

Appendix F.

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Note: The facsimiles of the questionnaires illustrated in this appendix are examples of those used in the 1992 Economic Census.



U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FORM

NC-9901 (Items 1-4)

**1992 ECONOMIC CENSUSES
REPORT OF ORGANIZATION**

OMB No. 0607-0535: Approval Expires 12/31/93

DUE DATE: FEBRUARY 15, 1993

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Return your ORIGINAL completed form to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

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

Census use only																			
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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 Census Bureau. By the same law, YOUR CENSUS REPORT IS CONFIDENTIAL. It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1 - CERTIFICATION

Name of person to contact regarding this report	Address (if different from above address)	Telephone		
		Area code	Number	Extension
This report is substantially accurate.				
Signature of authorized person	Title	Date		

Item 2 - COMPANY OWNERSHIP OR CONTROL - DOMESTIC

Does another U.S. (domestic) company own more than 50 percent of the voting stock of your company OR have the power to control the management and policies of your company?

- 1 YES - Enter the following information on the owning or controlling company then go to item 3. 2 NO - Go to item 3.

Name of owning or controlling company	Home office address (Number and street, city, state, and ZIP Code)	Employer Identification Number of owning or controlling company
Percent of voting stock owned - Mark (X) one → 1 <input type="checkbox"/> Less than 50% 2 <input type="checkbox"/> 50% 3 <input type="checkbox"/> More than 50%		

Item 3 - COMPANY OWNERSHIP OR CONTROL - FOREIGN

Does a foreign entity (company, individual, government, etc.) own directly or indirectly 10 percent or more of the voting stock or other equity rights of your company?

- 1 YES - Enter the following information on the owning entity then go to item 4. 2 NO - Go to item 4.

Name of foreign beneficial owner	Home office address (Number and street, city, country)
Percent of ownership (direct or indirect) - Mark (X) one → 1 <input type="checkbox"/> Less than 10% 2 <input type="checkbox"/> 10-24% 3 <input type="checkbox"/> 25-49% 4 <input type="checkbox"/> 50% 5 <input type="checkbox"/> 51-99% 6 <input type="checkbox"/> 100%	

Item 4 - FOREIGN AFFILIATES

Does this company alone, or with its domestic affiliates, own 10 percent or more of the voting stock of an incorporated foreign business enterprise, or an equivalent interest in an unincorporated foreign business enterprise, including ownership of real estate?

- 1 YES 2 NO

1992 ECONOMIC CENSUSES
REPORT OF ORGANIZATION

Refer to this CENSUS FILE NUMBER in any correspondence pertaining to this report

Item 5A — ESTABLISHMENTS OF YOUR COMPANY AND ITS SUBSIDIARIES, AND THEIR 1992 EMPLOYMENT AND PAYROLL

THIS ITEM SHOULD INCLUDE AN UP-TO-DATE LIST OF ALL ESTABLISHMENTS OF YOUR COMPANY AND ITS SUBSIDIARIES FOR WHICH SEPARATE ESTABLISHMENT REPORTS ARE NOT REQUIRED FOR THE 1992 ECONOMIC CENSUSES. For your convenience the prelisted establishments have been grouped in the following sequence: Employer Identification Number, major activity, and geographic location. Please bring this list up to date as follows:

- **Column (b), 1992 establishment data** — Report number of employees and payroll for each establishment (including part-year operations). Please do not combine data for establishments. If book figures are not available for providing employment and payroll data for each establishment, please provide your best estimates.
- **Column (c)** — Report status of each establishment as of the end of 1992.

- **Column (a)** — Correct any errors or omissions in the prelisted information.

Please read the definitions and instructions on the reverse side before completing this item.

Line No.	Employer Identification (EI) Number, establishment name, address of physical location (including ZIP Code), and major activity <i>Add store or plant number, if any, and correct any errors or omissions</i>				1992 establishment data <i>Report the number of employees and payroll for each establishment (including part-year operations)</i>				Status of establishment at end of 1992 <i>Mark (X) one box and complete as indicated</i>			
	(a)				(b)				(c)			
	Employer ID number	Major activity			Employees (during pay period including March 12, 1992)	(Number)			1 <input type="checkbox"/> In operation	2 <input type="checkbox"/> Idle or inactive (but still owned) →	Month	Year
	Name	Store or plant number				Payroll for 1st quarter of 1992 before deductions	Mil.	Thou.				
	Physical location — Number and street				Total annual payroll for 1992 before deductions					4 <input type="checkbox"/> Sold or leased to another operator — Give date at right AND enter name, etc., below	Name of new owner or operator	
	City	State	ZIP			Number and street					City	State
Census use only	Census file number	TO	IND	TAB	WT							
	GEO	SC	TE	CCS	NID							
	Employer ID number	Major activity			Employees (during pay period including March 12, 1992)	(Number)			1 <input type="checkbox"/> In operation	2 <input type="checkbox"/> Idle or inactive (but still owned) →	Month	Year
	Name	Store or plant number				Payroll for 1st quarter of 1992 before deductions	Mil.	Thou.				
	Physical location — Number and street				Total annual payroll for 1992 before deductions					4 <input type="checkbox"/> Sold or leased to another operator — Give date at right AND enter name, etc., below	Name of new owner or operator	
	City	State	ZIP			Number and street					City	State
Census use only	Census file number	TO	IND	TAB	WT							
	GEO	SC	TE	CCS	NID							
	Employer ID number	Major activity			Employees (during pay period including March 12, 1992)	(Number)			1 <input type="checkbox"/> In operation	2 <input type="checkbox"/> Idle or inactive (but still owned) →	Month	Year
	Name	Store or plant number				Payroll for 1st quarter of 1992 before deductions	Mil.	Thou.				
	Physical location — Number and street				Total annual payroll for 1992 before deductions					4 <input type="checkbox"/> Sold or leased to another operator — Give date at right AND enter name, etc., below	Name of new owner or operator	
	City	State	ZIP			Number and street					City	State
Census use only	Census file number	TO	IND	TAB	WT							
	GEO	SC	TE	CCS	NID							
	Employer ID number	Major activity			Employees (during pay period including March 12, 1992)	(Number)			1 <input type="checkbox"/> In operation	2 <input type="checkbox"/> Idle or inactive (but still owned) →	Month	Year
	Name	Store or plant number				Payroll for 1st quarter of 1992 before deductions	Mil.	Thou.				
	Physical location — Number and street				Total annual payroll for 1992 before deductions					4 <input type="checkbox"/> Sold or leased to another operator — Give date at right AND enter name, etc., below	Name of new owner or operator	
	City	State	ZIP			Number and street					City	State
Census use only	Census file number	TO	IND	TAB	WT							
	GEO	SC	TE	CCS	NID							
	Employer ID number	Major activity			Employees (during pay period including March 12, 1992)	(Number)			1 <input type="checkbox"/> In operation	2 <input type="checkbox"/> Idle or inactive (but still owned) →	Month	Year
	Name	Store or plant number				Payroll for 1st quarter of 1992 before deductions	Mil.	Thou.				
	Physical location — Number and street				Total annual payroll for 1992 before deductions					4 <input type="checkbox"/> Sold or leased to another operator — Give date at right AND enter name, etc., below	Name of new owner or operator	
	City	State	ZIP			Number and street					City	State
Census use only	Census file number	TO	IND	TAB	WT							
	GEO	SC	TE	CCS	NID							

PLEASE ENTER YOUR CENSUS FILE NUMBER (See front page)

**1992 ECONOMIC CENSUSES
REPORT OF ORGANIZATION**

Item 5B — LISTING OF ADDITIONAL ESTABLISHMENT(S) AND/OR NEW PLANT(S) UNDER CONSTRUCTION OPERATED BY YOUR COMPANY AND ITS SUBSIDIARIES

- **Column (a)** — List separately any establishments of your company and its subsidiaries that are not accounted for in item 5A or on other report forms in this mailing package, but were in operation or any new plants under construction during part or all of 1992.
 - For acquired establishments that you list, complete item (a).
 - For new plant(s) under construction or all other establishments that you list, complete item (f).
- **Column (b)** — Complete this column for each listed establishment.
- **Column (c)** — Mark (X) the box which best describes the activity of each establishment. See box codes at right.
- **Column (d)** — Describe major activity or list principal products or services.

DESCRIPTION AND CODES FOR COLUMN (c)

- | | |
|---|---|
| 1 — Agricultural production | 13 — Transportation, communications, and public utilities |
| 2 — Agricultural services | 14 — Legal, educational, or health services |
| 3 — Minerals extraction or ore processing | 15 — Services |
| 4 — Mining services or oil and gas field services | 16 — Central administrative office: accounting, purchasing, legal activities for your own company |
| 5 — Construction | 17 — Other auxiliary establishments such as storage warehouses and research laboratories primarily providing service to your own or affiliated company rather than customers or clients |
| 6 — Merchant wholesalers | 18 — Other — Specify major activity in column (d) below. |
| 7 — Commission merchant/broker/agent | |
| 8 — Manufacturers' sales branches, manufacturers' sales offices | |
| 9 — Manufacturing | |
| 10 — Finance, insurance, or real estate | |
| 11 — Retail | |
| 12 — Retail concessions/departments in retail stores | |

NOTE: Additional copies of Item 5B are available upon request to Bureau of the Census, 1201 East 10th Street, Jeffersonville, IN 47134-0001. If you prefer, you may use your own paper to list additional establishments; in such instances, however, please follow the same format as shown on the report form. Be sure to enter the item number, your company's name and address, and the Census File Number in the upper right corner of each additional sheet.

Important **DO NOT DUPLICATE ESTABLISHMENTS ALREADY PRELISTED IN ITEM 5A**

Line No.	Employer Identification (EI) Number, establishment name, your store or plant number, if any, and address of physical location (including ZIP Code)	1992 establishment data			Kind of business activity in 1992				
		Report number of employees and payroll for each establishment (including part-year operations)			Major activity Mark (X) one box from the above descriptions				
	(a)	(b)			(c)				(d)
	Employer Identification number _____ Name _____ Store or plant number _____ Physical location — Number and street _____ City _____ State _____ ZIP Code _____ (e) Name and address of former owner or operator and date of purchase _____ Name and address of former owner or operator _____ Month _____ Year _____ (f) Date establishment opened or is expected to open and expected employment _____ Month _____ Year _____ Expected employment _____	Employees (during pay period including March 12, 1992) _____ (Number) Payroll for 1st quarter of 1992 before deductions Mil. _____ Thou. _____ Dol. _____ Total annual payroll for 1992 before deductions _____	1 <input type="checkbox"/> 10 <input type="checkbox"/> 2 <input type="checkbox"/> 11 <input type="checkbox"/> 3 <input type="checkbox"/> 12 <input type="checkbox"/> 4 <input type="checkbox"/> 13 <input type="checkbox"/> 5 <input type="checkbox"/> 14 <input type="checkbox"/> 6 <input type="checkbox"/> 15 <input type="checkbox"/> 7 <input type="checkbox"/> 16 <input type="checkbox"/> 8 <input type="checkbox"/> 17 <input type="checkbox"/> 9 <input type="checkbox"/> 18 <input type="checkbox"/>	Description of major activity or principal products or services _____ _____ _____					
	Employer Identification number _____ Name _____ Store or plant number _____ Physical location — Number and street _____ City _____ State _____ ZIP Code _____ (e) Name and address of former owner or operator and date of purchase _____ Name and address of former owner or operator _____ Month _____ Year _____ (f) Date establishment opened or is expected to open and expected employment _____ Month _____ Year _____ Expected employment _____	Employees (during pay period including March 12, 1992) _____ (Number) Payroll for 1st quarter of 1992 before deductions Mil. _____ Thou. _____ Dol. _____ Total annual payroll for 1992 before deductions _____	1 <input type="checkbox"/> 10 <input type="checkbox"/> 2 <input type="checkbox"/> 11 <input type="checkbox"/> 3 <input type="checkbox"/> 12 <input type="checkbox"/> 4 <input type="checkbox"/> 13 <input type="checkbox"/> 5 <input type="checkbox"/> 14 <input type="checkbox"/> 6 <input type="checkbox"/> 15 <input type="checkbox"/> 7 <input type="checkbox"/> 16 <input type="checkbox"/> 8 <input type="checkbox"/> 17 <input type="checkbox"/> 9 <input type="checkbox"/> 18 <input type="checkbox"/>	Description of major activity or principal products or services _____ _____ _____					
	Employer Identification number _____ Name _____ Store or plant number _____ Physical location — Number and street _____ City _____ State _____ ZIP Code _____ (e) Name and address of former owner or operator and date of purchase _____ Name and address of former owner or operator _____ Month _____ Year _____ (f) Date establishment opened or is expected to open and expected employment _____ Month _____ Year _____ Expected employment _____	Employees (during pay period including March 12, 1992) _____ (Number) Payroll for 1st quarter of 1992 before deductions Mil. _____ Thou. _____ Dol. _____ Total annual payroll for 1992 before deductions _____	1 <input type="checkbox"/> 10 <input type="checkbox"/> 2 <input type="checkbox"/> 11 <input type="checkbox"/> 3 <input type="checkbox"/> 12 <input type="checkbox"/> 4 <input type="checkbox"/> 13 <input type="checkbox"/> 5 <input type="checkbox"/> 14 <input type="checkbox"/> 6 <input type="checkbox"/> 15 <input type="checkbox"/> 7 <input type="checkbox"/> 16 <input type="checkbox"/> 8 <input type="checkbox"/> 17 <input type="checkbox"/> 9 <input type="checkbox"/> 18 <input type="checkbox"/>	Description of major activity or principal products or services _____ _____ _____					
	Employer Identification number _____ Name _____ Store or plant number _____ Physical location — Number and street _____ City _____ State _____ ZIP Code _____ (e) Name and address of former owner or operator and date of purchase _____ Name and address of former owner or operator _____ Month _____ Year _____ (f) Date establishment opened or is expected to open and expected employment _____ Month _____ Year _____ Expected employment _____	Employees (during pay period including March 12, 1992) _____ (Number) Payroll for 1st quarter of 1992 before deductions Mil. _____ Thou. _____ Dol. _____ Total annual payroll for 1992 before deductions _____	1 <input type="checkbox"/> 10 <input type="checkbox"/> 2 <input type="checkbox"/> 11 <input type="checkbox"/> 3 <input type="checkbox"/> 12 <input type="checkbox"/> 4 <input type="checkbox"/> 13 <input type="checkbox"/> 5 <input type="checkbox"/> 14 <input type="checkbox"/> 6 <input type="checkbox"/> 15 <input type="checkbox"/> 7 <input type="checkbox"/> 16 <input type="checkbox"/> 8 <input type="checkbox"/> 17 <input type="checkbox"/> 9 <input type="checkbox"/> 18 <input type="checkbox"/>	Description of major activity or principal products or services _____ _____ _____					



DUE DATE: 30 DAYS AFTER RECEIPT

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Return your completed form to:

**BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001**

Census use only

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

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1 – EMPLOYER IDENTIFICATION NUMBER
Is the Employer Identification (EI) Number shown in the label the **SAME** as the one used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No – Report current EI number (9 digits) → [] - [] [] [] [] [] [] [] [] []

Item 2 – PHYSICAL LOCATION OF ESTABLISHMENT –
Answer items a, b, c, and d

NOTE – P.O. Boxes or rural routes are not physical locations.

a. 1 Same as shown in mailing label, if different, indicate change.

Number and street		
City, town, village, etc.	State	ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 2 No 3 No legal boundaries 4 Don't know

c. Type of municipality where physically located

096 1 City, village, or borough 2 Town or township 3 Other or don't know

d. Name of county where physically located

Item 3 – BUSINESS OR ACTIVITY

a. Mark (X) the ONE box which BEST describes your major type of activity during the past year.

070 1 MANUFACTURING 2 OTHER – Specify activity _____

b. Mark (X) the ONE box which BEST describes your specific business or activity.

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Item 4 – CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Name of person to contact regarding this report – Print or type	Telephone →	Area code	Number	Extension
Signature of authorized person	Date			

PENALTY FOR FAILURE TO REPORT



DUE DATE: 30 DAYS AFTER RECEIPT

If you have any questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Return your completed form to:

NC-9923

**BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001**

Census use only

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

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1 - EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification (EI) Number shown in the label the SAME as that used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No - Enter current EI Number (9 digits)

Item 2 - PHYSICAL LOCATION OF ESTABLISHMENT

Answer items a, b, c, and d

NOTE: P.O. boxes or rural routes are not physical locations.

a. 1 Same as shown in mailing label. If different, indicate change.

Number and Street
City, Town, Village, etc. State ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc?

095 1 Yes 3 No legal boundaries
2 No 4 Don't know

c. Type of municipality where physically located

096 1 City, village, or borough 3 Other or don't know
2 Town or Township

d. Name of county where physically located

Item 3 - BUSINESS OR ACTIVITY

Mark (X) the ONE box which best describes the PRINCIPAL activity of this establishment in 1992.

070 881100 2 Private household (employing domestic help, e.g., cooks, maids, gardeners, secretaries, etc.)

RETAIL TRADE (R)

- 594130 7 Bicycle shop
- 581230 0 Cafeteria
- 573420 7 Computer software store
- 581250 8 Contract feeding
- 541120 2 Convenience food store
- 581300 1 Drinking place (alcoholic beverages)
- 565100 5 Family clothing store
- 571210 4 Furniture store
- 554110 7 Gasoline service station
- 594110 9 General-line sporting goods store
- 594700 7 Gift, novelty, or souvenir shop
- 541110 3 Grocery store
- 553120 7 Home and auto supply store
- 581260 7 Ice cream/frozen yogurt stand (or store)
- 592100 2 Liquor store
- 581210 2 Restaurant or lunchroom (full service)
- 581240 9 Refreshment places (limited menu, e.g., fast food)
- 581220 1 Social caterer
- 553110 8 Tires, batteries, and accessories dealer (new)
- 554120 6 Truck stop
- 562100 8 Woman's clothing store
- Other kind of retail business - Specify

(Specify source of receipts in ITEM 4)

WHOLESALE TRADE (W)

Principal Commodity Sold - Specify

- Agent or broker
- Merchant
- Other type of wholesaler - Specify

(Specify source of receipts in ITEM 4)

MANUFACTURING (M)

Publishing, or Publishing and Printing - Specify

(Specify source of receipts in ITEM 4)

- 275200 4 Commercial printing, lithographic
- Other commercial printing - Specify

(Specify source of receipts in ITEM 4)

- 241100 7 Logging camps and logging contractors
- 359900 8 Machine shop, jobbing and repair
- Other manufacturing - Specify

(Specify source of receipts in ITEM 4 and materials consumed in ITEM 5)

CONSTRUCTION (C)

Building construction - general contractor

- 152100 4 Single-family housing construction
- Other building construction - Specify

(Specify source of receipts in ITEM 4)

Heavy construction contractor

- 161100 3 Highway and street construction
- Other heavy construction - Specify

(Specify source of receipts in ITEM 4)

Special trade contractor

- 175100 7 Carpentry work
- 177100 5 Concrete work
- 173100 9 Electrical work
- 179400 7 Excavation work
- 174100 8 Masonry or other stonework
- 172100 0 Painting or paper hanging contractor
- 171100 1 Plumbing, heating, or air conditioning contractor
- 176100 6 Roofing, siding, or sheet metal work
- Other special trade contractor - Specify

(Specify source of receipts in ITEM 4)

Item 3 – BUSINESS OR ACTIVITY – Continued

SERVICES (S)

- 872100 3 Accounting, auditing, or bookkeeping service
- 871200 2 Architectural services
- 753210 4 Auto top and body shop, except paint shop
- 753810 1 Auto repair shop, general (except diesel)
- 753220 3 Automotive paint shop
- 724100 3 Barber shop
- 723100 4 Beauty shop (or unisex shop)
- 734900 4 Building cleaning or maintenance service
- 835100 9 Child day care services
- 804100 6 Chiropractors' office/clinic
- 866100 1 Church, synagogue, convent, monastery, etc.
- 864100 3 Civic, social, or fraternal association
- 733610 0 Commercial art
- 733500 3 Commercial photography
- 737200 6 Computer prepackaged software, except stores
- 737100 8 Computer programming services (custom software)
- 802110 7 Dentist's office
- 801110 8 Doctor's office, medical (M.D. degree only)
- 803110 6 Doctor's office, osteopathic (D.O. degree only)
- 873200 0 Economic, sociological, educational research
- 871100 4 Engineering services
- 733620 9 Graphic arts and related design
- 832200 0 Individual and family social service
- 874100 1 Management or administrative services
- 874200 9 Management consulting services
- 701130 7 Motel or tourist court
- 811110 6 Lawyers (or attorney's) office
- 804200 4 Optometrist's office/clinic
- 804300 2 Podiatrist's office/clinic
- 874300 7 Public relations services
- 871300 0 Surveying services
- 784100 0 Video tape rental
- Other kind of services – *Specify* ✓

(Specify source of receipts in ITEM 4)

TRANSPORTATION (T)

- 4212 Local trucking without storage
- 4213 Trucking, except local
- Type of trucking**
- 40 Agriculture products
- 70 Dump trucking
- 60 Garbage and trash collection
- 20 General freight trucking
- 30 Hazardous materials trucking
- 10 Household goods moving
- Other specialized trucking – *Specify* ✓

(Specify source of receipts in ITEM 4)

- 451300 8 Air courier services
- 411930 1 Ambulance or rescue service
- 421520 8 Courier services, except local or by air
- 473110 5 Freight forwarder
- 411920 2 Limousine service
- 421510 9 Local courier services, except air
- 415100 7 School bus
- 473120 4 Shipping agent or broker
- 411910 3 Sightseeing bus
- 412100 0 Taxicab
- 472500 8 Tour operator
- 472400 1 Travel agent
- Other transportation – *Specify* ✓

(Specify source of receipts in ITEM 4)

FINANCE, INSURANCE, AND REAL ESTATE (F)

- 641110 2 Insurance agent or broker
- 628200 8 Investment advisor
- 653120 6 Nonresidential real estate agent or broker
- 653130 5 Nonresidential real estate property manager
- 651220 6 Operator of manufacturing or industrial building
- 651210 7 Operator of professional or other office building
- 651230 5 Operator of shopping center
- 651300 6 Owner-operator of apartment building
- 653160 2 Real estate appraiser
- 653110 7 Residential real estate or broker
- Other kind of finance, insurance, or real estate – *Specify* ✓

(Specify source of receipts in ITEM 4)

OTHER (O)

- AGRICULTURAL PRODUCTION
- AGRICULTURAL SERVICE
- COMMUNICATIONS
- ELECTRIC, GAS, OR SANITARY SERVICES
- MINERAL EXTRACTION
- MINERAL SERVICE
- OTHER BUSINESS OR ACTIVITY – *Specify* ✓

Specify source of receipts in ITEM 4

(Specify source of receipts in ITEM 4)

Item 4 – SOURCE OF SALES, RECEIPTS, OR REVENUE

List below the principal lines of merchandise sold, construction work done, products produced or services provided and indicate the approximate percentage each was of the total dollar volume of business in 1992 (e.g., gasoline 85%, auto repairs 10%, oil 5%).

Source	Percent
	%
	%
	%
	%
TOTAL – Should equal 100%	100 %

Item 5 – MATERIALS CONSUMED

If you are a manufacturer, list the primary materials consumed in producing the manufactured products.

Item 6 – CLASS OF CUSTOMER

Mark (X) the ONE box which best describes to whom you sell most of your products or provide your services.

- To the general public (household consumers and individuals) 1
- To retail or wholesale establishments 2
- To construction contractors 3
- To institutional, industrial, commercial, professional, government, or farm users 4
- Other customers – *Specify* ✓
- 5

Item 7 – REMARKS

Item 8 – CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Name of person to contact regarding this report – <i>Print or type</i>	Telephone _____	Area Code _____	Number _____	Extension _____
Signature of authorized person	Date _____			



1992 CENSUS OF RETAIL TRADE PAINT, GLASS, WALLPAPER

OMB No. 0607-0719: Approval Expires 06/30/94

DUE DATE: FEBRUARY 15, 1993

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

CB-5202

Please read the accompanying instructions before answering the questions.

Census use

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

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification (EI) Number shown in the label the same as the one used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No - Report current EI No. below

(9 digits)

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

Example: If a figure is \$1,125,628.79 • Preferred report Acceptable

Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
1	126	
1	125	629

Item 4. DOLLAR VOLUME OF BUSINESS

Sales of merchandise and other operating receipts for 1992 (Exclude sales or other taxes collected)

Mil. Thou. Dol.

010

Item 2. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 Yes 2 No - Report physical location below

Number and street

City, town, village, etc.

State

ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 3 No legal boundaries
2 No 4 Do not know

c. In what type of municipality is this establishment physically located?

096 1 City, village, or borough
2 Town or township
3 Other - Specify _____
4 Do not know

d. In what county is this establishment physically located?

Item 5. PAYROLL

Payroll in 1992, BEFORE DEDUCTIONS

Mil. Thou. Dol.

030

a. Annual

031

b. First quarter (January-March)

Item 6. EMPLOYMENT
Number of paid employees for pay period including March 12, 1992 (Include both full- and part-time employees)

Number

032

Item 7. KIND OF BUSINESS

What was this establishment's PRINCIPAL kind of business in 1992? Mark (X) only ONE box.

070

- Paint, glass, wallpaper store 523101
- Hardware store 525101
- Retail lumber yard 521111
- Home center 521121
- Metal storm door and window dealer 521132

Other retail building materials dealer (brick, cabinets to be installed, ceramic tile, cinder blocks, fencing, prefabricated buildings, roofing, sand and gravel, siding, wallboard) 521131

Wholesale paint and wallpaper distributor 519800

Construction contractor (painting, glass installation, etc.) - Describe 9170000

Other kind of business - Describe 777777

Item 3. OPERATIONAL STATUS

Number of months

a. How many months during 1992 was this establishment actively operated?

002

b. Which of the following best describes this establishment's status at the end of 1992? Mark (X) only ONE box.

- 001 1 In operation
- 2 Temporarily or seasonally inactive
- 3 Ceased operation - Give date at right
- 4 Sold or leased to another operator - Give date at right AND enter name, etc., below

Figures only

Month Year

Name of new owner or operator

Number and street

City

State

ZIP Code

Item 8. METHOD OF SELLING

What was this establishment's PRINCIPAL method of selling in 1992? Mark (X) only ONE box.

