

FORM **ACE-2**
(2-12-2008)

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

2007 ANNUAL CAPITAL EXPENDITURES SURVEY

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.

This questionnaire collects capital expenditures information from nonfarm businesses including but not limited to:

- Small employer companies
- Self employed persons
- Independent salespersons (e.g., cosmetic representatives)
- Independent commission workers (e.g., real estate and life insurance salespersons)
- Independent contractors (truckers, private duty nurses, construction contractors)
- Doctors, lawyers, investors, accountants

Even if this questionnaire was mailed to your home address and the business is not located at this address, the form is applicable and must be completed.

(Please correct any errors in name, address, and ZIP Code.)

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears at the top of this page.

Electronic Reporting

To complete this survey online go to: www.census.gov/econhelp/acesict. Click on "**Census Taker**" and use your username and password to login.

Username:

Password:

PLEASE REFER TO THE ENCLOSED INSTRUCTIONS AND DEFINITIONS PAGE BEFORE COMPLETING THIS SURVEY.

ITEM 1

Report the following capital expenditures data for the entire business. Report dollar values rounded to thousands. Exclude land.

Report capital expenditures your business made during the 2007 reporting period. **If your business did not make any capital expenditures enter "0" on the appropriate line(s).**

Example: If figure is \$2,600.00 report →

| | |
|-------|------|
| Thou. | Dol. |
| 3 | 000 |

Capital Expenditures for 2007

| | Thousands | Dollars |
|-----|-----------|---------|
| 224 | | |
| 201 | | |
| 211 | | |
| 202 | | |
| 212 | | |

a. Total Capital Expenditures
(The sum of lines b, c, d, and e should equal the value reported in line a.)

b. New Structures (Include major additions, alterations, and capitalized repairs to existing structures)

c. Used Structures

d. New Equipment

e. Used Equipment

ITEM 2

Report the following capital lease data for the entire business. Report in thousands of dollars.

Report the estimated cost of assets acquired under capital lease arrangements entered into during the year. Exclude the value of structures and equipment which you rent and periodic payments made for leased structures and equipment. *(For additional information see Item 2 on page 2 of the Instructions and Definitions sheet.)*

Capital Lease Arrangements for 2007

| | Thousands | Dollars |
|-----|-----------|---------|
| 411 | | |

REPORTING PERIOD COVERED

a. Do the reported data cover the calendar year 2007?

95

- 1 YES
2 NO – Specify period covered →

| FROM | | |
|-------|-----|------|
| Month | Day | Year |
| | | |

| TO | | |
|-------|-----|------|
| Month | Day | Year |
| | | |

OWNERSHIP INFORMATION

a. Was this business in operation on December 31, 2007?

96

- 1 YES
2 NO – Give date operations ceased →

| Month | Day | Year |
|-------|-----|------|
| | | |

b. Did the ownership of this business change during the year ending December 31, 2007?

97

- 1 YES – Specify date of change AND fill in c, below →
2 NO

| Month | Day | Year |
|-------|-----|------|
| | | |

**c. Name of new operator/
business**

Contact name at new company

Contact telephone number (Include Area Code)

Number and street

City

State

ZIP Code

BRIEFLY DESCRIBE THE CAPITAL EXPENDITURES

Federal Employer Identification Number – If applicable, please list the EIN of the business you are reporting for in the box provided

| | | | | | | | | | | |
|-----|--|--|---|--|--|--|--|--|--|--|
| EIN | | | - | | | | | | | |
|-----|--|--|---|--|--|--|--|--|--|--|

CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Name of person to contact regarding this report
(Please print or type)

Telephone number

Area code Number

() - | | | | | | | |

Printed name of person completing this report

Telephone number

E-mail address

Date

Please be sure to correct any name, address, and ZIP Code errors to the imprinted address on the front of this survey form.

**PLEASE RETURN YOUR
COMPLETED FORM TO**

**U.S. Census Bureau
1201 East 10th Street
Jeffersonville, IN 47132-0001**

OR

**FAX the form to
1-800-438-8040**