



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.

MA-10000(X)

PROTOTYPE

07/23/2001

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 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.
 - Do not put slashes through 0 or 7.
- Examples: 0 1 2 3 4 5 6 7 8 9

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 examples and further clarification, see information sheet(s).

1 MONTHS IN OPERATION

Number of months in operation during 2002
(If None, mark "X" and go to 29.)

Mark "X" if None

2002	
Number of months	
0002	<input type="checkbox"/>

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			
<input type="text"/>			
0036 City, town, village, etc.		0037 State	0038 ZIP Code
<input type="text"/>		<input type="text"/>	<input type="text"/>

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

0051 City, village, or borough 0052 Town or township 0053 Other or do not know

HOW TO REPORT DOLLAR FIGURES	Dollar figures should be rounded to thousands of dollars.	Mark "X" if None	2002			2001
			\$ Bil.	Mil.	Thou.	\$ Thou.
	If a figure is \$1,025,628.79:	•Report → <input type="checkbox"/>	1	0	2	6
If a value is "0" (or less than \$500.00):	•Report → <input checked="" type="checkbox"/>					

4 SALES, SHIPMENTS, RECEIPTS, OR REVENUE		Mark "X" if None	2002			2001
			\$ Bil.	Mil.	Thou.	\$ Thou.
	A. Total value of products shipped and other receipts (Report detail in 2.)	xxxx <input type="checkbox"/>				
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.)	xxxx <input type="checkbox"/>					
C. Shipments to other domestic plants of your company for further assembly, fabrication, or manufacture (This is a breakout of the value on line A.)						
1. Is this the only domestic manufacturing establishment of this firm?						
xxxx <input type="checkbox"/> Yes - Go to 5						
xxxx <input type="checkbox"/> No - Go to line C2						
2. Market value of products shipped to other domestic plants of your company for further assembly, fabrication, or manufacture (This is a breakout of the value reported on line A.)	xxxx <input type="checkbox"/>					

5 E-COMMERCE SALES, SHIPMENTS, RECEIPTS, OR REVENUE			2002			
			Estimates are acceptable			
			\$ Bil.	Mil.	Thou.	
A. Did this establishment have any e-commerce sales for manufactured products and other receipts from customers, including shipments to other domestic plants of your own company for further assembly, fabrication, or manufacture in 2002? (E-commerce sales are online orders accepted for manufactured products and other receipts from customers; including shipments to other domestic plants of your own company for further assembly, fabrication, or manufacture where price and terms of sale are negotiated, over an Internet, Extranet, Electronic Data Interchange (EDI) network, electronic mail, or other online system. Payment may or may not be made online.)						
0000 <input type="checkbox"/> Yes - Go to line B						
0000 <input type="checkbox"/> No - Go to 6						
B. E-commerce shipments of this establishment, including shipments to other domestic plants of your company for further assembly, fabrication, or manufacturing (Include e-commerce sales in 4.)	xxxx					

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

6 TOTAL EMPLOYMENT AND PAYROLL

A. Total employment

Include:

- Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal 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).

1. Number of production workers for pay periods including:

- a. March 12 0000
- b. May 12 0000
- c. August 12 0000
- d. November 12 0000

2. Sum lines A1a through A1d 0000

3. Average annual production workers (Divide line 2 by 4 - omit fractions) 0000

4. All other employees for pay period including March 12 0000

5. TOTAL (Sum lines A3 and A4) 0000

Mark "X" if None	2002		2001
	Number		Number
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

B. Total payroll before deductions (Report payroll for employees reported in part A. Exclude fringe benefits.)

1. Annual payroll 0000

a. Production workers 0000

b. All other employees 0000

c. **TOTAL** (Sum lines B1a and B1b) 0000

2. First quarter payroll (January-March) 0000

Mark "X" if None	2002			2001
	\$ Bil.	Mil.	Thou.	\$ Thou.
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

C. Fringe benefits (Include fringe benefits for all employees reported in part A.)

Employer's cost for fringe benefits 0000

Mark "X" if None	2002		2001
	\$ Mil.	Thou.	\$ Thou.
<input type="checkbox"/>			

D. Hours worked (Annual hours worked by production workers reported in line A1.)

Number of hours worked by production workers 0000

Mark "X" if None	2002		2001
	Hours		Hours
	Mil.	Thou.	Thou.
<input type="checkbox"/>			