235

- Selling at this establishment 1
- Mail order (include catalog selling and home shopping via television or computer) 2
- Telemarketing 3
- Direct selling (include selling from house-to-house and nonfixed or temporary locations) 4
- Operating merchandise vending machines 5

Item 9. CLASS OF CUSTOMER	Whole percent of sales
Report the percentage of this establishment's total sales in 1992 (item 4) to each class of customer.	237
a. General public (household consumers and individuals)	238
b. Builders and contractors	239
c. Other, including retailers; wholesalers; institutional, industrial, commercial, professional, and farm users (for use in farm production); and government	

Item 10. MERCHANDISE LINES
Report sales for each merchandise line sold by this establishment, either as a dollar figure or as a whole percent of total sales. (See HOW TO REPORT DOLLAR FIGURES on page 1 and HOW TO REPORT PERCENTS below)

HOW TO REPORT PERCENTS	If figure is 38.76% of total sales:	Mil.	Thou.	Dol.	Per cent
	• Report whole percents				39
	<i>Not acceptable</i>				38.76

Merchandise lines	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per cent
1. Lumber, millwork, building materials, and home repair and modernization equipment and supplies (Report paint and related preservatives on line 2 and materials installed in construction, renovation, or repair on line 12)	230	231			232
a. Wallpaper and other flexible wallcoverings (Report wallboard and paneling on line 1c)	658				
b. Glass (Report glassware on line 6)	661				
c. Other lumber, millwork, building materials, home repair and modernization equipment and supplies	662				
d. Sum of lines 1a through 1c	640				
2. Paint and related preservatives and supplies					
a. Paint, varnish, and shellac	671				
b. Paint sundries (brushes, thinners, compounds, spackling paste, etc.)	672				
c. Sum of lines 2a and 2b	670				
3. Floor coverings					
a. Soft-surface (textile) floor coverings and accessories	361				
b. Hard-surface floor coverings and accessories (include tile and sheet goods)	362				
c. Sum of lines 3a and 3b	360				
4. Hardware, tools, and plumbing and electrical supplies					
a. Hardware	601				
b. Tools	602				
c. Plumbing supplies	603				
d. Electrical supplies	604				
e. Sum of lines 4a through 4d	600				
5. Lawn and garden equipment and supplies, cut flowers, plants, shrubs, fertilizers, etc.					
	620				

Merchandise lines	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per cent
6. Kitchenware and homefurnishings (include cookware, dinnerware, clocks, pictures, frames, mirrors, bathroom accessories, etc.)	380				
7. Furniture, sleep equipment	340				
8. Small electric appliances (include shavers; mixers; blenders; can openers; toasters; coffee makers; frypans; and personal care appliances, such as hair dryers, curling irons, etc.)	310				
9. Curtains, draperies, blinds, slipcovers, bed and table coverings					
a. Curtains and draperies	281				
b. Vertical and horizontal blinds and woven wood blinds	282				
c. Furniture coverings and domestics	285				
d. Sum of lines 9a through 9c	280				
10. Automotive tires, batteries, parts, accessories	740				
11. All other merchandise (Report receipts for services on line 12)	890				
<i>Specify principal lines and estimated sales below</i>					
a. _____	891				
b. _____	892				
c. _____	893				
12. All nonmerchandise receipts (include receipts from rentals, storage, and other services provided to customers) EXCLUDING SALES AND OTHER TAXES					
a. Construction receipts (Include material and labor charges for adding rooms, installing windows, building fences, rebuilding furnaces, reroofing, etc., for work done by employees of this establishment. Report receipts for work done by hired subcontractors on line 12c.)	901				
b. Repair and maintenance receipts (Include material and labor charges for property upkeep, such as painting, furnace cleaning, furnace repair, roof repair, etc., for work done by employees of this establishment. Report receipts for work done by hired subcontractors on line 12c.)	902				
c. All other nonmerchandise receipts (include charges for delivery, storage, rental or lease of tools and equipment, etc.)	946				
d. Sum of lines 12a through 12c	900				
13. TOTAL (Should equal item 4 if reporting in dollars)	990				100%
Item 11. Not applicable to this report					
Item 12. Not applicable to this report					

**1992 CENSUS OF RETAIL TRADE
PAINT, GLASS, WALLPAPER**

**Enter the 11-digit
CENSUS FILE NUMBER
as shown on this report
(See label on page 1)**

Item 13. LEGAL FORM OF ORGANIZATION
Which of the following best describes this establishment's legal form of organization during 1992? Mark (X) only ONE box.

- 003 1 Individual owner (sole proprietorship)
 2 Partnership
 3 Cooperative association (taxable)
 4 Cooperative association (tax-exempt)
 5 Government - Specify _____
 0 Corporation (Do not mark if any form of cooperative association)
 9 Other - Specify _____

Item 14. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?

- 1 Yes - Complete this item
 2 No - Skip to item 15

b. Is this company owned or controlled by another company?

- 097 1 Yes →
 2 No

Enter name, address, and EI Number of the owning or controlling company

EI No. (9 digits) _____

c. Does this company own or control any other company or companies?

- 098 1 Yes →
 2 No

Enter name, address, and EI Number of the owned or controlled company

EI No. (9 digits) _____

Item 14. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION - Continued

d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1992? _____ Number 079

If more than one, provide the **physical location** address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

Estimates are acceptable if book figures are not available.

Name	1992	Mil.	Thou.	Dol.
Number and street	Sales	081		
City State ZIP Code	Annual payroll	082		
1 Kind-of-business description	Paid employees for pay period including March 12			
	083			
Census use 088				
Name	1992	Mil.	Thou.	Dol.
Number and street	Sales	081		
City State ZIP Code	Annual payroll	082		
2 Kind-of-business description	Paid employees for pay period including March 12			
	083			
Census use 088				

REMARKS - Please use this space for any explanations that may be essential in understanding your reported data.

Item 15. CERTIFICATION - This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report	FROM: Mo. Year	TO: Mo. Year	Name of person to contact regarding this report - <i>Print or type</i>	
Telephone	Area code	Number	Extension	Title
Signature of authorized person				Date

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS



1992 CENSUS OF RETAIL TRADE GENERAL MERCHANDISE

OMB No. 0607-0719: Approval Expires 06/30/94

DUE DATE: FEBRUARY 15, 1993

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

CB-5302

Please read the accompanying instructions before answering the questions.

Census use

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

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER
Is the Employer Identification (EI) Number shown in the label the same as the one used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No - Report current EI No. below

(9 digits) _____

HOW TO REPORT DOLLAR FIGURES	Dollar figures should be rounded to thousands of dollars.		
	Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
Example: If a figure is \$1,125,628.79 • Preferred report	1	126	
	1	125	629

Item 4. DOLLAR VOLUME OF BUSINESS

	Mil.	Thou.	Dol.
010 Sales of merchandise and other operating receipts for 1992 (Exclude sales or other taxes collected)			

Item 2. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 Yes 2 No - Report physical location below

Number and street _____

City, town, village, etc. _____ State _____ ZIP Code _____

Item 5. PAYROLL

	Mil.	Thou.	Dol.
030 Payroll in 1992, BEFORE DEDUCTIONS			
a. Annual	031		
b. First quarter (January-March)			

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 3 No legal boundaries
2 No 4 Do not know

Item 6. EMPLOYMENT
Number of paid employees for pay period including March 12, 1992 (Include both full- and part-time employees)

032 _____

c. In what type of municipality is this establishment physically located?

096 1 City, village, or borough
2 Town or township
3 Other - Specify _____
4 Do not know

Item 7. KIND OF BUSINESS
What was this establishment's PRINCIPAL kind of business in 1992? Mark (X) only ONE box.

070

Variety store, five and dime store	<input type="checkbox"/>	533101
Limited price variety store	<input type="checkbox"/>	533102
Conventional department store	<input type="checkbox"/>	531111
Discount or mass merchandising department store	<input type="checkbox"/>	531121
General merchandise store	<input type="checkbox"/>	539911
Catalog showroom (inventory at location)	<input type="checkbox"/>	539921
Catalog store (including telephone order offices)	<input type="checkbox"/>	596111
Mail order - general merchandise	<input type="checkbox"/>	596121
Craft supplies store	<input type="checkbox"/>	594521
Other kind of business - Describe	<input type="checkbox"/>	777777

Item 3. OPERATIONAL STATUS

a. How many months during 1992 was this establishment actively operated?

002 _____

Item 8. METHOD OF SELLING
What was this establishment's PRINCIPAL method of selling in 1992? Mark (X) only ONE box.

235

Selling at this establishment	1	<input type="checkbox"/>
Mail order (include catalog selling and home shopping via television or computer)	2	<input type="checkbox"/>
Telemarketing	3	<input type="checkbox"/>
Direct selling (include selling from house-to-house and nonfixed or temporary locations)	4	<input type="checkbox"/>
Operating merchandise vending machines	5	<input type="checkbox"/>

b. Which of the following best describes this establishment's status at the end of 1992? Mark (X) only ONE box.

001 1 In operation
2 Temporarily or seasonally inactive
3 Ceased operation - Give date at right
4 Sold or leased to another operator - Give date at right AND enter name, etc., below

Name of new owner or operator	Figures only	
	Month	Year
_____	_____	_____
Number and street _____		
City _____ State _____ ZIP Code _____		

PENALTY FOR FAILURE TO REPORT

CONTINUE ON PAGE 2

Item 9. CLASS OF CUSTOMER	Whole percent of sales
Report the percentage of this establishment's total sales in 1992 (item 4) to each class of customer.	237
a. General public (household consumers and individuals)	239
b. Other, including retailers; wholesalers; institutional, industrial, commercial, professional, and farm users (for use in farm production); and government	

Item 10. MERCHANDISE LINES
Report sales for each merchandise line sold by this establishment, either as a dollar figure or as a whole percent of total sales. (See HOW TO REPORT DOLLAR FIGURES on page 1 and HOW TO REPORT PERCENTS below)

HOW TO REPORT PERCENTS	If figure is 38.76% of total sales:	Mil.	Thou.	Dol.	Per cent
	• Report whole percents Not acceptable				39
					38.76

Merchandise lines	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per cent
1. Women's, juniors', and misses' wear (Report girls' and infants' and toddlers' wear on line 3 and footwear on line 4)	230	231			232
2. Men's wear (Report boys' wear on line 3 and footwear on line 4)	200				
3. Children's wear (Include boys' (sizes 2 to 7 and 8 to 20), girls' (sizes 4 to 6x and 7 to 14), and infants' and toddlers' clothing and accessories. Report footwear on line 4.)	240				
4. Footwear (include accessories)	260				
5. Curtains, draperies, blinds, slipcovers, bed and table coverings					
a. Curtains and draperies	281				
b. Vertical and horizontal blinds and woven wood blinds	282				
c. Furniture coverings (ready-made and custom-made)	283				
d. Domestic (include towels, sheets, blankets, table linens and coverings, etc.)	284				
e. Sum of lines 5a through 5d	280				
6. Sewing, knitting, needlework goods (include fabrics, notions, patterns, yarns, laces, trimmings, needlework kits, etc.)	270				
7. Kitchenware and homefurnishings (include cookware, dinnerware, clocks, pictures, frames, mirrors, bathroom accessories, etc.)					
a. Cookware and cooking accessories (include strainers, sifters, grinders, cutlery, canning supplies, etc.)	381				
b. Dinnerware, china, glassware, tableware, giftware (include all flatware and holloware)	382				
c. Decorative accessories (include lamps, lampshades, mirrors, pictures, clocks, magazine racks, spice racks, desk sets, etc.)	383				
d. All other kitchenware and homefurnishings (include closet and bathroom accessories, etc.)	384				
e. Sum of lines 7a through 7d	380				

Merchandise lines	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per cent
8. Audio equipment, musical instruments, and supplies (Include radios, stereos, compact discs, records, tapes, sheet music, accessories. Report parts installed in repair on line 44 and rental receipts on line 44.)	330				
9. Small electric appliances (include shavers; mixers; blenders; can openers; toasters; coffee makers; frypans; and personal care appliances, such as hair dryers, curling irons, etc.)	310				
10. TV's, video recorders, video cameras, video tapes, etc. (include parts and accessories)					
a. Televisions	321				
b. Video recorders, cameras, and tapes (Report receipts from video tape rental on line 44)	324				
c. Sum of lines 10a and 10b	320				
11. Furniture, sleep equipment	340				
12. Major household appliances (include refrigerators, ranges, microwave ovens, room air-conditioners, etc.)	300				
13. Floor coverings					
a. Soft-surface (textile) floor coverings and accessories	361				
b. Hard-surface floor coverings and accessories (include tile and sheet goods)	362				
c. Sum of lines 13a and 13b	360				
14. Computer hardware, software, and supplies (Report computer-related furniture on line 11. Report calculators and office equipment, such as adding machines, copiers, fax machines, etc., on line 15. Report office supplies on line 43.)	370				
15. Office equipment (Include fax machines, dictaphones, copying machines, calculating machines, etc. Report office supplies on line 43.)	854				
16. Toys, hobby goods, and games (Include video and electronic games, and wheel goods, except bicycles. Report bicycles on line 29.)					
a. Toys (include wheel goods)	461				
b. Games (include video and electronic games)	462				
c. Hobby goods and craft kits	463				
d. Sum of lines 16a through 16c	460				
17. Craft supplies	881				
18. Meals, snacks, sandwiches, nonalcoholic beverages generally served for immediate consumption	120				

ITEM 10 CONTINUED ON PAGE 3

FORM CB-5302		U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS			
1992 CENSUS OF RETAIL TRADE GENERAL MERCHANDISE					
Item 10. MERCHANDISE LINES - Continued					
Merchandise lines	Cen- sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per- cent
19. Groceries and other food items for human consumption off the premises (Include candy, gum, etc. Report vitamins on line 33 and pet food on line 40.)	100				
20. Stationery	851				
21. School supplies	852				
22. Greeting cards	855				
23. Luggage and leather goods (Report men's and women's small leather apparel accessories on line 2 or 1)	859				
24. Books (Report audio tape books on line 8)	420				
25. Magazines and newspapers	856				
26. Hardware, tools, and plumbing and electrical supplies	600				
27. Lawn and garden equipment and supplies, cut flowers, plants, shrubs, fertilizers, etc.	620				
28. Lumber, building materials, and home improvement equipment and supplies (Report paint and related preservatives on line 42)	640				
29. Sporting goods	500				
30. Jewelry (Include watches, watch attachments, novelty jewelry, etc. Report flatware and holloware on line 7b and receipts from watch, clock, and jewelry repair and engraving on line 44.)	400				
31. Optical goods (include eyeglasses, contact lenses, sunglasses, telescopes, microscopes, etc.)	490				
32. Tobacco products and accessories (exclude sales from vending machines operated by others)	150				
33. Drugs, health aids, beauty aids	160				
34. Paper and related products (include paper towels, toilet tissue, wraps, bags, foils, etc.)	190				
35. Soaps, detergents, and household cleaners	180				
36. Automotive fuels	720				
37. Automotive lubricants (oil, greases, etc.)	730				
38. Automotive tires, batteries, parts, accessories	740				
39. Packaged liquor, wine, and beer	140				
40. Pets, pet foods, and pet supplies	800				
41. Photographic equipment and supplies (Report photofinishing on line 44)	440				

Enter the 11-digit CENSUS FILE NUMBER as shown on this report (See label on page 1)

Item 10. MERCHANDISE LINES - Continued					
Merchandise lines	Cen- sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per- cent
42. Paint and related preservatives and supplies	670				
43. All other merchandise (Report receipts for services on line 44) <i>Specify principal lines and estimated sales below</i>	890				
a. _____	891				
b. _____	892				
c. _____	893				
44. All nonmerchandise receipts (include receipts from rentals, storage, and other services provided to customers) EXCLUDING SALES AND OTHER TAXES	900				
45. TOTAL (Should equal item 4 if reporting in dollars)	990				100%

Item 11. SPECIAL INQUIRIES

a. Floor space as of December 31, 1992

INCLUDE:

- Only the floor space used/controlled by this company.
- All space occupied by this establishment on every floor of multi-story buildings.

EXAMPLE: How to compute floor space in square feet

(1) Under-roof selling space is:
200 ft. x 80 ft. = 16,000 sq. ft.

(2) Total under-roof floor space is:
200 ft. x 100 ft. = 20,000 sq. ft.

	Square feet
(1) Under-roof selling space - Enter the square feet of in-store selling space at the end of 1992. Include all store areas open to customers, including aisles, elevators, etc. Do not include display windows fronting onto streets or walks, outdoor entrance ways, or other outdoor space.	251
(2) Total under-roof floor space - Enter the total square footage of all under-roof selling space plus all other space available at the end of 1992. Include dry storage, refrigerated space, offices, workrooms, display windows, and enclosed entrance ways. Do not include outdoor space, even if covered.	252

b. Did this establishment have a CENTRALIZED check-out area with MULTIPLE cash registers in 1992? 259 1 Yes
2 No

Item 12. Not applicable to this report

Item 13. LEGAL FORM OF ORGANIZATION

Which of the following best describes this establishment's legal form of organization during 1992? Mark (X) only ONE box.

003 1 Individual owner (sole proprietorship)
2 Partnership
3 Cooperative association (taxable)
4 Cooperative association (tax-exempt)
5 Government - Specify _____
0 Corporation (Do not mark if any form of cooperative association)
9 Other - Specify _____

CONTINUE ON PAGE 4

Item 14. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?

- 1 Yes - Complete this item
- 2 No - Skip to item 15

b. Is this company owned or controlled by another company?

- 097 1 Yes →
- 2 No

Enter name, address, and EI Number of the owning or controlling company

EI Number (9 digits)

c. Does this company own or control any other company or companies?

- 098 1 Yes →
- 2 No

Enter name, address, and EI Number of the owned or controlled company

EI Number (9 digits)

d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1992?

Number
079

If more than one, provide the **physical location** address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.
Estimates are acceptable if book figures are not available.

1	Name			1992	Mil.	Thou.	DoL.	3	Name			1992	Mil.	Thou.	DoL.
	Number and street			Sales	081				Number and street			Sales	081		
City			State	ZIP Code	Annual payroll	082		City			State	ZIP Code	Annual payroll	082	
Kind-of-business description			Paid employees for pay period including March 12				083	Kind-of-business description			Paid employees for pay period including March 12				083
			Census use 088							Census use 088					
2	Name			1992	Mil.	Thou.	DoL.	4	Name			1992	Mil.	Thou.	DoL.
	Number and street			Sales	081				Number and street			Sales	081		
City			State	ZIP Code	Annual payroll	082		City			State	ZIP Code	Annual payroll	082	
Kind-of-business description			Paid employees for pay period including March 12				083	Kind-of-business description			Paid employees for pay period including March 12				083
			Census use 088							Census use 088					

REMARKS - Please use this space for any explanations that may be essential in understanding your reported data.

Item 15. CERTIFICATION - This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report	FROM: Mo. Year	TO: Mo. Year	Name of person to contact regarding this report - <i>Print or type</i>		
Telephone	Area code	Number	Extension	Title	
Signature of authorized person					Date



1992 CENSUS OF RETAIL TRADE FOOD

OMB No. 0607-0719: Approval Expires 06/30/94

DUE DATE: FEBRUARY 15, 1993

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:
1-800-233-6136

CB-5400

Please read the accompanying instructions before answering the questions.

Census use

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

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER
Is the Employer Identification (EI) Number shown in the label the same as the one used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?
094 1 Yes 2 No - Report current EI No. below
(9 digits) _____

HOW TO REPORT DOLLAR FIGURES	Dollar figures should be rounded to thousands of dollars.		
	Mil-lions (000)	Thou-sands (000)	Dol-lars (000)
Example: If a figure is \$1,125,628.79 • Preferred report	1	126	
	1	125	629
	• Preferred Acceptable		

Item 2. PHYSICAL LOCATION
a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)
093 1 Yes 2 No - Report physical location below
Number and street _____
City, town, village, etc. _____ State _____ ZIP Code _____

Item 4. DOLLAR VOLUME OF BUSINESS
Sales of merchandise and other operating receipts for 1992 (Exclude sales or other taxes collected)
Mil. Thou. Dol.
010 _____

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?
095 1 Yes 3 No legal boundaries
2 No 4 Do not know

Item 5. PAYROLL
Payroll in 1992, BEFORE DEDUCTIONS
Mil. Thou. Dol.
a. Annual
030 _____
031 _____
b. First quarter (January-March)

c. In what type of municipality is this establishment physically located?
096 1 City, village, or borough
2 Town or township
3 Other - Specify _____
4 Do not know

d. In what county is this establishment physically located?

Item 6. EMPLOYMENT
Number of paid employees for pay period including March 12, 1992 (Include both full- and part-time employees)
032 _____

Item 3. OPERATIONAL STATUS
a. How many months during 1992 was this establishment actively operated? Number of months
002 _____

b. Which of the following best describes this establishment's status at the end of 1992? Mark (X) only ONE box.
001 1 In operation
2 Temporarily or seasonally inactive
3 Ceased operation - Give date at right
4 Sold or leased to another operator - Give date at right AND enter name, etc., below

Name of new owner or operator _____
Number and street _____
City _____ State _____ ZIP Code _____

Item 7. KIND OF BUSINESS
What was this establishment's PRINCIPAL kind of business in 1992? Mark (X) only ONE box.
070 _____

Grocery store	<input type="checkbox"/>	541111
Food supermarket	<input type="checkbox"/>	541112
Convenience food store	<input type="checkbox"/>	541121
Convenience food/gasoline store	<input type="checkbox"/>	541131
Food warehouse store	<input type="checkbox"/>	541113
Delicatessen	<input type="checkbox"/>	541141
Bakery (baking on premises)	<input type="checkbox"/>	546111
Bakery goods store (no baking on premises)	<input type="checkbox"/>	546121
Doughnut shop	<input type="checkbox"/>	546112
Meat market	<input type="checkbox"/>	542101
Fish (seafood) market	<input type="checkbox"/>	542102
Freezer and locker meat provisioner	<input type="checkbox"/>	542103
Dairy products store (no pasteurizing or bottling on the premises)	<input type="checkbox"/>	545102
Ice cream/soft serve shop	<input type="checkbox"/>	581261
Candy, nut, confectionery store	<input type="checkbox"/>	544101
Fruit stand, vegetable market	<input type="checkbox"/>	543101
Health food and vitamin store	<input type="checkbox"/>	549901
Coffee, tea, spice store	<input type="checkbox"/>	549902
Egg, poultry dealer	<input type="checkbox"/>	549903
Dairy plant (pasteurizing or bottling on the premises)	<input type="checkbox"/>	9202000

ITEM 7 CONTINUED ON PAGE 2

PENALTY FOR FAILURE TO REPORT

CONTINUE ON PAGE 2

Item 7. KIND OF BUSINESS – Continued

Dairy route (no pasteurizing or bottling on the premises) 070 596342
 Mail order food 596132
 Frozen food plan (door-to-door delivery) 596344
 Soft drink distributor (route delivery/no bottling) 596343
 Bottled water distributor 596345
 Other kind of business – Describe (If manufacturing, name products manufactured). 77777

Item 8. METHOD OF SELLING
What was this establishment's PRINCIPAL method of selling in 1992? Mark (X) only ONE box.

Selling at this establishment 235 1
 Mail order (include catalog selling and home shopping via television or computer) 2
 Telemarketing 3
 Direct selling (include selling from house-to-house and nonfixed or temporary locations) 4
 Operating merchandise vending machines 5

Item 9. CLASS OF CUSTOMER Whole percent of sales

Report the percentage of this establishment's total sales in 1992 (item 4) to each class of customer.

a. General public (household consumers and individuals) 239

b. Other, including retailers; wholesalers; institutional, industrial, commercial, professional, and farm users (for use in farm production); and government

Item 10. MERCHANDISE LINES
Report sales for each merchandise line sold by this establishment, either as a dollar figure or as a whole percent of total sales. (See HOW TO REPORT DOLLAR FIGURES on page 1 and HOW TO REPORT PERCENTS below)

HOW TO REPORT PERCENTS

If figure is **38.76%** of total sales:
 • Report whole percents → 39
 Not acceptable → 38.76

Merchandise lines	Census use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
1. Groceries and other food items for human consumption off the premises (Include candy, gum, etc. Report vitamins on line 6c and pet food on line 10.) NOTE: Please do NOT combine nonfood items with food items 1a through 1j below. Report nonfood items (e.g., soaps, detergents, and household cleaners; paper and related products; etc.) on the appropriate lines 4 to 30 below. Estimates are acceptable.	230	231			232
a. Meat, fish, and poultry (Include canned meats requiring refrigeration on this line. Report meats sold in a frozen state on line 1c.)	101				
b. Produce (fresh fruits and vegetables) (Report floral items on line 20 and soup and salad bar sales on line 2a)	102				
c. Frozen foods (Include packaged foods sold in a frozen state such as vegetables, fruits, juices, prepared foods, etc. Report frozen dairy products such as ice cream on line 1d.)	103				
d. Dairy products and related foods (Include milk, cheese, butter, yogurt, ice cream, eggs, etc. Report hand-dipped ice cream and yogurt on line 2b.)	104				
e. Bakery products baked on premises	105				

Merchandise lines	Census use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
1. Groceries and other foods – Continued					
f. Bakery products not baked on the premises, except frozen	106				
g. Delicatessen items (Include service delicatessen items only. Report prepared sandwiches on line 2b.)	107				
h. Bottled, canned, or packaged soft drinks	108				
i. Candy	109				
j. All other foods (include dry groceries, canned and bottled foods, and other food items not covered by lines 1a through 1i)	111				
k. Sum of lines 1a through 1j	100				
2. Meals, snacks, sandwiches, nonalcoholic beverages generally served for immediate consumption (include sales from soup and salad bars, party platters, and hand-dipped ice cream)					
a. Soup and salad bars	123				
b. All other meals and snacks	124				
c. Sum of lines 2a and 2b	120				
3. Packaged liquor, wine, and beer					
a. Distilled spirits (include liquor, brandy, and liqueurs)	141				
b. Wine	142				
c. Beer and ale	143				
d. Sum of lines 3a through 3c	140				
4. Soaps, detergents, and household cleaners	180				
5. Paper and related products (include paper towels, toilet tissue, wraps, bags, foils, etc.)	190				
6. Drugs, health aids, beauty aids					
a. Prescriptions (Report here only if pharmacist engaged)	161				
b. Nonprescription medicines	162				
c. Vitamins, minerals, and other dietary supplements	163				
d. Health aids (Include first aid products, foot products, prescription accessories, and convalescent aids. Report first aid and footcare nonprescription medicines on line 6b.)	164				
e. Cosmetics (include face cream, make-up, perfumes and colognes, etc.)	165				
f. Other hygiene needs (include deodorants; hair and shaving products; oral, feminine, and baby hygiene needs; hand products; etc.)	166				
g. Sum of lines 6a through 6f	160				

ITEM 10 CONTINUED ON PAGE 3

**1992 CENSUS OF RETAIL TRADE
FOOD**

**Enter the 11-digit
CENSUS FILE NUMBER
as shown on this report
(See label on page 1)**

Item 10. MERCHANDISE LINES - Continued					
Merchandise lines	Cen- sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per- cent
7. Cigars, cigarettes, tobacco, and smokers' accessories (exclude sales from vending machines operated by others)	150				
8. Automotive fuels	720				
9. Automotive lubricants (oil, greases, etc.)	730				
10. Pet foods and supplies	800				
11. Books	420				
12. Magazines and newspapers	856				
13. Kitchenware and homefurnishings (include cookware, dinnerware, clocks, pictures, frames, mirrors, bathroom accessories, etc.)	380				
14. Men's wear (Report boys' wear on line 16 and footwear on line 17)	200				
15. Women's, juniors', and misses' wear (Report girls' and infants' and toddlers' wear on line 16 and footwear on line 17)	220				
16. Children's wear (Include boys' (sizes 2 to 7 and 8 to 20), girls' (sizes 4 to 6x and 7 to 14), and infants' and toddlers' clothing and accessories. Report footwear on line 17.)	240				
17. Footwear (include accessories)	260				
18. Small electric appliances (include mixers, toasters, coffee makers, personal care appliances, etc.)	310				
19. Hardware, tools, and plumbing and electrical supplies	600				
20. Cut flowers, plants, shrubs, lawn and garden equipment and supplies, fertilizers, etc.	620				
21. Curtains, draperies, blinds, slipcovers, bed and table coverings	280				
22. Sewing and knitting materials and supplies	270				
23. Jewelry (include watches, watch attachments, novelty jewelry, etc.)	400				

Item 10. MERCHANDISE LINES - Continued					
Merchandise lines	Cen- sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per- cent
24. Photographic equipment and supplies (Report photofinishing on line 30c or 30d)	440				
25. Toys, hobby goods, and games	460				
26. Stationery	851				
27. School supplies	852				
28. Greeting cards	855				
29. All other merchandise (Report receipts for services on line 30) <i>Specify principal lines and estimated sales below</i>	890				
a. _____	891				
b. _____	892				
c. _____	893				
30. All nonmerchandise receipts EXCLUDING SALES AND OTHER TAXES (Include rentals, storage and other services provided to customers. Exclude all receipts and commissions received from lottery ticket sales.)					
a. Receipts from video tape and player/recorder rental	912				
b. Receipts from coin-operated amusement machines (exclude receipts from coin-operated machines operated by others)	913				
c. Receipts from photo-finishing performed by this establishment	917				
d. Receipts from photo-finishing contracted out to other establishments	918				
e. All other nonmerchandise receipts (include receipts from customers for delivery, rental or lease of equipment, etc.)	969				
f. Sum of lines 30a through 30e	900				
31. TOTAL (Should equal item 4 if reporting in dollars)	990				100%

CONTINUE ON PAGE 4

Item 11. SPECIAL INQUIRIES

a. Floor space as of December 31, 1992

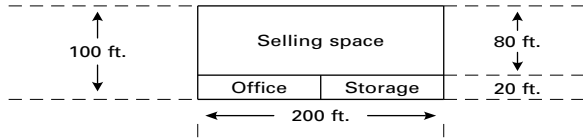
INCLUDE:

- Only the floor space used/controlled by this establishment.
- All space occupied by this establishment on every floor of multi-story buildings.

