

## U.S. PRODUCERS' QUESTIONNAIRE

### INVESTIGATION TITLE

This questionnaire must be received by the Commission by **DATE**

*See last page for filing instructions.*

The information called for in this questionnaire is for use by the United States International Trade Commission in connection with its **countervailing duty/antidumping investigation(s) concerning PRODUCT from COUNTRY (Inv. No. 701/731-TA-xxx (Preliminary/Final))**. The information requested in the questionnaire is requested under the authority of the Tariff Act of 1930, title VII. This report is mandatory and failure to reply as directed can result in a subpoena or other order to compel the submission of records or information in your firm's possession (19 U.S.C. § 1333(a)).

<b>Name of firm</b> _____
<b>Address</b> _____
<b>City</b> _____ <b>State</b> _____ <b>Zip Code</b> _____
<b>Website</b> _____
Has your firm produced <b>PRODUCT</b> (as defined on next page) at any time since January 1, 2012?
<input type="checkbox"/> <b>NO</b> (Sign the certification below and promptly return <b>only</b> this page of the questionnaire to the Commission)
<input type="checkbox"/> <b>YES</b> (Complete all parts of the questionnaire, and return the entire questionnaire to the Commission)
<b>Return questionnaire via the U.S. International Trade Commission Drop Box by clicking on the following link: <a href="https://dropbox.usitc.gov/oinv/">https://dropbox.usitc.gov/oinv/</a>. (PIN: <b>XXXX</b>)</b>

### CERTIFICATION

*I certify that the information herein supplied in response to this questionnaire is complete and correct to the best of my knowledge and belief and understand that the information submitted is subject to audit and verification by the Commission.*

*By means of this certification I also grant consent for the Commission, and its employees and contract personnel, to use the information provided in this questionnaire and throughout this proceeding in any other import-injury proceedings conducted by the Commission on the same or similar merchandise.*

*I acknowledge that information submitted in this questionnaire response and throughout this proceeding may be used by the Commission, its employees, and contract personnel who are acting in the capacity of Commission employees, for developing or maintaining the records of this proceeding or related proceedings for which this information is submitted, or in internal audits and proceedings relating to the programs and operations of the Commission pursuant to 5 U.S.C. Appendix 3. I understand that all contract personnel will sign non-disclosure agreements.*

\_\_\_\_\_  
**Name of Authorized Official**

\_\_\_\_\_  
**Title of Authorized Official**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Phone:**

\_\_\_\_\_  
**Fax:**

\_\_\_\_\_  
**Email address**

**PART I.—GENERAL INFORMATION**

**Background.** This proceeding was instituted in response to a petition filed on **DATE**, by **COMPANY NAME, CITY, STATE**. **Countervailing/antidumping** duties may be assessed on the subject imports as a result of these proceedings if the Commission makes an affirmative determination of injury, threat, or material retardation, and if the U.S. Department of Commerce makes an affirmative determination of **subsidization/dumping**. Questionnaires and other information pertinent to this proceeding are available at **LINK**.

**PRODUCT** covered by these investigations is . . . **COMMERCE SCOPE LANGAUGE**

**Reporting of information.**-- If information is not readily available from your records, provide carefully prepared estimates. If your firm is completing more than one questionnaire (i.e., a producer, importer, and/or purchaser questionnaire), you need not respond to duplicated questions.

**Confidentiality.**--The commercial and financial data furnished in response to this questionnaire that reveal the individual operations of your firm will be treated as confidential by the Commission to the extent that such data are not otherwise available to the public and will not be disclosed except as may be required by law (see 19 U.S.C. § 1677f). Such confidential information will not be published in a manner that will reveal the individual operations of your firm; however, general characterizations of numerical business proprietary information (such as discussion of trends) will be treated as confidential business information only at the request of the submitter for good cause shown.

**Verification.**--The information submitted in this questionnaire is subject to audit and verification by the Commission. To facilitate possible verification of data, please keep all files, worksheets, and supporting documents used in the preparation of the questionnaire response. Please also retain a copy of the final document that you submit.

**Release of information.**--The information provided by your firm in response to this questionnaire, as well as any other business proprietary information submitted by your firm to the Commission in connection with this proceeding, may become subject to, and released under, the administrative protective order provisions of the Tariff Act of 1930 (19 U.S.C. § 1677f) and section 207.7 of the Commission's Rules of Practice and Procedure (19 CFR § 207.7). This means that certain lawyers and other authorized individuals may temporarily be given access to the information for use in connection with this proceeding or other import-injury proceedings conducted by the Commission on the same or similar merchandise; those individuals would be subject to severe penalties if the information were divulged to unauthorized individuals. **[Delete the following in final phase proceedings]** In addition, if your firm is a U.S. producer, the information you provide on your production and imports of **PRODUCT** and your responses to the questions in Part I of the producer questionnaire will be provided to the U.S. Department of Commerce, upon its request, for use in connection with (and only in connection with) its requirement pursuant to section 702(c)(4)/732(c)(4) of the Act (19 U.S.C. § 1671a(c)(4)/1673a(c)(4)) to make a determination concerning the extent of industry support for the petition requesting this proceeding. Any information provided to Commerce will be transmitted under the confidentiality and release guidelines set forth above. Your response to these questions constitutes your consent that such information be provided to Commerce under the conditions described above.

I-1a. **OMB statistics.**--Please report below the actual number of hours required and the cost to your firm of completing this questionnaire.

Hours	Dollars

The questions in this questionnaire have been reviewed with market participants to ensure that issues of concern are adequately addressed and that data requests are sufficient, meaningful, and as limited as possible. Public reporting burden for this questionnaire is estimated to average 50 hours per response, including the time for reviewing instructions, gathering data, and completing and reviewing the questionnaire.

We welcome comments regarding the accuracy of this burden estimate, suggestions for reducing the burden, and any suggestions for improving this questionnaire. Please attach such comments to your response or send to the Office of Investigations, USITC, 500 E St. SW, Washington, DC 20436.