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

11 INVENTORY VALUATION Methods of valuation for inventories not subject to LIFO costing	Mark "X" if None	2002	
		\$ Mil.	Thou.
A. First-in, First-out (FIFO)	0000 <input type="checkbox"/>		
B. Average cost	0000 <input type="checkbox"/>		
C. Standard cost	0000 <input type="checkbox"/>		
D. Other methods, including market basis – Specify	0000 <input type="checkbox"/>		
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
E. TOTAL (Sum of lines A through D should equal the TOTAL reported in 10, line D for end of 2002.)	0000 <input type="checkbox"/>		

12 ASSETS, CAPITAL EXPENDITURES, RETIREMENTS, AND DEPRECIATION (Refer to the instructions on how to report leasing arrangements. Report the dollar value of assets, capital expenditures, and depreciation. Do not include land.)	Mark "X" if None	2002		2001
		\$ Mil.	Thou.	\$ Thou.
A. Gross value of depreciable assets (acquisition costs) at the beginning of the year	0000 <input type="checkbox"/>			
B. Capital expenditures (new and used)				
1. Capital expenditures for new and used buildings and other structures	0000 <input type="checkbox"/>			
2. Capital expenditures for new and used machinery and equipment	0000 <input type="checkbox"/>			
3. TOTAL (Sum lines B1 and B2)	0000 <input type="checkbox"/>			
C. Gross value of depreciable assets sold, retired, scrapped, destroyed, etc.	0000 <input type="checkbox"/>			
D. Gross value of depreciable assets at the end of 2002 (Sum lines A and B3 minus C)	0000 <input type="checkbox"/>			
E. Depreciation charges	0000 <input type="checkbox"/>			

13 RENTAL PAYMENTS	Mark "X" if None	2002		2001
		\$ Mil.	Thou.	\$ Thou.
A. Rental payments for buildings and other structures (Include land.)	0000 <input type="checkbox"/>			
B. Rental payments for machinery and equipment	0000 <input type="checkbox"/>			
C. TOTAL (Sum lines A and B)	0000 <input type="checkbox"/>			

14 Not Applicable.

15 SELECTED EXPENSES

A. Cost of materials, resales, contract work, fuels, and electricity

Mark "X" if None

- 1. Materials, parts, containers, etc. used (Report detail in 16.) 0000
- 2. Products bought and sold as such without further processing (Report sales in 22.) 0000
- 3. Purchased fuels consumed for heat, power, or the generation of electricity 0000
- 4. Purchased electricity (Report quantity on line B1.) 0000
- 5. Contract work done for you by others 0000
- 6. **TOTAL** (Sum lines A1 through A5) 0000

2002		2001
\$ Mil.	Thou.	\$ Thou.

B. E-Purchases

- 1. Did this establishment have any e-purchases (orders placed online) for materials and/or supplies including online orders placed with other domestic plants of your own company for further assembly, fabrication, or manufacture? (E-purchases are online orders placed for materials and/or supplies with suppliers; including orders placed with other domestic plants of your own company for further assembly, fabrication, or manufacture where price and terms are negotiated, over an Internet, Extranet, Electronic Data Interchange (EDI) network, electronic mail, or other online system. Payment may or may not be made online.)
 xxxxx Yes – Go to line B2
 xxxxx No – Go to line C

- 2. E-purchased of this establishment, including online orders placed with other domestic plants of your own company for further assembly, fabrication, or manufacture (Include e-purchases in part A.) 0000

2002			2001
\$ Bil.	Mil.	Thou.	\$ Thou.

C. Quantity of electricity

Mark "X" if None

- 1. Purchased electricity (Quantity comparable to cost reported on line A4.) 0000
- 2. Generated electricity (Gross less generating station use) 0000
- 3. Electricity sold or transferred to other establishments (Include on lines B1 and B2.) 0000

2002		2001
Kilowatthours		Kilowatthours
Mil.	Thou.	\$ Thou.

D. Selected purchased services

Mark "X" if None

- 1. Repair of buildings and other structures 0000
- 2. Repair machinery 0000
- 3. Communication services (telephone, data transmission, fax, telegraph, etc.) 0000
- 4. Legal services 0000
- 5. Accounting and bookkeeping services 0000
- 6. Advertising 0000
- 7. Software and other processing services 0000
- 8. Refuse removal, including hazardous waste 0000

2002		2001
\$ Mil.	Thou.	\$ Thou.

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

Census File Number

Item 16. CONSUMPTION OF SELECTED MATERIALS DURING 2002

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 22. 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 \$30,000 of a listed material, include the value with "Cost of all other materials . . .".

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 15, line 5, 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 15, line 2, not in item 16 below. The value of these products shipped by this establishment should be reported in item 22 under "Resales."