EXAMPLE: How to compute floor space in square feet

(1) Under-roof selling space is:
200 ft. x 80 ft. = 16,000 sq. ft.

(2) Total under-roof floor space is:
200 ft. x 100 ft. = 20,000 sq. ft.



(1) Under-roof selling space – Enter the square feet of in-store selling space at the end of 1992. Include all store areas open to customers, including aisles, elevators, etc. Do not include display windows fronting onto streets or walks, outdoor entrance ways, or other outdoor space. Square feet
251

(2) Total under-roof floor space – Enter the total square footage of all under-roof selling space plus all other space available at the end of 1992. Include dry storage, refrigerated space, offices, workrooms, display windows, and enclosed entrance ways. Do not include outdoor space, even if covered. 252

b. Did sales of any ONE of the eight groups listed immediately below account for more than half of the total receipts (item 4) of this establishment in 1992? 266

- 1 Yes
2 No

If "Yes," mark (X) the ONE box which accounted for more than half of the total receipts

If "No," skip to item 13

- 267**
- Bread, cakes, cookies, other bakery goods 1
 - Candy, nuts, confectionery 2
 - Eggs, poultry 3
 - Fish and other seafood, fresh or frozen meat 4
 - Ice cream, frozen custard 5
 - Fruits, vegetables 6
 - Milk, other dairy products – for consumption off the premises 7
 - Vitamins, minerals, health foods, and other dietary supplements 8

Item 12. Not applicable to this report

Item 13. LEGAL FORM OF ORGANIZATION

Which of the following best describes this establishment's legal form of organization during 1992? Mark (X) only ONE box.

- 003**
- 1 Individual owner (sole proprietorship)
 - 2 Partnership
 - 3 Cooperative association (taxable)
 - 4 Cooperative association (tax-exempt)
 - 5 Government – Specify _____
 - 0 Corporation (Do not mark if any form of cooperative association)
 - 9 Other – Specify _____

Item 14. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?

- 1 Yes – Complete this item
2 No – Skip to item 15

b. Is this company owned or controlled by another company?

- 097** 1 Yes →
2 No

Enter name, address, and EI Number of the owning or controlling company

EI No. (9 digits) _____

c. Does this company own or control any other company or companies?

- 098** 1 Yes →
2 No

Enter name, address, and EI Number of the owned or controlled company

EI No. (9 digits) _____

Item 14. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION – Continued

d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1992? Number
079

If more than one, provide the **physical location** address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

Estimates are acceptable if book figures are not available.

1	Name		1992	Mil.	Thou.	Dol.
	Number and street		Sales	081		
City		Annual payroll	082			
State		Paid employees for pay period including March 12				
ZIP Code		083				
Kind-of-business description		Census use		088		
2	Name		1992	Mil.	Thou.	Dol.
	Number and street		Sales	081		
City		Annual payroll	082			
State		Paid employees for pay period including March 12				
ZIP Code		083				
Kind-of-business description		Census use		088		
3	Name		1992	Mil.	Thou.	Dol.
	Number and street		Sales	081		
City		Annual payroll	082			
State		Paid employees for pay period including March 12				
ZIP Code		083				
Kind-of-business description		Census use		088		
4	Name		1992	Mil.	Thou.	Dol.
	Number and street		Sales	081		
City		Annual payroll	082			
State		Paid employees for pay period including March 12				
ZIP Code		083				
Kind-of-business description		Census use		088		

REMARKS – Please use this space for any explanations that may be essential in understanding your reported data.

Item 15. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report FROM: Mo. | Year TO: Mo. | Year

Name of person to contact regarding this report – Print or type

Title

Telephone Area code Number Extension

Signature of authorized person Date



1992 CENSUS OF RETAIL TRADE GASOLINE SERVICE STATIONS

OMB No. 0607-0719: Approval Expires 06/30/94

DUE DATE: FEBRUARY 15, 1993

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

CB-5504

Please read the accompanying instructions before answering the questions.

Census use

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

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER
Is the Employer Identification (EI) Number shown in the label the same as the one used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No - Report current EI No. below

(9 digits)

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.
Example: If a figure is \$1,125,628.79 • Preferred report Acceptable

Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
1	126	
1	125	629

Item 4. DOLLAR VOLUME OF BUSINESS

Mil. Thou. Dol.
010

Sales of merchandise and other operating receipts for 1992 (Include excise taxes)

Item 5. PAYROLL

Mil. Thou. Dol.
030

Payroll in 1992, BEFORE DEDUCTIONS

a. Annual

031

b. First quarter (January-March)

Item 6. EMPLOYMENT

Number
032

Number of paid employees for pay period including March 12, 1992 (Include both full- and part-time employees)

Item 7. KIND OF BUSINESS

What was this establishment's PRINCIPAL kind of business in 1992? Mark (X) only ONE box.

070

- Gasoline service station 554111
- Gasoline station/car wash 554112
- Truck stop 554121
- Gasoline/convenience food store 554131
- Self-service fuel stop 554113
- LP gas dealer 598401
- Fuel oil dealer 598301
- Auto supply store 553111
- Petroleum bulk station 517110
- Automotive repair, general 753810
- Automotive repair, specialized - Describe 753000

Other kind of business - Describe 777777

Item 3. OPERATIONAL STATUS Number of months

a. How many months during 1992 was this establishment actively operated?

002

b. Which of the following best describes this establishment's status at the end of 1992? Mark (X) only ONE box.

- 001 1 In operation
- 2 Temporarily or seasonally inactive
- 3 Ceased operation - Give date at right
- 4 Sold or leased to another operator - Give date at right AND enter name, etc., below

Figures only

Month Year

Name of new owner or operator

Number and street

City

State

ZIP Code

PENALTY FOR FAILURE TO REPORT

CONTINUE ON PAGE 2

Item 8. Not applicable to this report	
Item 9. CLASS OF CUSTOMER Report the percentage of this establishment's total sales in 1992 (item 4) to each class of customer.	Whole percent of sales
	237
a. General public (household consumers and individuals)	239
b. Other, including retailers; wholesalers; institutional, industrial, commercial, professional, and farm users (for use in farm production); and government	

Item 10. MERCHANDISE LINES
Report sales for each merchandise line sold by this establishment, either as a dollar figure or as a whole percent of total sales. (See HOW TO REPORT DOLLAR FIGURES on page 1 and HOW TO REPORT PERCENTS below)

HOW TO REPORT PERCENTS	▶ If figure is 38.76% of total sales: • Report whole percents Not acceptable	Mil.	Thou.	Dol.	Per-cent
					39
					38.76

Merchandise lines	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
1. Automotive fuels	230	231			232
a. Unleaded regular gasoline	721				
b. Unleaded mid-grade gasoline	722				
c. Unleaded premium gasoline	723				
d. Leaded gasoline	724				
e. Diesel fuel	725				
f. Other automotive fuels	726				
g. Sum of lines 1a through 1f	720				
2. Automotive tires, tubes, batteries, parts, accessories (Report parts installed in repair on line 12a)					
a. Automotive tires and tubes	741				
b. Automotive parts	744				
c. Storage batteries	749				
d. Automotive accessories and sundry supplies (include polishes, paint, decorative items, etc.)	754				
e. Sum of lines 2a through 2d	740				
3. Groceries and other food items for human consumption off the premises (Include candy, gum, etc. Report vitamins on line 11 and pet food on line 10.)					
a. Dairy products and related foods (Include milk, cheese, butter, yogurt, ice cream, eggs, etc. Report hand-dipped ice cream and yogurt on line 5.)	104				
b. Bakery products not baked on the premises, except frozen	106				
c. Bottled, canned, or packaged soft drinks	108				

Merchandise lines	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
3. Groceries and other foods – Continued					
d. Candy	109				
e. All other foods (dry groceries; canned, frozen, and bottled foods; produce, etc.)	112				
f. Sum of lines 3a through 3e	100				
4. Automotive lubricants (oil, greases, etc.)	730				
5. Meals and snack items generally served for immediate consumption (include restaurant sales of truck stops)	120				
6. Packaged liquor, wine, and beer	140				
7. Cigars, cigarettes, tobacco, and smokers' accessories (exclude sales from vending machines operated by others)	150				
8. Cars, trucks, motorcycles, and other powered vehicles	700				
9. Household fuels (oil, LP gas, wood, coal)	780				
10. Pet foods and supplies	800				
11. All other merchandise (Report receipts for services on line 12) <i>Specify principal lines and estimated sales below</i>	890				
a. _____	891				
b. _____	892				
c. _____	893				
12. All nonmerchandise receipts EXCLUDING SALES AND OTHER TAXES (Include rentals, storage, and other services provided to customers. Exclude all receipts and commissions received from lottery ticket sales.)					
a. Parts installed in repair	907				
b. Labor charges for work performed by this establishment	904				
c. Rental or lease of automobiles, trucks, or utility trailers	923				
d. Car wash receipts	934				
e. All other nonmerchandise receipts	954				
f. Sum of lines 12a through 12e	900				
13. TOTAL (Should equal item 4 if reporting in dollars)	990				100%

1992 CENSUS OF RETAIL TRADE
GASOLINE SERVICE STATIONS

Enter the 11-digit
CENSUS FILE NUMBER
as shown on this report
(See label on page 1)

Item 11. SPECIAL INQUIRIES

a. Was this establishment a petroleum bulk plant with ABOVE GROUND storage tanks having a capacity of 10,000 gallons or more in 1992? 288 1 Yes
2 No

b. Storage capacity Gallons 289

(1) What was the TOTAL GALLON STORAGE CAPACITY of ALL automotive fuels combined (gasoline, diesel, etc.) AT THE END of 1992?

	Mark (X) if "0"	Number of tanks
(a) 4,000 gallon	290 1 <input type="checkbox"/>	291
(b) 6,000 gallon	292 1 <input type="checkbox"/>	293
(c) 8,000 gallon	294 1 <input type="checkbox"/>	295
(d) 10,000 gallon	296 1 <input type="checkbox"/>	297
(e) Other size	298 1 <input type="checkbox"/>	299
(f) Total (Sum of (a) through (e))		300

c. Mark (X) the ONE box which best describes the PRINCIPAL kind of supplier of this establishment in 1992. 301

(1) Refiner 1

(2) Single brand wholesaler 2

(3) Multi-brand wholesaler 3

(4) Other - Describe 4

NOTE - In answering part d and (if applicable) (1) and (2), report as gasoline any fuels which are primarily gasoline (e.g., gasohol), but exclude other fuels (e.g., diesel).

d. Did this establishment sell gasoline in 1992? 302 1 Yes
2 No
If "Yes," complete (1) and (2)
If "No," skip to e

(1) Number of GALLONS of gasoline sold during 1992. 303
Number

(2) How many gasoline PUMPS were operated for sale of gasoline at the end of 1992? 304
Number

e. Did this establishment sell other automotive fuels (include diesel) during 1992? 305 1 Yes
2 No
If "Yes," complete (1) and (2)
If "No," skip to f

(1) Number of GALLONS of other automotive fuels (include diesel) sold during 1992. 306
Number

(2) How many other automotive fuel PUMPS (include diesel) were operated at the end of 1992? 307
Number

f. Did this establishment offer SELF-SERVICE sale of automotive fuels in 1992? 308 1 Yes
2 No
If "Yes," complete (1) and (2)
If "No," skip to g

(1) Number of GALLONS of automotive fuels sold through SELF-SERVICE pumps in 1992. 309
Number

(2) How many automotive fuel PUMPS were SELF-SERVICE pumps at the end of 1992? 310
Number

Item 11. SPECIAL INQUIRIES - Continued

g. Did this establishment operate 24 hours daily in 1992? 311 1 Yes
2 No

h. Did this establishment perform automotive repair work in 1992? 274 1 Yes
2 No

i. Mechanics

(1) Did this establishment employ any mechanics (full- and part-time) during the pay period including March 12, 1992? 275 1 Yes
2 No
If "Yes," complete (2)
If "No," skip to j

(2) Enter the number of mechanics (full- and part-time) working in this establishment during the pay period including March 12, 1992. 276
Number

j. Automotive service bays

(1) Did this establishment have any automotive service bays as of December 31, 1992? 277 1 Yes
2 No
If "Yes," complete (2)
If "No," skip to item 13

(2) How many automotive service bays did this establishment have in 1992? 278
Number

k. Did this establishment offer 24-hour truck repair? 312 1 Yes
2 No

Item 12. Not applicable to this report

Item 13. LEGAL FORM OF ORGANIZATION

Which of the following best describes this establishment's legal form of organization during 1992? Mark (X) only ONE box.

- 003 1 Individual owner (sole proprietorship)
- 2 Partnership
- 3 Cooperative association (taxable)
- 4 Cooperative association (tax-exempt)
- 5 Government - Specify _____
- 0 Corporation (Do not mark if any form of cooperative association)
- 9 Other - Specify _____

Item 14. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero? 1 Yes - Complete this item
2 No - Skip to item 15

b. Is this company owned or controlled by another company? Enter name, address, and EI Number of the owning or controlling company

097 1 Yes →
2 No

EI No. (9 digits) _____

c. Does this company own or control any other company or companies? Enter name, address, and EI Number of the owned or controlled company

098 1 Yes →
2 No

EI No. (9 digits) _____

ITEM 14 CONTINUED ON PAGE 4

CONTINUE ON PAGE 4

Item 14. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION – Continued

Number
079

d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1992?

If more than one, provide the **physical location** address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

Estimates are acceptable if book figures are not available.

1	Name			1992	Mil.	Thou.	Dol.
	Number and street			Sales	⁰⁸¹		
	City	State	ZIP Code	Annual payroll	⁰⁸²		
	Kind-of-business description			Paid employees for pay period including March 12			
				⁰⁸³			
			Census use ⁰⁸⁸				
2	Name			1992	Mil.	Thou.	Dol.
	Number and street			Sales	⁰⁸¹		
	City	State	ZIP Code	Annual payroll	⁰⁸²		
	Kind-of-business description			Paid employees for pay period including March 12			
				⁰⁸³			
			Census use ⁰⁸⁸				
3	Name			1992	Mil.	Thou.	Dol.
	Number and street			Sales	⁰⁸¹		
	City	State	ZIP Code	Annual payroll	⁰⁸²		
	Kind-of-business description			Paid employees for pay period including March 12			
				⁰⁸³			
			Census use ⁰⁸⁸				
4	Name			1992	Mil.	Thou.	Dol.
	Number and street			Sales	⁰⁸¹		
	City	State	ZIP Code	Annual payroll	⁰⁸²		
	Kind-of-business description			Paid employees for pay period including March 12			
				⁰⁸³			
			Census use ⁰⁸⁸				

REMARKS – Please use this space for any explanations that may be essential in understanding your reported data.

Item 15. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report	FROM: Mo. Year	TO: Mo. Year	Name of person to contact regarding this report – <i>Print or type</i>		
Telephone	Area code	Number	Extension	Title	
Signature of authorized person					Date



1992 CENSUS OF DISTRIBUTIVE TRADES SHORT FORM

DUE DATE: FEBRUARY 15, 1993

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:
1-800-233-6136

CB-5001

Please read the accompanying instructions before answering the questions.

Census use

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

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER
Is the Employer Identification (EI) Number shown in the label the same as the one used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No - Report current EI No. below

(9 digits) _____

Item 2. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 Yes 2 No - Report physical location below

Number and street _____

City, town, village, etc. _____ State _____ ZIP Code _____

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 3 No legal boundaries
2 No 4 Do not know

c. In what type of municipality is this establishment physically located?

096 1 City, village, or borough
2 Town or township
3 Other - Specify _____
4 Do not know

d. In what county is this establishment physically located?

HOW TO REPORT DOLLAR FIGURES	Dollar figures should be rounded to thousands of dollars.	Bil-	Mil-	Thou-	Dol-
	Example: If a figure is \$1,125,628.79	lions (000)	lions (000)	sands (000)	lars (000)
	• Preferred report	1	125	629	
	Acceptable				

Item 3. DOLLAR VOLUME OF BUSINESS

a. Sales and operating receipts for 1992 (Include the gross selling value of business conducted for others)

121 _____

1 Yes - Go to line c
2 No - Skip to item 4

b. Did this establishment earn commissions for the sale of merchandise?

c. Gross selling value of business conducted on a commission basis (Include in item 3a)

122 _____

d. Commissions received (On transactions reported in item 3c)

123 _____

Item 4. PAYROLL

	Mil.	Thou.	Dol.
030			

Payroll in 1992, BEFORE DEDUCTIONS

a. Annual

031 _____

b. First quarter (January-March)

Item 5. EMPLOYMENT

	Number
032	

Number of paid employees for pay period including March 12, 1992 (Include both full- and part-time employees)

Item 6. OPERATING EXPENSES

	Mil.	Thou.	Dol.
040			

Operating expenses for 1992 (Include payroll, but exclude cost of goods sold and interest expense)

Item 7. INVENTORIES

a. Did you have inventories at the end of 1991 or 1992?

105 1 Yes - Complete the remainder of the item
2 No - Skip to item 8

b. Were inventories of this establishment subject to the last-in, first-out (LIFO) method of valuation?

111 1 Yes - Use the sum of the LIFO amount plus the LIFO reserve for lines c and c(2)
2 No - Complete only line c

	End of 1992			End of 1991		
	Mil.	Thou.	Dol.	Mil.	Thou.	Dol.
046				047		
c. Total inventories						
106				112		
(1) Amount not subject to LIFO costing						
107				113		
(2) Amount subject to LIFO costing (gross)						
108				114		
(a) Amount of the LIFO reserve						
109				115		
(b) LIFO value of the line c(2) (net)						

NOTE - The sum of lines c(1) and c(2) should equal line c
The sum of lines c(2a) and c(2b) should equal line c(2)

Item 8. TOTAL PURCHASES OF MERCHANDISE IN 1992 Purchases of merchandise for resale (Net of returns, allowances, and trade and cash discounts but including amounts allowed for trade-ins)	PURCHASES AT COST VALUE			
	Bil.	Mil.	Thou.	Dol.
	160			

NOTE - If purchases are greater than sales, please provide an explanation in the REMARKS section

Item 9. SALES BY CLASS OF CUSTOMER Report the percentage of this establishment's total sales in 1992 (item 3a) to each class of customer.	Whole percent of sales
	141
a. Export sales	142
b. Restaurants, food services, and for contract feeding	143
c. Retailers and repair shops	144
d. Other wholesale establishments	145
e. Industrial users (manufacturing and mining)	146
f. Institutional, commercial, and professional users	147
g. Farmers (for farm use)	148
h. Household consumers and individual users	149
i. Builders and contractors	150
j. Governmental bodies (Federal, State, and local)	
k. TOTAL (Sum of lines a through j should total 100%)	100%

Item 10. TYPE OF OPERATION What was this establishment's PRINCIPAL type of operation in 1992? Mark (X) only ONE box.	060
a. Merchant (buying and selling on own account)	
(1) Merchant, jobber, distributor	<input type="checkbox"/> 11
(2) Importer	<input type="checkbox"/> 12
(3) Exporter	<input type="checkbox"/> 13
(4) Farm-product assembler	<input type="checkbox"/> 19
b. Manufacturers' sales branches and offices . . .	<input type="checkbox"/> 20
c. Agent, broker, and commission merchant	
(1) Auction company	<input type="checkbox"/> 41
(2) Broker (representing buyers and sellers) . . .	<input type="checkbox"/> 42
(3) Commission merchant	<input type="checkbox"/> 43
(4) Import agent	<input type="checkbox"/> 44
(5) Export agent	<input type="checkbox"/> 45
(6) Manufacturers' agent	<input type="checkbox"/> 46
d. Other broker or agent - Specify type	<input type="checkbox"/> 77

Item 11. KIND OF BUSINESS What was this establishment's PRINCIPAL kind of business in 1992? Mark (X) only ONE box. If none applies, mark box h and enter the description by which your business is known to the trade or public.	070
a. Furniture and homefurnishings	
(1) Household and lawn furniture	<input type="checkbox"/> 502110
(2) Office and business furniture	<input type="checkbox"/> 502120
(3) Household china, glassware, and crockery	<input type="checkbox"/> 502310
(4) Linens, domestics, curtains, and draperies	<input type="checkbox"/> 502320
(5) Floor coverings	<input type="checkbox"/> 502330
(6) Other homefurnishings	<input type="checkbox"/> 502390
b. Lumber, plywood, millwork, and wood panels - wholesale	
(1) Lumber without yard (excluding hewn posts, poles, and ties)	<input type="checkbox"/> 503110
(2) Lumber with yard (excluding hewn posts, poles, and ties)	<input type="checkbox"/> 503120
(3) Plywood, millwork, and wood panels	<input type="checkbox"/> 503130
(4) Forest products, except lumber	<input type="checkbox"/> 509930
c. Construction materials and paints - wholesale	
(1) Brick, block, tile, clay/cement sewer pipe	<input type="checkbox"/> 503210
(2) Sand, gravel, and stone	<input type="checkbox"/> 503220
(3) Cement, lime, and related products	<input type="checkbox"/> 503230
(4) Roofing, siding, and insulation materials	<input type="checkbox"/> 503300
(5) Flat glass and other construction materials	<input type="checkbox"/> 503910
(6) Other construction materials	<input type="checkbox"/> 503990
(7) Paints, varnishes, wallpaper, and supplies	<input type="checkbox"/> 519800
d. Lumber, building materials and paints - retail	
(1) Lumber yard	<input type="checkbox"/> 521119
(2) Building materials	<input type="checkbox"/> 521139
(3) Paint, glass and wallpaper store	<input type="checkbox"/> 523109
e. Electrical goods	
(1) Electrical apparatus and equipment, wiring supplies, and electrical construction materials (including industrial controls)	<input type="checkbox"/> 506300
(2) Electrical appliances and television and radio sets	<input type="checkbox"/> 506400
(3) Communication equipment and supplies	<input type="checkbox"/> 506510
(4) Other electronic parts and equipment (including blank audio and video tapes)	<input type="checkbox"/> 506590
f. Hardware	<input type="checkbox"/> 507200
g. Plumbing, heating, air-conditioning, and commercial refrigeration equipment and supplies	
(1) Plumbing and heating equipment and supplies (hydronics)	<input type="checkbox"/> 507400
(2) Warm air heating and air-conditioning equipment and supplies	<input type="checkbox"/> 507500
(3) Refrigeration equipment and supplies	<input type="checkbox"/> 507800
h. Other kind of business - Specify	<input type="checkbox"/> 777777

REMARKS - Please use this space for any explanations that may be essential in understanding your reported data.

Item 12. CERTIFICATION - This report is substantially accurate and has been prepared in accordance with instructions.			
Period covered by this report	FROM: Mo. Year	TO: Mo. Year	
Name of person to contact regarding this report - <i>Print or type</i>			
Title			
Telephone	Area code	Number	Extension
Signature of authorized person			Date



1992 CENSUS OF DISTRIBUTIVE TRADES MOTOR VEHICLES

OMB No. 0607-0726: Approval Expires 06/30/94

DUE DATE: FEBRUARY 15, 1993

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:
1-800-233-6136

CB-5012

Please read the accompanying instructions before answering the questions.

Census use	

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

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification (EI) Number shown in the label the same as the one used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No - Report current EI No. below

(9 digits) _____

HOW TO REPORT DOLLAR FIGURES	Dollar figures should be rounded to thousands of dollars.			
	Bil- lions (000)	Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
Example: If a figure is \$1,125,628.79 • Preferred report		1	126	
		1	125	629

Item 2. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 Yes 2 No - Report physical location below

Number and street _____

City, town, village, etc. _____ State _____ ZIP Code _____

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 3 No legal boundaries
2 No 4 Do not know

Item 4. DOLLAR VOLUME OF BUSINESS

	Bil.	Mil.	Thou.	Dol.
a. Sales and operating receipts for 1992 (Include the gross selling value of business conducted for others)	010			
b. Did this establishment earn commissions for the sale of merchandise?	121	1 <input type="checkbox"/> Yes - Go to line c		
		2 <input type="checkbox"/> No - Skip to line e		
c. Gross selling value of business conducted on a commission basis (Include in item 4a)	122			
d. Commissions received (On transactions reported in item 4c)	123			

NOTE - If this is the only establishment of this firm skip to item 5

c. In what type of municipality is this establishment physically located?