I-1b. **TAA information release.**--In the event that the U.S. International Trade Commission (USITC) makes an affirmative final determination in this proceeding, do you consent to the USITC's release of your contact information (company name, address, contact person, telephone number, email address) appearing on the front page of this questionnaire to the Departments of Commerce, Labor, and Agriculture, as applicable, so that your firm and its workers can be made eligible for benefits under the Trade Adjustment Assistance program?

Yes       No

I-2. **Establishments covered.**--Provide the city, state, zip code, and brief description of each establishment covered by this questionnaire. If your firm is publicly traded, please specify the stock exchange and trading symbol in the footnote to the table. **Firms operating more than one establishment should combine the data for all establishments into a single report.**

**"Establishment"**--Each facility of a firm involved in the production of **product**, including auxiliary facilities operated in conjunction with (whether or not physically separate from) such facilities.

Establishments covered <sup>1</sup>	City, State	Zip (5 digit)	Description
1			
2			
3			
4			
5			
6			

<sup>1</sup> Additional discussion on establishments consolidated in this questionnaire: \_\_\_\_\_.

I-3. **Petition support.**--Does your firm support or oppose the petition?

Country	Support	Oppose	Take no position
Country A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Country B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I-4. **Ownership.**--Is your firm owned, in whole or in part, by any other firm?

No       Yes--List the following information.

Firm name	Address	Extent of ownership (percent)

I-5. **Related importers/exporters.**--Does your firm have any related firms, either domestic or foreign, that are engaged in importing **product** from **COUNTRY** into the United States or that are engaged in exporting **product** from **COUNTRY** to the United States?

No       Yes--List the following information.

Firm name	Address	Affiliation

I-6. **Related producers.**--Does your firm have any related firms, either domestic or foreign, that are engaged in the production of **product**?

No       Yes--List the following information.

Firm name	Address	Affiliation

**PART II.--TRADE AND RELATED INFORMATION**

Further information on this part of the questionnaire can be obtained from **INVESTIGATOR** (202-xxx-xxxx, **NAME@usitc.gov**). **Supply all data requested on a calendar-year basis.**

II-1. **Contact information.**-- Please identify the responsible individual and the manner by which Commission staff may contact that individual regarding the confidential information submitted in part II.

Name	
Title	
Email	
Telephone	
Fax	

II-2. **Changes in operations.**--Please indicate whether your firm has experienced any of the following changes in relation to the production of **product** since January 1, 2012.

<i>(check as many as appropriate)</i>		<i>(please describe)</i>
<input type="checkbox"/>	plant openings	
<input type="checkbox"/>	plant closings	
<input type="checkbox"/>	relocations	
<input type="checkbox"/>	expansions	
<input type="checkbox"/>	acquisitions	
<input type="checkbox"/>	consolidations	
<input type="checkbox"/>	prolonged shutdowns or production curtailments	
<input type="checkbox"/>	revised labor agreements	
<input type="checkbox"/>	other ( <i>e.g.</i> , technology)	

II-3a. **Production using same machinery.**-- Please report your firm's production of products made on the same equipment and machinery used to produce **product**, and the combined production capacity on this shared equipment and machinery in the periods indicated.

**"Overall production capacity" or "capacity"** – The level of production that your establishment(s) could reasonably have expected to attain during the specified periods. Assume normal operating conditions (i.e., using equipment and machinery in place and ready to operate; normal operating levels (hours per week/weeks per year) and time for downtime, maintenance, repair, and cleanup).

**"Production"** – All production in your U.S. establishment(s), including production consumed internally within your firm and production for another firm under a toll agreement.

Quantity (in <b>UNITS</b> )					
Item	Calendar years			January-March	
	2012	2013	2014	2014	2015
<b>Overall production capacity</b>					
<b>Production of:</b> <b>Product<sup>1</sup></b>	0	0	0	0	0
Other products <sup>2</sup>					
<b>Total</b>	0	0	0	0	0
<sup>1</sup> Data entered for production of <b>product</b> will populate here once reported in question II-7. <sup>2</sup> Please identify these products: _____.					

II-3b. **Operating parameters.**--The production capacity reported in II-3a is based on operating \_\_\_\_ hours per week, \_\_\_\_ weeks per year.

II-3c. **Capacity calculation.**--Please describe the methodology used to calculate overall production capacity reported in II-3a, and explain any changes in reported capacity.

II-3d. **Production constraints.**--Please describe the constraint(s) that set the limit(s) on your firm's production capacity.

II-3e. **Product shifting.**—

- (i) Is your firm able to switch production (capacity) between **product** and other products using the same equipment and/or labor?

No

Yes-- (i.e., have produced other products or are able to produce other products). Please identify other actual or potential products: \_\_\_\_\_.

- (ii) Please describe the factors that affect your firm's ability to shift production capacity between products (e.g., time, cost, relative price change, etc.), and the degree to which these factors enhance or constrain such shifts.

II-4. **Tolling**--Since January 1, 2012, has your firm been involved in a toll agreement regarding the production of **product**?

**“Toll agreement”**--Agreement between two firms whereby the first firm furnishes the raw materials and the second firm uses the raw materials to produce a product that it then returns to the first firm with a charge for processing costs, overhead, etc.

No                       Yes--Please describe the toll arrangement(s) and name the firm(s) involved

II-5. **Foreign trade zones**--

(a) **Firm's FTZ operations**--Does your firm produce **product** in and/or admit **product** into a foreign trade zone (FTZ)?

**“Foreign trade zone”** is a designated location in the United States where firms utilize special procedures that allow delayed or reduced customs duty payments on foreign merchandise. A foreign trade zone must be designed as such pursuant to the rules and procedures set forth in the Foreign-Trade Zones Act.

No                       Yes--Describe the nature of your firms operations in FTZs and identify the specific FTZ site(s).

