



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

FORM

**TW-48459** (10-27-2011)

## 2012 ECONOMIC CENSUS

### Trucking and Warehousing (Enterprise Support)

OMB No. 0607-0931: Approval Expires 12/31/2013

**DUE DATE**  
**FEBRUARY 12, 2013**

(Please correct any errors in this mailing address.)

**Need help or have questions?**

- **Read** the accompanying information sheet(s) before answering the questions.
- **Visit** [econhelp.census.gov](http://econhelp.census.gov)
- **Call** 1-800-233-6136, between 8:00 a.m. and 6:00 p.m., Eastern time, Monday through Friday.

**TW-48459**

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**Go to:** [econhelp.census.gov](http://econhelp.census.gov)

- **OR** -

**Mail** your  
completed  
form to:

**U.S. CENSUS BUREAU**  
**1201 East 10th Street**  
**Jeffersonville, IN 47134-0001**

**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

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 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 one used for this establishment on its latest 2012 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021 ☐ Yes - Go to **2**      0022 ☐ No - Enter current EIN (9 digits) → 0025

-

**2 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 - Go to line B

0032 ☐ No - Enter →  
physical  
location

0035 Number and street

0036 City, town, village, etc.

0037 State

0038 ZIP Code

-

CONTINUE WITH **2** ON PAGE 2

**PENALTY FOR FAILURE TO REPORT**

**CONTINUE ON PAGE 2**

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**2** PHYSICAL LOCATION - Continued

**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 ONE of the following best describes this establishment's operational status at the end of 2012? (Mark "X" only ONE box.)

0011 ☐ In operation

0013 ☐ Temporarily or seasonally inactive

0014 ☐ Ceased operation - Give date at right →

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

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

0060 Name of new owner or operator

0061 EIN (9 digits)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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0062 Mailing address (Number and street, P.O. Box, etc.)

<input type="text"/>
----------------------

0063 City, town, village, etc.

0064 State

0065 ZIP Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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0016 ☐ Other - Specify →

0815

**4** MONTHS IN OPERATION

Mark "X" if None

2012 Number

Number of months in operation during 2012 (If none, mark "X" and go to 30.) . . . . . 0002 ☐

<input type="text"/>	<input type="text"/>
----------------------	----------------------

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be **rounded to thousands** of dollars.

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

**Report** →

Mark "X" if None

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

**Report** →

☒

2012		
\$ Bil.	Mil.	Thou.
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

EXAMPLE

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

Sales to, or receipts or revenue from, customers **outside** your enterprise (Exclude billings, sales, receipts, or revenue from establishments of your own enterprise.) . . . . . 0100

Mark "X" if None

2012		
\$ Bil.	Mil.	Thou.
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

6 Not Applicable.

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.

**Exclude:**

- Temporary staffing obtained from a staffing service.
- Contractors, subcontractors, or independent contractors.
- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.
- Purchased or managed services, such as janitorial, guard, or landscape services.
- Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services.

For further clarification, see information sheet(s).

Mark "X" if None

2012

Number

A. Number of employees for pay period including March 12 . . . . . 0320 ☐

--	--	--	--	--	--

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

Mark "X" if None

2012

\$ Bil. Mil. Thou.

1. Annual payroll . . . . . 0300 ☐

--	--	--	--	--	--

2. First quarter payroll (January-March 2012) . . . . . 0310 ☐

--	--	--	--	--	--

8 Not Applicable.

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**9** VALUE OF INVENTORIES**A.** Did this establishment own inventories, regardless of where held, at the end of 2012 and/or 2011?0486 ☐ Yes - Go to line B0487 ☐ No - Go to **16****B.** Report inventories and Last-in, First-out (LIFO) adjustment, if any, for products owned by this establishment as of December 31.

	Mark "X" if None	End of 2012			Mark "X" if None	End of 2011		
		\$ Bil.	Mil.	Thou.		\$ Bil.	Mil.	Thou.
<b>1. Total inventories before LIFO adjustment (if any)</b>	<input type="checkbox"/>				<input type="checkbox"/>			
	0460				0470			
<b>2. LIFO reserve (if any)</b>	<input type="checkbox"/>				<input type="checkbox"/>			
	0466				0476			
<b>3. Total inventories after LIFO adjustment (Line B1 minus line B2.)</b>	<input type="checkbox"/>				<input type="checkbox"/>			
	0468				0469			

