OMB No. 0607-0449
Approval Expires: 11/30/2017

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2015 Annual Survey of Manufactures (ASM)

CFN:

Note: This worksheet lists all possible questions. In contrast, questions appear in the online reporting system based on your responses.

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MAILING ADDRESS:

MAILING ADDRESS

The reporting unit for this questionnaire is an **establishment** which is generally a single physical location where business is conducted or where services or industrial operations are performed. Please make updates to the physical location address in the Physical Location Information section.

Attn:

Name 1: Store/Plant:

Name 2:

Street:

City: State: Zip:

CFN:

EMPLOYER IDENTIFICATION NUMBER

EMPLOYER IDENTIFICATION NUMBER VALIDATION

Is the Employer Identification Number (EIN) used on this establishment's latest 2015 Internal Revenue Service Form 941, Employer's Quarterly Tax Return?

☐ Yes

☐ No

EMPLOYER IDENTIFICATION NUMBER

EMPLOYER IDENTIFICATION NUMBER

What is this establishment's 9-digit Employer Identification Number (EIN) used on the latest 2015 Internal Revenue Service Form 941, Employer's Quarterly Tax Return?

EIN:

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OWNERSHIP OR CONTROL

OWNERSHIP OR CONTROL

Is your company owned or controlled by another domestic company?

☐ Yes

☐ No

OWNERSHIP OR CONTROL

OWNERSHIP OR CONTROL: MORE THAN ONE LOCATION

Does your company operate at more than one physical location?

☐ Yes

☐ No

OWNERSHIP OR CONTROL

OWNERSHIP OR CONTROL: VOTING STOCK VALIDATION

Does another domestic company own more than 50 percent of the voting stock of your company?

☐ Yes

☐ No

OWNERSHIP OR CONTROL

OWNERSHIP OR CONTROL: MANAGEMENT AND POLICY

Does another domestic company have the power to control the management and policies of your company?

☐ Yes

☐ No

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OWNERSHIP OR CONTROL

OWNERSHIP OR CONTROL: PERCENT OF VOTING STOCK HELD

What percent of voting stock was held by the owning or controlling company?
(Check only ONE box)

- ☐ Less than 50%
- ☐ 50%
- ☐ More than 50%

OWNERSHIP OR CONTROL

OWNERSHIP OR CONTROL: COMPANY INFORMATION

What is the name, address, and 9-digit Employer Identification Number (EIN) of the owning or controlling company?

Name of owning or controlling company:

Home office address (Number and street):

City, town, village: State: ZIP:

EIN:

NUMBER OF ESTABLISHMENTS

NUMBER OF ESTABLISHMENTS

How many establishments operated under EIN at the end of 2015?

Number:

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NUMBER OF ESTABLISHMENTS

ADDED ESTABLISHMENT INFORMATION

Name:

Secondary Name: Store/Plant Number:

Physical Location (Number and street):

City, town village: State: ZIP:

Describe kind of business at this location:

	2015 Number			**2015**
Number of employees for Pay period including March 12:		First Quarter Payroll (Jan-March)	$	,000.00
For employees that worked at more than one location, report the employment and payroll data for employees at the ONE location where they spent most of their working time.		Annual Payroll	$	,000.00
		Sales, Shipments, Receipts, or Revenue	$	,000.00

******* Additional added establishments (if any) are listed at the end of this printout.***

NUMBER OF ESTABLISHMENTS

ADDITIONAL ESTABLISHMENT INSTRUCTIONS

Consolidating Data for Added Establishments:

- The sum value of Sales, Shipments, Receipts or Revenue for all locations of the EIN should also be reported as a consolidated value in the Sales, Shipments, Rcpts/Revenue section, and also in the Details Sales, Shipments, Rcpts/Revenue section that follows.
- The sum of Employment, First Quarter Payroll, and Annual Payroll for all locations of the EIN, should also be reported as consolidated values in the respective areas of the Employment and Payroll section that follows.

