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

2015 Annual Survey of Manufactures (ASM)

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Note: This worksheet lists all possible questions. In contrast, questions appear in the online reporting sytem 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:

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 Detail Sales, Shipments, Receipts, or Revenue)

Exclude:	**Check if None**	**2015**	**2014**
• Freight charges • Excise Taxes	☐	$,000.00	$,000.00

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)
- E-mail
- Internet
- Extranet
- Other online systems

2015	**2014**
.00%	.00%

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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.
- Temporary staffing obtained from a staffing service.
- Purchased professional and technical services.

What were the number of:	Check if None	2015 Number	2014 Number
A. Production workers for the pay period including March 12?	☐		
B. All other employees for the pay period including March 12?	☐		
TOTAL *(Add lines A and B)*	☐		

EMPLOYMENT AND PAYROLL

PAYROLL

Exclude:

- Employer costs for fringe benefits

	Check if None	2015	2014
What was the annual payroll before deductions?	☐	$,000.00	$,000.00
What was the first quarter payroll before deductions (January-March 2015)?	☐	$,000.00	$,000.00

VALUE OF INVENTORIES

VALUE OF INVENTORIES

What were the total value of inventories, regardless of where held, before Last-in, First-out (LIFO) adjustment (if any) owned by this establishment as of December 31?

Include:

- Finished goods
- Work-in-process
- Materials, supplies, fuels, etc.

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

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CAPITAL EXPENDITURES

CAPITAL EXPENDITURES

CFN:

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

Include:

- Buildings and Other Structures
- Machinery and Equipment

Exclude:

- Land

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

RENTAL PAYMENTS

RENTAL PAYMENTS

What were the total cost for rental or lease of buildings and other structures, machinery and equipment?

Include:

- Land
- Operating leases
- Construction equipment
- Tools
- Office equipment
- Furniture
- Vehicles

Exclude:

- Capital leases *(leases with a contract to own at the end of the lease)*

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

SELECTED EXPENSES

SELECTED EXPENSES

What were the total production related costs in 2015?

Include:

- Materials, parts, containers, packaging, etc. used
- Products bought and sold without further processing *(Report sales in code 9998991 in the DETAILS SALES, SHIPMENTS, REVENUE, RECEIPTS section)*
- Purchased fuels consumed for heat, power, or the generation of electricity
- Purchased electricity;
- Work done by you or others on your materials

Check if None	2015	2014
☐	$,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 via the 'Add Additional Products' button 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 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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		$,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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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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REMARKS
REMARKS

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

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:

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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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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

2015 Annual Survey of Manufactures (ASM)

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

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