



U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU

# 2011 ANNUAL SURVEY OF MANUFACTURES

FORM

**MA-1000(S)** (DRAFT)

OMB No. 0607-0449: Approval Expires 10/31/2011

**MA-10001**

**Need help or have questions about filling out this form?**

**Visit** [www.census.gov/econhelp/dir1](http://www.census.gov/econhelp/dir1)

**Call:**

**- OR -**

**Write** to the address below. Include your 11-digit Census File Number (CFN) printed in the mailing address.

**Mail** your completed form to:

**U.S. CENSUS BUREAU  
1201 East 10th Street  
Jeffersonville, IN 47132-0001**

*(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 ballpoint pen.
- Do not use pencil or felt-tip pen.
- Do not put slashes through 0 or 7.

- Please center numbers in their respective boxes.
- Place an "X" inside the box.

Examples:

0 1 2 3 4 5 6 7 8 9

**Please read** the accompanying instructions before answering the questions. The reporting unit for this form is an **establishment** which is generally a single physical location where business is conducted or where services or industrial operations are performed. For further clarification, see information sheet(s).

## 1 EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) shown to the left of the mailing address the same as the EIN used for this establishment on its latest 2011 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021

Yes - Go to 2

0022

No - Enter current EIN (9 digits)

0025

    -    

10001014



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

**2** PHYSICAL LOCATION

**A.** Is this establishment's physical location the same as shown to the left of the mailing address? (P.O. Box and rural route addresses are not physical locations.)

0031  Yes - Go to line B

0032  No - Enter physical location

0035 Number and street		
0036 City, town, village, etc.	0037 State	0038 ZIP Code

**B.** Is this establishment physically located inside the legal boundaries of the city, town, village, etc.? (Mark "X" only ONE box.)

0041  Yes      0042  No      0043  No legal boundaries      0044  Do not know

**C.** In what type of municipality is this establishment physically located? (Mark "X" only ONE box.)

0046  City, village, or borough      0047  Town or township      0048  Other      0024  Do not know

**3** OPERATIONAL STATUS

Which of the following best describes this establishment's operational status at the end of 2011? (Mark "X" only ONE box.)

- 0011  In operation
- 0016  Under construction, development, or exploration
- 0013  Temporarily or seasonally inactive

0014  Ceased operation - Give date at right

0015  Sold or leased to another operator - Give date at right AND enter name and address of new owner or operator and Employer Identification Number (EIN) below

0018	Month	Day	Year

0060 Name of new owner or operator	0061 EIN (9 digits)

0062 Mailing address (Number and street, P.O. Box, etc.)		
0063 City, town, village, etc.	0064 State	0065 ZIP Code

10001022



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**4 MONTHS IN OPERATION**

Mark "X" 2011  
if None Number

Number of months in operation during 2011 (If none, mark "X" and go to 30.) . . . . . 0002

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**HOW TO REPORT DOLLAR FIGURES**

Dollar figures should be rounded to thousands of dollars.

Mark "X" if None

If a figure is \$2,035,628.79:

Report

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

Report

			2011		
\$ Bil.	Mil.	Thou.	\$ Bil.	Mil.	Thou.
				2	036
EXAMPLE					

**5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE**

Mark "X" if None

Total value of products shipped and other receipts (Report detail in 22.) . . . . . 0100

			2011			2010
\$ Bil.	Mil.	Thou.	\$ Bil.	Mil.	Thou.	\$ Thou.

**6 E-SHIPMENTS**

**A.** Did this plant use any electronic network to control or coordinate the flow of any of the shipments of goods reported in 5? Or, were the orders for any of the shipments reported in 5 received over an electronic network?

**Electronic networks include:**

- Electronic Data Interchange (EDI)
- E-mail
- Internet
- Extranet
- Other online systems

0181  Yes - Go to line B

0182  No - Go to 7

**B.** Percent of total reported in 5 that were ordered, or whose movement was controlled or coordinated over electronic networks (Report whole percents. Estimates are acceptable.) . . . . . 0109

2011			2010		
Percent			Percent		
		%			%

10001030



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

**7** EMPLOYMENT AND PAYROLL

**Include:**

- Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown to the left of the mailing address or corrected in **1**.
- Spread on stock options that are taxable to employees as wages.