(b) **Other firms' FTZ operations**--To your knowledge, do any firms in the United States import **product** into a foreign trade zone (FTZ) for use in distribution of **product** and/or the production of downstream articles?

No/Don't know                       Yes--Identify the firms and the FTZs.

II-6. **Importer**--Since January 1, 2012, has your firm imported **product**?

**“Importer”** – The person or firm primarily liable for the payment of any duties on the merchandise, or an authorized agent acting on his behalf. The importer may be the consignee, or the importer of record.

No                       Yes--**COMPLETE AND RETURN A U.S. IMPORTERS' QUESTIONNAIRE**



II-7. **Production, shipment and inventory data.**--Report your firm's production capacity, production, shipments, and inventories related to the production of **product** in its U.S. establishment(s) during the specified periods.

**"Average production capacity" or "capacity"** – The level of production that your establishment(s) could reasonably have expected to attain during the specified periods. Assume normal operating conditions (i.e., using equipment and machinery in place and ready to operate; normal operating levels (hours per week/weeks per year) and time for downtime, maintenance, repair, and cleanup; and a typical or representative product mix).

**"Production"** – All production in your U.S. establishment(s), including production consumed internally within your firm and production for another firm under a toll agreement.

**"U.S. commercial shipments"** –Shipments made within the United States as a result of an arm's length commercial transaction in the ordinary course of business. Report net values (i.e., gross sales values less all discounts, allowances, rebates, prepaid freight, and the value of returned goods) in U.S. dollars, f.o.b. your point of shipment.

**"Internal consumption"** – Product consumed internally by your firm.

**"Transfers to related firms"** –Shipments made to related domestic firms. Such transactions are valued at fair market value.

**"Related firm"** –A firm that your firm solely or jointly owns, manages, or otherwise controls. Such transactions are valued at fair market value.

**"Export shipments"** –Shipments to destinations outside the United States, including shipments to related firms.

**"Inventories"** – Finished goods inventory, not raw materials or work-in-progress.

*Note: As requested in Part I of this questionnaire, please keep all supporting documents/records used in the preparation of the trade data, as Commission staff may contact your firm regarding questions on the trade data. The Commission may also request that your company submit copies of the supporting documents/records (such as production and sales schedules, inventory records, etc.) used to compile these data.*

**II-7. Production, shipment and inventory data.**

Quantity (in <b>UNITS</b> ) and value (in <b>\$1,000</b> )					
Item	Calendar years			January-March	
	2012	2013	2014	2014	2015
<b>Average production capacity</b> <sup>1</sup> (quantity) (A)					
<b>Beginning-of-period inventories</b> (quantity) (B)					
<b>Production</b> (quantity) (C)					
<b>U.S. shipments:</b>					
<b>Commercial shipments:</b>					
Quantity (D)					
Value (E)					
<b>Internal consumption:</b>					
Quantity (F)					
Value <sup>2</sup> (G)					
<b>Transfers to related firms:</b>					
Quantity (H)					
Value <sup>2</sup> (I)					
<b>Export shipments:</b> <sup>3</sup>					
Quantity (J)					
Value (K)					
<b>End-of-period inventories</b> <sup>4</sup> (quantity) (L)					
<p><sup>1</sup> The production capacity reported is based on operating ___ hours per week, ___ weeks per year. Please describe the methodology used to calculate production capacity, and explain any changes in reported capacity ____.</p> <p><sup>2</sup> Internal consumption and transfers to related firms must be valued at fair market value. In the event that your firm uses a different basis for valuing these transactions, please specify that basis (e.g., cost, cost plus, etc.) and provide value data using that basis for each of the periods noted above: ____.</p> <p><sup>3</sup> Identify your firm's principal export markets: ____.</p>					

***RECONCILIATION OF SHIPMENTS, PRODUCTION, AND INVENTORY.***--Generally, the data reported for the end-of-period inventories (i.e., line L) should be equal to the beginning-of-period inventories (i.e., line B), plus production (i.e., line C), less total shipments (i.e., lines D, F, H, and J). Please ensure that any differences are not due to data entry errors in completing this form, but rather actually reflect your firm's records; and also provide any likely explanations for any differences (e.g., theft, loss, damage, record systems issues, etc.) if they exist.

Reconciliation	Calendar years			January-March	
	2012	2013	2014	2014	2015
B + C – D – F – H – J – L = should equal zero ("0") or provide an explanation. <sup>1</sup>	0	0	0	0	0
<sup>1</sup> Explanation if the calculated fields above are returning values other than zero (i.e., "0") but are nonetheless accurate: ____.					

II-8. **Channels of distribution.**-- Report your firm's commercial U.S. shipments by channel of distribution.

Quantity (in <b>UNITS</b> ) and value (in <b>\$1,000</b> )					
Item	Calendar years			January-March	
	2012	2013	2014	2014	2015
<b>Channels of distribution:</b>					
<b>Commercial U.S. shipments:</b>					
To distributors ( <i>quantity</i> ) (M)					
To end users ( <i>quantity</i> ) (N)					

Reconciliation	Calendar years			January-March	
	2012	2013	2014	2014	2015
M + N – D = zero ("0"), if not revise.	0	0	0	0	0

II-9. **Employment data.**--Report your firm's employment-related data related to the production of **product** and provide any explanation for any trends in these data.

**"Production Related Workers" (PRWs)** includes working supervisors and all nonsupervisory workers (including group leaders and trainees) engaged in fabricating, processing, assembling, inspecting, receiving, storage, handling, packing, warehousing, shipping, trucking, hauling, maintenance, repair, janitorial and guard services, product development, auxiliary production for plant's own use (e.g., power plant), recordkeeping, and other services closely associated with the above production operations.

Average number employed may be computed by adding the number of employees, both full time and part time, for the 12 pay periods ending closest to the 15th of the month and divide that total by 12. For the January to **March/June/September** periods, calculate similarly and divide by **3/6/9**.

