, except hydroelectric	356	%	456	%	556	%	656	%
Power plants, hydroelectric	357	%	457	%	557	%	657	%
Blast furnaces, petroleum refineries, chemical complexes, etc.	358	%	458	%	558	%	658	%
Sewage treatment plants	361	%	461	%	561	%	661	%
Water treatment plants	362	%	462	%	562	%	662	%
Urban mass transit: subways, trolleys, streetcars, and light rail systems	366	%	466	%	566	%	666	%
Outdoor swimming pools	375	%	475	%	575	%	675	%
Other nonbuilding construction – Specify kind	388	%	488	%	588	%	688	%
TOTAL value of construction work done in 1997								
Sum of columns (2), (3), and (4) TOTALS should equal 100% in column (1).	100 %		400	%	500	%	600	%

CONTINUE ON PAGE 4

Item 15. OWNERSHIP OF CONSTRUCTION PROJECTS
What percent of the amount you reported in item 12a(3) (the dollar value of construction work done by this establishment in 1997) was on projects owned by the following?

	Key	Percent
Private businesses and individuals	801	%
State and local governments	802	%
Federal Government	803	%
TOTAL value of construction work done in 1997		100 %

Item 16. CONSTRUCTION WORK DONE AS A SUBCONTRACTOR
What percent of the amount that you reported in item 12a(3) (the dollar value of construction work done by this establishment in 1997) represents work you did for other contractors or builders? Enter "0" if you did not subcontract work from other contractors or builders.

Key	Percent
805	%

Item 17. STATES IN WHICH CONSTRUCTION WORK WAS DONE IN 1997
What percent of the amount that you reported in item 12a(3) (the dollar value of construction work done by this establishment in 1997) occurred in each State? The sum of the percentages reported should equal 100%.

State	Percent	State	Percent								
AL	701 %	FL	712 %	LA	722 %	NE	731 %	OK	740 %	VT	750 %
AK	702 %	GA	713 %	ME	723 %	NV	732 %	OR	741 %	VA	751 %
AZ	704 %	HI	715 %	MD	724 %	NH	733 %	PA	742 %	WA	753 %
AR	705 %	ID	716 %	MA	725 %	NJ	734 %	RI	744 %	WV	754 %
CA	706 %	IL	717 %	MI	726 %	NM	735 %	SC	745 %	WI	755 %
CO	708 %	IN	718 %	MN	727 %	NY	736 %	SD	746 %	WY	756 %
CT	709 %	IA	719 %	MS	728 %	NC	737 %	TN	747 %	US	100%
DE	710 %	KS	720 %	MO	729 %	ND	738 %	TX	748 %		
DC	711 %	KY	721 %	MT	730 %	OH	739 %	UT	749 %		

Item 18. ASSETS, CAPITAL EXPENDITURES, AND DEPRECIATION IN 1997
What was the dollar value of assets, capital expenditures, and depreciation for this establishment in 1997?

	Key	Mil.	Thou.	Mark (X) if "0"
a. Gross value of depreciable assets (usually original costs) at the BEGINNING of 1997	813			<input type="checkbox"/> 0
b. Capital expenditures for NEW and USED depreciable assets in 1997	816			<input type="checkbox"/> 0
c. Gross value of depreciable assets sold, retired, scrapped, destroyed, etc. in 1997	824			<input type="checkbox"/> 0
d. Gross value of depreciable assets at the END of 1997 (should equal lines a+b+c=d)	827			<input type="checkbox"/> 0
e. Depreciation charges for 1997	830			<input type="checkbox"/> 0

Item 19. INVENTORIES OF THIS ESTABLISHMENT AT END OF YEAR
What was the value of inventories for this establishment at the end of 1996 and 1997 for materials and supplies?

	End of 1996				End of 1997			
	Key	Mil.	Thou.	Mark (X) if "0"	Key	Mil.	Thou.	Mark (X) if "0"
NOTE: Exclude work in progress and finished units not sold.	831			<input type="checkbox"/> 0	832			<input type="checkbox"/> 0

Item 20. OWNERSHIP OR CONTROL - Answer item 20 only if your Census File Number (CFN), shown in the address label of this report form, begins with a zero.

a. Does another domestic company own more than 50% of the voting stock of this company OR have the power to direct the management and policies of this company?

097 Yes - Enter owning or controlling company's name, address, ZIP Code, and EI number →

No

Name _____ EI Number _____

Number and street _____

City _____ State _____ ZIP Code _____

b. Does this company own more than 50% of the voting stock of any other domestic companies OR have the power to direct the management and policies of any other domestic companies?

If more space is needed, attach a separate sheet.

098 Yes - Enter owned or controlled company's name, address, ZIP Code, and EI number →

No

Name _____ EI Number _____

Number and street _____

City _____ State _____ ZIP Code _____

Items 21 and 22. Not applicable to this report.

COMMENTS - Please use this space for any explanation that may be essential in understanding your reported data.

Item 23. CERTIFICATION - Print or type

Period covered by this report	FROM: Mo. Year	TO: Mo. Year	Name of person to contact regarding this report
Contact person's position or title	Telephone	Area code Number Extension	
Email or Internet address	Fax	Area code Number	
This report is substantially accurate and has been prepared in accordance with the instructions.			Signature _____ Date _____

PLEASE PHOTOCOPY THIS REPORT FOR YOUR RECORDS

Important Notes

- **Census forms will arrive in December 1997.**
- **The economic census covers activity during calendar year 1997.**
- **Forms are due February 12, 1998.**
- **Your response is required by law.**
- **All data are confidential.**
- **Reasonable estimates are acceptable.**
- **Call or E-mail your census contact at any time with questions about the economic census.**