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PHYSICAL LOCATION

PHYSICAL LOCATION VALIDATION

Is this establishment's physical location the same as the address shown above?
(P.O. Box and rural route addresses are not physical locations)

☐ Yes

☐ No

PHYSICAL LOCATION

PHYSICAL LOCATION INFORMATION

What is this establishment's physical location?
(*P.O. Box and rural route addresses are not physical locations)*

Number and Street:

City, town, village: State: ZIP:

PHYSICAL LOCATION

LEGAL BOUNDARY AND MUNICIPALITY

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

☐ Yes

☐ No

☐ No legal boundaries

☐ Do not know

In what type of municipality is this establishment physically located?

☐ City, village, or borough

☐ Town or township

☐ Other

☐ Do not know

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OPERATIONAL STATUS

OPERATIONAL STATUS

Which of the following best describes this establishment's operational status at the end of 2015?
(Check only ONE box)

- ☐ In operation
- ☐ Under construction, development, or exploration
- ☐ Temporarily or seasonally inactive
- ☐ Ceased operation
- ☐ Sold or leased to another operator

OPERATIONAL STATUS

CEASED OPERATION DATE

When did this establishment cease operation?

MMDDYYYY:

OPERATIONAL STATUS

SOLD OPERATION DATE AND INFORMATION

When was this establishment sold or leased to another operator?

MMDDYYYY:

What is the name, address, and 9-digit Employer Identification Number (EIN) of this establishment's new owner or operator?

Name of new owner/operator:

Mailing address (Number and street, P.O. Box, etc.):

City, town, village: State: ZIP:

EIN:

MONTHS IN OPERATION

MONTHS IN OPERATION

How many months was this establishment in operation during 2015?

Check if None ☐ Number:

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ADDITIONAL REPORTING GUIDELINES

ADDITIONAL REPORTING GUIDELINES

How to Report Dollar Figures:

		Check if None	2015
Dollar figures should be rounded to thousands of dollars			
EXAMPLE: If a dollar figure is $2036.355.25	Report →		$ 2036,000.00
If a dollar figure is "0" (or less than $500.00):	Report →	X	$,000.00

Prior Year Data: Where available, your establishment's Prior Year data is prelisted in the 2014 column. Check these figures and make any necessary corrections as needed. If 2014 Inventories figures are not prelisted, report these figures in the appropriate sections as instructed.

SALES, SHIPMENTS, RECEIPTS, OR REVENUE

SALES, SHIPMENTS, RECEIPTS, OR REVENUE

What was the total value of products shipped and other receipts?

(Report details in the DETAIL SALES, SHIPMENTS, RECEIPTS, OR REVENUE section)

Exclude:

- Freight charges
- Excise Taxes

Check if None	2015	2014
☐	$,000.00	$,000.00

SALES, SHIPMENTS, RECEIPTS, OR REVENUE

EXPORTS

What was the value of products exported?

(This is a breakout of the $,000.00 reported in total value of products shipped and other receipts in the SALES, SHIPMENTS, RECEIPTS, OR REVENUE area)

Include:

- Shipments to customers in the Commonwealth of Puerto Rico and U.S. possessions
- Products shipped to exporters or other wholesalers for export
- Products sold to the U.S. Government to be shipped to foreign governments

Exclude:

- Products shipped for further manufacture, assembly or fabrication in the U.S.

Check if None	2015	2014
☐	$,000.00	$,000.00

SALES, SHIPMENTS, RECEIPTS, OR REVENUE

PRODUCTS SHIPPED FOR FURTHER MANUFACTURE

What was the market value of products shipped to other domestic plants of your company for further assembly, fabrication, or manufacture?

(This is a breakout of the $,000.00 reported in total value of products shipped and other receipts in the SALES, SHIPMENTS, RECEIPTS, OR REVENUE area)

Check if None	2015	2014
☐	$,000.00	$,000.00

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E-SHIPMENTS

E-SHIPMENTS

What percent of the $,000.00 reported in total value of products shipped and other receipts, in the SALES, SHIPMENTS, RECEIPTS, OR REVENUE area, were for goods that were ordered or whose movement was controlled or coordinated over electronic networks? *(Report whole percents. Estimates are acceptable.)*.