**"Hours worked"** includes time paid for sick leave, holidays, and vacation time. Include overtime hours actually worked; do not convert overtime pay to its equivalent in straight time hours.

**"Wages paid"** --Total wages paid before deductions of any kind (e.g., withholding taxes, old-age and unemployment insurance, group insurance, union dues, bonds, etc.). Include wages paid directly by your firm for overtime, holidays, vacations, and sick leave.

Item	Calendar years			January-March	
	2012	2013	2014	2014	2015
Average number of PRWs (number)					
Hours worked by PRWs (1,000 hours)					
Wages paid to PRWs (\$1,000)					

Explanation of trends:

II-10. **Related firms.**--If your firm reported transfers to related firms in question II-8, please indicate the nature of the relationship between your firm and the related firms (e.g., joint venture, wholly owned subsidiary), whether the transfers were priced at market value or by a non-market formula, whether your firm retained marketing rights to all transfers, and whether the related firms also processed inputs from sources other than your firm.

II-11. **Purchases.**--Other than direct imports, has your firm otherwise purchased **product** since January 1, 2012?

**“Purchase”** – A transaction to buy product from a U.S. corporate entity such as another U.S. producer, a U.S. distributor, or a U.S. firm that has directly imported the product.

**“Direct import”** –A transaction to buy from a foreign producer where your firm is the importer of record or consignee.

No             Yes--Report such purchases below and explain the reasons for your firms' purchases:

<b>(Quantity in units)</b>					
Item	Calendar years			January-March	
	2012	2013	2014	2014	2015
<b>Purchases from U.S. importers<sup>1</sup> of product from—</b>					
<b>COUNTRY 1:</b>					
<b>COUNTRY 2:</b>					
<b>Purchases from domestic producers<sup>2</sup></b>					
<b>Purchases from other sources<sup>2</sup></b>					
<sup>1</sup> Please list the name of the importer(s) from which your firm purchased this product. If your firm’s import suppliers differ by source, please identify the source for each listed supplier: _____. <sup>2</sup> Please list the name of the producer(s) or U.S. distributor(s) from which your firm purchased this product: _____.					

II-12. **Other explanations.**--If your firm would like to further explain a response to a question in Part II that did not provide a narrative box, please note the question number and the explanation in the space provided below. Please also use this space to highlight any issues your firm had in providing the data in this section, including but not limited to technical issues with the MS Word questionnaire.

**PART III.--FINANCIAL INFORMATION**

Address questions on this part of the questionnaire to **AUDITOR (202-xxx-xxxx, NAME@usitc.gov)**.

III-1. **Contact information.**-- Please identify the responsible individual and the manner by which Commission staff may contact that individual regarding the confidential information submitted in part III.

Name	
Title	
Email	
Telephone	
Fax	

III-2. **Accounting system.**--Briefly describe your firm's financial accounting system.

A. When does your firm's fiscal year end (month and day)? \_\_\_\_\_  
 If your firm's fiscal year changed during the data-collection period, explain below:

B.1. Describe the lowest level of operations (e.g., plant, division, company-wide) for which financial statements are prepared that include **product**:

2. Does your firm prepare profit/loss statements for **product**:  
 Yes       No

3. How often did your firm (or parent company) prepare financial statements (including annual reports, 10Ks)? Please check relevant items below.  
 Audited,    unaudited,    annual reports,    10Ks,    10 Qs,  
 Monthly,    quarterly,    semi-annually,    annually

4. Accounting basis:  GAAP,    cash,    tax, or    other comprehensive basis of accounting (specify) \_\_\_\_\_

*Note: As requested in Part I of this questionnaire, please keep all supporting documents/records used in the preparation of the financial data, as Commission staff may contact your firm regarding questions on the financial data. The Commission may also request that your company submit copies of the supporting documents/records (financial statements, including internal profit-and-loss statements for the division or product group that includes **product**, as well as specific statements and worksheets) used to compile these data.*

III-3. **Cost accounting system.**--Briefly describe your firm's cost accounting system (e.g., standard cost, job order cost, etc.).

III-4. **Allocation basis.**--Briefly describe your firm's allocation basis, if any, for COGS, SG&A, and interest expense and other income and expenses.

III-5. **Other products.**--Please list the products your firm produced in the facilities in which your firm produced **product**, and provide the share of net sales accounted for by these other products in your firm's most recent fiscal year.

Products	Share of sales
<b>Product</b>	%
	%
	%
	%
	%

III-6. Does your firm purchase **inputs** (raw materials, labor, energy, or any services) used in the production of **product** from any related suppliers (e.g., inclusive of transactions between related firms, divisions and/or other components within the same company)?

Yes--Continue to question III-7.       No--Continue to question III-9a.

III-7. **Inputs from related suppliers.**--Please identify the inputs used in the production of **product** that your firm purchases from related suppliers and that are reflected in table III-9a. For "Share of total COGS" please report this information by relevant input on the basis of your most recently completed fiscal year. For "Input valuation" please describe the basis, as recorded in your company's own accounting system, of the purchase cost from the related supplier; e.g., the related supplier's actual cost, cost plus, negotiated transfer price to approximate fair market value.

Input	Related supplier	Share of total COGS
<b>Input valuation as recorded in the firm's accounting books and records</b>		

III-8. **Inputs purchased from related suppliers.**--Please confirm that the inputs purchased from related suppliers, as identified in III-7, were reported in III-9a (financial results on **Product**) in a manner consistent with your firm's accounting books and records.

Yes

No--In the space below, please report the valuation basis of inputs purchased from related suppliers as reported in table III-9a.