096 1 City, village, or borough
2 Town or township
3 Other - Specify _____
4 Do not know

d. In what county is this establishment physically located?

e. Percent of products sold by this establishment manufactured or mined in the United States by your company or subsidiaries

	Percent		
124			

f. Value of transfers to other establishments within your company (DO NOT include in item 4a)

	Mil.	Thou.	Dol.
152			

Item 3. OPERATIONAL STATUS Number of months

a. How many months during 1992 was this establishment actively operated? 002

b. Which of the following best describes this establishment's status at the end of 1992? Mark (X) only ONE box.

001 1 In operation Figures only

2 Temporarily or seasonally inactive Month Year

3 Ceased operation - Give date at right

4 Sold or leased to another operator - Give date at right AND enter name, etc., below

Name of new owner or operator _____

Number and street _____

City _____ State _____ ZIP Code _____

Item 5. PAYROLL Mil. Thou. Dol.

a. Annual 030

b. First quarter (January-March) 031

Item 6. EMPLOYMENT Number

a. Number of paid employees for pay period including March 12, 1992 (Include both full- and part-time employees) 032

b. How many of the above employees were involved in: 131

(1) Selling 132

(2) Sales support (including office and clerical, warehousing, customer service, and maintenance employees) 133

(3) Supporting functions of other establishments in your company (i.e., central administrative, accounting, research, etc.) 134

(4) Manufacturing 135

(5) Other - Specify _____

NOTE - The sum of lines 1 through 5 should equal total employment

PENALTY FOR FAILURE TO REPORT

CONTINUE ON PAGE 2

Item 7. OPERATING EXPENSES Mil. | Thou. | Dol.

Operating expenses for 1992 (Include payroll, but exclude cost of goods sold and interest expense) 040

Item 8. INVENTORIES

a. Did you have inventories at the end of 1991 or 1992?

105 1 Yes - Complete the remainder of the item
 2 No - Skip to item 9

b. Were inventories of this establishment subject to the last-in, first-out (LIFO) method of valuation?

111 1 Yes - Use the sum of the LIFO amount plus the LIFO reserve for lines c and c(2)
 2 No - Complete only line c

	End of 1992			End of 1991		
	Mil.	Thou.	Dol.	Mil.	Thou.	Dol.
c. Total inventories						
(1) Amount not subject to LIFO costing	106			112		
(2) Amount subject to LIFO costing (gross)	107			113		
(a) Amount of the LIFO reserve	108			114		
(b) LIFO value of the line c(2) (net)	109			115		

*NOTE - The sum of lines c(1) and c(2) should equal line c
 The sum of lines c(2a) and c(2b) should equal line c(2)*

Item 9. TOTAL PURCHASES OF MERCHANDISE IN 1992 PURCHASES AT COST VALUE

Purchases of merchandise for resale (Net of returns, allowances, and trade and cash discounts; but including amounts allowed for trade-ins) 160

NOTE - If purchases are greater than sales, please provide an explanation in the REMARKS section

Item 10. SALES BY CLASS OF CUSTOMER Whole percent of sales

Report the percentage of this establishment's total sales in 1992 (item 4a) to each class of customer. 141

a. Export sales 142

b. Restaurants, food services, and contract feeding 143

c. Retailers and repair shops 144

d. Other wholesale establishments 145

e. Industrial users (manufacturing and mining) 146

f. Institutional, commercial, and professional users 147

g. Farmers (for farm use) 148

h. Household consumers and individual users 149

i. Builders and contractors 150

j. Governmental bodies (Federal, State, and local)

k. TOTAL (Sum of lines a through j should total 100%) **100%**

Item 11. KIND OF BUSINESS

a. What was this establishment's PRINCIPAL kind of business in 1992? Mark (X) only ONE box. 070

1. Automobiles and other motor vehicles

(a) Automobiles and motorcycles (new and used) 501211

(b) Buses and recreational vehicles (including snowmobiles and mopeds) 501212

(c) Light trucks and vans (14,000 lb. or less) 501213

(d) Medium trucks (14,001 to 26,000 lb.) 501222

(e) Heavy trucks and tractors (over 26,000 lb.) 501223

2. Motor vehicle parts, accessories, and supplies

(a) New parts warehouse distributor (selling primarily to jobbers or other wholesalers) 501310

(b) New parts jobbers (selling primarily to retailers and repair shops) 501320

(c) Used parts dealer 501500

3. Other kind of business - Specify 777777

b. Did you operate a machine shop at this location in 1992? 155

1 Yes
 2 No

c. Was over 50 percent of your business accounted for through operating leases or rental agreements? 157

1 Yes
 2 No

Item 12. TYPE OF OPERATION

What was this establishment's PRINCIPAL type of operation in 1992? Mark (X) only ONE box. 060

a. Merchant (buying and selling on own account)

(1) Importer 12

(2) Exporter 13

(3) Merchant 11

b. Manufacturers' sales branches and offices 20

c. Agent, broker, and commission merchant

(1) Auction company 41

(2) Broker (representing buyers and sellers) 42

(3) Commission merchant 43

(4) Import agent 44

(5) Export agent 45

(6) Manufacturers' agent 46

d. Other broker or agent - Specify type 77

**1992 CENSUS OF DISTRIBUTIVE TRADES
MOTOR VEHICLES**

**Enter the 11-digit
CENSUS FILE NUMBER
as shown on this report
(See label on page 1)**

Item 13. COMMODITY LINES						
Report sales by commodity group either as a dollar figure or as a whole percent of total sales (Include the value of merchandise marketed under capital, finance, or full payout leases and rental receipts derived from merchandise under operating leases)						
HOW TO REPORT PERCENTS	Census use	ESTIMATES are acceptable. Report dollars OR percents.				Percent
		Bil.	Mil.	Thou.	Dol.	
If figure is total sales • Report whole percents Not acceptable						38.76
						39
1. New and used automobiles, motorcycles, etc.	100	101				102
a. New automobiles	0111					
b. Used automobiles	0112					
c. Motorcycles	0113					
d. Motor scooters, mopeds, golfcarts, snowmobiles, and utility trailers	0114					
e. Total (Sum of lines 1a through 1d)	0100					
2. Buses, campers, and motor homes						
a. Buses	0121					
b. Motor homes, car trailers, campers, and van conversions	0122					
c. Total (Sum of lines 2a and 2b)	0120					
3. Light trucks and vans (14,000 lb. or less)						
a. New light trucks	0131					
b. Used light trucks	0132					
c. Vans and cargo vans (new and used)	0133					
d. Total (Sum of lines 3a through 3c)	0130					
4. Medium trucks and tractors (14,001 to 26,000 lb.)	0140					
5. Heavy trucks and tractors (more than 26,000 lb.)						
a. New heavy trucks	0151					
b. New heavy truck tractors	0152					
c. New truck trailers	0153					
d. New truck bodies	0154					
e. Used heavy trucks, tractors, and trailers	0155					
f. Total (Sum of lines 5a through 5e)	0150					
6. New and rebuilt automotive parts and supplies (Report parts installed in repair work on line 16b)	0200					

Item 13. COMMODITY LINES - Continued						
Commodity lines	Census use	ESTIMATES are acceptable. Report dollars OR percents.				Percent
		Bil.	Mil.	Thou.	Dol.	
7. Used automotive parts, accessories, and equipment	0240					
8. Tires and tubes	0300					
9. Construction and mining machinery and equipment (including parts and attachments)	2100					
10. Farm machinery, equipment, and parts	2200					
11. Marine machinery, equipment, and supplies	2620					
12. Petroleum products - refined (exclude liquefied petroleum)	5400					
13. Sporting and recreational goods and supplies	2700					
14. Miscellaneous commodities - Specify						
a.	9811					
b.	9812					
c.	9813					
15. Rental and leasing receipts	9940					
16. Service receipts and labor charges (including installed parts)						
a. Labor charges for repair work	9711					
b. Parts installed in repair work	9712					
c. Other service receipts and labor charges - Specify	9713					
d. Total (Sum of lines 16a through 16c)	9700					
17. Receipts for machine shop job work (include receipts for custom built, rebuilt, or repaired parts)	9980					
18. Receipts for service contracts	9720					
19. TOTAL (Should equal item 4a if reporting in dollars)	9990					100%
Item 14. LEGAL FORM OF ORGANIZATION						
Which of the following best describes this establishment's legal form of organization during 1992? Mark (X) only ONE box.						
003 <input type="checkbox"/> 1 Individual owner (sole proprietorship)						
<input type="checkbox"/> 2 Partnership						
<input type="checkbox"/> 3 Cooperative association (taxable)						
<input type="checkbox"/> 4 Cooperative association (tax-exempt)						
<input type="checkbox"/> 5 Government - Specify _____						
<input type="checkbox"/> 0 Corporation (Do not mark if any form of cooperative association)						
<input type="checkbox"/> 9 Other - Specify _____						

CONTINUE ON PAGE 4

Item 15. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?

- 1 Yes - Complete this item
- 2 No - Skip to item 16

b. Is this company owned or controlled by another company?

- 097 1 Yes →
2 No

Enter name, address, and EI Number of the owning or controlling company

EI No. (9 digits)

c. Does this company own or control any other company or companies?

- 098 1 Yes →
2 No

Enter name, address, and EI Number of the owned or controlled company

EI No. (9 digits)

d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1992?

Number
079

If more than one, provide the **physical location** address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

Estimates are acceptable if book figures are not available.

<p>Name</p> <hr/> <p>Number and street</p> <hr/> <p>City State ZIP Code</p> <hr/> <p>1 Kind-of-business description</p> <hr/> <p>Type of operation (choose from item 12)</p>	1992	Mil.	Thou.	Dol.
	081			
	Sales			
	Annual payroll	082		
	Paid employees for pay period including March 12			
	083			
	Census use	088		
		089		

<p>Name</p> <hr/> <p>Number and street</p> <hr/> <p>City State ZIP Code</p> <hr/> <p>2 Kind-of-business description</p> <hr/> <p>Type of operation (choose from item 12)</p>	1992	Mil.	Thou.	Dol.
	081			
	Sales			
	Annual payroll	082		
	Paid employees for pay period including March 12			
	083			
	Census use	088		
		089		

<p>Name</p> <hr/> <p>Number and street</p> <hr/> <p>City State ZIP Code</p> <hr/> <p>3 Kind-of-business description</p> <hr/> <p>Type of operation (choose from item 12)</p>	1992	Mil.	Thou.	Dol.
	081			
	Sales			
	Annual payroll	082		
	Paid employees for pay period including March 12			
	083			
	Census use	088		
		089		

REMARKS - Please use this space for any explanations that may be essential in understanding your reported data.

Item 16. CERTIFICATION - This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report	FROM: Mo. Year	TO: Mo. Year	Name of person to contact regarding this report - <i>Print or type</i>	
Telephone	Area code	Number	Extension	Title
Signature of authorized person				Date



1992 CENSUS OF DISTRIBUTIVE TRADES MOTOR VEHICLES PARTS AND SUPPLIES

DUE DATE: FEBRUARY 15, 1993
If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:
BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001
Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:
1-800-233-6136

CB-5013

Please read the accompanying instructions before answering the questions.

Census use

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

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 Census Bureau. By the same law, YOUR CENSUS REPORT IS CONFIDENTIAL. It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER
Is the Employer Identification (EI) Number shown in the label the same as the one used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?
094 1 Yes 2 No - Report current EI No. below
(9 digits)

Item 2. PHYSICAL LOCATION
a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)
093 1 Yes 2 No - Report physical location below
Number and street
City, town, village, etc. State ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?
095 1 Yes 3 No legal boundaries 2 No 4 Do not know

c. In what type of municipality is this establishment physically located?
096 1 City, village, or borough 2 Town or township 3 Other - Specify 4 Do not know

d. In what county is this establishment physically located?

Item 3. OPERATIONAL STATUS
a. How many months during 1992 was this establishment actively operated?
002 Number of months

b. Which of the following best describes this establishment's status at the end of 1992? Mark (X) only ONE box.
001 1 In operation 2 Temporarily or seasonally inactive 3 Ceased operation - Give date at right 4 Sold or leased to another operator - Give date at right AND enter name, etc., below
Figures only Month Year

Name of new owner or operator
Number and street
City State ZIP Code

HOW TO REPORT DOLLAR FIGURES
Dollar figures should be rounded to thousands of dollars.
Example: If a figure is \$1,125,628.79 - Preferred report Acceptable
Bil-lions (000) Mil-lions (000) Thou-sands (000) Dol-lars (000)
1 126
1 125 629

Item 4. DOLLAR VOLUME OF BUSINESS
a. Sales and operating receipts for 1992 (Include the gross selling value of business conducted for others)
121 1 Yes - Go to line c 2 No - Skip to line e

b. Did this establishment earn commissions for the sale of merchandise?
122 123

c. Gross selling value of business conducted on a commission basis (Include in item 4a)
124

d. Commissions received (On transactions reported in item 4c)
NOTE - If this is the only establishment of this firm skip to item 5

e. Percent of products sold by this establishment manufactured or mined in the United States by your company or subsidiaries
Percent

f. Value of transfers to other establishments within your company (DO NOT include in item 4a)
Mil. Thou. Dol.

Item 5. PAYROLL
Payroll in 1992, BEFORE DEDUCTIONS
a. Annual
030

b. First quarter (January-March)
031

Item 6. EMPLOYMENT
a. Number of paid employees for pay period including March 12, 1992 (Include both full- and part-time employees)
032

b. How many of the above employees were involved in:
(1) Selling 131
(2) Sales support (including office and clerical, warehousing, customer service, and maintenance employees) 132
(3) Supporting functions of other establishments in your company (i.e., central administrative, accounting, research, etc.) 133
(4) Manufacturing 134
(5) Other - Specify 135

NOTE - The sum of lines 1 through 5 should equal total employment

Item 7. OPERATING EXPENSES Mil. | Thou. | Dol.

Operating expenses for 1992 (Include payroll, but exclude cost of goods sold and interest expense) 040

Item 8. INVENTORIES

a. Did you have inventories at the end of 1991 or 1992?

105 1 Yes - Complete the remainder of the item
 2 No - Skip to item 9

b. Were inventories of this establishment subject to the last-in, first-out (LIFO) method of valuation?

111 1 Yes - Use the sum of the LIFO amount plus the LIFO reserve for lines c and c(2)
 2 No - Complete only line c

	End of 1992			End of 1991		
	Mil.	Thou.	Dol.	Mil.	Thou.	Dol.
c. Total inventories						
(1) Amount not subject to LIFO costing	106			112		
(2) Amount subject to LIFO costing (gross)	107			113		
(a) Amount of the LIFO reserve	108			114		
(b) LIFO value of the line c(2) (net)	109			115		

*NOTE - The sum of lines c(1) and c(2) should equal line c
 The sum of lines c(2a) and c(2b) should equal line c(2)*

Item 9. TOTAL PURCHASES OF MERCHANDISE IN 1992 PURCHASES AT COST VALUE

Purchases of merchandise for resale (Net of returns, allowances, and trade and cash discounts; but including amounts allowed for trade-ins) 160

NOTE - If purchases are greater than sales, please provide an explanation in the REMARKS section

Item 10. SALES BY CLASS OF CUSTOMER Whole percent of sales

Report the percentage of this establishment's total sales in 1992 (item 4a) to each class of customer. 141

a. Export sales	142
b. Restaurants, food services, and contract feeding	143
c. Retailers and repair shops	144
d. Other wholesale establishments	145
e. Industrial users (manufacturing and mining)	146
f. Institutional, commercial, and professional users	147
g. Farmers (for farm use)	148
h. Household consumers and individual users	149
i. Builders and contractors	150
j. Governmental bodies (Federal, State, and local)	
k. TOTAL (Sum of lines a through j should total 100%)	100%

Item 11. KIND OF BUSINESS

a. What was this establishment's PRINCIPAL kind of business in 1992? Mark (X) only ONE box.

1. Motor vehicle parts and supplies 070

(a) New parts - warehouse distributor (selling primarily to jobbers or other wholesalers) 501310

(b) New parts - jobbers (selling primarily to retailers and repairshops) 501320

(c) Used parts dealer 501500

(d) Petroleum products marketing equipment (equipment used by gasoline service stations and bulk plants) 501340

2. Tires and tubes 501400

3. Auto repair shop 753000

4. Other kind of business - Specify 777777

b. Did you operate a machine shop at this location in 1992? 155

1 Yes
 2 No

c. Was over 50 percent of your business accounted for through operating leases or rental agreements? 157

1 Yes
 2 No

Item 12. TYPE OF OPERATION

What was this establishment's PRINCIPAL type of operation in 1992? Mark (X) only ONE box.

a. Merchant (buying and selling on own account) 060

(1) Importer 12

(2) Exporter 13

(3) Merchant 11

b. Manufacturers' sales branches and offices. 20

c. Agent, broker, and commission merchant

(1) Auction company 41

(2) Broker (representing buyers and sellers) 42

(3) Commission merchant 43

(4) Import agent 44

(5) Export agent 45

(6) Manufacturers' agent 46

d. Other broker or agent - Specify type 77

**1992 CENSUS OF DISTRIBUTIVE TRADES
MOTOR VEHICLES PARTS AND SUPPLIES**

Item 13. COMMODITY LINES						Item 13. COMMODITY LINES – Continued										
Report sales by commodity group either as a dollar figure or as a whole percent of total sales (Include the value of merchandise marketed under capital, finance, or full payout leases and rental receipts derived from merchandise under operating leases)						ESTIMATES are acceptable. Report dollars OR percents.										
HOW TO REPORT PERCENTS		If figure is 38.76% of total sales				Cen- sus use	Bil.	Mil.	Thou.	Dol.	Per- cent	Bil.	Mil.	Thou.	Dol.	Per- cent
• Report whole percents		Not acceptable														
Commodity lines		ESTIMATES are acceptable. Report dollars OR percents.				Cen- sus use	Bil.	Mil.	Thou.	Dol.	Per- cent	Bil.	Mil.	Thou.	Dol.	Per- cent
1. New and rebuilt automotive parts and supplies (Report parts installed in repair work on line 24b)		100	101		102											
a. Batteries		0211														
b. Engines (complete)		0212														
c. Electrical engine parts (including ignition parts)		0213														
d. Brake parts (including fluid and all disk and drum parts)		0214														
e. Exhaust system parts		0215														
f. Glass		0216														
g. Hoses, belts, gaskets, and wiper blades		0217														
h. Filters (oil, air, gas and transmission)		0218														
i. Engine parts, except electrical		0219														
j. Body parts and repair materials		0221														
k. Suspension parts (shocks, struts, balljoints, etc.)		0222														
l. Parts, n.e.c.		0223														
m. Accessories		0224														
n. Total (Sum of lines 1a through 1m)		0200														
2. Used automotive parts, accessories, and equipment																
a. Engines and engine parts		0241														
b. Body parts		0242														
c. Parts, n.e.c.		0243														
d. Total (Sum of lines 2a through 2c)		0240														
3. Tires and tubes																
a. New tires and tubes		0311														
b. Recapped and used tires and repair materials		0312														
c. Total (Sum of lines 3a and 3b)		0300														
4. Petroleum products marketing equipment		0250														
5. New and used automobiles, motorcycles, etc.		0100														
6. Buses, campers, and motor homes		0120														
7. Light trucks and vans (14,000 lb. or less)		0130														
8. Medium trucks and tractors (14,001 to 26,000 lb.)		0140														
9. Heavy trucks and tractors (over 26,000 lb.)		0150														
10. Construction and mining machinery and equipment (include parts and attachments)		2100														
11. Farm machinery, equipment, and parts		2200														
12. Garden machinery, equipment, and parts		2220														
13. General-purpose industrial machinery, equipment, and parts		2320														
14. Petroleum products – refined (exclude liquefied petroleum)		5400														
15. Electrical apparatus and equipment		1400														
16. Electrical appliances, household		1500														
17. Electronic parts and equipment, except communication		1600														
18. Hardware, except automotive		1700														
19. Flat iron and steel products		1120														
20. Flat glass and other construction glass (excluding automotive)		0730														
21. Chemicals and allied products (excluding agricultural, plastics, gases and petroleum)		5330														
22. Miscellaneous commodities – Specify																
a.		9811														
b.		9812														
c.		9813														
23. Rental and operating lease receipts		9940														
24. Service receipts and labor charges (including installed parts)																
a. Labor charges for repair work		9711														
b. Parts installed in repair work		9712														
c. Other service receipts and labor charges – Specify		9713														
d. Total (Sum of lines 24a through 24c)		9700														
25. Receipts for machine shop job work (include receipts for custom built, rebuilt, or repaired parts)		9980														
26. TOTAL (Should equal item 4a if reporting in dollars)		9990														100%

CONTINUE ON PAGE 4

Item 14. LEGAL FORM OF ORGANIZATION

Which of the following best describes this establishment's legal form of organization during 1992? Mark (X) only ONE box.

003 1 Individual owner (sole proprietorship)

2 Partnership

3 Cooperative association (taxable)

4 Cooperative association (tax-exempt)

5 Government – Specify _____

0 Corporation (Do not mark if any form of cooperative association)

9 Other – Specify _____

Item 15. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION – Continued

d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1992? _____ Number
079

If more than one, provide the **physical location** address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.
Estimates are acceptable if book figures are not available.

1	Name	1992	Mil.	Thou.	Dol.
	Number and street	Sales	081		
	City	Annual payroll	082		
	State	Paid employees for pay period including March 12			
	ZIP Code	083			
	Kind-of-business description	Census use			
	Type of operation (choose from item 12)	088			
		089			

Item 15. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?

1 Yes – Complete this item

2 No – Skip to item 16

b. Is this company owned or controlled by another company?

097 1 Yes →

2 No

Enter name, address, and EI Number of the owning or controlling company

EI No. (9 digits) _____

c. Does this company own or control any other company or companies?

098 1 Yes →

2 No

Enter name, address, and EI Number of the owned or controlled company

EI No. (9 digits) _____

2	Name	1992	Mil.	Thou.	Dol.
	Number and street	Sales	081		
	City	Annual payroll	082		
	State	Paid employees for pay period including March 12			
	ZIP Code	083			
	Kind-of-business description	Census use			
	Type of operation (choose from item 12)	088			
		089			

3	Name	1992	Mil.	Thou.	Dol.
	Number and street	Sales	081		
	City	Annual payroll	082		
	State	Paid employees for pay period including March 12			
	ZIP Code	083			
	Kind-of-business description	Census use			
	Type of operation (choose from item 12)	088			
		089			

REMARKS – Please use this space for any explanations that may be essential in understanding your reported data.

Item 16. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report	FROM: Mo. Year	TO: Mo. Year	Name of person to contact regarding this report – Print or type	
	Telephone	Area code	Number	Extension
Signature of authorized person				Date



1992 CENSUS OF DISTRIBUTIVE TRADES MISCELLANEOUS DURABLE GOODS

OMB No. 0607-0726: Approval Expires 06/30/94

DUE DATE: FEBRUARY 15, 1993

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

CB-5099

Please read the accompanying instructions before answering the questions.

Census use

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

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification (EI) Number shown in the label the same as the one used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No - Report current EI No. below

(9 digits)

Item 2. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 Yes 2 No - Report physical location below

Number and street

City, town, village, etc.

State

ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 3 No legal boundaries
2 No 4 Do not know

c. In what type of municipality is this establishment physically located?

096 1 City, village, or borough
2 Town or township
3 Other - Specify _____
4 Do not know

d. In what county is this establishment physically located?

Item 3. OPERATIONAL STATUS

Number of months

a. How many months during 1992 was this establishment actively operated?

002

b. Which of the following best describes this establishment's status at the end of 1992? Mark (X) only ONE box.

001 1 In operation
2 Temporarily or seasonally inactive
3 Ceased operation - Give date at right
4 Sold or leased to another operator - Give date at right AND enter name, etc., below

Figures only

Month

Year

Name of new owner or operator

Number and street

City

State

ZIP Code

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

Example: If a figure is \$1,125,628.79 • Preferred report Acceptable

Bil- lions (000)	Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
	1	126	
	1	125	629

Item 4. DOLLAR VOLUME OF BUSINESS

a. Sales and operating receipts for 1992 (Include the gross selling value of business conducted for others)

Bil.	Mil.	Thou.	Dol.
010			

b. Did this establishment earn commissions for the sale of merchandise?

121	1 <input type="checkbox"/> Yes - Go to line c		
	2 <input type="checkbox"/> No - Skip to line e		

c. Gross selling value of business conducted on a commission basis (Include in item 4a)

Bil.	Mil.	Thou.	Dol.
122			

d. Commissions received (On transactions reported in item 4c)

123			
-----	--	--	--

NOTE - If this is the only establishment of this firm skip to item 5

e. Percent of products sold by this establishment manufactured or mined in the United States by your company or subsidiaries

Percent
124

f. Value of transfers to other establishments within your company (DO NOT include in item 4a)

Mil.	Thou.	Dol.
152		

Item 5. PAYROLL Payroll in 1992, BEFORE DEDUCTIONS

a. Annual

Mil.	Thou.	Dol.
030		

b. First quarter (January-March)

031		
-----	--	--

Item 6. EMPLOYMENT

Number

a. Number of paid employees for pay period including March 12, 1992 (Include both full- and part-time employees)

032

b. How many of the above employees were involved in:

Number
131

(1) Selling

132

(2) Sales support (including office and clerical, warehousing, customer service, and maintenance employees)

133

(3) Supporting functions of other establishments in your company (i.e., central administrative, accounting, research, etc.)

134

(4) Manufacturing

135

(5) Other - Specify

NOTE - The sum of lines 1 through 5 should equal total employment

PENALTY FOR FAILURE TO REPORT

CONTINUE ON PAGE 2

Item 7. OPERATING EXPENSES Mil. Thou. Dol.
 Operating expenses for 1992 (Include payroll, but exclude cost of goods sold and interest expense) 040

Item 8. INVENTORIES

a. Did you have inventories at the end of 1991 or 1992?

105 1 Yes - Complete the remainder of the item
 2 No - Skip to item 9

b. Were inventories of this establishment subject to the last-in, first-out (LIFO) method of valuation?