**10** INVENTORIES BY VALUATION METHODReport how much of the inventory reported in **9**, line B1, for 2012 is subject to the following valuation methods:

	Mark "X" if None	2012		
		\$ Bil.	Mil.	Thou.
<b>A. LIFO valuation method before adjustment</b>	<input type="checkbox"/>			
	0244			
<b>B. First-in, First-out (FIFO)</b>	<input type="checkbox"/>			
	0491			
<b>C. Average cost</b>	<input type="checkbox"/>			
	0492			
<b>D. Standard cost</b>	<input type="checkbox"/>			
	0493			
<b>E. Other valuation method - Specify method</b>				
	0895			
	0494			
<b>F. TOTAL (Sum of lines A through E should equal <b>9</b>, line B1.)</b>	<input type="checkbox"/>			
	0490			

**11-15** Not Applicable.

48459044



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

# **16** SELECTED EXPENSES

## **Report the payment of selected expenses allocated by category**

- Report payments for expenses directly incurred by this establishment in column 1.
- Report payments made by this establishment for expenses incurred by other establishments of your enterprise in column 2 (where applicable).

### **Exclude:**

- Transfers made within the company
- Capitalized expenses
- Impairment
- Interest
- Bad debt
- Income tax
- Taxes collected from customers (e.g., sales and excise)
- Cost of merchandise for resale

**Line 1** - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans and single service plans (e.g., dental vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401(k), stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, Medicare, life insurance benefits, childcare assistance, subsidized commuting, employer contribution to pre-tax benefit accounts). Exclude employee contributions. (Include fringe benefits for all employees reported in **7**, line A.)

**Line 2** - Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. Include all charges for payroll, benefits and services.

**Line 3** - Include expensed office and communication equipment (e.g., copiers, fax machines, telephones); equipment used in manufacturing, sales, and service (e.g., shop and lab equipment); and computer equipment (e.g., CPUs and monitors). Report packaged software on **line 6**. Report leased and rented equipment on **line 18**.

**Line 4** - Materials and supplies used in providing services to others; materials and parts used in repairs; office and janitorial supplies; small tools; containers and other packaging materials; and motor fuels.

**Line 5** - Include contract payments to other carriers for the lease and/or rental of trucks, truck-tractors, trailers, and other motor vehicles with operators. Include transportation purchased from railroads, airlines, water, and other motor carriers. Report leased and rented transportation equipment without operators on **line 18**.

**Line 6** - 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, and maintenance fees related to software upgrades and alterations.

**Line 7** - If the cost of electricity is included in a lease or rental payment, report on **line 19**.

**Line 8** - Gasoline and other fuels purchased for trucks, truck-tractors, and other vehicles.

**Line 9** - Fuel for heating, power or generating electricity (e.g., natural gas, propane, heating oil, coal). Report motor fuels on **line 4**. If the cost of fuels are included in a lease or rental payment, report on **line 19**.

**Line 10** - Include computer facilities management services, computer input preparation, data storage, computer time rental, optical scanning services, and 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, and expenses for telecommunication services (e.g., Internet, connectivity, telephone).

**Line 11** - Telephone, cellular, and fax services; computer-related communications (e.g., Internet, connectivity, online); and other wired and wireless communication services. Report expensed communication equipment on **line 3**.

**Line 12** - Expensed repair and maintenance services to motor vehicles, vessels, aircraft and other transportation equipment. Report materials, parts, and supplies used for repairs and maintenance performed by the firm's employees on **line 4**.

**Line 13** - Expensed repair and maintenance services to machinery, equipment, and computer hardware. Report materials, parts, and supplies used for repairs and maintenance performed by this firm's employees on **line 4**.

**Line 14** - Include repair and maintenance to integral parts of buildings (e.g., elevators, heating systems). Report materials, parts, and supplies used for repairs and maintenance performed by this firm's employees on **line 4**. Report janitorial and grounds maintenance services on **line 23**.

**Line 15** - Include the cost of hazardous waste removal. If the cost of these utilities is included in a lease or rental payment, report on **line 19**.

**Line 16** - Include marketing and public relations services.

CONTINUE WITH **16** ON PAGE 6

CONTINUE ON PAGE 6

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**16** SELECTED EXPENSES - Continued

**Line 17** - Include management consulting, accounting, auditing, bookkeeping, legal, actuarial, payroll processing, architectural, engineering, and other professional services. Exclude salaries paid to your own employees for these services.