**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

Mark "X" if None

1. Number of production workers for pay period including March 12 . . . . . 0325
2. All other employees for pay period including March 12 . . . . . 0353
3. **TOTAL**(Add lines A1 and A2) . . . . . 0356

2011			2010		
Number			Number		
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					

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

Mark "X" if None

1. Annual payroll . . . . . 0300
2. First quarter payroll (January-March 2011) . . . . . 0310

2011			2010	
\$ Bil.	Mil.	Thou.	\$ Thou.	
<input type="text"/>				
<input type="text"/>				

**8** Not Applicable.

**9** INVENTORIES

Report total inventories, regardless of where held, before Last-in, First-out adjustments (if any) owned by this establishment as of December 31. Include finished goods, work-in-process, materials, supplies, fuels, etc. . . . . 0460

Mark "X" if None

End of 2011		
\$ Bil.	Mil.	Thou.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mark "X" if None

End of 2010		
\$ Bil.	Mil.	Thou.
<input type="text"/>	<input type="text"/>	<input type="text"/>

**10-12** Not Applicable.

**13** CAPITAL EXPENDITURES

(Refer to the instructions on how to report leasing arrangements.)

Report the dollar value of capital expenditures. (Do not include land.)

Mark "X" if None

Total capital expenditures for new and used buildings, machinery and equipment . . . . . 0520

2011			2010	
\$ Bil.	Mil.	Thou.	\$ Thou.	
<input type="text"/>				

**14** RENTAL PAYMENTS

(Exclude capital leases. Include operating leases.)

Mark "X" if None

Total costs for rental or lease of buildings and equipment (Including portable structures, machinery, tools, office equipment, vehicles, and other tangible items used at this establishment.) . . . . . 0550

2011			2010	
\$ Bil.	Mil.	Thou.	\$ Thou.	
<input type="text"/>				

**15** Not Applicable.

10001048



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**16** SELECTED EXPENSES AND DEPRECIATION

- A.** Cost of materials, parts, containers, packaging, etc., used; cost of products bought and sold without further processing; cost of purchased fuels consumed for heat, power, or the generation of electricity; cost of purchased electricity; and cost of work done for you by others on your materials . . . . . 0420
- B.** Normal depreciation charges for all tangible assets including buildings, machinery, and equipment . . . . . 0540

Mark "X" if None

			2011			2010
			\$ Bil.	Mil.	Thou.	\$ Thou.
			□ □	□ □ □	□ □ □	
			□ □	□ □ □	□ □ □	

**17-21** Not Applicable.

10001055



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

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

If you cannot locate the description of any products that you produce, please enter a description of your products in column (a) and enter their value in column (c). If additional lines are needed please use the "REMARKS" section. Report separately for each major kind of product. Include the value of products exported and interplant transfers in the appropriate product line(s). They should also be reported separately in 5. Report separately under Product Class code 9998900 sales of products bought and sold without further manufacture, processing, or assembly.

Enter TOTAL value of shipments under code 7700000.

Products and services  (a)	Product Class code  (b)	Products shipped and other receipts, including interplant transfers and exports			
		2011 (c)		2010 (d)	
		\$ Bil.	Mil.	Thou.	\$ Thou.
	018	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	026	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	034	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	042	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	059	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	067	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	075	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	083	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	091	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	109	<input type="text"/>	<input type="text"/>	<input type="text"/>	

10001063



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**23-29** Not Applicable.

REMARKS *(Please use this space for any explanations that may be essential in understanding your reported data.)*

**30** CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.

Is the time period covered by this report a calendar year?

Yes

No - Enter time period covered

FROM	Month	Year	TO	Month	Year
	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

Name of person to contact regarding this report

Title

Telephone

Area code

Number

Extension

Fax

Area code

Number

Internet e-mail address

Date completed

Month

Day

Year

**Thank you for completing your 2011 ANNUAL SURVEY OF MANUFACTURES form.**  
**PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.**

10001071