111 1 Yes - Use the sum of the LIFO amount plus the LIFO reserve for lines c and c(2)
 2 No - Complete only line c

	End of 1992			End of 1991		
	Mil.	Thou.	Dol.	Mil.	Thou.	Dol.
c. Total inventories	106			112		
(1) Amount not subject to LIFO costing	107			113		
(2) Amount subject to LIFO costing (gross)	108			114		
(a) Amount of the LIFO reserve	109			115		
(b) LIFO value of the line c(2) (net)						

NOTE - The sum of lines c(1) and c(2) should equal line c
 The sum of lines c(2a) and c(2b) should equal line c(2)

Item 9. TOTAL PURCHASES OF MERCHANDISE IN 1992 PURCHASES AT COST VALUE Bil. Mil. Thou. Dol.
 Purchases of merchandise for resale (Net of returns, allowances, and trade and cash discounts; but including amounts allowed for trade-ins) 160

NOTE - If purchases are greater than sales, please provide an explanation in the REMARKS section

Item 10. SALES BY CLASS OF CUSTOMER Whole percent of sales
 Report the percentage of this establishment's total sales in 1992 (item 4a) to each class of customer. 141

a. Export sales 142

b. Restaurants, food services, and contract feeding 143

c. Retailers and repair shops 144

d. Other wholesale establishments 145

e. Industrial users (manufacturing and mining) 146

f. Institutional, commercial, and professional users 147

g. Farmers (for farm use) 148

h. Household consumers and individual users 149

i. Builders and contractors 150

j. Governmental bodies (Federal, State, and local)

k. **TOTAL** (Sum of lines a through j should total 100%) **100%**

Item 11. KIND OF BUSINESS
What was this establishment's PRINCIPAL kind of business in 1992? Mark (X) only ONE box.

a. Musical instruments and supplies 070 509910

b. Forest products, except lumber (logs, piles, pulpwood, cordwood, hewn posts, poles, and ties, etc.) 509930

c. Lumber yard 503120

d. Luggage 509990

e. Works of art 509990

f. Compact disks, prerecorded audio tapes, and phonograph records 509950

g. Prerecorded videotapes, videocassettes, and videodisks to retailers 782230

h. Fire extinguishers and fire safety equipment 509960

i. General merchandise
 (1) Primarily - durable goods 509940
 (2) Primarily - nondurable goods 519940

j. Warehouse club 539939

k. Other kind of business - Specify 777777

Item 12. TYPE OF OPERATION
What was this establishment's PRINCIPAL type of operation in 1992? Mark (X) only ONE box.

a. Merchant (buying and selling on own account) 060
 (1) Importer 12
 (2) Exporter 13
 (3) Merchant 11

b. Manufacturers' sales branches and offices 20

c. Agent, broker, and commission merchant
 (1) Auction company 41
 (2) Broker (representing buyers and sellers) 42
 (3) Commission merchant 43
 (4) Import agent 44
 (5) Export agent 45
 (6) Manufacturers' agent 46

d. Other broker or agent - Specify type 77

Item 13. COMMODITY LINES
Report sales by commodity group either as a dollar figure or as a whole percent of total sales (Include the value of merchandise marketed under capital, finance, or full payout leases and rental receipts derived from merchandise under operating leases)

HOW TO REPORT PERCENTS	If figure is 38.76% of total sales	Bil.	Mil.	Thou.	Dol.	Percent
		ESTIMATES are acceptable. Report dollars OR percents.				
		Bil.	Mil.	Thou.	Dol.	Percent
Commodity lines	Census use					
1. Musical instruments and supplies	100 3100	101				102
2. Forest products, except lumber (including cordwood, hewn posts, poles, and ties)	3120					
3. Compact disks, prerecorded audio tapes, and phonograph records (Report prerecorded video tapes on line 69)	3130					

ITEM 13 CONTINUED ON PAGE 3

**Enter the 11-digit
CENSUS FILE NUMBER
as shown on this report
(See label on page 1)**

**1992 CENSUS OF DISTRIBUTIVE TRADES
MISCELLANEOUS DURABLE GOODS**

Item 13. COMMODITY LINES – Continued						Item 13. COMMODITY LINES – Continued								
Commodity lines	Cen- sus use	ESTIMATES are acceptable. Report dollars OR percents.					Commodity lines	Cen- sus use	ESTIMATES are acceptable. Report dollars OR percents.					
		Bil.	Mil.	Thou.	Dol.	Per- cent			Bil.	Mil.	Thou.	Dol.	Per- cent	
4. Other durable goods						26. Frozen foods (packaged)	4100							
a. Coin-operated games (including arcade games)	3141					27. Dairy products (excluding dried or canned)	4200							
b. Luggage	3142					28. Poultry and poultry products	4300							
c. Works of art	3143					29. Confectionery	4400							
d. Other durable goods, n.e.c.	3144					30. Fish and seafoods (excluding canned and frozen packaged)	4500							
e. Total (Sum of lines 4a through 4d)	3140					31. Meat and meat products (fresh and unpackaged)	4600							
5. Fire extinguishers and fire safety equipment	3150					32. Fresh fruits and vegetables	4700							
6. Lumber: rough, dressed, and finished	0600					33. Coffee, tea, and spices	4800							
7. Plywood and millwork	0620					34. Canned foods	4830							
8. Wire fences, mobile homes, building and construction paper, and prefabricated buildings and structural assemblies	0740					35. Soft drinks and bottled water	4850							
9. Printing and writing paper	3200					36. Refined sugar, flour, pickles, preserves, sauces, cooking oils, cereals, pet foods, and other grocery specialties	4860							
10. Stationery, office supplies, and greeting cards	3300					37. Flat iron and steel products	1120							
11. Industrial and personal service paper and plastics	3400					38. Iron and steel wire and wire products	1140							
12. Books, periodicals, newspapers, and miscellaneous printed materials	6100					39. Iron and steel pipe and tubing	1150							
13. Office equipment (exclude computers)	0900					40. Copper and brass	1200							
14. Computer software (off-the-shelf)	0950					41. Aluminum shapes, forms, etc.	1220							
15. Electrical apparatus and equipment	1400					42. Coal and coke	1300							
16. Electrical appliances, household	1500					43. Hardware	1700							
17. Electronic parts and equipment, except communication	1600					44. Farm machinery, equipment, and parts	2200							
18. Sporting and recreational goods and supplies	2700					45. General-purpose industrial machinery, equipment, and parts	2320							
19. Toys and hobby goods and supplies	2800					46. Metalworking machinery, equipment, and parts	2330							
20. Photographic equipment and supplies (excluding video)	0800					47. Industrial containers and supplies	2450							
21. New and used automobiles, motorcycles, etc.	0100					48. Aircraft and aeronautical equipment and supplies	2600							
22. New and rebuilt automotive parts and supplies (Report parts installed in repair work on line 68b)	0200					49. Drugs, pharmaceuticals, cosmetics, and toiletries	3500							
23. Tires and tubes	0300					50. Jewelry, diamonds, gem stones, and watches	3000							
24. Linens, domestics, curtains, and draperies	0520					51. Advertising specialties (paper novelties, etc.)	6140							
25. Kitchen utensils, mirrors, lamps, and picture frames	0540					52. Piece goods, knit and woven	3600							
						53. Notions (buttons, ribbons, lace, sewing accessories, zippers, bindings, etc.)	3700							
						54. Men's and boys' wear	3800							
						55. Women's and children's wear	3900							

ITEM 13 CONTINUED ON PAGE 4

CONTINUE ON PAGE 4

Item 13. COMMODITY LINES – Continued						
Commodity lines	Census use	ESTIMATES are acceptable. Report dollars OR percents.				
		Bil.	Mil.	Thou.	Dol.	Per-cent
56. Grain and beans	4900					
57. Hides, skins, and pelts	5100					
58. Plastics materials and basic shapes	5300					
59. Chemicals and allied products (excluding agricultural, plastics, gases and petroleum)	5330					
60. Petroleum products – refined (exclude liquefied petroleum)	5400					
61. Liquefied petroleum gases (excluding natural gas)	5420					
62. Crude oil	5500					
63. Farm supplies	5800					
64. Tobacco and tobacco products	5900					
65. Wigs, yarns, and leather products	6150					
66. Miscellaneous commodities – Specify						
a. _____	9811					
b. _____	9812					
c. _____	9813					
67. Rental and operating lease receipts	9940					
68. Service receipts and labor charges (including installed parts)						
a. Labor charges for repair work	9711					
b. Parts installed in repair work	9712					
c. Other service receipts and labor charges – Specify						
_____	9713					
d. Total (Sum of lines 68a through 68c)	9700					
69. Prerecorded video tapes	9820					
70. TOTAL (Should equal item 4a if reporting in dollars)	9990					100%

Item 15. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?

1 Yes – Complete this item
2 No – Skip to item 16

b. Is this company owned or controlled by another company?

097 1 Yes →
2 No

Enter name, address, and EI Number of the owning or controlling company

EI No. (9 digits) _____

c. Does this company own or control any other company or companies?

098 1 Yes →
2 No

Enter name, address, and EI Number of the owned or controlled company

EI No. (9 digits) _____

d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1992? _____ Number

079

If more than one, provide the **physical location** address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

Estimates are acceptable if book figures are not available.

1	Name	1992	Mil.	Thou.	Dol.		
						Number and street	Sales
	City	State	ZIP Code	Annual payroll	082		
	Kind-of-business description	Paid employees for pay period including March 12				083	
	Type of operation (choose from item 12)	Census use	088				
			089				

2	Name	1992	Mil.	Thou.	Dol.		
						Number and street	Sales
	City	State	ZIP Code	Annual payroll	082		
	Kind-of-business description	Paid employees for pay period including March 12				083	
	Type of operation (choose from item 12)	Census use	088				
			089				

REMARKS – Please use this space for any explanations that may be essential in understanding your reported data.

Item 14. LEGAL FORM OF ORGANIZATION

Which of the following best describes this establishment's legal form of organization during 1992? Mark (X) only ONE box.

003 1 Individual owner (sole proprietorship)
2 Partnership
3 Cooperative association (taxable)
4 Cooperative association (tax-exempt)
5 Government – Specify _____
0 Corporation (Do not mark if any form of cooperative association)
9 Other – Specify _____

Item 16. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report FROM: Mo. | Year TO: Mo. | Year

Name of person to contact regarding this report – Print or type _____

Title _____

Telephone _____ Area code _____ Number _____ Extension _____

Signature of authorized person _____ Date _____



DUE DATE: FEBRUARY 15, 1993

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:
1-800-233-6136

CB-7001

Please read the accompanying instructions before answering the questions.

Census use

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

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification (EI) Number shown in the label the same as the one used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No - Report current EI No. below
(9 digits)

Item 4. LEGAL FORM OF ORGANIZATION

Which of the following best describes this establishment's legal form of organization during 1992?

Mark (X) only ONE box.

- 003 1 Individual owner (sole proprietorship)
- 2 Partnership
- 5 Government - Specify _____
- 0 Corporation
- 9 Other - Specify _____

Item 2. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 Yes 2 No - Report physical location below

Number and street		
City, town, village, etc.	State	ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 3 No legal boundaries
2 No 4 Do not know

c. In what type of municipality is this establishment physically located?

096 1 City, village, or borough
2 Town or township
3 Other - Specify _____
4 Do not know

d. In what county is this establishment physically located?

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

Example: If a figure is \$1,125,628.79 • Preferred report Acceptable

Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
1	126	
1	125	629

Item 5. DOLLAR VOLUME

OPERATING RECEIPTS of this establishment in 1992

Item 6. PAYROLL

Payroll in 1992, BEFORE DEDUCTIONS

a. Annual

b. First quarter (January-March)

Item 7. EMPLOYMENT

Number of paid employees for pay period including March 12, 1992
(Include both full- and part-time employees)

Item 3. OPERATIONAL STATUS

a. How many months during 1992 was this establishment actively operated?

Number of months
002

b. Which of the following best describes this establishment's status at the end of 1992? Mark (X) only ONE box.

- 001 1 In operation
- 2 Temporarily or seasonally inactive
- 3 Ceased operation - Give date at right
- 4 Sold or leased to another operator - Give date at right AND enter name, etc., below

Figures only

Month	Year

Name of new owner or operator		
Number and street		
City	State	ZIP Code

CONTINUE ON PAGE 2

PENALTY FOR FAILURE TO REPORT

Item 8. KIND OF BUSINESS OR ACTIVITY

Mark (X) the ONE box which best describes the business or activity that accounted for the MAJOR portion of this establishment's receipts in 1992.

Hotels, motels, and tourist courts 070	<input type="checkbox"/> 701111	Other kinds of activity or operation 070	<input type="checkbox"/> 864106
Hotel with 25 or more guestrooms	<input type="checkbox"/> 701121	Bar or restaurant (operated by membership organization) limited to members only	<input type="checkbox"/> 581009
Hotel with less than 25 guestrooms	<input type="checkbox"/> 701131	Bar or restaurant (open to the public)	<input type="checkbox"/> 701113
Motel or tourist court	<input type="checkbox"/> 701141	Casino hotel or motel (gambling) with guestrooms for lodging	<input type="checkbox"/> 799995
Motor hotel	<input type="checkbox"/> 701141	Casino (gambling) without guestrooms for lodging	<input type="checkbox"/> 701114
Hotel or lodging house operated by membership organization:		Ski area or resort with guestrooms for lodging	<input type="checkbox"/> 799997
With rooms open to the general public	<input type="checkbox"/> 701112	Ski area or resort without guestrooms for lodging	<input type="checkbox"/> 651200
With rooms limited to members only	<input type="checkbox"/> 704103	Hotel/motel real estate owner (owning land or building but not the lodging business)	<input type="checkbox"/> 651000
Other lodging places		Apartment, cooperative, or condominium operator	<input type="checkbox"/> 777777
Rooming and boarding house	<input type="checkbox"/> 702103	Other kind of activity - Describe	
Sporting or recreational camp (fishing camp, dude ranch, etc.)	<input type="checkbox"/> 703204		
Trailer park, recreational vehicle park, or campground for transients	<input type="checkbox"/> 703302		

Item 9. SOURCES OF RECEIPTS

Report receipts by source either in dollar figures (see example for item 5) or as percentages (in whole percents) of the total - see example below. Please do **not** combine data for two or more receipts lines. Do not include sales, occupancy, or other taxes collected from customers. Do not include the total, or this establishment's share of, receipts from coin-operated machines operated by others in part a. **Line a(1)** - Report receipts from guestroom or unit rentals. Report receipts from rentals of public rooms (e.g., ballrooms, convention halls) on line a(9), and store rental receipts on line b. **Lines a(1) and a(2)** - Establishments which include meals and rooms in a single rate should estimate the values for lines a(1) and a(2). **Line a(8)** - Report this establishment's share from gaming operations (e.g., casino games, slot machines). **Line a(10)** - Report receipts from valet, laundry, parking, and other guest services. **Line b** - Receipts from "other sources" include rental and commission receipts from operators of leased departments, concessions, stores, and coin-operated machines.

HOW TO REPORT PERCENTS	If figure is 38.76% of total sales: • Report whole percents - Not acceptable	Mil.	Thou.	Dol.	Per-cent
					39
					38.76

Sources of receipts	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
a. Receipts from customers	400	401			402
(1) Guestroom or unit rentals	121				
(2) Sales of meals and nonalcoholic beverages	122				
(3) Sales of alcoholic beverages for consumption on premises	123				
(4) Sales of packaged liquor, wine, or beer	124				
(5) Sales of other merchandise	575				
(6) Camp tuitions or fees	125				
(7) Telephone service charges	126				
(8) Gaming receipts	127				
(9) Rental of public rooms (e.g., conference/convention meeting rooms)	128				
(10) Other receipts from customers - Describe in REMARKS if more than 10 percent of total receipts.	585				
(11) TOTAL (Should equal item 5 if reporting in dollars)	990				100%
b. Receipts from other sources Were any receipts OTHER than from customers received by this establishment in its business operations?					
455 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No		456			

Item 10. NUMBER AND TYPE OF ACCOMMODATIONS DECEMBER 31, 1992

The number of guestrooms, units, or quarters consists of the number which can be rented as single units. Suites of rooms which cannot be subdivided should be counted as a single unit.

Number of rooms, units, or quarters, by type	Number as of December 31, 1992
a. Primarily rented as residential quarters or units (occupied as one's primary residence)	460
b. Primarily rented as transient guestrooms or units	461
c. TOTAL (Sum of lines a and b)	462

Item 11. FRANCHISE OPERATIONS

a. Does this establishment use a trade name which is authorized by ANOTHER company (franchisor) for a fee, royalty payment, and/or other contract agreement?	463	1 <input type="checkbox"/> Yes - Skip to item 12
		2 <input type="checkbox"/> No - Continue with line b
b. Does this establishment use a trade name which this establishment's OWN company (franchisor) authorizes others (franchisees) to use for a fee, royalty payment, and/or other contract agreement?	464	1 <input type="checkbox"/> Yes
		2 <input type="checkbox"/> No

Item 12. FOOD SERVICE

a. Is there a restaurant, coffee shop, or other food service (excluding vending machines) on the premises?	465	1 <input type="checkbox"/> Yes
		2 <input type="checkbox"/> No - Skip to item 13
b. If "Yes,"	466	
(1) Does this establishment own and operate the food service(s)?		1 <input type="checkbox"/> Yes
		2 <input type="checkbox"/> No
(2) Does this establishment contract with, or lease space to, another company to operate the food service(s)?	467	1 <input type="checkbox"/> Yes
		2 <input type="checkbox"/> No

Item 13. HOTELS, BY TYPE

(To be completed by hotels only)
Mark (X) the ONE box which best describes this hotel.

468	1 <input type="checkbox"/> Transient hotel: full service (providing food and beverage service(s), convenience shop, laundry service, banquet/meeting facilities, and limited recreational amenities on the premises)
	2 <input type="checkbox"/> Transient hotel: limited service (providing some or none of the services available from full-service establishments)
	3 <input type="checkbox"/> All-suite hotel
	4 <input type="checkbox"/> Resort hotel
	5 <input type="checkbox"/> Conference center/convention hotel
	6 <input type="checkbox"/> Inn (including bed-and-breakfast inn)
	7 <input type="checkbox"/> Other - Describe

FORM CB-7001 1992 CENSUS OF SERVICE INDUSTRIES HOTELS AND MOTELS	U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	Enter the 11-digit CENSUS FILE NUMBER as shown on this report (See label on page 1)
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Item 14. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?

- 1 Yes - Complete this item
- 2 No - Skip to item 15

b. Is this company owned or controlled by another company?

- 097 1 Yes →
- 2 No

Enter name, address, and EI Number of the owning or controlling company

EI No. (9 digits)

c. Does this company own or control any other company or companies?

- 098 1 Yes →
- 2 No

Enter name, address, and EI Number of the owned or controlled company

EI No. (9 digits)

d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1992?

079

Number

If more than one, provide the **physical location** address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

Estimates are acceptable if book figures are not available.

				1992	Mil.	Thou.	Dol.
1	Name			Receipts	081		
	Number and street				Annual payroll	082	
	City		State	ZIP Code		Paid employees for pay period including March 12	
	Kind-of-business description			083			
	Hotels and motels - number of guestrooms →			084	Census use 088		
2	Name			Receipts	081		
	Number and street				Annual payroll	082	
	City		State	ZIP Code		Paid employees for pay period including March 12	
	Kind-of-business description			083			
	Hotels and motels - number of guestrooms →			084	Census use 088		

REMARKS - Please use this space for any explanations that may be essential in understanding your reported data.

Item 15. CERTIFICATION - This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report	FROM: Mo. Year	TO: Mo. Year	Name of person to contact regarding this report - <i>Print or type</i>		
	Telephone	Area code	Number	Extension	Title
Signature of authorized person					Date

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS



1992 CENSUS OF SERVICE INDUSTRIES MISCELLANEOUS LODGING PLACES

DUE DATE: FEBRUARY 15, 1993

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:
1-800-233-6136

CB-7002

Please read the accompanying instructions before answering the questions.

Census use

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

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification (EI) Number shown in the label the same as the one used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No - Report current EI No. below
(9 digits) _____

Item 2. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 Yes 2 No - Report physical location below

Number and street _____
City, town, village, etc. _____ State _____ ZIP Code _____

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 3 No legal boundaries
2 No 4 Do not know

c. In what type of municipality is this establishment physically located?

096 1 City, village, or borough
2 Town or township
3 Other - Specify _____
4 Do not know

d. In what county is this establishment physically located?

Item 3. OPERATIONAL STATUS

Number of months

a. How many months during 1992 was this establishment actively operated?

002

b. Which of the following best describes this establishment's status at the end of 1992? Mark (X) only ONE box.

001 1 In operation
2 Temporarily or seasonally inactive
3 Ceased operation - Give date at right
4 Sold or leased to another operator - Give date at right AND enter name, etc., below

Figures only

Month	Year

Name of new owner or operator _____
Number and street _____
City _____ State _____ ZIP Code _____

Item 4. LEGAL FORM OF ORGANIZATION AND TAX STATUS

a. LEGAL FORM OF ORGANIZATION

Which of the following best describes this establishment's legal form of organization during 1992?

Mark (X) only ONE box.

003 1 Individual owner (sole proprietorship)
2 Partnership
5 Government - Specify _____
0 Corporation
9 Other - Specify _____

b. TAX STATUS

(1) Is this establishment operated on a not-for-profit basis?

005 1 Yes
2 No - Skip to item 5

(2) Was all or part of the income of this establishment or organization exempt from Federal income taxes under section 501 of the Internal Revenue Code?

004 1 Yes
2 No

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

Example: If a figure is \$1,125,628.79 report **\$1,126** (Preferred) or **1,125,629** (Acceptable)

Mil-ions (000)	Thou-sands (000)	Dol-lars (000)
1	126	
1	125	629

Item 5. DOLLAR VOLUME

If the answer to item 4b(2) was "Yes," skip to part b; otherwise, complete part a and skip to item 6.

Mil. Thou. Dol.

010 | | |

a. OPERATING RECEIPTS of this (taxable) establishment in 1992

b. REVENUE AND EXPENSES of this (tax-exempt) establishment in 1992

(1) REVENUE

040 | | |

(2) EXPENSES (including payroll)

Item 6. PAYROLL

Mil. Thou. Dol.

Payroll in 1992, BEFORE DEDUCTIONS

a. Annual

030 | | |

b. First quarter (January-March)

031 | | |

Item 7. EMPLOYMENT

Number

Number of paid employees for pay period including March 12, 1992 (Include both full- and part-time employees)

032 | | |

Item 8. KIND OF BUSINESS OR ACTIVITY

Mark (X) the ONE box which best describes the business or activity that accounted for the MAJOR portion of this establishment's receipts or revenue in 1992.

Residential lodging places

070

- Rooming or boarding house or tourist home . . . 702101
- Dormitory (commercially operated) or hostel . . . 702102
- Fraternity or sorority boarding house 704101
- Residential care facility (providing room and board for children, the aged, and others with some limits for self-care, but with health care incidental) 836102
- Residential mobile home park 651500
- Apartment building or residential complex (providing housing facilities only) 651300
- Management of cooperative or condominium 653100

Sporting camps, recreational camps, and transient trailer parks

- Trailer park, recreational vehicle park, or campground (except residential) 703301
- Children's day camp 799998
- Children's camp (except day camp) 703201
- Fishing or hunting camp 703202
- Other sporting and recreational camp 703203

Hotels, motels, and motor hotels

070

- Hotel with 25 or more guestrooms for transients 701115
- Hotel with less than 25 guestrooms for transients 701122
- Motel 701132
- Motor hotel 701142
- Hotel or lodging house (operated by membership organization) with rooms limited to members only 704102
- Bar or restaurant (open to the public)** 581009
- Bar or restaurant (operated by membership organization) limited to members only** 864107
- Civic, social, veterans', fraternal, or youth association (except residential)** 864108
- Other kind of activity - Describe** 777777

Item 9. SOURCES OF RECEIPTS OR REVENUE

Report receipts or revenue by source in dollar figures (see example for item 5).

Please do **not** combine data for two or more receipts or revenue lines.

Establishments which are subject to Federal income tax should complete items b(1) and b(2). Do not include these values in item 5a.

Exclude all sales, occupancy, or other taxes collected from customers.

Neither the total, nor this establishment's share of, receipts from coin-operated machines operated by others is to be included in item 9a.

Line a(1) - Report receipts from guestroom or unit rentals. Report receipts from rentals of public rooms (e.g., ballrooms, convention halls) on line a(9), and store rental receipts on line b(2).

Lines a(1) and a(2) - Establishments which include meals and rooms in a single rate should estimate the values for lines a(1) and a(2).

Line a(8) - Report this establishment's share of receipts from gaming operations (e.g., casino games, slot machines).

Line a(11) - Report receipts from valet, laundry, parking, and other guest services.

Line b(2) - Include rental and commission receipts from operators of leased departments, concessions, stores, and coin-operated machines.

Sources of receipts or revenue	Census use	ESTIMATES are acceptable		
		Mil.	Thou.	Dol.
a. Receipts from customers	400	401		
(1) Guestroom or unit rentals	121			
(2) Sales of meals and nonalcoholic beverages	122			
(3) Sales of alcoholic beverages for consumption on premises	123			
(4) Sales of packaged liquor, wine, or beer	124			
(5) Sales of other merchandise	575			
(6) Camp tuitions or fees	125			
(7) Telephone service charges	126			
(8) Gaming receipts	127			
(9) Rental of public rooms (e.g., conference/convention meeting rooms)	128			
(10) Membership dues and fees	444			
(11) Other receipts from customers - Describe in REMARKS if more than 10 percent of total receipts or revenue.	585			
(12) TOTAL RECEIPTS OF TAXABLE ESTABLISHMENTS (Sum of lines a(1) through a(11) should equal item 5a) Tax-exempt establishments - leave blank	990			
b. Other sources of revenue				
(1) Gifts, grants, contributions	701			
(2) All other sources - Describe in REMARKS if more than 10 percent of total revenue.	785			
c. TOTAL REVENUE OF TAX-EXEMPT ESTABLISHMENTS (Sum of lines a(1) through a(11) and b(1) and b(2) should equal item 5b(1)) Taxable establishments - leave blank	995			

Item 10. NUMBER AND TYPE OF ACCOMMODATIONS
DECEMBER 31, 1992

(To be completed by hotels/motels and other lodging facilities)

The number of guestrooms, units, or quarters consists of the number which can be rented as single units. A suite of rooms which cannot be subdivided should be counted as a single unit.

