LYON COUNTY FOCUS GROUP:

INPUT-OUTPUT SESSION
LYON COUNTY FOCUS GROUP:

INPUT-OUTPUT SESSION

Study Conducted by

Thomas R. Harris

and

Robert R. Fletcher

Thomas R. Harris is a Professor in the Department of Applied Economics and Statistics and Director of the University Center for Economic Development at the University of Nevada, Reno.

Robert R. Fletcher is a Professor in the Department of Applied Economics and Statistics and the University Center for Economic Development at Clark County Cooperative Extension, Las Vegas, Nevada.

March 1996
This publication, *Lyon County Focus Group: Input-Output Session*, was published by the University of Nevada Economic Development Center. Funds for the publication were provided by the United States Department of Commerce Economic Development Administration under University Centers Program contract #07-06-03262-95. This publication's statements, findings, conclusions, recommendations, and/or data represent solely the findings and views of the authors and do not necessarily represent the views of the United States Department of Commerce, the Economic Development Administration, University of Nevada, or any reference sources used or quoted by this study. Reference to research projects, programs, books, magazines, or newspaper articles does not imply an endorsement or recommendation by the authors unless otherwise stated. Correspondence regarding this document should be sent to:

Thomas R. Harris, Director  
University Center for Economic Development  
University of Nevada, Reno  
Department of Applied Economics and Statistics  
Mail Stop 204  
Reno, Nevada 89557-0105
LYON COUNTY FOCUS GROUP

SESSION OUTLINE

1. Introduction
2. Walker River Basin Study
3. What is Input-Output Analysis?
4. How can Input-Output Analysis Be Used?
5. Demonstration of Input-Output Analysis and Its Applications
6. Questionnaire Discussion
7. Wrap-up
### BUSINESS QUESTIONNAIRE — GENERAL TRADE

Name of Firm: ____________________________

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>TOTAL</th>
<th>IN COUNTY</th>
<th>OTHER NEVADA</th>
<th>OUT OF STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL REVENUES:</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>COST OF GOODS SOLD:</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>TOTAL EXPENSES:</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

1. Labor
   - FTE Employee Count
   - Wages & Salaries: $______ $______ $______ $______
   - Commission/Tips:  $______ $______ $______ $______
   - Other Compensation: $______ $______ $______ $______
   - Payroll Taxes: $______ $______ $______ $______
   - Business Activity Tax: $______ $______ $______ $______
   - Proprietor Income: $______ $______ $______ $______

2. Supplies & Materials:
   - Merchandise:
     - Specify: $______ $______ $______ $______
     - Specify: $______ $______ $______ $______
     - Specify: $______ $______ $______ $______
     - Specify: $______ $______ $______ $______

3. Utilities & Professional Services:
   - Gas: $______ $______ $______ $______
   - Electricity: $______ $______ $______ $______
   - Sewer: $______ $______ $______ $______
   - Water: $______ $______ $______ $______
   - Telephone: $______ $______ $______ $______
   - Postage: $______ $______ $______ $______
   - Accounting, Legal: $______ $______ $______ $______
   - Insurance: $______ $______ $______ $______

4. Miscellaneous:
   - Square Footage: __________
   - Rental Payments: $______ $______ $______ $______
   - If Owned, Property Tax: $______ $______ $______ $______
   - All Interest Payments: $______ $______ $______ $______

May we have a contact person for data verification? Name: ____________________________ Phone: ____________________________

May we call on you or this person to help us review our data? [ ] Yes [ ] No
# BUSINESS QUESTIONNAIRE — CONSTRUCTION

Name of Firm: 

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>TOTAL</th>
<th>COUNTY</th>
<th>OTHER NEVADA</th>
<th>OUT OF STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL REVENUES:</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>TOTAL EXPENSES:</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

1. Labor
   - FTE Employee Count
   - Wages & Salaries
   - Other Compensation
   - Payroll Taxes
   - Business Activity Tax
   - Proprietor Income

2. Materials and/or Subcontracts:
   - Lumber
   - Concrete
   - Electrical
   - Plumbing
   - Sand and Gravel
   - Excavation
   - Asphalt
   - Drywall
   - Finish Work
   - Tools & Equipment
   - Fuel Costs
   - Other
   - Other

3. Utilities & Professional Services:
   - Gas
   - Electricity
   - Sewer
   - Water
   - Telephone
   - Postage
   - Accounting, Legal
   - Insurance

4. Miscellaneous:
   - Building Type:
     - $ [costs per square foot]
     - $ [costs per square foot]
     - $ [costs per square foot]
   - Rental Payments
   - If Owned, Property Tax
   - All Interest Payments

May we have a contact person for data verification? Name: Phone: 

May we call on you or this person to help us review our data? [ ] Yes [ ] No
**BUSINESS QUESTIONNAIRE — EATING AND DRINKING PLACE**

Name of Firm: ____________________________

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>TOTAL</th>
<th>IN COUNTY</th>
<th>OTHER NEVADA</th>
<th>OUT OF STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL REVENUES:</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>COST OF GOODS SOLD:</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>TOTAL EXPENSES:</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

1. **Labor**
   - FTE Employee Count
   - Wages & Salaries
   - Tip Income
   - Other Compensation
   - Payroll Taxes
   - Business Activity Tax
   - Proprietor Income

2. **Supplies:**
   - Food
   - Liquor
   - Beer and Wine
   - Non-Food Resale Items
   - Maintenance/Cleaning
   - Kitchen Equipment
   - Other _____________________________
   - Other _____________________________