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
1	Coated paper		\$		
2	UNCOATED PAPER Sheets				
3	Rolls				
4	Carbonless paper (paper which, when assembled in manifold style and inscribed on the first part, will produce copies on the original sheet, or on other parts, without the use of interleaved carbons)				
5	Paperboard (excluding that used for shipping; including news, chip, pasted, tablet, check, and binders' board)				
6	Paperboard containers, boxes, and corrugated paperboard				
7	Coated or impregnated woven and nonwoven fabrics (except rubberized)				
8	Metal and plastics looseleaf components, including ring type				
9	Plastics film and sheet				
10	All other plastics consumed, except looseleaf devices and components				
11	Steel, strip and wire				
12	Printing inks				
13	Cost of all other materials and components, parts, containers, and supplies consumed <i>Describe the principal materials, etc., included in this value.</i>				
14	TOTAL Sum of lines 1–13 should equal item 15, line 1		\$		

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 (B)	Products shipped and other receipts			
					Value, f.o.b. plant (E)			
					584 Millions	Thou- sands	Dollars	
20	Other Book and Pamphlet Binding and Related Binding Work (27892)	SOFT COVER BINDING OF BOOKS (49 pages or more exclusive of the covers)	Adhesive binding	27892 23 1	\$			
21			Mechanical binding	27892 24 9				
22		PAMPHLET AND OTHER SOFT COVER BINDING	Adhesive binding	27892 25 6				
23			Mechanical binding	27892 26 4				
24		Sample books, swatches, and cards (color, carpet, upholstery, drapery, etc.)		27892 81 9				
25	Receipts for miscellaneous binding and post-press work (material printed elsewhere); embossing, varnishing, indexing, collating, perforating, folding, glueing, die-cutting, mounting, gold or foil stamping, etc.		27892 92 6					
Line No.	Products and services (A)			Census product code (B)	Unit of measure for quantities (C)	Products shipped and other receipts		
						Value, f.o.b. plant (E)		
						583 Quantity	584 Millions	Thou- sands
26	Tablets, Pads, and Related Products (26782)	TABLETS AND PADS	8-1/2" x 11" and 8-1/2" x 14", except columnar	26782 12 8				
27			All other tablets and pads, including columnar	26782 25 0				
28		Notebooks, bound with wire (except columnar), staples, thread, and/or plastics, including composition, memo, and stenographic books, excluding case made		26782 35 9				
29		Looseleaf fillers, school and commercial types		26782 45 8				
30		Wrapped ream paper, excluding looseleaf fillers, sensitized photographic and photocopy paper, and paper for facsimile machines		26782 51 6				
31		All other		26782 98 7				
32	DIE-CUT PAPER AND PAPERBOARD OFFICE SUPPLIES (26751)	Hanging file folders		26751 10 7	Thousand units			
33		Expanding file folders, including wallets		26751 11 5				
34		Other file folders, including file jackets and file pockets		26751 12 3				
35		Other paper and paperboard office supplies (index cards, guide and tabulating cards, (including guide cards for file folders), presentation and report covers (except looseleaf), etc.)		26751 91 7				

CONTINUE WITH ITEM 18B ON PAGE 8

Item 18B. PRODUCTS AND SERVICES OF THIS ESTABLISHMENT DURING 1997 – Continued									
Line No.	Products and services (A)				Census product code (B)	Products shipped and other receipts			
						Value, f.o.b. plant (E)			
					581	584	Millions	Thousands	Dollars
36	Bank Printing (Including deposit slips, counter checks, imprinting of bank checks, etc.) (excluding checkbooks)		Flexographic process		2759C 32 6		\$		
37			OFFSET (Litho-graphic) PROCESS	Sheet-fed	27524 24 8				
38			Web-fed	27524 26 3					
39	MANIFOLD BOOKS AND PEGBOARD ACCOUNTING SYSTEMS (27613)		Pegboard accounting systems		27613 11 6				
40			Sales and other manifold books		27613 13 2				
41	Custom continuous forms (single or multiple copy forms, with or without carbon, manufactured from a continuous web and not cut into units prior to execution, manufactured to customer's specifications)				27615 00 4				
42	Mechanical hand stamps, self inkers including daters, time and numbering stamps, and metal and rubber wheel band goods				39530 33 2				
43	ALL OTHER PRODUCTS MADE IN THIS ESTABLISHMENT		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. For all remaining products, write "Other" and report a single value.		18				
44					26				
45					34				
46					42				
47					59				
48					67				
49	MISCELLANEOUS RECEIPTS		Sales of scrap and refuse		99980 13 8				
50			Other miscellaneous receipts (including receipts for repair work, etc.)		99980 98 9				
51	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				
52	TOTAL value of shipments and other receipts Sum of lines 1-51, column (E)				77000 00 8		\$		

Items 19-21 – 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	
667	1		2				
Name of company			Address (<i>Number and street, city, State, ZIP Code</i>)				
Period covered		FROM: Month	Day	Year	TO: Month	Day	Year
		666	1		2		
Signature of authorized person			Title			Date	

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

28 SUPPLY CHAIN ACTIVITIES
 Supply chain activities that this establishment performs or outsources
 (Mark "X" ALL that apply.)