Electronic networks include:

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

2015	2014
.00%	.00%

EMPLOYMENT AND PAYROLL

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 Tax Return, and filed under the Employer Identification Number (EIN)
- 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. (*Report values on line A in the OTHER OPERATING EXPENSES area of the SELECTED EXPENSES section)*
- Temporary staffing obtained from a staffing service. (*Report values on line A in the OTHER OPERATING EXPENSES area of the SELECTED EXPENSES section)*
- Purchased professional and technical services. (*Report values on line I in the OTHER OPERATING EXPENSES area of the SELECTED EXPENSES section)*

What was the number of:

	Check if None	2015 Number	2014 Number
A. Production workers for the pay periods including:			
1. March 12	☐		
2. June 12	☐		
3. September 12	☐		
4. December 12	☐		
TOTAL Production Workers *(Add lines A1 through A4)*	☐		
B. Average annual production workers *(Divide TOTAL Production Workers by 4 and round to nearest whole number)*	☐		
C. All other employees for pay period including March 12	☐		
TOTAL *(Add lines B and C)*	☐		

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EMPLOYMENT AND PAYROLL
HOURS WORKED

What was the annual number of hours worked by the workers reported in the EMPLOYMENT area?

Average annual production

Check if None	2015 Hours	2014 Hours
☐	,000	,000

EMPLOYMENT AND PAYROLL
PAYROLL

Exclude: Employer's costs for fringe benefits

What was the annual payroll before deductions for…

	Check if None	2015	2014
A. Production workers?	☐	$,000.00	$,000.00
B. All other employees?	☐	$,000.00	$,000.00
TOTAL *(Add lines A and B)*	☐	$,000.00	$,000.00
What was the first quarter payroll before deductions (January-March 2015)?	☐	$,000.00	$,000.00

EMPLOYMENT AND PAYROLL
EMPLOYER'S ANNUAL COST FOR FRINGE BENEFITS
(This is the employer's annual cost for legally required programs and programs not required by law).

What were the employer's annual costs for…

A. Health Insurance - *Insurance premiums on hospitals, medical plans, and single service plans such as dental, vision, and prescription drug plans*?

Include:
- Premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs).

Exclude:
- Employee contributions
- Disbursement from trusts or funds to satisfy health insurance claims

Check if None	2015	2014
☐	$,000.00	$,000.00

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B. Pension Plans:

1.	**Defined benefit pension plans -** *Cost for both qualified and nonqualified defined pension plans. Plans that specify the benefit to be paid to employees upon retirement, generally either a specific amount or a percentage of compensation. Employer contributions are based on actuarial computations that include employee's compensation and years of service and are not allocated to specific accounts maintained for employees.*	☐	$,000.00	$	,000.00
2.	**Defined contribution plans -** *Costs under defined contribution plans. Pension plans that define the employer contributions to a separate account provided for each employee. The employee "benefit" at retirement depends on the amount contributed and the results of the account's activity.* ***Examples:*** • *Profit sharing plans* • *Money purchase (e.g., 401k, 403b)* • *Stock bonus plans (e.g., ESOPs))*	☐	$,000.00	$	,000.00

C. Payroll taxes, employer-paid insurance premiums, and other employer-paid benefits

Include:

- Legally-required fringe benefits
  Examples:
  - o *Social Security*
  - o *Workers' compensation insurance*
  - o *State disability insurance programs*
  - o *Unemployment tax*
  - o *Medicare*
- Benefits for life insurance
- "Quality of life" benefits
  Examples:
  - o *Childcare assistance*
  - o *Subsidized commuting, etc.*
- Employer contributions to pre-tax benefit accounts *(e.g. health savings account)*
- Education assistance
- Other benefits not specified above

Exclude:

- Disbursements from trusts or funds to satisfy health insurance claims

		☐	$,000.00	$	,000.00
TOTAL *(Add lines A, B1, B2 and C)*		☐	$,000.00	$	,000.00

VALUE OF INVENTORIES
INVENTORIES

Did this establishment own inventories, regardless of where held, at the end of 2015 and/or 2014?