--



III-9a. **Operations on product.**--Report the revenue and related cost information requested below on the **product** operations of your firm's U.S. establishment(s).<sup>1</sup> Do **not** report resales of products. Note that internal consumption and transfers to related firms must be valued at fair market value. Input purchases from related suppliers should be consistent with and based on information in the firm's accounting books and records. Provide data for your firm's three most recently completed fiscal years, and for the specified interim periods. If your firm was involved in tolling operations (either as the toller or as the tollee), please contact **AUDITOR** at (202) **XXX-XXXX** before completing this section of the questionnaire.

Quantity ( <i>in units</i> ) and value (in \$1,000)					
Item	Fiscal years ended--			January-March	
	2012	2013	2014	2014	2015
<b>Net sales quantities:</b> <sup>2</sup>					
Commercial sales ("CS")					
Internal consumption ("IC")					
Transfers to related firms ("Transfers")					
Total net sales quantities	0	0	0	0	0
<b>Net sales values:</b> <sup>2</sup>					
Commercial sales					
Internal consumption					
Transfers to related firms					
Total net sales values	0	0	0	0	0
<b>Cost of goods sold (COGS):</b> <sup>3</sup>					
Raw materials					
Direct labor					
Other factory costs					
Total COGS	0	0	0	0	0
<b>Gross profit or (loss)</b>	0	0	0	0	0
<b>Selling, general, and administrative (SG&amp;A) expenses:</b>					
Selling expenses					
General and administrative expenses					
Total SG&A expenses	0	0	0	0	0
<b>Operating income (loss)</b>	0	0	0	0	0
<b>Other expenses and income:</b>					
Interest expense					
All other expense items					
All other income items					
<b>Net income or (loss) before income taxes</b>	0	0	0	0	0
<b>Depreciation/amortization included above</b>					
<sup>1</sup> Include only sales (whether <u>domestic or export</u> ) and costs related to your <u>U.S. manufacturing operations</u> . <sup>2</sup> Less discounts, returns, allowances, and prepaid freight. The quantities and values should approximate the corresponding shipment quantities and values reported in Part II of this questionnaire. <sup>3</sup> COGS (whether for domestic or export sales) should include <u>costs associated with CS, IC, and Transfers</u> .					

*Note -- The table above contains calculations that will appear when you have entered data in the MS Word form fields.*

III-9b. **Financial data reconciliation.**--The calculable line items from question III-9a (*i.e.*, total net sales quantities and values, total COGS, gross profit (or loss), total SG&A, and net income (or loss)) have been calculated from the data submitted in the other line items. Do the calculated fields return the correct data according to your firm's financial records ignoring non-material differences that may arise due to rounding?

Yes     No--If the calculated fields do not show the correct data, please double check the feeder data for data entry errors and revise.

Also, check signs accorded to the post operating income line items; the two expense line items should report positive numbers (*i.e.*, expenses are positive and incomes or reversals are negative--instances of the latter should be rare in those lines) while the income line item also in most instances should have its value be a positive number (*i.e.*, income is positive, expenses or reversals are negative).

If after reviewing and potentially revising the feeder data your firm has provided, the differences between your records and the calculated fields persist please identify and discuss the differences in the space below.

III-10. **Nonrecurring items (charges and gains) included in the subject product financial results.**--For each annual and interim period for which financial results are reported in question III-9a, please specify all material (significant) nonrecurring items (charges and gains) in the schedule below, the specific table III-9a line item where the nonrecurring items are included, a brief description of the relevant nonrecurring items, and the associated values (*in \$1,000*), as reflected in table III-9a; *i.e.*, if an aggregate nonrecurring item has been allocated to table III-9a, only the allocated value amount included in table III-9a should be reported in the schedule below. Note: The Commission's objective here is to gather information only on material (significant) nonrecurring items which impacted the reported financial results of the subject product in table III-9a.

	Fiscal years ended--			January-March	
	2012	2013	2014	2014	2015
<b>Nonrecurring item:</b> In this column please provide a brief description of each nonrecurring item and indicate the specific line item in table III-9a where the nonrecurring item is classified.	<b>Nonrecurring item:</b> In these columns please report the amount of the relevant nonrecurring item reported in table III-9a.  <b>Value (\$1,000)</b>				
1. , classified as					
2. , classified as					
3. , classified as					
4. , classified as					
5. , classified as					
6. , classified as					
7. , classified as					

III-11. **Classification of identified nonrecurring items (charges and gains) in the accounting books and records of the company.**--If non-recurring items were reported in table III-10 above, please identify where your company recorded these items in your accounting books and records in the normal course of business; i.e., III-10 information designates where these items are reported in table III-9a.

--

III-12. **Asset values.**--Report the total assets (i.e., both current and long-term assets) associated with the production, warehousing, and sale of **product**. If your firm does not maintain some or all of the specific asset information necessary to calculate total assets for **product** in the normal course of business, please estimate this information based upon a method (such as production, sales, or costs) that is consistent with your firm's cost allocations in the previous question. Provide data as of the end of your firm's three most recently completed fiscal years.

**Note:** Total assets should reflect net assets after any accumulated depreciation and allowances deducted.

Total assets should be allocated to the subject products if these assets are also related to other products. Please provide a brief explanation if there are any substantial changes in total asset value during the period; e.g., due to asset write-offs, revaluation, and major purchases.

Value (in \$1,000)			
Item	Fiscal years ended--		
	2012	2013	2014
<b>Total assets (net)</b> <sup>1</sup>			
<sup>1</sup> Describe _____			

III-13. **Capital expenditures and research and development expenses.**--Report your firm's capital expenditures and research and development expenses for **product**. Provide data for your firm's three most recently completed fiscal years, and for the specified interim periods.

Value (in \$1,000)					
Item	Fiscal years ended--			January-March	
	2012	2013	2014	2014	2015
<b>Capital expenditures</b>					
<b>Research and development expenses</b>					
<sup>1</sup> Please indicate the nature, focus, and significance of your firm's capital expenditures on the subject product.					