Number of rooms, units, or quarters, by type

a. Primarily rented as residential quarters or units (occupied as one's primary residence)

b. Primarily rented as transient guestrooms or units

c. TOTAL (Sum of lines a and b)

Number as of
December 31, 1992
460

461

462

FORM CB-7002	U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	Enter the 11-digit CENSUS FILE NUMBER as shown on this report (See label on page 1)			
1992 CENSUS OF SERVICE INDUSTRIES MISCELLANEOUS LODGING PLACES					
Item 11. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION					
a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero? 1 <input type="checkbox"/> Yes - Complete this item 2 <input type="checkbox"/> No - Skip to item 12					
b. Is this company owned or controlled by another company? 097 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No	Enter name, address, and EI Number of the owning or controlling company EI No. (9 digits) <input style="width:100px;" type="text"/>				
c. Does this company own or control any other company or companies? 098 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No	Enter name, address, and EI Number of the owned or controlled company EI No. (9 digits) <input style="width:100px;" type="text"/>				
d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1992?					
		Number 079			
If more than one, provide the physical location address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper. Estimates are acceptable if book figures are not available.					
1	Name	1992	Mil.	Thou.	Dol.
	Number and street	Receipts or revenue	081		
	City	Annual payroll	082		
	State	Paid employees for pay period including March 12			
	ZIP Code	083			
Kind-of-business description					
Hotels/motels and other lodging facilities - number of guestrooms →		084			
		Census use 088			
2	Name	1992	Mil.	Thou.	Dol.
	Number and street	Receipts or revenue	081		
	City	Annual payroll	082		
	State	Paid employees for pay period including March 12			
	ZIP Code	083			
Kind-of-business description					
Hotels/motels and other lodging facilities - number of guestrooms →		084			
		Census use 088			
3	Name	1992	Mil.	Thou.	Dol.
	Number and street	Receipts or revenue	081		
	City	Annual payroll	082		
	State	Paid employees for pay period including March 12			
	ZIP Code	083			
Kind-of-business description					
Hotels/motels and other lodging facilities - number of guestrooms →		084			
		Census use 088			
REMARKS - Please use this space for any explanations that may be essential in understanding your reported data. 					
Item 12. CERTIFICATION - This report is substantially accurate and has been prepared in accordance with instructions.					
Period covered by this report	FROM: Mo. Year	TO: Mo. Year	Name of person to contact regarding this report - <i>Print or type</i>		
Telephone	Area code	Number	Extension	Title	
Signature of authorized person					Date

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS



1992 CENSUS OF SERVICE INDUSTRIES LAUNDRY, CLEANING, AND RELATED SERVICES

DUE DATE: FEBRUARY 15, 1993

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:
1-800-233-6136

CB-7201

Please read the accompanying instructions before answering the questions.

Census use

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

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification (EI) Number shown in the label the same as the one used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No – Report current EI No. below

(9 digits) _____

Item 4. LEGAL FORM OF ORGANIZATION

Which of the following best describes this establishment's legal form of organization during 1992?

Mark (X) only ONE box.

003 1 Individual owner (sole proprietorship)
 2 Partnership
 5 Government – Specify _____
 0 Corporation
 9 Other – Specify _____

Item 2. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 Yes 2 No – Report physical location below

Number and street _____

City, town, village, etc. _____ State _____ ZIP Code _____

HOW TO REPORT DOLLAR FIGURES	Dollar figures should be rounded to thousands of dollars.	Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
	Example: If a figure is \$1,125,628.79 • Preferred report	1	126	
	• Acceptable	1	125	629

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 3 No legal boundaries
 2 No 4 Do not know

c. In what type of municipality is this establishment physically located?

096 1 City, village, or borough
 2 Town or township
 3 Other – Specify _____
 4 Do not know

d. In what county is this establishment physically located?

Item 5. DOLLAR VOLUME

	Mil.	Thou.	Dol.
	010		

OPERATING RECEIPTS of this establishment in 1992

Item 6. PAYROLL

	Mil.	Thou.	Dol.
	030		

Payroll in 1992, BEFORE DEDUCTIONS

a. Annual

	031		
--	-----	--	--

b. First quarter (January–March)

--	--	--	--

Item 7. EMPLOYMENT

	Number
	032

Number of paid employees for pay period including March 12, 1992
(Include both full- and part-time employees)

Item 3. OPERATIONAL STATUS

Number of months
002

a. How many months during 1992 was this establishment actively operated?

b. Which of the following best describes this establishment's status at the end of 1992?
Mark (X) only ONE box.

001 1 In operation
 2 Temporarily or seasonally inactive
 3 Ceased operation – Give date at right
 4 Sold or leased to another operator – Give date at right AND enter name, etc., below

Figures only	
Month	Year

Name of new owner or operator _____

Number and street _____

City _____ State _____ ZIP Code _____

CONTINUE ON PAGE 2

PENALTY FOR FAILURE TO REPORT

Item 8. KIND OF BUSINESS OR ACTIVITY

a. Mark (X) the ONE box which best describes the business or activity that accounted for the MAJOR portion of this establishment's receipts in 1992. 070

Coin-operated (or other self-service) laundry and/or drycleaning "store" 721511

Coin-operated laundry washing machine route (apartments, dormitories, etc.) 721521

Drycleaning plant 721601

Power laundry (family or commercial) 721101

Linen supply service 721301

Industrial laundry service 721801

Diaper service 721901

Rug cleaning plant 721701

Carpet and upholstery cleaning on location 721702

Pressing or valet shop (laundry or cleaning done by others) 721201

Retail agent (including "bobtailers") for laundries and drycleaners (work done by others) 721202

Laundry, except commercial power and coin-operated (hand, Chinese, or French laundries) 721902

Garment repair or alteration 721903

Fur repair and storage 721904

Seamstress and dressmaking service (material owned by customer) 721905

Other kind of activity - Describe 777777

b. Is laundry work (other than finish work) done at this location? 470
 1 Yes
 2 No

c. Is drycleaning work (other than finish work) done at this location? 471
 1 Yes
 2 No

Item 9. SOURCES OF RECEIPTS - Continued

Sources of receipts	Census use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per cent
f. Laundry work, family and bachelor, including shirts, for resellers (press shops, other drycleaners and laundries, "bobtailers," etc.)	138				
g. Laundry work, commercial (other than industrial or linen supply)	139				
h. Laundry/drycleaning work and rental receipts for linen supply garments (gowns, coats, aprons, etc.)	141				
i. Laundry work and rental receipts for linen supply flatwork and full dry linens	142				
j. Laundry/drycleaning work and rental receipts for industrial garments (uniforms, gloves, etc.), except those for "clean room" operations	143				
k. Laundry/drycleaning work and rental receipts for industrial "clean room" operations	144				
l. Laundry work and rental receipts for industrial wiping cloths	145				
m. Laundry/drycleaning work and rental receipts for industrial/commercial mats (launderable or unlaunderable)	146				
n. Laundry/drycleaning work and rental receipts for industrial/commercial mops, cloths, and miscellaneous dust control items	147				
o. Laundry work and rental receipts for diapers	148				
p. Rug/carpet and upholstery cleaning					
(1) In plant	149				
(2) On customers' premises	151				
q. Alterations and garment construction	152				
r. All other laundry, cleaning, and garment services receipts (including hand laundry work)	153				
s. Shoe repair	157				
t. Sales of disposables and other merchandise - Describe in REMARKS if more than 10 percent of total receipts.	575				
u. All other receipts - Describe in REMARKS if more than 10 percent of total receipts.	585				
v. TOTAL (Should equal item 5 if reporting in dollars)	990				100%

Item 9. SOURCES OF RECEIPTS

Report receipts by source either in dollar figures (see example for item 5) or as percentages (in whole percents) of the total - see example below.

Please do **not** combine data for two or more receipts lines.

Line q - Include receipts for alteration and garment construction services on material owned by the individual customer. Report receipts for alteration and garment construction on material owned by this company on line t.

NOTE - Receipts from wholesale work (for press shops, other laundries, "bobtailers," etc.) should be reported on lines d, f, and g below.

Sources of receipts	Census use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per cent
a. Coin-operated laundry and/or drycleaning store	400	401			402
(1) Washer receipts	131				
(2) Dryer receipts	132				
(3) Drycleaning machine receipts	133				
b. Coin-operated laundry washing machine route (apartments, etc.)	134				
c. Drycleaning (except coin-operated, industrial, linen supply, and rug) for direct consumers	135				
d. Drycleaning (except coin-operated, industrial, linen supply, and rug) for resellers (press shops, other drycleaners and laundries, "bobtailers," etc.)	136				
e. Laundry work, family and bachelor, including shirts, for direct consumers (excludes diapers)	137				

Item 10. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?
 1 Yes - Complete this item
 2 No - Skip to item 11

b. Is this company owned or controlled by another company?
 097 1 Yes →
 2 No

Enter name, address, and EI Number of the owning or controlling company
 EI No. (9 digits) _____

c. Does this company own or control any other company or companies?
 098 1 Yes →
 2 No

Enter name, address, and EI Number of the owned or controlled company
 EI No. (9 digits) _____

FORM **CB-7201**

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

**Enter the 11-digit
CENSUS FILE NUMBER
as shown on this report
(See label on page 1)**

**1992 CENSUS OF SERVICE INDUSTRIES
LAUNDRY, CLEANING, AND RELATED SERVICES**

Item 10. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION – Continued

Number

d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1992?

079

If more than one, provide the **physical location** address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

NOTE – Do not consider branch locations of laundries and drycleaners (including industrial, linen, and diaper supply) that are **only** providing pick-up and distribution of finished work as separate establishments. Data for these locations should be included with the plant in which the work is actually done.

Estimates are acceptable if book figures are not available.

1	Name			1992	Mil.	Thou.	Dol.
	Number and street			Receipts	081		
	City		State	ZIP Code	Annual payroll	082	
	Kind-of-business description			Paid employees for pay period including March 12			
				083			
			Census use 088				
2	Name			1992	Mil.	Thou.	Dol.
	Number and street			Receipts	081		
	City		State	ZIP Code	Annual payroll	082	
	Kind-of-business description			Paid employees for pay period including March 12			
				083			
			Census use 088				
3	Name			1992	Mil.	Thou.	Dol.
	Number and street			Receipts	081		
	City		State	ZIP Code	Annual payroll	082	
	Kind-of-business description			Paid employees for pay period including March 12			
				083			
			Census use 088				

REMARKS – Please use this space for any explanations that may be essential in understanding your reported data.

Item 11. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report	FROM: Mo. Year	TO: Mo. Year	Name of person to contact regarding this report – <i>Print or type</i>			
Telephone	Area code	Number	Extension	Title		
Signature of authorized person						Date

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS



DUE DATE: FEBRUARY 15, 1993

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

CB-7307

Please read the accompanying instructions before answering the questions.

Census use

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

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification (EI) Number shown in the label the same as the one used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No - Report current EI No. below
(9 digits) _____

Item 2. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 Yes 2 No - Report physical location below

Number and street _____
City, town, village, etc. _____ State _____ ZIP Code _____

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 3 No legal boundaries
2 No 4 Do not know

c. In what type of municipality is this establishment physically located?

096 1 City, village, or borough
2 Town or township
3 Other - Specify _____
4 Do not know

d. In what county is this establishment physically located?

Item 3. OPERATIONAL STATUS Number of months

a. How many months during 1992 was this establishment actively operated? 002

b. Which of the following best describes this establishment's status at the end of 1992? Mark (X) only ONE box.

001 1 In operation
2 Temporarily or seasonally inactive
3 Ceased operation - Give date at right
4 Sold or leased to another operator - Give date at right AND enter name, etc., below

Name of new owner or operator _____
Number and street _____
City _____ State _____ ZIP Code _____

Item 4. LEGAL FORM OF ORGANIZATION

Which of the following best describes this establishment's legal form of organization during 1992?

Mark (X) only ONE box.

003 1 Individual owner (sole proprietorship)
2 Partnership
5 Government - Specify _____
0 Corporation
9 Other - Specify _____

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars. Example: If a figure is \$1,125,628.79 • Preferred report	Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
	1	126	629

Acceptable

Item 5. DOLLAR VOLUME

OPERATING RECEIPTS of this establishment in 1992

	Mil.	Thou.	Dol.
010			
Item 6. PAYROLL			
Payroll in 1992, BEFORE DEDUCTIONS			
a. Annual			
030			
031			
b. First quarter (January-March)			

Item 7. EMPLOYMENT

Number of paid employees for pay period including March 12, 1992 (Include both full- and part-time employees)

Number
032

CONTINUE ON PAGE 2

PENALTY FOR FAILURE TO REPORT

Item 8. KIND OF BUSINESS OR ACTIVITY

a. Mark (X) the ONE box which best describes the kind of business or activity that accounted for the MAJOR portion of this establishment's receipts in 1992. 070

Computer software design and related services

- Custom computer programming services (including software systems analysis and design) 737101
- Prepackaged computer software (development and marketing of prepackaged computer software) 737201
- Computer integrated systems design or value added reseller (engaged in the development or modification of software and the "bundling" of software with computers and peripheral equipment to create an integrated system designed for specific applications) 737301
- Other integrated systems design or value added reseller - Describe type of system 777776

Computer processing and data preparation services

- Data preparation services (e.g., data entry) 737401
- Computer data processing services 737402
- Computer facilities management services (management or operation of customers' computer facilities) 737601

Rental and leasing of computers and peripheral equipment

- Finance (equity) leasing of computers and related data processing equipment 615900
- Rental and leasing of computers and related data processing equipment by the manufacturer (or its sales branches) 9000000
- Rental and leasing of computers and related data processing equipment, except finance (equity) leasing or leasing by the manufacturer (or its sales branches) 737701

Other computer services

- "On-line" information retrieval services (providing computer resources for the storage and retrieval of information) 737501
- Repair and maintenance of computers and related data processing equipment 737801
- Computer or data processing consulting (software and/or hardware), except programming services 737911
- Computer education and training - other than consulting (software and/or hardware) 824304
- Other computer related services - Describe 737991

Other kinds of business

- Computer hardware or software "store" selling:
 - Primarily to individuals for personal use 573412
 - Primarily to businesses, government, etc., for business use 504511
- Computer equipment (hardware or software) wholesaler 504500
- Engineering consulting and design service 871102
- Research and development of computers and related hardware 873112
- Manufacturer - Describe type of equipment manufactured 9357000
- Other - Describe 777777

b. Was this establishment primarily engaged in providing support services (e.g., data processing, research and development) to other establishments of the same company (rather than for the general public or other business firms) in 1992? 504

1 Yes
2 No

Item 9. SOURCES OF RECEIPTS

Report receipts by source either in dollar figures (see example for item 5) or as percentages (in whole percents) of the total - see example below.

Please do **not** combine data for two or more receipts lines.

Receipts should include amounts received for work subcontracted to others.

Line a - Include receipts from developing and marketing software for nonspecialized use, such as for payroll and tax accounting, data base systems, etc. Such software may require minor modifications for individual customer needs. Receipts from the sale of software **not** developed by this firm (resales) should be reported on line j(2).

Line b(1) - Include receipts for the development (analysis, design, and programming) of software tailored to customer specifications. Free-lance computer software writers should include receipts from the sale of their software here.

Line b(2) - Include receipts from providing systems analysts and/or programmers to participate in the development or maintenance of software systems.

Line c(1) - Include receipts from providing advice related to the management of clients' computer resources. This advice typically consists of assessing the needs of the organization and planning or consulting on the purchase of hardware and software.

Line c(2) - Include receipts from providing advice on technical matters related to computer systems, such as conducting feasibility studies on the implementation of a system, providing specifications for data base design, and providing technical expertise for the integration of software and hardware.

Line d - Include receipts from the development or modification of software and the "bundling" of the software with hardware to create an integrated system designed for specific applications. Receipts should represent the combined charges from software development, hardware sales, and other services provided in developing and installing the systems. Receipts from the sale of computer systems comprised entirely of purchased hardware and software should be reported on line j.

Line f - Include amounts received for the contract management and operations of government and other data processing facilities. Include operation of computer and data processing facilities at customers' location.

Line g - Include receipts from providing computer resources (hardware and software) for the storage and on-line retrieval of information.

Line h(1) - Include the fair sales value of merchandise marketed in 1992 by your firm under capital, finance, or full payout leases. **Do not** include installment payments received from any capital, finance, or full payout leases.

Line h(2) - Include receipts from rental and leasing (operating leases only) of computers and other equipment. Total receipts should be reported here whether or not the lease includes maintenance.

Line i - Report receipts from providing telecommunications services (e.g., data transmission services, leased networks) here.

HOW TO REPORT PERCENTS	If figure is 38.76% of total sales:	Mil.	Thou.	Dol.	Per-cent
	• Report whole percents				39
	Not acceptable				38.76

Sources of receipts	Census use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
a. Prepackaged computer software	400	401			402
(1) Systems and user tools software	221				
(2) Applications software	222				
(3) Other prepackaged software (e.g., computer games)	223				
(4) Sum a(1) through a(3)	220				
b. Custom computer programming, systems design, and related custom software services					
(1) Custom software development services	231				
(2) All other (e.g., systems analysis and design services, including systems maintenance)	232				
(3) Sum b(1) and b(2)	230				

ITEM 9 CONTINUED ON PAGE 3

CONTINUE ON PAGE 3

**1992 CENSUS OF SERVICE INDUSTRIES
COMPUTER AND DATA PROCESSING SERVICES**

**Enter the 11-digit
CENSUS FILE NUMBER
as shown on this report
(See label on page 1)**

Item 9. SOURCES OF RECEIPTS - Continued					
HOW TO REPORT PERCENTS	If figure is 38.76% of total sales: • Report whole percents Not acceptable	Mil.	Thou.	Dol.	Per-cent
					39
					38.76
Sources of receipts	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
c. Consulting services (computer related)	400	401			402
(1) Related to the installation of hardware	241				
(2) Systems and other technical computer related consulting	242				
(3) Sum c(1) and c(2)	240				
d. Computer integrated systems (sale or lease)	251				
e. Computer processing services					
(1) Data processing and tabulation services	261				
(2) Data entry services	262				
(3) Other computer processing services	263				
(4) Sum e(1) through e(3)	260				
f. Computer facilities management services	271				
g. On-line information retrieval services	272				
h. Rental and leasing					
(1) Finance (equity) leasing	207				
(2) All other rental and leasing, except finance leasing					
(a) Computers and peripheral equipment	274				
(b) Other equipment - Describe in REMARKS if more than 10 percent of total receipts.	275				
i. Maintenance and repair					
(1) Computers and peripheral equipment	277				
(2) All other equipment - Describe in REMARKS if more than 10 percent of total receipts.	278				
j. Sales of merchandise and equipment					
(1) Computers and peripheral equipment	279				
(2) Prepackaged software (resales)	281				
(3) All other - Describe in REMARKS if more than 10 percent of total receipts.	575				
k. Other computer related services - Describe in REMARKS if more than 10 percent of total receipts.	282				
l. All other receipts - Describe in REMARKS if more than 10 percent of total receipts.	585				
m. TOTAL (Should equal item 5 if reporting in dollars)	990				100%

Item 10. INTEGRATED SYSTEMS DESIGN (To be completed by establishments engaged in integrated systems design)				
a. Did this establishment perform any of the following functions or activities in developing integrated systems?				
(1) Write or modify software (custom or prepackaged)	493	1	<input type="checkbox"/> Yes	2 <input type="checkbox"/> No
(2) Develop systems which include primarily	494	1	<input type="checkbox"/> Yes	2 <input type="checkbox"/> No
(a) Computers and peripheral equipment	495	1	<input type="checkbox"/> Yes	2 <input type="checkbox"/> No
(b) Other than computers and peripheral equipment				
If "Yes" - Describe equipment				
b. Estimate the percentage of the value of the integrated systems sold or leased (reported on line d of item 9) for the following categories -				
		Report in whole percents		
(1) Software	497			
(2) Hardware and other equipment	498			
(3) Other (e.g., consulting, training, engineering)				
(4) TOTAL				100%
c. Was any of the equipment/hardware included in the systems sold or leased by this establishment either manufactured or assembled - (Mark (X) all that apply)				
		Manufactured		Assembled
(1) At this location?	500	1	<input type="checkbox"/> Yes	2 <input type="checkbox"/> No
(2) At other locations of this company?	502	1	<input type="checkbox"/> Yes	2 <input type="checkbox"/> No
		501	1	<input type="checkbox"/> Yes
			2	<input type="checkbox"/> No
"Manufacturing" includes making computers and other equipment from parts that this company built or fabricated.				
"Assembly" includes making computers and other equipment from parts that were purchased; final assembly; and testing. Do not consider linking computers to peripheral devices, networks, etc., as "assembly."				
Item 11. RECEIPTS, BY CLASS OF CUSTOMER Report in whole percent of receipts				
Estimate the percentage of receipts (reported in item 5) by class of client.				
a. Individuals	441			
b. Trade, farming, industrial, transportation, financial, and other business firms	442			
c. Federal Government	443			
d. State and local governments	444			
e. All other	445			
f. TOTAL				100%
Item 12. EXPORTED SERVICES				
NOTE - An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions). Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.) are included. Services provided to domestic subsidiaries of foreign firms are excluded.				
a. Did the receipts reported in item 5 include any amounts received for exported services?	406			
405	1	<input type="checkbox"/> Yes - Amount		
	2	<input type="checkbox"/> No		
b. Did this establishment receive any amounts for exported services which were NOT included in item 5?	408			
407	1	<input type="checkbox"/> Yes - Describe type of service in REMARKS and report amount here		
	2	<input type="checkbox"/> No		

CONTINUE ON PAGE 4

Item 13. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?

- 1 Yes - Complete this item
- 2 No - Skip to item 14

b. Is this company owned or controlled by another company?

- 097 1 Yes →
- 2 No

Enter name, address, and EI Number of the owning or controlling company

EI No. (9 digits)

c. Does this company own or control any other company or companies?

- 098 1 Yes →
- 2 No

Enter name, address, and EI Number of the owned or controlled company

EI No. (9 digits)

d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1992?

Number
079

If more than one, provide the **physical location** address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

Estimates are acceptable if book figures are not available.

1	Name	Number and street	City	State	ZIP Code	1992	Mil.	Thou.	Dol.
						Receipts	081		
1	Kind-of-business description					Annual payroll	082		
						Paid employees for pay period including March 12			
						083			
						Census use 088			
2	Name	Number and street	City	State	ZIP Code	1992	Mil.	Thou.	Dol.
						Receipts	081		
						Annual payroll	082		
						Paid employees for pay period including March 12			
Census use 088									

REMARKS - Please use this space for any explanations that may be essential in understanding your reported data.

Item 14. CERTIFICATION - This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report	FROM: Mo. Year	TO: Mo. Year	Name of person to contact regarding this report - <i>Print or type</i>		
Telephone	Area code	Number	Extension	Title	
Signature of authorized person					Date



1992 CENSUS OF SERVICE INDUSTRIES

MOTION PICTURE THEATERS

DUE DATE: FEBRUARY 15, 1993

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:
1-800-233-6136

CB-7802

Please read the accompanying instructions before answering the questions.

Census use

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

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification (EI) Number shown in the label the same as the one used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No - Report current EI No. below

(9 digits) _____

Item 4. LEGAL FORM OF ORGANIZATION

Which of the following best describes this establishment's legal form of organization during 1992?

Mark (X) only ONE box.

003 1 Individual owner (sole proprietorship)
2 Partnership
5 Government - Specify _____
0 Corporation
9 Other - Specify _____

Item 2. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 Yes 2 No - Report physical location below

Number and street _____

City, town, village, etc. _____ State _____ ZIP Code _____

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.
Example: If a figure is \$1,125,628.79 • Preferred report **1 126** Acceptable **1 125 629**

Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
1	126	
1	125	629

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 3 No legal boundaries
2 No 4 Do not know

Item 5. DOLLAR VOLUME

Mil.	Thou.	Dol.
010		

OPERATING RECEIPTS of this establishment in 1992

c. In what type of municipality is this establishment physically located?

096 1 City, village, or borough
2 Town or township
3 Other - Specify _____
4 Do not know

Item 6. PAYROLL

Mil.	Thou.	Dol.
030		

Payroll in 1992, BEFORE DEDUCTIONS

a. Annual

031

b. First quarter (January-March)

d. In what county is this establishment physically located?

Item 7. EMPLOYMENT

Number
032

Number of paid employees for pay period including March 12, 1992
(Include both full- and part-time employees)

Item 3. OPERATIONAL STATUS

a. How many months during 1992 was this establishment actively operated?

002 _____

b. Which of the following best describes this establishment's status at the end of 1992? Mark (X) only ONE box.

001 1 In operation
2 Temporarily or seasonally inactive
3 Ceased operation - Give date at right
4 Sold or leased to another operator - Give date at right AND enter name, etc., below

Month	Year

Name of new owner or operator _____

Number and street _____

City _____ State _____ ZIP Code _____

Item 8. KIND OF BUSINESS OR ACTIVITY

070

Motion picture theater, except drive-in 783201

Drive-in motion picture theater 783301

Theater, except motion picture - Describe 777776

Other kind of activity - Describe 777777

<p>Item 9. SOURCES OF RECEIPTS</p> <p>Report receipts by source either in dollar figures (see example for item 5) or as percentages (in whole percents) of the total – see example to the right.</p> <p>Please do not combine data for two or more receipts lines.</p> <p>Do not include anywhere on this report receipts from rental of stores or other real estate, or receipts from sales made by operators of concessions on these premises.</p> <p>Line a(1) – Amount received from the sale of admissions. Do not include State and local admission taxes.</p> <p>Line a(2) – Total receipts from refreshment stands and vending machines owned by this establishment, excluding sales tax. Receipts from electronic game machines owned by this establishment should be included on line a(4). This establishment's share of receipts from vending machines or concessions and from electronic game machines owned by others and operated on these premises should be reported on line b.</p> <p>Line a(4) – Include receipts from electronic game machines owned by this establishment.</p> <p>Line b – Amount received from operators of concessions located on these premises, regardless of whether compensation was in the form of a flat rental or a percentage of the receipts. Also include here this establishment's share of receipts from vending machines and electronic game machines owned by others and operated on these premises, receipts from screen advertising, and receipts from rental of theater facilities (e.g., for meetings, receptions).</p>	<p>HOW TO REPORT PERCENTS</p> <p>If figure is 38.76% of total sales:</p> <p>• Report whole percents → 39</p> <p>Not acceptable → 38.76</p>	Mil.	Thou.	Dol.	Per-cent
<p>Sources of receipts</p> <p>Census use</p>	<p>ESTIMATES are acceptable. Report dollars OR percents.</p>				
<p>a. Receipts from theater patrons</p> <p>(1) From admissions (excluding admission taxes) 374</p> <p>(2) From refreshment stands and vending machines owned by this establishment (excluding sales tax) 375</p> <p>(3) From all other merchandise sales (excluding sales tax) 575</p> <p>(4) All other receipts from patrons – Describe in REMARKS if more than 10 percent of total receipts. 585</p> <p>(5) TOTAL (Should equal item 5 if reporting in dollars) 990</p>	400	401			402
<p>b. Receipts from other sources</p> <p>Was any amount other than from theater patrons received by this establishment in its business operations during 1992?</p> <p>510 1 <input type="checkbox"/> Yes →</p> <p>2 <input type="checkbox"/> No</p>		511			

<p>Item 10. PAID ADMISSIONS DURING 1992</p> <p>Report admissions to the nearest thousand.</p> <p>a. Conventional theater - Total number of paid admissions 515</p> <p>b. Drive-in theater 516</p> <p>(1) Total number of paid admissions where charge was by per person in the car</p> <p>(2) Total number of car admissions where charge was by the car 517</p>	<p>Number of admissions</p> <p>Thou. 000</p>
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<p>Item 13. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION – Continued</p> <p>d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1992?</p> <p>If more than one, provide the physical location address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.</p> <p>Estimates are acceptable if book figures are not available.</p>	<p>Number</p> <p>079</p>
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<p>Item 11. THEATER CAPACITY DECEMBER 31, 1992</p> <p>Drive-in motion picture theaters having seats should report car and seating capacities separately.</p> <p>a. Seating capacity</p> <p>b. Car capacity (if this is a drive-in motion picture theater) 519</p>	<p>Number</p> <p>518</p>
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<p>1</p> <p>Name</p> <p>Number and street</p> <p>City State ZIP Code</p> <p>Kind-of-business description</p> <p>Motion picture theaters – number of screens 085</p>	1992	Mil.	Thou.	Dol.
	081			
	082			
	Paid employees for pay period including March 12			
	083			
	Census use 088			

<p>Item 12. NUMBER OF SCREENS</p> <p>a. Does this report cover operation of more than one theater or theater screen? 520 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>b. If "Yes," mark (X) ONE box and enter number. Number of screens</p> <p>(1) <input type="checkbox"/> Theaters at different physical locations 521</p> <p>(2) <input type="checkbox"/> Two or more screens at same location 522</p>	
---	--

<p>2</p> <p>Name</p> <p>Number and street</p> <p>City State ZIP Code</p> <p>Kind-of-business description</p> <p>Motion picture theaters – number of screens 085</p>	1992	Mil.	Thou.	Dol.
	081			
	082			
	Paid employees for pay period including March 12			
	083			
	Census use 088			

<p>Item 13. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION</p> <p>a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?</p> <p>1 <input type="checkbox"/> Yes – Complete this item</p> <p>2 <input type="checkbox"/> No – Skip to item 14</p> <p>b. Is this company owned or controlled by another company?</p> <p>097 1 <input type="checkbox"/> Yes →</p> <p>2 <input type="checkbox"/> No</p> <p>Enter name, address, and EI Number of the owning or controlling company</p> <p>EI No. (9 digits)</p> <p>c. Does this company own or control any other company or companies?</p> <p>098 1 <input type="checkbox"/> Yes →</p> <p>2 <input type="checkbox"/> No</p> <p>Enter name, address, and EI Number of the owned or controlled company</p> <p>EI No. (9 digits)</p>	
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REMARKS – Please use this space for any explanations that may be essential in understanding your reported data.