3. **Utilities & Professional Services:**
   - Gas
   - Electricity
   - Sewer
   - Water
   - Telephone
   - Postage
   - Accounting, Legal
   - Insurance

4. **Miscellaneous:**
   - Seating Capacity
   - Rental Payments
   - If Owned, Property Tax
   - All Interest Payments

May we have a contact person for data verification? Name: ____________________________ Phone: ____________________________

May we call on you or this person to help us review our data? ☐ Yes  ☐ No
# Business Questionnaire — Transportation/Warehousing

**Name of Firm:**

**Category** | **Total** | **In County** | **Other Nevada** | **Out of State**
--- | --- | --- | --- | ---
Total Revenues: | $ | $ | $ | $ |
Cost of Goods Sold: | $ | $ | $ | $ |
Total Expenses: | $ | $ | $ | $ |

1. Labor

<table>
<thead>
<tr>
<th>Item</th>
<th>Total</th>
<th>In County</th>
<th>Other Nevada</th>
<th>Out of State</th>
</tr>
</thead>
<tbody>
<tr>
<td>FTE Employee Count</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Wages &amp; Salaries</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other Compensation</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Payroll Taxes</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Business Activity Tax</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Proprietor Income</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

2. Supplies & Materials:

<table>
<thead>
<tr>
<th>Stored/Shipped</th>
<th>Total</th>
<th>In County</th>
<th>Other Nevada</th>
<th>Out of State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Specify</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Specify</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

3. Utilities & Professional Services:

<table>
<thead>
<tr>
<th>Item</th>
<th>Total</th>
<th>In County</th>
<th>Other Nevada</th>
<th>Out of State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gas</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Electricity</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Sewer</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Water</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Telephone</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Postage</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Accounting, Legal</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Transportation (FOB)</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Processing Fees</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Insurance</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

4. Miscellaneous:

<table>
<thead>
<tr>
<th>Item</th>
<th>Total</th>
<th>In County</th>
<th>Other Nevada</th>
<th>Out of State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Square Footage</td>
<td>______ (Square/cubic feet)</td>
<td>Date Built: ___</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rental Payments</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>If Owned, Property Tax</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>All Interest Payments</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

May we have a contact person for data verification? Name: ____________________ Phone: ____________________

May we call on you or this person to help us review our data? □ Yes □ No
## BUSINESS QUESTIONNAIRE — MINING

Name of Firm: ____________________________

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>TOTAL</th>
<th>IN COUNTY</th>
<th>OTHER NEVADA</th>
<th>OUT OF STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL REVENUES:</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RAW MATERIAL COST:</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL EXPENSES:</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Labor
   - FTE Employee Count
   - Wages & Salaries
   - Commission/Tips
   - Other Compensation
   - Payroll Taxes
   - Business Activity Tax
   - In Lieu of Taxes
   - Proprietor Income

2. Supplies & Materials:
   - Merchandise:
     - Specify
     - Specify
     - Specify
     - Specify

3. Utilities & Professional Services:
   - Gas
   - Electricity
   - Sewer
   - Water
   - Telephone
   - Postage
   - Accounting, Legal
   - Transportation (FOB)
   - Insurance

4. Miscellaneous:
   - Rental Payments
   - If Owned, Property Tax
   - All Interest Payments

May we have a contact person for data verification? Name: ____________________________ Phone: ____________________________

May we call on you or this person to help us review our data? ☐ Yes ☐ No
BUSINESS QUESTIONNAIRE — MANUFACTURING

Name of Firm: ________________________________

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>TOTAL</th>
<th>IN COUNTY</th>
<th>OTHER NEVADA</th>
<th>OUT OF STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL REVENUES:</td>
<td>$____</td>
<td>$____</td>
<td>$____</td>
<td>$____</td>
</tr>
<tr>
<td>RAW MATERIAL COST:</td>
<td>$____</td>
<td>$____</td>
<td>$____</td>
<td>$____</td>
</tr>
<tr>
<td>TOTAL EXPENSES:</td>
<td>$____</td>
<td>$____</td>
<td>$____</td>
<td>$____</td>
</tr>
</tbody>
</table>

1. Labor
   - FTE Employee Count
   - Wages & Salaries: $____ $____ $____ $____
   - Commission/Tips: $____ $____ $____ $____
   - Other Compensation: $____ $____ $____ $____
   - Payroll Taxes: $____ $____ $____ $____
   - Business Activity Tax: $____ $____ $____ $____
   - Proprietor Income: $____ $____ $____ $____

2. Supplies & Materials:
   - Merchandise:
     - Specify: $____ $____ $____ $____
     - Specify: $____ $____ $____ $____
     - Specify: $____ $____ $____ $____
     - Specify: $____ $____ $____ $____

3. Utilities & Professional Services:
   - Gas: $____ $____ $____ $____
   - Electricity: $____ $____ $____ $____
   - Sewer: $____ $____ $____ $____
   - Water: $____ $____ $____ $____
   - Telephone: $____ $____ $____ $____
   - Postage: $____ $____ $____ $____
   - Accounting, Legal: $____ $____ $____ $____
   - Transportation (FOB): $____ $____ $____ $____
   - Insurance: $____ $____ $____ $____

4. Miscellaneous:
   - Square Footage: __________
   - Rental Payments: $____ $____ $____ $____
   - If Owned, Property Tax: $____ $____ $____ $____
   - All Interest Payments: $____ $____ $____ $____

May we have a contact person for data verification? Name: ___________________________ Phone: ___________________________

May we call on you or this person to help us review our data? ☐ Yes ☐ No