III-14. **Data consistency and reconciliation.**--Please indicate whether your firm's financial data for questions III-9a, 12, and 13a are based on a calendar year or on your firm's fiscal year:

Calendar year	Fiscal year	Specify fiscal year
<input type="checkbox"/>	<input type="checkbox"/>	

Please note the quantities and values reported in question III-9a should reconcile with the data reported in question II-7 (including export shipments) as long as they are reported on the same calendar year basis.

Do these data in question III-9a reconcile with data in question II-7?

Yes	No	If no, please explain.
<input type="checkbox"/>	<input type="checkbox"/>	

III-15a. **Effects of imports on investment.**--Since January 1, 2012, has your firm experienced any actual negative effects on its return on investment or the scale of capital investments as a result of imports of **product** from **Country**?

No                       Yes--My firm has experienced actual negative effects as follows:

<i>(check as many as appropriate)</i>		<i>(please describe)</i>
<input type="checkbox"/>	Cancellation, postponement, or rejection of expansion projects	
<input type="checkbox"/>	Denial or rejection of investment proposal	
<input type="checkbox"/>	Reduction in the size of capital investments	
<input type="checkbox"/>	Return on specific investments negatively impacted	
<input type="checkbox"/>	Other	

III-15b. Does your firm's response differ by country?

No	Yes	If yes, indicate which country and why:
<input type="checkbox"/>	<input type="checkbox"/>	

III-16a. **Effects of imports on growth and development.**--Since January 1, 2012, has your firm experienced any actual negative effects on its growth, ability to raise capital, or existing development and production efforts (including efforts to develop a derivative or more advanced version of the product) as a result of imports of **product** from **Country**?

No                       Yes--My firm has experienced actual negative effects as follows:

<i>(check as many as appropriate)</i>		<i>(please describe)</i>
<input type="checkbox"/>	Rejection of bank loans	
<input type="checkbox"/>	Lowering of credit rating	
<input type="checkbox"/>	Problem related to the issue of stocks or bonds	
<input type="checkbox"/>	Ability to service debt	
<input type="checkbox"/>	Other	

III-16b. Does your firm's response differ by country?

No	Yes	If yes, indicate which country and why:
<input type="checkbox"/>	<input type="checkbox"/>	

III-17a. **Anticipated effects of imports.**--Does your firm anticipate any negative effects due to imports of **product** from **Country**?

No	Yes	If yes, my firm anticipates negative effects as follows:
<input type="checkbox"/>	<input type="checkbox"/>	

III-17b. Does your firm's response differ by country?

No	Yes	If yes, indicate which country and why:
<input type="checkbox"/>	<input type="checkbox"/>	

III-18. **Other explanations.**--If your firm would like to further explain a response to a question in Part III that did not provide a narrative box, please note the question number and the explanation in the space provided below. Please also use this space to highlight any issues your firm had in providing the data in this section, including but not limited to technical issues with the MS Word questionnaire.

**PART IV.-- PRICING AND MARKET FACTORS**

Further information on this part of the questionnaire can be obtained from **Economist (202-xxx-xxxx, NAME@usitc.gov)**.

IV-1. **Contact information.**--Please identify the individual that Commission staff may contact regarding the confidential information submitted in part IV.

Name	
Title	
Email	
Telephone	
Fax	

**PRICE DATA**

IV-2. This question requests quarterly quantity and value data for your firm's commercial shipments to unrelated U.S. customers since January 1, 2012 of the following products produced by your firm.

**Product 1.--DEFINE**

**Product 2.--DEFINE**

**Product 3.--DEFINE**

**Product 4.--DEFINE**

**Please note that values should be f.o.b., U.S. point of shipment and should not include U.S.-inland transportation costs. Values should reflect the *final net* amount paid to your firm (i.e., should be net of all deductions for discounts or rebates).**

During **January 2012-March 2015**, did your firm produce and sell to unrelated U.S. customers any of the above listed products (or any products that were competitive with these products)?

<input type="checkbox"/>	<b>Yes.</b> --Please complete the following pricing data table(s) as appropriate.
<input type="checkbox"/>	<b>No.</b> --Skip to question IV-3.

IV-2. **Price data.**--Report below the quarterly price data<sup>1</sup> for pricing products<sup>2</sup> produced and sold by your firm.

**Report data in actual units and actual dollars (not 1,000s).**

(Quantity in <i>units</i> , value in <i>dollars</i> )								
Period of shipment	Product 1		Product 2		Product 3		Product 4	
	Quantity	Value	Quantity	Value	Quantity	Value	Quantity	Value
<b>2012:</b>								
January-March								
April-June								
July-September								
October-December								
<b>2013:</b>								
January-March								
April-June								
July-September								
October-December								
<b>2014:</b>								
January-March								
April-June								
July-September								
October-December								
<b>2015:</b>								
January-March								
April-June								

<sup>1</sup> Net values (*i.e.*, gross sales values less all discounts, allowances, rebates, prepaid freight, and the value of returned goods), f.o.b. your firm's U.S. point of shipment.

<sup>2</sup> Pricing product definitions are provided on the first page of Part IV.

**Note.**--If your firm's product does not exactly meet the product specifications but is competitive with the specified product, provide a description of your firm's product. Also, please explain any anomalies in your firm's reported pricing data.

Product 1:  
Product 2:  
Product 3:  
Product 4:

**Pricing data methodology.**—Please describe the method and the kinds of documents/records that were used to compile your price data.

*Note: As requested in Part I of this questionnaire, please keep all supporting documents/records used in the preparation of the price data, as Commission staff may contact your firm regarding questions on the price data. The Commission may also request that your company submit copies of the supporting documents/records (such as sales journal, invoices, etc.) used to compile these data.*



IV-3. **Price setting.**-- How does your firm determine the prices that it charges for sales of **product** (check all that apply)? If your firm issues price lists, please submit sample pages of a recent list.

Transaction by transaction	Contracts	Set price lists	Other	If other, describe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

IV-4. **Discount policy.**-- Please indicate and describe your firm's discount policies (check all that apply).