**Line 18** - Include lease and rental of transportation equipment without operators and penalties incurred for broken leases. Exclude capital and financing lease agreements. Report expensed software on **line 5**.

**Line 19** - Include penalties incurred for broken leases.

**Line 20** - Payments to government agencies for taxes and licenses. Include business and property taxes. Exclude sales and excise taxes collected from customers and income taxes.

**Line 21** - Include business related premiums such as liability. Report costs included with employee fringe benefits on **line 1**.

**Line 22** - Include depreciation charges taken against tangible assets owned and used by your firm, tangible assets and improvements owned by your firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). Exclude impairment.

**Line 23** - All other selected expenses, unless specifically excluded in the general instructions. Exclude payroll, purchases of merchandise for resale, and nonoperating expenses.

**Personnel costs, except payroll**

1. Employer's cost for employer paid insurance premiums, pension plans, payroll taxes, and other employee benefits . . . . . ☐ 0228
2. Temporary staff and leased employee expense . . . . . ☐ 0793

2012		
Expenses of this establishment ONLY		
\$ Bil.	Mil.	Thou.
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Expensed equipment and materials**

3. Expensed computer hardware and other equipment . . . . . ☐ 0795
4. Expensed purchases of other materials, parts, and supplies . . . . . ☐ 0797

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Expensed purchased services**

5. Purchased transportation . . . . . ☐ 0799
6. Expensed purchases of software . . . . . ☐ 0801
7. Purchased electricity . . . . . ☐ 0452
8. Purchased fuels for transportation equipment . . . . . ☐ 0809
9. Purchased fuels (Exclude motor fuels.) . . . . . ☐ 0451
10. Data processing and other purchased computer services . . . . . ☐ 0414
11. Purchased communication services . . . . . ☐ 0413

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mark "X" if None

☐ 0674☐ 0673

2012		
Payments made by this establishment on behalf of other establishments of your enterprise		
\$ Bil.	Mil.	Thou.
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

CONTINUE WITH **16** ON PAGE 7

CONTINUE ON PAGE 7

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

**16** SELECTED EXPENSES - Continued

**Expensed purchased services - Continued**

**12.** Purchased repairs and maintenance to transportation equipment . . . . .

Mark "X" if None

☐

0803

2012

Expenses of this establishment ONLY

\$ Bil. Mil. Thou.

Mark "X" if None

☐

0807

2012

Payments made by this establishment on behalf of other establishments of your enterprise

\$ Bil. Mil. Thou.

**13.** Purchased repairs and maintenance to machinery and equipment . . . . .

☐

0412

☐

0672

**14.** Purchased repairs and maintenance to buildings, structures, and offices . . . . .

☐

0417

☐

0677

**15.** Water, sewer, refuse removal, and other utility payments . . . . .

☐

0455

☐

0456

**16.** Purchased advertising and promotional services . . . . .

☐

0417

☐

0677

**17.** Purchased professional and technical services . . . . .

☐

0812

☐

0814

**Other selected expenses**

**18.** Lease and rental payments for machinery, equipment, and other tangible items . . . . .

☐

0562

☐

0567

**19.** Lease and rental payments for land, buildings, structures, store spaces, and offices . . . . .

☐

0561

☐

0566

**20.** Governmental taxes and license fees (Exclude sales, excise, and income taxes.) . . . . .

☐

0419

☐

0678

**21.** Cost of insurance . . . . .

☐

0819

**22.** Depreciation and amortization charges . . . . .

☐

0543

**23.** All other selected expenses (**Specify** - If more than 50% of TOTAL reported on line 24) ↗

0409

☐

0418

**24. TOTAL SELECTED EXPENSES** of this establishment ONLY, excluding payroll (Add lines 1 through 23.)

☐

0459

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**17 and 18** Not Applicable.

CONTINUE ON PAGE 8

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**19** KIND OF BUSINESS

Which ONE of the following best describes this establishment's principal kind of business in 2012?

(Mark "X" only ONE box.)