☐ Yes

☐ No

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VALUE OF INVENTORIES

VALUE OF INVENTORIES

What were the value of inventories owned by this establishment as of December 31 before Last-in, First-out (LIFO) adjustment (if any) for…

		Check if None	End of 2015	Check if None	End of 2014
A.	Finished goods?:	☐	$,000.00	☐	$,000.00
B.	Work-in-process?:	☐	$,000.00	☐	$,000.00
C.	Materials, supplies, fuels, etc?	☐	$,000.00	☐	$,000.00
TOTAL *(Add lines A through C)*		☐	$,000.00	☐	$,000.00

INVENTORIES BY NON-LIFO VALUATION METHOD

INVENTORIES BY NON-LIFO VALUATION METHODS

Of the $,000.00 reported in total value of inventories owned by this establishment as of December 31, how much is subject to the following valuation methods…

		Check if None	End of 2015	Check if None	End of 2014
A.	First-In, First-out (FIFO):	☐	$,000.00	☐	$,000.00
B.	Average Cost:	☐	$,000.00	☐	$,000.00
C.	Standard Cost.	☐	$,000.00	☐	$,000.00
D.	Other non-LIFO valuation method(s) *Specify method:* _____	☐	$,000.00	☐	$,000.00
TOTAL *(Add lines A through D)*		☐	$,000.00	☐	$,000.00

INVENTORIES BY LIFO VALUATION METHOD

LIFO VALUATION METHOD

Did this establishment use the Last-in, First-out (LIFO) valuation method?

☐ Yes

☐ No

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INVENTORIES BY LIFO VALUATION METHOD

INVENTORIES BY LIFO VALUATION METHOD

Of the $,000.00 reported in total value of inventories owned by this establishment as of December 31, what was the…

	Check if None	End of 2015	Check if None	End of 2014
A. Amount subject to LIFO gross? *(gross LIFO amount)*	☐	$,000.00	☐	$,000.00
B. Amount not subject to LIFO? *(should equal* $,000.00 *TOTAL Inventories by Non-LIFO valuation method)*	☐	$,000.00	☐	$,000.00
TOTAL *(Add lines A and B)*	☐	$,000.00	☐	$,000.00
Amount of LIFO reserve (if any)?	☐	$,000.00	☐	$,000.00

INVENTORIES OUTSIDE THE UNITED STATES

INVENTORIES OUTSIDE THE UNITED STATES

Of the $,000.00 reported in total value inventories, what was the value of inventories stored or en route OUTSIDE the 50 U.S. states and the District of Columbia for 2015?

Exclude:

- Inventory held in Foreign Trade Zones or in bonded warehouses in the U.S.

For more detailed definitions, please see
http://enforcement.trade.gov/ftzpage/info/ftzstart.html

Check if None	End of 2015	Check if None	End of 2014
☐	$,000.00	☐	$,000.00

CAPITAL EXPENDITURES

CAPITAL EXPENDITURES

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

What were the capital expenditures for new and used depreciable assets spent in 2015 for …

	Check if None	2015	2014
A. New and used building and other structures? **Exclude:** • Land	☐	$,000.00	$,000.00
B. New and used machinery and equipment?	☐	$,000.00	$,000.00
TOTAL *(Add lines A and B)*	☐	$,000.00	$,000.00

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CAPITAL EXPENDITURES

CAPITAL EXPENDITURES: MACHINERY DETAIL

What is the breakdown of expenditures for new and used machinery and equipment by type?

(This is a breakout of the $,000.00 reported in new and used machinery and equipment in the CAPITAL EXPENDITURES area)

		Check if None	2015	2014
A.	Automobiles, trucks, etc., for highway use?	☐	$,000.00	$,000.00
B.	Computers and peripheral data processing equipment?	☐	$,000.00	$,000.00
C.	All other expenditures for machinery and equipment?	☐	$,000.00	$,000.00
TOTAL *(Add lines A, B, and C)*		☐	$,000.00	$,000.00

RENTAL PAYMENTS

RENTAL PAYMENTS

Include:
- Operating leases

Exclude:
- Capital leases
  (leases with a contract to own at the end of the lease).