Quantity discounts	Annual total volume discounts	No discount policy	Other	Describe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

IV-5. **Pricing terms.**--

(a) What are your firm's typical sales terms for its U.S.-produced **product**?

Net 30 days	Net 60 days	2/10 net 30 days	Other	Other (specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(b) On what basis are your firm's prices of domestic **product** usually quoted (check one)?

Delivered	F.o.b.	If f.o.b., specify point
<input type="checkbox"/>	<input type="checkbox"/>	

IV-6. **Contract versus spot.**--Approximately what share of your firm's sales of its U.S.-produced **product** in 2014 was on a (1) long-term contract basis, (2) annual contract basis, (3) short-term contract basis, and (4) spot sales basis?

	Type of sale				Total (should sum to 100.0%)
	Long-term contracts (multiple deliveries for more than 12 months)	Annual contracts (multiple deliveries for 12 months)	Short-term contracts (multiple deliveries for less than 12 months)	Spot sales (for a single delivery)	
<b>Share of 2014 sales</b>	%	%	%	%	0.0 %

IV-7. **Contract provisions.**--Please fill out the table regarding your firm's typical sales contracts for U.S.-produced **product** (or check "not applicable" if your firm does not sell on a long-term, short-term and/or annual contract basis).

<b>Typical sales contract provisions</b>	<b>Item</b>	<b>Short-term contracts</b> (multiple deliveries for less than 12 months)	<b>Annual contracts</b> (multiple deliveries for 12 months)	<b>Long-term contracts</b> (multiple deliveries for more than 12 months)
Average contract duration	<i># of days</i>		365	
Price renegotiation (during contract period)	<i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>No</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fixed quantity and/or price	<i>Quantity</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Price</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Both</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meet or release provision	<i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>No</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV-8. **Lead times.**--What is your firm's share of sales from inventory and produced to order and what is the typical lead time between a customer's order and the date of delivery for your firm's sales of its U.S.-produced **product**?

<b>Source</b>	<b>Share of 2014 sales</b>	<b>Lead time (days)</b>
From inventory	%	
Produced to order	%	
<b>Total</b> (should sum to 100.0%)	0.0 %	

IV-9. **Shipping information.**--

- (a) What is the approximate percentage of the total delivered cost of U.S.-produced **product** that is accounted for by U.S. inland transportation costs? \_\_\_\_\_ percent
- (b) Who generally arranges the transportation to your firm's customers' locations?  
 Your firm     Purchaser (*check one*)
- (c) Indicate the approximate percentage of your firm's sales of **product** that are delivered the following distances from its production facility.

Distance from production facility	Share
Within 100 miles	%
101 to 1,000 miles	%
Over 1,000 miles	%
<b>Total</b> (should sum to 100.0%)	0.0 %

- IV-10. **Geographical shipments.**-- In which U.S. geographic market area(s) has your firm sold its U.S.-produced **product** since January 1, 2012 (check all that apply)?

Geographic area	✓ if applicable
<b>Northeast.</b> --CT, ME, MA, NH, NJ, NY, PA, RI, and VT.	<input type="checkbox"/>
<b>Midwest.</b> --IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, and WI.	<input type="checkbox"/>
<b>Southeast.</b> --AL, DE, DC, FL, GA, KY, MD, MS, NC, SC, TN, VA, and WV.	<input type="checkbox"/>
<b>Central Southwest.</b> --AR, LA, OK, and TX.	<input type="checkbox"/>
<b>Mountains.</b> --AZ, CO, ID, MT, NV, NM, UT, and WY.	<input type="checkbox"/>
<b>Pacific Coast.</b> --CA, OR, and WA.	<input type="checkbox"/>
<b>Other.</b> --All other markets in the United States not previously listed, including AK, HI, PR, and VI.	<input type="checkbox"/>

IV-11. **End uses.**--List the end uses of the **product** that your firm manufactures. For each end-use product, what percentage of the total cost is accounted for by **product** and other inputs?

End use product	Share of total cost of end use product accounted for by		Total (should sum to 100.0% across)
	Product	Other inputs	
	%	%	0.0 %
	%	%	0.0 %
	%	%	0.0 %

IV-12. **Substitutes.**-- Can other products be substituted for **product**?

No                       Yes--Please fill out the table.

Substitute	End use in which this substitute is used	Have changes in the price of this substitute affected the price for <b>product</b> ?		
		No	Yes	Explanation
1.		<input type="checkbox"/>	<input type="checkbox"/>	
2.		<input type="checkbox"/>	<input type="checkbox"/>	
3.		<input type="checkbox"/>	<input type="checkbox"/>	

IV-13. **Demand trends.**-- Indicate how demand within the United States and outside of the United States (if known) for **product** has changed since January 1, 2012. Explain any trends and describe the principal factors that have affected these changes in demand.

Market	Overall increase	No change	Overall decrease	Fluctuate with no clear trend	Explanation and factors
Within the United States	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outside the United States	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

IV-14. **Product changes.**--Have there been any significant changes in the product range, product mix, or marketing of **product** since January 1, 2012?

No	Yes	If yes, please describe and quantify if possible.
<input type="checkbox"/>	<input type="checkbox"/>	

IV-15. **Conditions of competition.**--

(a) Is the **product** market subject to business cycles (other than general economy-wide conditions) and/or other conditions of competition distinctive to **product**? If yes, describe.

Check all that apply.	Please describe.
<input type="checkbox"/> No	Skip to question IV-16.
<input type="checkbox"/> Yes-Business cycles (e.g. seasonal business)	
<input type="checkbox"/> Yes-Other distinctive conditions of competition	

(b) If yes, have there been any changes in the business cycles or conditions of competition for **product** since January 1, 2012?