A. Transportation

- 1. Local truck transportation of freight
- 2. Long distance truck transportation of freight
- 3. Rail transportation of freight
- 4. Pipeline transportation
- 5. Air transportation of freight
- 6. Ocean transportation of freight
- 7. Intermodal transportation of freight
- 8. Specialized transportation of freight (refrigerated, perishables, etc.)
- 9. Courier services

Performs		Outsources	
0000	<input type="checkbox"/>	0000	<input type="checkbox"/>
0000	<input type="checkbox"/>	0000	<input type="checkbox"/>
0000	<input type="checkbox"/>	0000	<input type="checkbox"/>
0000	<input type="checkbox"/>	0000	<input type="checkbox"/>
0000	<input type="checkbox"/>	0000	<input type="checkbox"/>
0000	<input type="checkbox"/>	0000	<input type="checkbox"/>
0000	<input type="checkbox"/>	0000	<input type="checkbox"/>
0000	<input type="checkbox"/>	0000	<input type="checkbox"/>
0000	<input type="checkbox"/>	0000	<input type="checkbox"/>

B. Materials management

- 1. Warehousing - general
- 2. Refrigerated warehousing
- 3. Contract warehousing
- 4. Less-than-truckload shipment
- 5. Pick and pack
- 6. Breaking bulk (consolidation/deconsolidation)
- 7. Materials fabrication/processing/mixing/blending
- 8. Packing and repacking

0000	<input type="checkbox"/>	0000	<input type="checkbox"/>
0000	<input type="checkbox"/>	0000	<input type="checkbox"/>
0000	<input type="checkbox"/>	0000	<input type="checkbox"/>
0000	<input type="checkbox"/>	0000	<input type="checkbox"/>
0000	<input type="checkbox"/>	0000	<input type="checkbox"/>
0000	<input type="checkbox"/>	0000	<input type="checkbox"/>
0000	<input type="checkbox"/>	0000	<input type="checkbox"/>
0000	<input type="checkbox"/>	0000	<input type="checkbox"/>

C. Associated services

- 1. Customs brokerage
- 2. Financing
- 3. On-site store/warehouse management
- 4. Equipment rental
- 5. Returns processing
- 6. Orders consolidation and processing
- 7. Payment consolidation and processing
- 8. Physical distribution or logistics consulting

0000	<input type="checkbox"/>	0000	<input type="checkbox"/>
0000	<input type="checkbox"/>	0000	<input type="checkbox"/>
0000	<input type="checkbox"/>	0000	<input type="checkbox"/>
0000	<input type="checkbox"/>	0000	<input type="checkbox"/>
0000	<input type="checkbox"/>	0000	<input type="checkbox"/>
0000	<input type="checkbox"/>	0000	<input type="checkbox"/>
0000	<input type="checkbox"/>	0000	<input type="checkbox"/>
0000	<input type="checkbox"/>	0000	<input type="checkbox"/>

29 OPERATIONAL STATUS

Activity that best describes this establishment's status at the end of 2002
(Mark "X" only ONE box.)

0011 In operation

0014 Ceased operation - Give date at right

0012 Under construction, development, or exploration

0015 Sold or leased to another operator - Give date at right AND enter name and mailing address below

0013 Temporarily or seasonally inactive

0018	Month	Day	Year

0060 Name of new owner or operator		0061 Employer Identification Number	
		Enter EIN of new owner (9 digits) →	
0062 Mailing address (Number and street, P.O. box, etc.)			
0063 City, town, village, etc.		0064 State	0065 ZIP Code

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?

0000 Yes

0000 No - Enter time period covered →

0070	Month	Year	0071	Month	Year
FROM			TO		

0072 Name of person to contact regarding this report		0073 Title	

0074	Area code	Number	Extension	0075	Area code	Number
Telephone				Fax		

0076 Internet e-mail address			0071	Month	Day	Year
			Date completed			

Thank you for completing your 2002 Economic Census form.

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.