What were the payments for

		Check if None	2015	2014
A.	Rental or lease of buildings? **Include:** • Job-site trailers • Other structures • Land	☐	$,000.00	$,000.00
B.	Rental or lease of machinery and equipment? **Include:** • Construction equipment • Tools • Office equipment • Furniture • Vehicles • Other structures	☐	$,000.00	$,000.00
TOTAL *(Add lines A and B)*		☐	$,000.00	$,000.00

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SELECTED EXPENSES

SELECTED PRODUCTION COSTS AND ELECTRICITY

A. What were the selected production related costs in 2015 for	Check if None	2015	2014
1. Materials, parts, containers, packaging, etc. used?	☐	$,000.00	$,000.00
2. Products bought and sold without further processing? (*Report sales in code 9998991 in the DETAILS SALES, SHIPMENTS, REVENUE, RECEIPTS section)*	☐	$,000.00	$,000.00
3. Purchased fuels consumed for heat, power, or the generation of electricity?	☐	$,000.00	$,000.00
4. Purchased electricity? *(Report comparable quantity on line B1)*	☐	$,000.00	$,000.00
5. Work done for you by others on your materials?	☐	$,000.00	$,000.00
TOTAL *(Add lines A1 through A5)*	☐	$,000.00	$,000.00

B. What was the quantity of…	Check if None	2015 Kilowatt Hours	2014 Kilowatt Hours
1. Purchased electricity? *(Quantity comparable to cost reported in line A4)*	☐	,000	,000
2. Generated electricity? *(gross less generating station use)*	☐	,000	,000
3. Electricity sold and transferred to other establishments? *(Also include on lines B1 or B2.)*	☐	,000	,000

SELECTED EXPENSES

OTHER OPERATING EXPENSES

What were the other operating expenses paid by this establishment in 2015 for	Check if None	2015	2014
A. Temporary staff and leased employees? *(Professional Employer Organizations and staffing agencies for personnel)* **Include all charges for:** *Payroll, benefits, services*	☐	$,000.00	$,000.00

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B. Expensed equipment?
(*Expensed computer hardware and other equipment)*
Include:
- Copiers
- Fax machines
- Telephones
- Shop and lab equipment
- CPUs
- Monitors

(Report packaged software in line C) ☐ $,000.00 $,000.00

C. Expensed purchases of software?
(*Purchases of prepackaged, custom coded or vendor customized software)*
Include:
- Software developed or customized by others
- Web-design services and purchases
- Licensing agreements
- Upgrades of software
- Maintenance fees related to software upgrades and alterations

☐ $,000.00 $,000.00

D. Data processing and other purchased computer services?
Include:
- Facilities management services
- Computer input preparation
- Data Storage
- Computer time rental
- Optical scanning services
- Other computer related advice and services, including training.

Exclude:
- Expensed integrated systems
- Repair and maintenance of computer equipment
- Payroll processing and credit card transaction fees
- Expenses for telecommunication services, *(e.g., internet, connectivity, telephone.)*

☐ $,000.00 $,000.00

E. Purchased communication services?
Include:
- Telephone, cellular, and fax services
- Computer-related communications *(e.g., Internet, connectivity, online)*
- Other wired and wireless communication services

☐ $,000.00 $,000.00

F. Purchased repairs and maintenance to buildings and/or machinery and equipment?
Exclude:
- Materials, parts, and supplies used for repairs and maintenance performed by this firm's employees.

☐ $,000.00 $,000.00

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G. Water, sewer, refuse removal, and other non-electric utility payments?

Include:
- Cost of hazardous waste removal.