No	Yes	If yes, describe.
<input type="checkbox"/>	<input type="checkbox"/>	

IV-16. **Supply constraints.**--Has your firm refused, declined, or been unable to supply **product** since January 1, 2012 (examples include placing customers on allocation or "controlled order entry," declining to accept new customers or renew existing customers, delivering less than the quantity promised, been unable to meet timely shipment commitments, etc.)?

No	Yes	If yes, please describe.
<input type="checkbox"/>	<input type="checkbox"/>	

IV-17. **Raw materials.**--How have **product** raw materials prices changed since January 1, 2012?

Overall increase	No change	Overall decrease	Fluctuate with no clear trend	Explain, noting how raw material price changes have affected your firm's selling prices for <b>product</b> .
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

IV-18. **Interchangeability.**--Is **product** produced in the United States and in other countries interchangeable (*i.e.*, can they physically be used in the same applications)?

Please indicate A, F, S, N, or O in the table below:

A = the products from a specified country-pair are *always* interchangeable

F = the products are *frequently* interchangeable

S = the products are *sometimes* interchangeable

N = the products are *never* interchangeable

O = *no familiarity* with products from a specified country-pair

Country-pair	Country 1	Country 2	Country 3	Other countries
United States				
Country 1	X			
Country 2	X	X		
Country 3	X	X	X	
For any country-pair producing <b>product</b> that is <i>sometimes</i> or <i>never</i> interchangeable, identify the country-pair and explain the factors that limit or preclude interchangeable use:				

IV-19. **Factors other than price.**--Are differences other than price (*e.g.*, quality, availability, transportation network, product range, technical support, *etc.*) between **product** produced in the United States and in other countries a significant factor in your firm's sales of the products?

Please indicate A, F, S, N, or O in the table below:

A = such differences are *always* significant

F = such differences are *frequently* significant

S = such differences are *sometimes* significant

N = such differences are *never* significant

O = *no familiarity* with products from a specified country-pair

Country-pair	Country 1	Country 2	Country 3	Other countries
United States				
Country 1	X			
Country 2	X	X		
Country 3	X	X	X	
<p>For any country-pair for which factors other than price <i>always</i> or <i>frequently</i> are a significant factor in your firm's sales of <b>product</b>, identify the country-pair and report the advantages or disadvantages imparted by such factors:</p>   				

IV-20. **Customer identification.**--List the names and contact information for your firm's 10 largest U.S. customers for **product** since January 1, 2012. Indicate the share of the quantity of your firm's total shipments of **product** that each of these customers accounted for in 2014.

**FOR FINAL INVESTIGATIONS DELETE CONTACT PERSON, EMAIL, AND TELEPHONE**

	Customer's name	Contact person	Email	Telephone	City	State	Share of 2014 sales (%)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							



**IV-21. Competition from imports**

- (a) **Lost revenue.**--Since January 1, 2012: To avoid losing sales to competitors selling **product** from **Country**, did your firm:

	<b>No</b>	<b>Yes</b>
<b>Reduce prices</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Roll back announced price increases</b>	<input type="checkbox"/>	<input type="checkbox"/>

- (b) **Lost sales.**--Since January 1, 2012: Did your firm lose sales of **product** to imports of this product from **Country**?

<b>No</b>	<b>Yes</b>
<input type="checkbox"/>	<input type="checkbox"/>

- (c) **PRELIM ONLY- DELETE this question in FINALS. The submission of lost sales/lost revenue allegations is to be completed only by NON-PETITIONERS.**

If your firm indicated “yes” to any of the above, your firm can provide the Commission with additional information by downloading and completing the lost sales/lost revenues worksheet at [http://usitc.gov/trade\\_remedy/question.htm](http://usitc.gov/trade_remedy/question.htm). Note that the Commission may contact the firms named to verify the allegations reported.

Is your firm submitting the lost sales/lost revenues worksheet?

<input type="checkbox"/>	No—Please explain.
<input type="checkbox"/>	Yes—Please complete the worksheet and submit via the Commission dropbox. <a href="https://dropbox.usitc.gov/oinv/">https://dropbox.usitc.gov/oinv/</a> . (PIN: <b>XXXX</b> )

- IV-22. Other explanations.**--If your firm would like to further explain a response to a question in Part IV that did not provide a narrative response box, please note the question number and the explanation in the space provided below. Please also use this space to highlight any issues your firm had in providing the data in this section, including but not limited to technical issues with the MS Word questionnaire.

## HOW TO FILE YOUR QUESTIONNAIRE RESPONSE

This questionnaire is available as a “fillable” form in MS Word format on the Commission’s website at: [LINK](#)

***Please do not attempt to modify the format or permissions of the questionnaire document.*** Please submit the completed questionnaire using one of the methods noted below. If your firm is unable to complete the MS Word questionnaire or cannot use one of the electronic methods of submission, please contact the Commission for further instructions.

- **Upload via Secure Drop Box.**—Upload the MS Word questionnaire along with a scanned copy of the signed certification page (page 1) through the Commission’s secure upload facility:

**Web address:** <https://dropbox.usitc.gov/oinv/>      **Pin:** XXXX

- **E-mail.**—E-mail the MS Word questionnaire to [NAME@usitc.gov](mailto:NAME@usitc.gov); include a scanned copy of the signed certification page (page 1). *Please note that submitting your questionnaire by e-mail may subject your firm’s business proprietary information to transmission over an unsecure environment and to possible disclosure. If you choose this option, the Commission warns you that any risk involving possible disclosure of such information is assumed by the submitter and not by the Commission.*

**If your firm does not produce this product**, please fill out page 1, print, sign, and submit a scanned copy to the Commission.

***Parties to this proceeding.***—If your firm is a party to this proceeding, it is required to serve a copy of the completed questionnaire on parties to the proceeding that are subject to administrative protective order (see 19 CFR § 207.7). A list of such parties may be obtained from the Commission’s Secretary (202-205-1803). A certificate of service must accompany the completed questionnaire you submit (see 19 CFR § 207.7). Service of the questionnaire must be made in paper form.