<p>Item 14. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.</p>			
<p>Period covered by this report</p>	<p>FROM: Mo. Year</p>	<p>TO: Mo. Year</p>	
<p>Name of person to contact regarding this report – <i>Print or type</i></p>			
<p>Title</p>			
<p>Telephone</p>	<p>Area code</p>	<p>Number</p>	<p>Extension</p>
<p>Signature of authorized person</p>			<p>Date</p>



1992 CENSUS OF SERVICE INDUSTRIES MISCELLANEOUS AMUSEMENT AND RECREATION SERVICES

OMB No. 0607-0729: Approval Expires 06/30/94

DUE DATE: FEBRUARY 15, 1993

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

CB-7903

Please read the accompanying instructions before answering the questions.

Census use

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

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification (EI) Number shown in the label the same as the one used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No - Report current EI No. below

(9 digits)

Item 2. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 Yes 2 No - Report physical location below

Number and street

City, town, village, etc.

State

ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 3 No legal boundaries
2 No 4 Do not know

c. In what type of municipality is this establishment physically located?

096 1 City, village, or borough
2 Town or township
3 Other - Specify _____
4 Do not know

d. In what county is this establishment physically located?

Item 3. OPERATIONAL STATUS

Number of months

a. How many months during 1992 was this establishment actively operated?

002

b. Which of the following best describes this establishment's status at the end of 1992?
Mark (X) only ONE box.

001 1 In operation
2 Temporarily or seasonally inactive
3 Ceased operation - Give date at right
4 Sold or leased to another operator - Give date at right AND enter name, etc., below

Figures only

Month

Year

Name of new owner or operator

Number and street

City

State

ZIP Code

Item 4. LEGAL FORM OF ORGANIZATION AND TAX STATUS

a. LEGAL FORM OF ORGANIZATION

Which of the following best describes this establishment's legal form of organization during 1992?

Mark (X) only ONE box.

003 1 Individual owner (sole proprietorship)
2 Partnership
5 Government - Specify _____
0 Corporation
9 Other - Specify _____

b. TAX STATUS

(1) Is this establishment operated on a not-for-profit basis?

005 1 Yes
2 No - Skip to item 5

(2) Was all or part of the income of this establishment or organization exempt from Federal income taxes under section 501 of the Internal Revenue Code?

004 1 Yes
2 No

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.
Example: If a figure is \$1,125,628.79 • Preferred report Acceptable

Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
1	125	629

Item 5. DOLLAR VOLUME

NOTE - Amusement parlors and video arcades should include commissions received from vending and amusement machine operators. If the answer to item 4b(2) was "Yes," skip to part b; otherwise, complete part a and skip to item 6.

Mil. Thou. Dol.

a. OPERATING RECEIPTS of this (taxable) establishment in 1992

010

b. REVENUE AND EXPENSES of this (tax-exempt) establishment in 1992

010

(1) REVENUE

040

(2) EXPENSES (including payroll)

Item 6. PAYROLL

Mil. Thou. Dol.

Payroll in 1992, BEFORE DEDUCTIONS

030

a. Annual

031

b. First quarter (January-March)

Item 7. EMPLOYMENT

Number

Number of paid employees for pay period including March 12, 1992

032

(Include both full- and part-time employees)

PENALTY FOR FAILURE TO REPORT

CONTINUE ON PAGE 2

Item 8. KIND OF BUSINESS OR ACTIVITY

Mark (X) the ONE box which best describes the business or activity that accounted for the MAJOR portion of this establishment's receipts or revenue in 1992.

070

Carnivals, circuses, and fairs

- Carnival or circus 799921
- Concession operator (amusements, rides, etc.) 799911
- Fair (State, county, etc.) 799931
- Amusement park, theme park, water park, kiddie park 799601

Coin machine operations

- Coin machine operator (or distributor) – operator of coin-operated machines located in other establishments
- Juke boxes 799301
- Pinball, electronic games, and other amusement machines 799302
- Merchandise vending machines 596209
- Service machines, except laundry (weighing, locker rental, etc.) 729995
- Amusement parlor or video arcade 799303

Membership clubs

- Country club, membership 799701
- Yacht club, membership 799702
- Charter boat or yacht, except party fishing boat 448900
- Marina 449300

- Membership sports and recreation club, except country or yacht (e.g., tennis, golf, swimming club) 799703
- Gymnasium or athletic club 799191

- Physical fitness, strength development, or weight training center, membership 799111
- Civic, social, or fraternal membership association 864109

Other amusement and recreation services (except membership clubs)

- Physical fitness, strength development, or weight training center 799112
- Diet or weight reducing center (no physical fitness facilities) 729972
- Billiard or pool establishment 799991
- Rental of amusement and recreation items (e.g., beach chairs, bicycles, boats, horses) 799992
- Sports instruction (including instructional schools and camps) 799993
- Golf driving range 799994
- Miniature golf 799994
- Golf course (open to the public) 799201
- Casino (gambling) with 25 or more guestrooms for lodging 701116
- Casino (gambling) with less than 25 (or no) guestrooms for lodging 799995
- Skating rink, roller 799961
- Skating rink, ice 799971
- Swimming pool, bathing beach 799996
- Ski area with 25 or more guestrooms for lodging 701117
- Ski area with less than 25 (or no) guestrooms for lodging 799997
- Children's day camp 799998
- Sports professional, except jockey or racing car driver 799999
- Public dance hall or ballroom 791111
- Dancing school (including modern dance, ballet, tap, ethnic, etc.) 791121
- Other amusement or recreation service – Describe 777776

Other kind of activity – Describe 777777

Item 9. SOURCES OF RECEIPTS OR REVENUE

Report receipts or revenue by source in dollar figures (see example for item 5).

Please do not combine data for two or more receipts or revenue lines.

Line a – Operators of coin-operated amusement machines (including coin-operated gambling machines) located in other establishments should report in part a the total amount paid by customers into such machines, without deduction for amounts paid to those establishments. Amusement parlors and video arcades should report on line b(9) their share of receipts from coin machines operated by others.

Line b(1) – Report amounts received from the sale of general or specific exhibit admissions, exclusive of any State or local taxes.

Line b(2) – Report amounts received for the use of recreational facilities. Include tuition or fees for instructional services, billiard or pool table fees, and greens fees.

Line b(4) – Report amounts received from the rental of boats, canoes, beach chairs, and other recreational items.

Line b(5) – Report amounts received from sales of food, candy, refreshments, etc., excluding all sales taxes. Do not include sales of alcoholic beverages, receipts made by operators of concessions, or this establishment's share of receipts from vending machines operated by others at this establishment.

Line b(8) – Report casino's share of gaming receipts. **Operators of coin-operated gambling machines (e.g., slots) should report on line a.**

Line b(9) – Report amounts received from miscellaneous sources such as parking fees, etc.

Line d(1) – Report contributions, gifts, and grants, whether or not restricted against use for operations. Include here any donations made for admissions.

Line d(2) – Report receipts from operators of concessions on the premises, rental of display space, advertising, endorsements, radio or television broadcast income, and other noncustomer receipts. Also include amounts received from interest and dividends, but exclude income derived from the sale of investments, real estate, or other assets.

Sources of receipts or revenue	Census use	ESTIMATES are acceptable		
		Mil.	Thou.	Dol.
a. Amusement machines	400	401		
(1) Phonograph, compact disc, or video jukeboxes	401			
(2) Pinball machines	402			
(3) Video games	403			
(4) Other amusement machines (exclude billiard or pool tables)	404			
(5) Sum lines a(1) through a(4)	400			
b. Other amounts received from customers				
(1) Admissions (do not include admission taxes)	374			
(2) Amounts received for the use of recreational facilities	395			
(3) Membership dues and fees	444			
(4) Rental fees	342			
(5) Sales of food and refreshments, excluding alcoholic beverages	122			
(6) Sales of alcoholic beverages	123			
(7) Sales of other merchandise	575			
(8) Gaming receipts	399			
(9) All other amounts received from customers – Describe in REMARKS if more than 10 percent of total receipts.	585			
c. TOTAL RECEIPTS OF TAXABLE ESTABLISHMENTS (Sum of lines a(5) through b(9) should equal item 5a) Tax-exempt establishments – leave blank	990			
d. Other sources of receipts or revenue				
(1) Contributions, gifts, grants	701			
(2) All other sources – e.g., dividends, rents, interest (Do not include income from the sale of investments)	785			
e. TOTAL REVENUE OF TAX-EXEMPT ESTABLISHMENTS (Sum of lines a(5) through b(9), d(1) and d(2) should equal item 5b(1)) Taxable establishments – leave blank	995			

FORM **CB-7903**

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

**Enter the 11-digit
CENSUS FILE NUMBER
as shown on this report
(See label on page 1)**

**1992 CENSUS OF SERVICE INDUSTRIES
MISCELLANEOUS AMUSEMENT AND
RECREATION SERVICES**

Item 10. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?

- 1 Yes - Complete this item
2 No - Skip to item 11

b. Is this company owned or controlled by another company?

Enter name, address, and EI Number of the owning or controlling company

- 097 1 Yes →
2 No

EI No. (9 digits)

c. Does this company own or control any other company or companies?

Enter name, address, and EI Number of the owned or controlled company

- 098 1 Yes →
2 No

EI No. (9 digits)

d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1992?

Number
079

If more than one, provide the **physical location** address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

Estimates are acceptable if book figures are not available.

				1992	Mil.	Thou.	Dol.
1	Name			Receipts or revenue	081		
	Number and street			Annual payroll	082		
	City	State	ZIP Code		Paid employees for pay period including March 12		
	Kind-of-business description			083			
				Census use	088		
2	Name			Receipts or revenue	081		
	Number and street			Annual payroll	082		
	City	State	ZIP Code		Paid employees for pay period including March 12		
	Kind-of-business description			083			
				Census use	088		
3	Name			Receipts or revenue	081		
	Number and street			Annual payroll	082		
	City	State	ZIP Code		Paid employees for pay period including March 12		
	Kind-of-business description			083			
				Census use	088		

REMARKS - Please use this space for any explanations that may be essential in understanding your reported data.

Item 11. CERTIFICATION - This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report	FROM:	Mo. Year	TO:	Mo. Year	Name of person to contact regarding this report - Print or type
	Telephone	Area code	Number	Extension	
Signature of authorized person					Date

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS



1992 CENSUS OF SERVICE INDUSTRIES OFFICES AND CLINICS OF PHYSICIANS AND OTHER HEALTH PROVIDERS (EXCEPT DENTISTS)

OMB No. 0607-0729: Approval Expires 06/30/94

DUE DATE: FEBRUARY 15, 1993

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

CB-8001

Please read the accompanying instructions before answering the questions.

Census use

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

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification (EI) Number shown in the label the same as the one used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No - Report current EI No. below
(9 digits) _____

Item 2. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 Yes 2 No - Report physical location below

Number and street

City, town, village, etc.

State

ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 2 No 3 No legal boundaries 4 Do not know

c. In what type of municipality is this establishment physically located?

096 1 City, village, or borough
2 Town or township
3 Other - Specify _____
4 Do not know

d. In what county is this establishment physically located?

Item 3. OPERATIONAL STATUS

Number of months

a. How many months during 1992 was this establishment actively operated?

002

b. Which of the following best describes this establishment's status at the end of 1992? Mark (X) only ONE box.

001 1 In operation
2 Temporarily or seasonally inactive
3 Ceased operation - Give date at right
4 Sold or leased to another operator - Give date at right AND enter name, etc., below

Figures only

Month Year

Name of new owner or operator

Number and street

City

State

ZIP Code

Item 4. LEGAL FORM OF ORGANIZATION AND TAX STATUS

a. LEGAL FORM OF ORGANIZATION

Which of the following best describes this practice's legal form of organization during 1992?

Mark (X) only ONE box.

- 003 1 Sole practitioner (including individual practitioner in a group practice filing a sole proprietorship Federal income tax return)
- 2 Partnership (including association or other form of group practice filing a partnership Federal income tax return)
- 5 Government - Specify _____
- 0 Professional service organization or association (operating under State professional association or corporation statutes, and filing a corporation Federal income tax return)
- 0 Corporation (other than specified above)
- 9 Other - Specify _____

b. TAX STATUS

(1) Is this establishment operated on a not-for-profit basis?

005 1 Yes 2 No - Skip to item 5

(2) Was all or part of the income of this establishment or organization exempt from Federal income taxes under section 501 of the Internal Revenue Code?

004 1 Yes 2 No

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

Example: If a figure is \$1,125,628.79 • Preferred report

Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
1	126	
1	125	629

Item 5. DOLLAR VOLUME

If the answer to item 4b(2) was "Yes," skip to part b; otherwise, complete part a and skip to item 6.

a. OPERATING RECEIPTS of this (taxable) establishment in 1992

Mil.	Thou.	Dol.
010		

b. REVENUE AND EXPENSES of this (tax-exempt) establishment in 1992

Mil.	Thou.	Dol.
040		

(1) REVENUE

(2) EXPENSES (including payroll)

Item 6. PAYROLL

Payroll in 1992, BEFORE DEDUCTIONS

a. Annual

Mil.	Thou.	Dol.
030		

b. First quarter (January-March)

Mil.	Thou.	Dol.
031		

Item 7. EMPLOYMENT

Number of paid employees for pay period including March 12, 1992 (Include both full- and part-time employees)

Number

032

Item 8. KIND OF ACTIVITY OR OPERATION

Mark (X) the ONE box which best describes this practice or facility in 1992.

070

Offices of health practitioners (including group clinics owned and operated by health practitioners associated for the purpose of carrying on their profession)

- Office of physician(s) (licensed practitioner(s) having **M.D.** degree and engaged in the practice of general or specialized medicine and/or surgery) . . . 801111
- Office of osteopathic physician(s) (licensed practitioner(s) having **D.O.** degree and engaged in the practice of general or specialized osteopathic medicine and/or surgery) 803111
- Office of chiropractor(s) 804101
- Office of podiatrist(s) 804301
- Office of optometrist(s) 804201
- Office of dentist(s) 802112
- Office of other health practitioner(s) (including nurses, physical therapists, and psychologists) 804901

Outpatient care facilities (including clinics) NOT owned and operated by health practitioners associated for the purpose of carrying on their profession

- General medical clinic (staffed by licensed practitioners having **M.D.** degree) 801131
- General medical clinic (staffed by licensed practitioners having **D.O.** degree) 803121
- Ambulatory surgical center 801132
- Emergency or urgent care center 801133
- Chiropractic clinic 804102
- Podiatric clinic 804302
- Optometric clinic 804202
- Dental clinic 802122
- Kidney dialysis center 809202
- Specialty outpatient clinic – Describe 809303

Hospital and medical service plans (including HMO's)

- General medical clinic operated by the provider of a prepaid medical plan 801134
- Other health facility operated by the provider of a prepaid medical plan – Describe 777775

- Management office engaged in arranging for hospital, medical, and other health services in return for a fixed periodic premium from subscribers 632400

Other health services

- Association or similar group of health practitioners formed solely for the purpose of sharing expenses (Employer Identification Number is assigned to the association) 801121
- Optical goods store 599509
- Other kind of health service – Describe 777776

Other kind of activity or operation – Describe 777777

Item 9. PERSONNEL, BY OCCUPATION

Note – Data on "Type of employee" should cover **only** the personnel under this Employer Identification (EI) Number. **Line a(10) should equal item 7.**

Line a – Physicians who are members of a professional corporation (PC) or professional association (PA) should be included in "Type of employee" data.

Line b – Only proprietors and partners **not** considered employees of the firm for Federal income tax purposes should be included here.

a. Type of employee	Personnel for pay period including March 12, 1992 (number)
(1) Physicians (licensed practitioners having M.D. degree)	533
(2) Osteopathic physicians (licensed practitioners having D.O. degree)	534
(3) Chiropractors (licensed practitioners having D.C. degree)	535
(4) Podiatrists (licensed practitioners having D.P. degree)	536
(5) Optometrists (licensed practitioners having O.D. degree)	538
(6) Registered nurses	539
(7) Licensed practical nurses	540
(8) All other health practitioners	541
(9) All other employees (bookkeepers, secretaries, etc.)	542
(10) TOTAL (Sum of lines (1) through (9) should equal item 7)	450

b. Active proprietors or partners at this location (unincorporated practices only)

For partnerships operating more than one location, report partners at the one location at which they spend most of their working time.

Group practices should include only physicians who are members of the practice covered by this EI Number.

Item 10. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?

- 1 Yes – Complete this item
- 2 No – Skip to item 11

b. Is this company owned or controlled by another company?

- 097 1 Yes →
- 2 No

Enter name, address, and EI Number of the owning or controlling company

EI No. (9 digits)

c. Does this company own or control any other company or companies?

- 098 1 Yes →
- 2 No

Enter name, address, and EI Number of the owned or controlled company

EI No. (9 digits)

FORM CB-8001	U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	Enter the 11-digit CENSUS FILE NUMBER as shown on this report (See label on page 1)
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Item 10. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION – Continued Number

d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1992? 079

If more than one, provide the **physical location** address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

Note – Offices which are not staffed on a full-time basis by at least one employee covered by this EI Number should **not** be considered separate establishments. Include data for these offices with data reported for the main location. Physicians whose main practice is outside the hospital (clinic), but whose practice necessitates using hospital facilities, should **not** consider the hospital (clinic) as a separate location (e.g., a surgeon with a private practice who utilizes hospital facilities). Physicians who practice solely from hospitals (e.g., anesthesiologists) should **not** consider these hospitals as separate office locations.

Estimates are acceptable if book figures are not available.

1	Name	1992	Mil.	Thou.	Dol.
	Number and street	Receipts or revenue	081		
	City	Annual payroll	082		
	State	Paid employees for pay period including March 12			
	ZIP Code	083			
Kind-of-business description					
Census use ⁰⁸⁸					
2	Name	1992	Mil.	Thou.	Dol.
	Number and street	Receipts or revenue	081		
	City	Annual payroll	082		
	State	Paid employees for pay period including March 12			
	ZIP Code	083			
Kind-of-business description					
Census use ⁰⁸⁸					
3	Name	1992	Mil.	Thou.	Dol.
	Number and street	Receipts or revenue	081		
	City	Annual payroll	082		
	State	Paid employees for pay period including March 12			
	ZIP Code	083			
Kind-of-business description					
Census use ⁰⁸⁸					

REMARKS – Please use this space for any explanations that may be essential in understanding your reported data.

Item 11. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report	FROM: Mo. Year	TO: Mo. Year	Name of person to contact regarding this report – <i>Print or type</i>		
Telephone	Area code	Number	Extension	Title	
Signature of authorized person					Date

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS



1992 CENSUS OF SERVICE INDUSTRIES ACCOUNTING, AUDITING, AND BOOKKEEPING SERVICES

OMB No. 0607-0729: Approval Expires 06/30/94

DUE DATE: FEBRUARY 15, 1993

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

CB-8702

Please read the accompanying instructions before answering the questions.

Census use

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

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification (EI) Number shown in the label the same as the one used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No - Report current EI No. below

(9 digits)

Item 4. LEGAL FORM OF ORGANIZATION

Which of the following best describes this establishment's legal form of organization during 1992?

Mark (X) only ONE box.

003 1 Individual owner (sole proprietorship)

2 Partnership

5 Government - Specify _____

0 Corporation

9 Other - Specify _____

Item 2. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 Yes 2 No - Report physical location below

Number and street

City, town, village, etc.

State

ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 3 No legal boundaries
2 No 4 Do not know

c. In what type of municipality is this establishment physically located?

096 1 City, village, or borough
2 Town or township
3 Other - Specify _____
4 Do not know

d. In what county is this establishment physically located?

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

Example: If a figure is \$1,125,628.79 • Preferred report

Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
1	126	
1	125	629

Acceptable

Item 5. DOLLAR VOLUME

OPERATING RECEIPTS of this establishment in 1992

Item 6. PAYROLL

Payroll in 1992, BEFORE DEDUCTIONS

a. Annual

b. First quarter (January-March)

Item 7. EMPLOYMENT

Number of paid employees for pay period including March 12, 1992 (Include both full- and part-time employees)

Item 3. OPERATIONAL STATUS

a. How many months during 1992 was this establishment actively operated?

Number of months
002

b. Which of the following best describes this establishment's status at the end of 1992? Mark (X) only ONE box.

001 1 In operation
2 Temporarily or seasonally inactive
3 Ceased operation - Give date at right
4 Sold or leased to another operator - Give date at right AND enter name, etc., below

Figures only

Month Year

Name of new owner or operator

Number and street

City

State

ZIP Code

CONTINUE ON PAGE 2

PENALTY FOR FAILURE TO REPORT

Item 8. KIND OF BUSINESS OR ACTIVITY

Mark (X) the ONE box which best describes the business or activity that accounted for the MAJOR portion of this establishment's receipts in 1992.

070

070

Accounting, auditing, and bookkeeping services

- CPA practice 872101
- Public accounting practice (other than CPA practice) 872102
- Bookkeeping service 872103
- Payroll accounting service (client's employees **not included** on the payroll of this establishment) 872104
- Payroll accounting service (client's employees **included** on the payroll of this establishment) 736393
- Tax return preparation service 729103

Other kind of activity

- Computer data processing service (excludes establishments which may utilize computers in providing services such as accounting or bookkeeping services) 737403

Computer integrated systems design service (engaged in the development or modification of software **and** the "bundling" of software with computers and peripheral equipment to create an integrated system designed for specific applications) 737303

Computer or data processing consulting service (hardware and/or software), except programming or systems integration service 737912
 Other computer related service - Describe 777775

Management consulting service 874204
 Other consulting service - Describe 777776

Other - Describe 777777

Item 9. SOURCES OF RECEIPTS

Report receipts by source either in dollar figures (see example for item 5) or as percentages (in whole percents) of the total - see example to the right.

Please do **not** combine data for two or more receipts lines.

Line a(1) - Include receipts for preparing preadjusted trial balances (clients have own bookkeeper) and periodic financial statements for clients. Auditing services include examining, reporting, analyzing, and confirming clients' existing accounting records. Include reimbursement of expenses incurred for clients.

Line a(2) - Include receipts for preparing trial balances, journals, ledgers, payrolls, etc.

Line b(1) - Include receipts for providing strategic and organizational planning, financial planning and budgeting, and other management consulting services. Receipts for tax consulting should be included on line b(2).

Line b(2) - Include receipts for providing advice on tax matters. If advice is provided as part of the preparation of tax returns, enter amount on line c.

Line g - Include receipts for developing software tailored to customer specifications. Receipts for developing and marketing prepackaged software should be included on line h.

Line i - Include receipts for developing or modifying software and "bundling" the software with hardware to create an integrated system designed for specific applications. Report on this line the combined charges for software development, hardware sales, and other services provided in developing and installing the systems.

Sources of receipts	Census use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per cent
		HOW TO REPORT PERCENTS If figure is 38.76% of total sales: • Report whole percents Not acceptable			
					39
					38.76
a. Accounting, auditing, and bookkeeping services	400	401			402
(1) Accounting and auditing services	471				
(2) Bookkeeping services (writeup work)	472				
(3) Sum a(1) and a(2)	470				
b. Consulting services					
(1) Management consulting	497				
(2) Tax consulting	498				
(3) Computer consulting (hardware and software related), except programming services	240				
(4) Other consulting services	499				
c. Tax return preparation services	161				
d. Public relations services	521				
e. Management and administrative services	512				
f. Data processing services	260				
g. Custom computer programming, systems design, and related custom software services	230				
h. Development and sales of prepackaged software	220				
i. Computer integrated systems (sale or lease)	251				
j. Economic, sociological, educational, and other nonphysical research on a fee or contract basis	493				
k. Sales of merchandise - Describe in REMARKS if this is largest source of receipts.	575				
l. All other receipts - Describe in REMARKS if more than 10 percent of total receipts.	585				
m. TOTAL (Should equal item 5 if reporting in dollars)	990				100%

FORM **CB-8702** U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
1992 CENSUS OF SERVICE INDUSTRIES
ACCOUNTING, AUDITING, AND
BOOKKEEPING SERVICES

Enter the 11-digit
CENSUS FILE NUMBER
as shown on this report
(See label on page 1)

Item 10. PERSONNEL AND PAYROLL, BY OCCUPATION

Lines a(1) and a(2) – Include accountants who are members of professional corporations. Report proprietors and partners of unincorporated firms on line b.

Line a(2) – Include licensed, registered, and public accountants, and accounting practitioners who are **not** certified by the State.

Line b – Report the number of proprietors or partners **not** considered employees of the firm for Federal tax purposes.