(Report electric utility payments in line A4 of the SELECTED PRODUCTION COSTS AND ELECTRICITY area of the SELECTED EXPENSES section) ☐ $,000.00 $,000.00

H. Purchased advertising and promotional services

Include:
- Marketing and public relations services ☐ $,000.00 $,000.00

I. Purchased professional and technical services?

Include:
- Management consulting
- Accounting
- Auditing
- Bookkeeping
- Legal
- Actuarial
- Payroll processing
- Architectural
- Engineering
- Other professional services

Exclude:
- Salaries paid to your own employees for these services ☐ $,000.00 $,000.00

J. Governmental taxes and license fees?
(Payments to government agencies for taxes and licenses)

Include:
- Business and property taxes

Exclude:
- Income taxes ☐ $,000.00 $,000.00

K. All other operating expenses not reported elsewhere?

Exclude:
- Purchases of merchandise for resale
- Nonoperating expenses

Specify : ☐ $,000.00 $,000.00

TOTAL *(Add lines A through K)* ☐ $,000.00 $,000.00

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

What are the Details of Sales, Shipments, Receipts, or Revenue in 2015?

(This is a breakout of the $,000.00 reported in total value of products shipped and other receipts in the SALES, SHIPMENTS, RECEIPTS, OR REVENUE area)

Value of products and services listed below:

- Reflect those generally made in your industry
  (*If you made products that are not listed below, please add these products below).*
- Should NOT BE COMBINED with other product lines
- Should reflect the net selling value, f.o.b. plant to customer
  (i.e. after discounts, and allowances, and exclusive of freight charges and excise taxes)
- Should include value of products exports and interplant transfers
  (Exports and Interplant transfers are also reported in the SALES, SHIPMENTS, RECEIPTS, OR REVENUE section)
- For Contract Work Code **9998992**:
  - Should include the amount received for 'commission or contract receipts' of products made from materials owned by others
  - Should not include the amount of products made by others for you from their own materials
    (These amounts should be reported on the specific products codes listed below as if they were made in this establishment)
- For Resales Code **9998991**:
  - Should include the value of products bought and sold or transferred from other establishments of your company and sold without further manufacture.
    (These values should not be reported in any other specific product code).
  - A corresponding cost should be reported in line A2 of the SELECTED PRODUCTION COSTS AND ELECTRICITY area of the *SELECTED EXPENSES* section)

Code	Description	2015 Value	2014 Value
		$,000.00	$,000.00
		$,000.00	$,000.00
		$,000.00	$,000.00
		$,000.00	$,000.00
		$,000.00	$,000.00
		$,000.00	$,000.00
		$,000.00	$,000.00
		$,000.00	$,000.00
		$,000.00	$,000.00
		$,000.00	$,000.00
		$,000.00	$,000.00
		$,000.00	$,000.00

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DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE
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(This is a breakout of the $,000.00 reported in total value of products shipped and other receipts in the SALES, SHIPMENTS, RECEIPTS, OR REVENUE area)

Value of products and services listed below:

- Reflect those generally made in your industry
  (*If you made products that are not listed below, please add these products below).*
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- For Contract Work Code **9998992**:
  - Should include the amount received for 'commission or contract receipts' of products made from materials owned by others
  - Should not include the amount of products made by others for you from their own materials
    (These amounts should be reported on the specific products codes listed below as if they were made in this establishment)
- For Resales Code **9998991**:
  - Should include the value of products bought and sold or transferred from other establishments of your company and sold without further manufacture.
    (These values should not be reported in any other specific product code).
  - A corresponding cost should be reported in line A2 of the SELECTED PRODUCTION COSTS AND ELECTRICITY area of the *SELECTED EXPENSES* section)

Code	Description	2015 Value	2014 Value
		$,000.00	$,000.00
		$,000.00	$,000.00
		$,000.00	$,000.00
		$,000.00	$,000.00
		$,000.00	$,000.00
		$,000.00	$,000.00
		$,000.00	$,000.00
		$,000.00	$,000.00
		$,000.00	$,000.00
		$,000.00	$,000.00
		$,000.00	$,000.00
		$,000.00	$,000.00

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REPORT ONLINE - DO NOT RETURN

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

What are the Details of Sales, Shipments, Receipts, or Revenue in 2015?