**Local trucking without storage - goods carried within a single metropolitan area and its adjacent nonurban areas; generally same-day return trips**

- 0700
- 484 210 10 1 ☐ Household goods moving - used
- 484 110 10 1 ☐ General freight, truckload (TL)
- 484 110 20 1 ☐ General freight, less-than-truckload (LTL)
- 484 220 30 1 ☐ Dump trucking, including coal hauling
- 562 111 00 3 ☐ Solid waste collection, excluding hazardous waste
- 562 112 00 3 ☐ Hazardous waste collection
- 777 480 00 3 ☐ Other waste collection - *Specify* ↴
- 0701
- 484 220 10 1 ☐ Hazardous materials trucking, except waste
- 484 220 20 1 ☐ Agricultural products trucking, including log hauling
- 484 220 40 1 ☐ Specialized trucking **without storage**, including auto transport, boat transport, manufactured (mobile) home transport, and newspaper delivery - *Specify* ↴

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0701

**Local trucking with storage - goods carried within a single metropolitan area and its adjacent nonurban areas; generally same-day return trips**

- 484 210 30 1 ☐ Household goods moving - used
- 484 110 30 1 ☐ General freight, truckload (TL)
- 484 110 40 1 ☐ General freight, less-than-truckload (LTL)
- 484 220 50 1 ☐ Specialized trucking **with storage** - *Specify* ↴

0701

**Long-distance trucking - goods carried between metropolitan areas**

- 484 210 20 1 ☐ Household goods moving - used
- 484 121 00 1 ☐ General freight, truckload (TL)
- 484 122 00 1 ☐ General freight, less-than-truckload (LTL)
- 484 230 10 1 ☐ Hazardous materials trucking, except waste
- 484 230 20 1 ☐ Agricultural products trucking, including log hauling
- 484 230 30 1 ☐ Specialized trucking, including auto transport, boat transport, and coal hauling - *Specify* ↴

0701

CONTINUE WITH **19** ON PAGE 9

CONTINUE ON PAGE 9

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

**19** KIND OF BUSINESS - Continued

**Courier and messenger service, including delivery of parcels weighing 100 pounds or less, except by means of air transportation**

- 0700 492 210 00 1 ☐ Local messenger and delivery services, including bicycles
- 492 110 10 1 ☐ Intercity courier and delivery services

**Warehousing and storage facilities**

- 493 130 00 1 ☐ Cotton and linters
- 493 130 00 2 ☐ Grain elevators, storage only
- 493 130 00 3 ☐ Other farm products, except cold storage
- 493 120 00 3 ☐ Refrigerated products, except full storage
- 493 120 00 4 ☐ Full storage
- 531 130 00 2 ☐ Self-service storage or miniwarehouses
- 493 190 10 1 ☐ Household goods
- 493 110 00 2 ☐ General warehousing and storage, including public and contract warehousing and storage
- 493 110 00 6 ☐ Document warehousing and storage
- 493 110 00 7 ☐ Distribution warehouse/center - *Specify* 7

- 0701
- 493 190 20 1 ☐ Specialized goods, including bulk petroleum, chemicals, automobile dead storage, and other products requiring special storage - *Specify* 7

0701

**Other transportation-related activities**

- 541 614 00 5 ☐ Physical distribution or logistics consulting services
- 488 510 20 3 ☐ Freight/shipping agent or broker, except freight forwarding
- 488 510 10 1 ☐ Freight forwarding service
- 488 490 00 K ☐ Motor freight terminal and joint terminal maintenance facility
- 532 120 10 2 ☐ Truck rental, **without drivers**
- 532 120 20 2 ☐ Truck leasing, **without drivers**, except finance leasing
- 561 330 00 3 ☐ Driver leasing, without trucks

**Other business activities**

- 774 000 00 1 ☐ Other kind of business or activity - *Specify* 7

0701

**20** Not Applicable.



**21 A. SUPPORT SERVICES**

Was this establishment primarily engaged in providing management, administrative, or support services to other establishments of your enterprise (rather than for the general public or other business firms) in 2012?

0998 ☐ Yes - Go to line B

0999 ☐ No - Go to **22**

**B. PRINCIPAL BUSINESS OR ACTIVITY OF THE OPERATING ESTABLISHMENTS SERVICED**

Describe the principal kind of business or activity performed by the establishments of your enterprise that are managed or serviced by this establishment.

*Example: If this establishment is a corporate, subsidiary, or regional managing office, data processing service center, or administrative/support office to a chain of clothing stores, please specify "clothing stores" below.* ↗

0996

HOW TO  
REPORT  
PERCENTS

Percents should be rounded to whole percents.

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

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2012

Report thousands of dollars OR whole percents.

Estimates are acceptable.

