MINERAL COUNTY FOCUS GROUP:

INPUT-OUTPUT SESSION
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INPUT-OUTPUT SESSION

Study Conducted by

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and

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March 1996

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MINERAL COUNTY FOCUS GROUP:
INPUT-OUTPUT SESSION

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MINERAL 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>
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<th>IN COUNTY</th>
<th>OTHER NEVADA</th>
<th>OUT OF STATE</th>
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</thead>
<tbody>
<tr>
<td>Total Revenues:</td>
<td>$</td>
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<td>$</td>
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<td>Cost of Goods Sold:</td>
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<tr>
<td>Total Expenses:</td>
<td>$</td>
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## 1. Labor

- **FTE Employee Count**

<table>
<thead>
<tr>
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<th>IN COUNTY</th>
<th>OTHER NEVADA</th>
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<tbody>
<tr>
<td>Wages &amp; Salaries</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Commission/Tips</td>
<td>$</td>
<td>$</td>
<td>$</td>
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</tr>
<tr>
<td>Other Compensation</td>
<td>$</td>
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<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Payroll Taxes</td>
<td>$</td>
<td>$</td>
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</tr>
<tr>
<td>Business Activity Tax</td>
<td>$</td>
<td>$</td>
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<td>$</td>
</tr>
<tr>
<td>Proprietor Income</td>
<td>$</td>
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## 2. Supplies & Materials: Merchandise

<table>
<thead>
<tr>
<th>Specify</th>
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<th>OTHER NEVADA</th>
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</thead>
<tbody>
<tr>
<td>Merchandise</td>
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<tr>
<td>Specify</td>
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<td>Specify</td>
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</table>

## 3. Utilities & Professional Services:

<table>
<thead>
<tr>
<th>Description</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>
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<td>$</td>
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<tr>
<td>Electricity</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Sewer</td>
<td>$</td>
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<tr>
<td>Water</td>
<td>$</td>
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<tr>
<td>Telephone</td>
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<tr>
<td>Postage</td>
<td>$</td>
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<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Accounting, Legal</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Insurance</td>
<td>$</td>
<td>$</td>
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</table>

## 4. Miscellaneous:

- **Square Footage**

<table>
<thead>
<tr>
<th>Description</th>
<th>TOTAL</th>
<th>IN COUNTY</th>
<th>OTHER NEVADA</th>
<th>OUT OF STATE</th>
</tr>
</thead>
<tbody>
<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 — CONSTRUCTION

Name of Firm: ____________________________

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>TOTAL</th>
<th>COUNTY</th>
<th>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 $     $  $  $  $  

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>
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<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>
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</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: ____________________________

<table>
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<tr>
<th>CATEGORY</th>
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<tr>
<td>COST OF GOODS SOLD:</td>
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<tr>
<td>TOTAL EXPENSES:</td>
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</table>

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

2. Supplies & Materials:
   - Stored/Shipped:
     - Specify
     - Specify
     - Specify
     - Specify

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

4. Miscellaneous:
   - Square Footage (Square/cubic feet)
   - Date Built: __________
   - 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 — MINING

Name of Firm: ____________________________

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<tr>
<td>RAW MATERIAL COST:</td>
<td>$_____</td>
<td>$_____</td>
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<tr>
<td>TOTAL EXPENSES:</td>
<td>$_____</td>
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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:**

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<th>OUT OF STATE</th>
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<td>TOTAL REVENUES:</td>
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<tr>
<td>RAW MATERIAL COST:</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<tr>
<td>TOTAL EXPENSES:</td>
<td>$</td>
<td>$</td>
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</tbody>
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### 1. Labor
- **FTF 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