(This is a breakout of the $,000.00 reported in total value of products shipped and other receipts in the SALES, SHIPMENTS, RECEIPTS, OR REVENUE area)

Value of products and services listed below:

- Reflect those generally made in your industry
  (*If you made products that are not listed below, please add these products below).*
- Should NOT BE COMBINED with other product lines
- Should reflect the net selling value, f.o.b. plant to customer
  (i.e. after discounts, and allowances, and exclusive of freight charges and excise taxes)
- Should include value of products exports and interplant transfers
  (Exports and Interplant transfers are also reported in the SALES, SHIPMENTS, RECEIPTS, OR REVENUE section)
- For Contract Work Code **9998992**:
  - Should include the amount received for 'commission or contract receipts' of products made from materials owned by others
  - Should not include the amount of products made by others for you from their own materials
    (These amounts should be reported on the specific products codes listed below as if they were made in this establishment)
- For Resales Code **9998991**:
  - Should include the value of products bought and sold or transferred from other establishments of your company and sold without further manufacture.
    (These values should not be reported in any other specific product code).
  - A corresponding cost should be reported in line A2 of the SELECTED PRODUCTION COSTS AND ELECTRICITY area of the *SELECTED EXPENSES* section)

Code	Description	2015 Value	2014 Value
		$,000.00	$,000.00
		$,000.00	$,000.00
		$,000.00	$,000.00
		$,000.00	$,000.00
		$,000.00	$,000.00
		$,000.00	$,000.00
		$,000.00	$,000.00
		$,000.00	$,000.00
		$,000.00	$,000.00
		$,000.00	$,000.00
		$,000.00	$,000.00
7700000	**TOTAL**	$,000.00	$,000.00

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Mailing this to Census does not fulfill your reporting obligation.

CFN:

REMARKS
REMARKS

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

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CERTIFICATION
CALENDAR YEAR TIME PERIOD

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

☐ Yes

☐ No

CERTIFICATION
TIME PERIOD COVERED

What time period does this report cover?

	Month	Year		Month	Year
From:			To:		

CERTIFICATION
CERTIFICATION

I certify that this report is substantially accurate and was prepared in accordance with the instructions

Name of person to contact regarding this report: Title:

Phone Number: Fax Number:

E-mail address: Date Completed: MMDDYYYY

Do Not Submit - For Informational Purposes ONLY.
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2015 Annual Survey of Manufactures (ASM)

CFN:

SUBMISSION CONFIRMATION

SUBMISSION CONFIRMATION

Thank you for completing the 2015 Annual Survey of Manufactures.
Please print or save this page for your records.

ID:

Company Contact Person:

Company Information:

Phone:

Your filing status will update in 2-3 business days. To check your filing status:

- Go to econhelp.census.gov
- Click “Self-Service Log In”
- Enter your User ID and Password
- Click “Log in”
- Click “Filing Status”

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ADDED LOCATIONS

2015 Annual Survey of Manufactures (ASM)

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Mailing this to Census does not fulfill your reporting obligation.

CFN:

NUMBER OF ESTABLISHMENTS
ADDED ESTABLISHMENT INFORMATION

Name:

Secondary Name: Store/Plant Number:

Physical Location (Number and street):

City, town village: State: ZIP:

Describe kind of business at this location:

	2015 Number			**2015**
Number of employees for Pay period including March 12:		First Quarter Payroll (Jan-March)	$	,000.00
For employees that worked at more than one location, report the employment and payroll data for employees at the ONE location where they spent most of their working time.		Annual Payroll	$	,000.00
		Sales, Shipments, Receipts, or Revenue	$	,000.00

REPORT ONLINE - DO NOT RETURN

2015 Annual Survey of Manufactures (ASM)

NUMBER OF ESTABLISHMENTS
ADDED ESTABLISHMENT INFORMATION

Name:

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		Sales, Shipments, Receipts, or Revenue	$	,000.00