\$ Bil.	Mil.	Thou.	Percent
			39

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

(Report sources of operating revenue for this establishment, either as a dollar figure or as a whole percent of total operating revenue (reported in **5**). See HOW TO REPORT DOLLAR FIGURES on page 2 and HOW TO REPORT PERCENTS above. Do not combine data for two or more lines.)

Description of sales, shipments, receipts, or revenue		2012			
		Report thousands of dollars OR whole percents.			
		Estimates are acceptable.			
		\$ Bil.	Mil.	Thou.	Percent
<b>1. Moving services</b>					
<b>a. Residential moving services</b> . . . . .	44003				
<b>b. Commercial moving services</b> . . . . .	44002				
<b>c. Moving of other goods requiring special handling</b> . . . . .	44001				
<b>d. Add lines 1a through 1c</b> . . . . .	44000				
<b>2. Transportation of documents and parcels</b> . . . . .	44010				
<b>3. Local transportation and delivery of small purchased or serviced items</b> . . . . .	44020				
<b>4. Transportation of bulk liquids and gases in intermodal tank containers by road</b> . . . . .	44030				
<b>5. Transportation of bulk liquids and gases, except in intermodal tank containers, by road</b> . . . . .	44040				
<b>6. Transportation of dry bulks, except in intermodal tank containers, by road</b> . . . . .	44050				

CONTINUE WITH **22** ON PAGE 11

CONTINUE ON PAGE 11

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

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

Description of sales, shipments, receipts, or revenue		2012			
		Report thousands of dollars OR whole percents. Estimates are acceptable.			
		\$ Bil.	Mil.	Thou.	Percent
<b>7.</b> Transportation of climate-controlled boxed, palletized, and other packed goods, except in intermodal tank containers, by road . . . . .	44060				
<b>8.</b> Transportation of boxed, palletized, and other packed goods, not climate-controlled and not in intermodal containers, by road, truckload service . . . . .	44070				
<b>9.</b> Transportation of boxed, palletized, and other packed goods, not climate-controlled and not in intermodal containers, by road, less-than-truckload service . . . . .	44080				
<b>10.</b> Transportation of climate-controlled intermodal containers, not elsewhere specified, by road . . . . .	44090				
<b>11.</b> Transportation of other intermodal containers, not elsewhere specified, by road . . . . .	44100				
<b>12.</b> Transportation of automobiles and light trucks by road . . . . .	44110				
<b>13.</b> Transportation of livestock by road . . . . .	44120				
<b>14.</b> Transportation of waste by road					
<b>a.</b> Transportation of hazardous waste by road . . . . .	44132				
<b>b.</b> Transportation of non-hazardous waste by road . . . . .	44131				
<b>c. Add lines 14a and 14b</b> . . . . .	44130				
<b>15.</b> Transportation of other goods by road . . . . .	44140				
<b>16.</b> Drayage services . . . . .	44160				
<b>17.</b> Freight transportation arrangement services . . . . .	48000				
<b>18.</b> Warehousing services					
<b>a.</b> Storage services for goods . . . . .	44194				
<b>b.</b> Handling services for goods . . . . .	44193				

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CONTINUE WITH **22** ON PAGE 12

CONTINUE ON PAGE 12

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

Description of sales, shipments, receipts, or revenue	2012			
	Report thousands of dollars OR whole percents. Estimates are acceptable.			
	\$ Bil.	Mil.	Thou.	Percent
<b>18.</b> Warehousing services - Continued				
<b>c.</b> Packing services for goods . . . . . 44195				
<b>d. Add lines 18a through 18c</b> . . . . . 44190				
<b>19.</b> Rental of transportation equipment, except cars, light trucks, and motor homes, without operators . . . . . 48040				
<b>20.</b> Vanpool and carpool coordination services . . . . . 48062				
<b>21.</b> Towing services . . . . . 48130				
<b>22.</b> Operations and supply chain management consulting services 48070				
<b>23.</b> Other services - <i>Specify</i> 				
<div style="border: 1px solid black; height: 30px; width: 450px;"></div> 49810				
<b>24. TOTAL</b> (Should equal <b>5</b> if reporting in dollars.) . . . . . 49990				100

 INFORMATION COPY  
DO NOT USE TO REPORT
**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

Name of person to contact regarding this report

Title

Area code	Number	Extension

Tele-  
phone

Area code	Number

Fax

E-mail address

Date completed	Month	Day	Year

**Thank you for completing your 2012 ECONOMIC CENSUS form.****PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.**

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