Occupation (include proprietors and partners on line b only)	Personnel for pay period including March 12, 1992 (number)	Annual payroll		
		Mil.	Thou.	Dol.
a. Type of employee	630	635		
(1) Certified public accountants (employees of firm)				
(2) Public accountants not certified (employees of firm)	631	636		
(3) Management consultants and other nonaccounting professional staff	632	637		
(4) All others (including clerical and other support staff)	633	638		
(5) Total (Sum of lines a(1) through a(4) – should equal entries in items 6a and 7)	634	639		
b. Active proprietors or partners at this location (unincorporated practices only). For businesses operating at more than one location, report proprietor or partners at the location where they spend most of their working time.	450			

Item 11. RECEIPTS, BY CLASS OF CLIENT Report in whole percents

Estimate the percentage of receipts (reported in item 5) by class of client.

a. Individuals	441
b. Trade, farming, industrial, transportation, financial, and other business firms	442
c. Federal Government	443
d. State and local governments (including public authorities)	444
e. All other	445
f. TOTAL	100%

Item 12. EXPORTED SERVICES

NOTE – An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located **outside** the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions). Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.) are included. Services provided to domestic subsidiaries of foreign firms are excluded.

a. Did the receipts reported in item 5 include any amounts received for exported services?	Mil. Thou. Dol.		
	405 1 <input type="checkbox"/> Yes – Amount → 2 <input type="checkbox"/> No	406	
b. Did this establishment receive any amounts for exported services which were NOT included in item 5?			
407 1 <input type="checkbox"/> Yes – Describe type of service in REMARKS and report amount here → 2 <input type="checkbox"/> No	408		

Item 13. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (shown in address label immediately after "CFN") a zero?

- 1 Yes – Complete this item
2 No – Skip to item 14

b. Is this company owned or controlled by another company?

097 1 Yes →
2 No

Enter name, address, and EI Number of the owning or controlling company

EI No. (9 digits) _____

c. Does this company own or control any other company or companies?

098 1 Yes →
2 No

Enter name, address, and EI Number of the owned or controlled company

EI No. (9 digits) _____

d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1992?

Number
079

If more than one, provide the **physical location** address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

Estimates are acceptable if book figures are not available.

NOTE – Temporary or special purpose offices of accounting, auditing, and bookkeeping services should not be considered separate locations for purposes of this report. Data for such locations should be included with the controlling main or branch location.

Name	1992	Mil.	Thou.	Dol.
	081			
Number and street	Receipts			
City	Annual payroll	082		
State				
ZIP Code				
Kind-of-business description	Paid employees for pay period including March 12			
	083			
Census use 088				

Name	1992	Mil.	Thou.	Dol.
	081			
Number and street	Receipts			
City	Annual payroll	082		
State				
ZIP Code				
Kind-of-business description	Paid employees for pay period including March 12			
	083			
Census use 088				

REMARKS – Please use this space for any explanations that may be essential in understanding your reported data.

Item 14. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report FROM: Mo. | Year TO: Mo. | Year

Name of person to contact regarding this report – Print or type

Title

Telephone Area code Number Extension

Signature of authorized person Date

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS



U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FORM
TC-9502

1992 CENSUS OF TRANSPORTATION TRUCK INVENTORY AND USE SURVEY

OMB No. 0607-0730: Approval Expires 12/31/94

**DUE DATE: 30 DAYS AFTER
RECEIPT OF FORM**

Please return completed form to:

BUREAU OF THE CENSUS
1201 East Tenth Street
Jeffersonville, IN 47132-0001

CENSUS USE

TC-9502

REGISTRATION INFORMATION

Make of vehicle 101	Year of model 102	State 103
------------------------	----------------------	--------------

License number
104

Vehicle Identification Number (VIN)
105

**See Survey Coverage below if you have
questions about completing this report.**

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

NOTICE – Public reporting burden for this collection of information is estimated to vary from 40 to 60 minutes per response, with an average of 50 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Associate Director of Management Services, Attn: Paperwork Reduction Project 0607-0730, Room 2027, Bureau of the Census, Washington, DC 20233; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Attn: Paperwork Reduction Project 0607-0730, Washington, DC 20503. **PLEASE INCLUDE FORM NAME AND NUMBER IN ALL CORRESPONDENCE.**

SURVEY COVERAGE

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses, organizations, and residents that receive this questionnaire to answer the questions for the **vehicle identified in the registration information section** above and return the questionnaire to the Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by sworn Census Bureau employees and may be used only for statistical purposes.

The term "**Truck**" includes all pickups, panel trucks, vans, mini-vans, utility vehicles, jeeps, station wagons built on truck chassis, single-unit light, single-unit heavy, and truck tractors.

If you have questions about completing this report, please call or write the Census Bureau. In any communication be sure to refer to the 11-digit Census File Number (CFN) printed in the label above. Toll-free assistance is available, 8:00 a.m. to 8:00 p.m., Eastern Standard Time, Monday through Friday: **1-800-772-7851.**

IMPORTANT NOTICE: All questions on this form refer to the vehicle described in the registration information section and its use during calendar year 1992, **unless** the vehicle was **disposed of on or after July 1, 1991 and prior to January 1, 1992.** If the vehicle was **disposed of on or after July 1, 1991 and prior to January 1, 1992**, please complete entire questionnaire, answering each item according to the vehicle's use **during calendar year 1991.** If the vehicle was **disposed of prior to July 1, 1991**, please complete Items 1a, 1b, and 32 only.

PLEASE NOTE – There may be errors in the registration information. If there are errors in the VIN, make, and model year registration information, or if the vehicle identified never was in your possession, do not complete the questionnaire. Return it to the Census Bureau, along with a note correcting the errors in the registration information. (For statistical reasons, we cannot accept any substitution for the sampled vehicle.)

It is very important that you read the instructions as you answer the questions. If exact figures are not available for all items, carefully prepared estimates are acceptable.

PENALTY FOR FAILURE TO REPORT

CONTINUE ON PAGE 2

ITEM 1**a. Is the vehicle identified in the Registration Information section (cover page) still in your possession?**

- 110 1 Yes – **Are you the –** 111 1 **owner?** } **SKIP to item 2 and continue with questionnaire**
 2 **lessee?** }
 2 No – Continue with item 1b

b. Did you dispose of this vehicle prior to July 1, 1991?

- 112 1 Yes – Complete item 32 and return questionnaire
 2 No – Continue with items 1c, 1d, and the remainder of the questionnaire

c. When did you dispose of this vehicle? Enter figures only
(Example: If June 14, 1992 – enter 06 92)

Month	Year
113	114 19 ____

NOTE – If you disposed of this vehicle prior to January 1, 1992, answer each remaining item according to how the vehicle was used during calendar year 1991. If you disposed of this vehicle during calendar year 1992, answer each remaining item according to how the vehicle was used during calendar year 1992.

d. How did you dispose of this vehicle?

- 115 1 Sold, traded, or gave it away 3 Returned to leasing company
 2 Junked, scrapped, or otherwise destroyed 4 Other – Please specify _____

ITEM 2**When did you obtain this vehicle? Enter figures only**
(Example: If June 14, 1980 – enter 06 80)

Month	Year
116	117 19 ____

ITEM 3**a. How did you obtain this vehicle?**

- 118 1 Purchased it **new** – **SKIP to item 4a** 3 **Leased or rented** it FROM someone else –
 2 Purchased it **used** (or otherwise 4 **Continued with items 3b and c**
 acquired) – **SKIP to item 4a** 4 Other – Please specify _____

b. How was this vehicle leased or rented?

- 119 1 **Without** a driver
 2 **With** a driver other than an owner-operator
 3 With an **owner-operator as driver**

c. Was the agreement for 12 months or more?

- 120 2 No
 1 Yes – **Which of the following did the leasing agreement include? Mark (X) all that apply.**

- 121 Financing only (Do not mark if installment sales contract.) 124 Payment of taxes
 122 Full maintenance 125 Obtaining licenses and permits
 123 Maintenance on specified parts only 126 Recordkeeping for leased trucks
 127 Other – Please specify _____

ITEM 4**a. Did you lease or rent this vehicle TO anyone else?**

- 128 1 Yes – Continue with items 4b and c
 2 No – **SKIP to item 5**

b. How was it leased or rented?

- 129 1 **Without** a driver
 2 **With** a driver other than an owner-operator
 3 With an **owner-operator as driver**

c. Was the agreement for 12 months or more?

- 130 2 No
 1 Yes – **Which of the following did the leasing agreement include? Mark (X) all that apply.**

- 131 Financing only (Do not mark if installment sales contract.) 134 Payment of taxes
 132 Full maintenance 135 Obtaining licenses and permits
 133 Maintenance on specified parts only 136 Recordkeeping for leased trucks
 137 Other – Please specify _____

ITEM 5

How would you best describe this vehicle as it was most often operated?

NOTE – A **straight truck**, also called a **single-unit truck**, is a complete unit, cab area and body. A **truck tractor** is a cab and chassis that is usually used for pulling trailers. (If the vehicle is a pickup, compact van, mini-van, or panel truck, enter body type on the "Other" line.)

- 200 1 Straight truck **not** pulling trailer – **SKIP to item 9**
- 2 Straight truck pulling trailer – *Continue with item 6a*
- 3 Truck tractor (power unit) pulling trailer(s) – **SKIP to item 6b**
- 4 Other – *Please specify* _____

ITEM 6

a. If you indicated in item 5 that this vehicle is a straight truck pulling trailer(s), indicate below the kind of trailer(s) this vehicle MOST OFTEN PULLED. *Mark (X) ONE box only.*

Utility and other trailers less than 20 feet most often pulled by this **straight truck**.

- 201 1 One axle on trailer
- 2 Two axles on trailer
- 3 Three axles or more on trailer

One full trailer (or semi-trailer with converter dolly) most often pulled by this **straight truck**.

- 4 Two axles on trailer
- 5 Three axles on trailer
- 6 Four axles or more on trailer

b. (1) If you indicated in item 5 that this vehicle is a truck tractor (power unit) pulling trailer(s), indicate below the kind of trailer(s) this vehicle MOST OFTEN PULLED. *Mark (X) ONE box only.*

One semi-trailer most often pulled by this **truck tractor** (power unit).

- 202 01 One axle on trailer
- 02 Two axles on trailer
- 03 Three axles or more on trailer

Two trailers, one semi- and one full (or semi-trailer with converter dolly) most often pulled by this **truck tractor** (power unit).

- 04 Three axles on two trailers
- 05 Four axles on two trailers
- 06 Five axles on two trailers
- 07 Six axles or more on two trailers

Three trailers, one semi- and two full (or semi-trailers with converter dollies) most often pulled by this **truck tractor** (power unit).

- 08 Five axles on three trailers
- 09 Six axles on three trailers
- 10 Seven axles on three trailers
- 11 Eight axles or more on three trailers

12 Other – *Please describe in detail the number of trailers and the number of axles on those trailers most often pulled by this vehicle if not mentioned above.*

(2) What approximate percent of 1992 mileage was no trailer pulled by this vehicle (i.e., bobtail)?

	Percent
203	%

ITEM 7

What approximate percent of 1992 mileage was the trailer/axle configuration, identified in item 6a or b(1) above, MOST OFTEN PULLED by this vehicle?

	Percent
204	%

ITEM 8

What approximate percent of 1992 mileage pulling trailers did this vehicle haul –

- a. Railroad, maritime, or domestic containers?
- b. Piggyback trailers?
- c. Conventional trailers?

	Percent
205	%
206	%
207	%

TOTAL (a, b, and c should add to 100%) →

100%

ITEM 9

Please indicate the body type which most closely resembles this vehicle or the trailer MOST OFTEN ATTACHED to it if the power unit is a truck tractor.

If the vehicle is a straight truck, mark (X) the box that best describes the body of the truck (the area behind the cab).

Mark (X) ONE box only.

PLATFORM TYPES

- 300 05 Low boy (gooseneck) – platform with depressed center
- 06 Basic platform (including flatbed, stake, etc.)
- 04 Platform with devices permanently mounted on bed of truck – such as high lift, lift gate, hoist, etc.

VAN TYPES

- 03 Multi-stop or step van (including hi-cube or cutaway)
- 12 Basic enclosed van (dry cargo)
- 10 Drop frame van (including furniture van, etc.)
- 08 Insulated, nonrefrigerated van
- 09 Insulated, refrigerated van
- 11 Open top van (including fruit)

SPECIALIZED USE TRUCKS

- 18 Automobile transport
- 13 Beverage truck
- 70 Concrete mixer
- 40 Dump truck (including belly or bottom dump)
- 29 Grain bodies (including low-side grain and hoppers, etc.)
- 30 Garbage truck
- 07 Livestock truck (including livestock drop frame)
- 27 Oil field truck – service equipment permanently mounted on vehicle
- 17 Pole, logging, pulpwood, or pipe truck
- 22 Service truck or "craftsman's vehicle" – body equipped for mobile repair and service
- 60 Tank truck for dry bulk
- 50 Tank truck for liquids or gases
- 14 Utility truck – used in public utility operations (telephone line truck, etc.), body equipped for major repair (may have aerial lift, derrick, etc.)
- 15 Winch or crane truck – lifting equipment (including roll on, roll off) permanently mounted on vehicle
- 16 Wrecker – for motor vehicle towing or lifting
- 23 Yard tractor – cab and chassis ONLY, used to spot trailers

NOTE – *If none of the above descriptions match the body type of this vehicle, or the trailer usually attached to it, mark (X) the "Other" box below and specify body type.*

- 80 Other – Please specify _____

ITEM 10

a. What is the total number of axles on this truck or truck tractor (power unit) including front and rear axles? *Do not include axles on any trailers pulled.*

- 301 1 Two axles (each axle has 2 tires)
- 2 Two axles (front axle has 2 tires, rear axle has 4 tires)
- 3 Three axles
- 4 Four axles or more

Number
302

How many, IF ANY, of this vehicle's axles are liftable?

b. How many of the axles on this truck or truck tractor (power unit) are driving (powered) axles?

- 303 1 One driving axle
- 2 Two driving axles
- 3 Three driving axles or more

ITEM 11

What type of cab does this vehicle have?

- 307 1 Cab forward of engine
 2 Cab over engine
 3 Conventional cab
 4 Cab beside engine
 5 Other – Please specify _____

ITEM 12

a. What was the overall length of this vehicle or vehicle and trailer(s) as it was MOST OFTEN OPERATED? *An estimate is acceptable.*

NOTE – Report distance from front bumper to rear of vehicle or trailer(s), whichever is applicable.

Mark (X) ONE box only.

- 308 01 Less than 13.0 feet 08 45.0 to 49.9 feet
 02 13.0 to 15.9 feet 09 50.0 to 54.9 feet
 03 16.0 to 19.9 feet 10 55.0 to 59.9 feet
 04 20.0 to 27.9 feet 11 60.0 to 64.9 feet
 05 28.0 to 35.9 feet 12 65.0 to 69.9 feet
 06 36.0 to 40.9 feet 13 70.0 to 74.9 feet
 07 41.0 to 44.9 feet 14 75.0 feet or more

b. What was the exterior length of the individual trailer(s) included in the overall length above?

NOTE – If more than one trailer was most often pulled, please give the length of those trailers pulled. (Example: If double trailers, complete for 1st and 2nd trailer.)

	1st trailer	2nd trailer	3rd trailer
One trailer	309		
Two trailers	309	310	
Three trailers	309	310	311

c. If this is a combination vehicle, what was the exterior width of the trailer most often attached to the truck or power unit?

If more than one trailer was most often pulled, give the width of the widest trailer pulled. An estimate is acceptable.

Mark (X) ONE box only.

- 312 1 96 inches
 2 102 inches
 3 More than 102 inches
 4 Other – Please specify _____ inches

ITEM 13

Pounds <i>Estimates are acceptable.</i>	
a. What was the EMPTY weight (truck minus cargo) of this vehicle or vehicle/trailer combination as it was usually operated?	314
b. What was the AVERAGE weight (empty weight plus weight of cargo) of the vehicle or vehicle/trailer combination when carrying a typical payload during 1992?	316
c. What was the GROSS weight (maximum) at which this vehicle or vehicle/trailer combination operated during 1992?	317

ITEM 14**How many weeks during 1992 was this vehicle operated?** *An estimate is acceptable.***NOTE** – *If vehicle was disposed of on or after July 1, 1991, but prior to January 1, 1992, check number of weeks operated during 1991.*

Mark (X) ONE box only.

- | | |
|--|--|
| 400 01 <input type="checkbox"/> 49 to 52 weeks | 08 <input type="checkbox"/> 21 to 24 weeks |
| 02 <input type="checkbox"/> 45 to 48 weeks | 09 <input type="checkbox"/> 17 to 20 weeks |
| 03 <input type="checkbox"/> 41 to 44 weeks | 10 <input type="checkbox"/> 13 to 16 weeks |
| 04 <input type="checkbox"/> 37 to 40 weeks | 11 <input type="checkbox"/> 9 to 12 weeks |
| 05 <input type="checkbox"/> 33 to 36 weeks | 12 <input type="checkbox"/> 5 to 8 weeks |
| 06 <input type="checkbox"/> 29 to 32 weeks | 13 <input type="checkbox"/> 1 to 4 weeks |
| 07 <input type="checkbox"/> 25 to 28 weeks | 14 <input type="checkbox"/> Less than 1 week |

ITEM 15**How many miles was this vehicle driven during 1992?** *An estimate is acceptable.***NOTE** – *If vehicle was disposed of during 1992, only enter mileage driven during 1992. If vehicle was disposed of on or after July 1, 1991, but prior to January 1, 1992, enter mileage driven during 1991.*

Miles
401

ITEM 16**How many miles has this vehicle been driven since it was manufactured?****NOTE** – *If it is no longer in your possession, please estimate the total lifetime mileage at the time you last operated it. If the odometer/speedometer is broken, please give your best estimate. If the odometer has turned over (100,000+ miles), please enter the total figure. (Example: If a 100,000 mile odometer has turned over twice and the odometer reads 18,522, then the value is 218,522.)*

Miles
402

ITEM 17**a. Was this vehicle or vehicle/trailer(s) combination used ONLY for consumer one-way truck rental or as an over-the-road truck tractor that DOES NOT operate from a home base location?****NOTE** – *"Home base" refers to the location where the vehicle was usually parked when it was not on the road.*

- 403 1 Yes – **SKIP to item 19**
 2 No – Continue with items 17b and c

b. Where was the home base of this vehicle on July 1, 1992?**NOTE** – *"Home base" refers to the location where the vehicle was usually parked when it was not on the road. If this vehicle was put into service after July 1, 1992, enter current home base.*

City 404		
County 405	State 406	ZIP Code 407

c. What was the type of home base?

Mark (X) ONE box only.

- 408 1 Residential or farm – Location is a private residence.
- 2 Terminal and administrative location – Private, business or commercial trucking operations and administrative duties and functions (i.e. accounting, payroll, etc.) are conducted at this location.
- 3 Terminal and maintenance facilities for business, private, or commercial freight transportation – Location is engaged in the usual business operations of terminal facilities used by highway-type property carrying vehicles. Administrative duties and functions (i.e. accounting, payroll, etc.) are not conducted at this location.
- 4 Corporate headquarters – Location conducts administrative duties and functions ONLY. This location does not conduct usual business, private or commercial trucking operations, or related activities of that business.
- 5 Other – Please specify _____

ITEM 18	Percent
What percent of 1992 mileage was driven OUTSIDE the home base State?	409
<i>An estimate is acceptable. (If none, enter zero.)</i>	%
NOTE – "Home base State" refers to the state where the vehicle was usually parked when it was not on the road.	

ITEM 19	
What approximate PERCENT of this vehicle's 1992 mileage was accounted for by the type of trips listed below?	
<i>If all trips were within one range, enter 100%. If more than one range is applicable, be sure that percents total 100%.</i>	
NOTE – <i>If this vehicle is used for consumer one-way truck rental or is a long-haul truck tractor that does not operate from a home base, report average range of operation.</i>	
	Percent
Trips off-the-road , little travel on public roads	410
	%
Trips less than 50 miles from vehicle's home base	411
	%
Trips between 50 and 100 miles from vehicle's home base	412
	%
Trips between 100 and 200 miles from vehicle's home base	413
	%
Trips between 200 and 500 miles from vehicle's home base	414
	%
Trips beyond 500 miles of vehicle's home base	415
	%
TOTAL →	100%

ITEM 20	Miles	Tenths
How many miles-per-gallon (MPG) did this vehicle average during 1992?	416	.
<i>Provide tenths, if available. An estimate is acceptable.</i>		

ITEM 21	
What kind of fuel does this vehicle use?	
<i>Mark (X) ONE box only.</i>	
418 1 <input type="checkbox"/> Leaded Gasoline	
2 <input type="checkbox"/> Unleaded Gasoline	
3 <input type="checkbox"/> Diesel	
4 <input type="checkbox"/> Liquefied Gas (Petroleum (LPG) or Natural (LNG))	
5 <input type="checkbox"/> Other – <i>Please specify</i> _____	

ITEM 22	
Where was this vehicle primarily refueled during 1992?	
<i>Mark (X) ONE box only.</i>	
419 1 <input type="checkbox"/> Central company-owned fueling facility	
2 <input type="checkbox"/> Single contract fueling facility located off-site	
3 <input type="checkbox"/> Public fueling stations	
4 <input type="checkbox"/> Other – <i>Please specify</i> _____	

ITEM 23	
What type of brakes does this truck or truck tractor (power unit) have?	
420 1 <input type="checkbox"/> Hydraulic (standard)	
2 <input type="checkbox"/> Hydraulic with power assist	
3 <input type="checkbox"/> Air	
4 <input type="checkbox"/> Other – <i>Please specify</i> _____	

ITEM 24

Does this vehicle have any of the following?

Mark (X) all that apply.

- 421 Radial Tires
- 422 Power Steering
- 423 Air-conditioning in cab
- 424 Trip recorders/on-board computer
- 425 Anti-lock brake system
- 426 Aerodynamic features
- 427 Axle or drive ratio to maximize fuel efficiency
- 428 Fuel economy engine with low RPM, high torque rise, turbo-charge, etc.
- 429 Variable fan drives
- 430 Other fuel conservation features
- 431 Reflective materials (in addition to those required by law)
- 432 Electronic vehicle management system
- 433 Electronic vehicle identification device (transponder), etc.
- 434 Road speed governor
- 435 Navigational systems
- 436 Engine retarder

ITEM 25

Who performed the general maintenance and major overhauls on this vehicle?

Mark (X) all that apply.

	General maintenance	Major overhauls
Yourself	440 <input type="checkbox"/>	448 <input type="checkbox"/>
Your company's own maintenance facilities	441 <input type="checkbox"/>	449 <input type="checkbox"/>
Dealership's service department	442 <input type="checkbox"/>	450 <input type="checkbox"/>
Leasing company	443 <input type="checkbox"/>	451 <input type="checkbox"/>
Independent garage or private mechanic (includes gasoline or service stations)	444 <input type="checkbox"/>	452 <input type="checkbox"/>
Component distributorship (engine, transmission, etc.)	445 <input type="checkbox"/>	453 <input type="checkbox"/>
No one	446 <input type="checkbox"/>	454 <input type="checkbox"/>
Other – Please specify _____	447 <input type="checkbox"/>	455 <input type="checkbox"/>

ITEM 26

a. Which of the following best describes the way this vehicle was most often operated?

Mark (X) ONE box only.

Note – If this vehicle was operated for business use and personal transportation, please check MIXED and indicate approximately what percent was business and what percent was personal transportation. If this vehicle was operated as a private carrier with for-hire authorization (i.e., backhauls, trip leasing), please check MIXED and indicate approximately what percent was business use and what percent was for-hire.

- 500 1 **BUSINESS USE** – Operated by and for a private business (including self-employers) or a company; used in related activities of that business (including transportation of employees) – **SKIP to item 27**
- 2 **PERSONAL TRANSPORTATION** – Operated as a personal-use vehicle for pleasure driving, travel to work, carpool, etc. (NO BUSINESS USE) – **SKIP to item 31 (Remarks)**
- 3 **FOR-HIRE** – Continue with item 26b
- 4 **DAILY RENTAL (Not motor carrier)** – **SKIP to item 27**

- 5 **MIXED**
 - Percent business use
 - Percent personal use
 - Percent for-hire (includes private carriage with for-hire authorization, i.e., backhauls, trip leasing) (Please complete 26b(1) below)

Percent	
501	%
502	%
503	%
100%	

TOTAL →

b. If this vehicle was FOR-HIRE, indicate below the type of for-hire operation.
 Enter percent of 1992 mileage for each category. An estimate is acceptable.

(1) Operation type

MOTOR CARRIER – Operated by a company whose primary business is to provide transportation services, carrying freight belonging to others, for a fee

OWNER OPERATOR – Operated by an independent trucker who drives vehicle for himself or on lease to a company –
 as an independent
 leased to a company

PRIVATE FLEET – Operated by and for a private business to transport company-owned freight, which also maintains for-hire authority (i.e., backhauls, trip leasing) –
 as private carrier
 as for-hire operator

Percent	
504	%
505	%
506	%
507	%
508	%
TOTAL →	
100%	

(2) Jurisdiction served (Private Fleet Operation – SKIP to item 27)

INTERSTATE – Operating in more than one State, usually under Interstate Commerce Commission (ICC) authority

INTRASTATE – Operating within one State

LOCAL – In a single municipality, contiguous municipalities and its suburban area

509	%
510	%
511	%
TOTAL →	
100%	

(3) Kinds of carrier

CONTRACT – Offered transportation service to certain shippers under specific contracts . . .

COMMON – Offered transportation service to general public over regular and irregular routes

EXEMPT – Transported commodities or provided types of service that were exempt from Federal regulations, or operated within commercial zones

512	%
513	%
514	%
TOTAL →	
100%	

(4) Kinds of service

TRUCKLOAD – Usually defined as cargo of a single shipper carried on an individual trip . . .

LESS-THAN-TRUCKLOAD – Usually defined as cargo of multiple shippers carried on an individual trip

515	%
516	%
TOTAL →	
100%	

(5) Was this vehicle operated under ICC authority during 1992? 517 1 Yes 2 No

ITEM 27

Which of the following best describes your business (or the part of your business in which the vehicle was used)? If vehicle was leased, indicate business of lessee.
 Mark (X) ONE box only.

- 518 01 AGRICULTURAL OR FARMING ACTIVITIES (including fisheries)
- 02 FORESTRY OR LUMBERING ACTIVITIES
- 03 CONSTRUCTION WORK – buildings, homes, roads, structures, etc.
- 04 CONTRACTOR ACTIVITIES OR SPECIAL TRADES – painting, plumbing, electrical work, masonry, carpentry, etc.
- 05 MANUFACTURING, REFINING, OR PROCESSING ACTIVITIES
- 06 WHOLESALE TRADE
- 07 RETAIL TRADE
- 08 BUSINESS AND PERSONAL SERVICES – used to assist in such services as lodging operations, landscaping, repair (except plumbing, electrical work, etc. – See "Contractor Activities"), laundry, advertising, entertainment, etc.
- 09 UTILITIES – Used to assist in operation or service of public utilities (telephone, gas, electric, cable television, etc.)
- 10 MINING OR QUARRY ACTIVITIES (includes well drilling) – used to assist in the extraction of natural resources or in hauling to processors
- 11 DAILY RENTAL – rented out, without a driver, to someone else on a daily or short-term basis
- 16 ONE-WAY RENTAL
- 13 NOT IN USE – vehicle idle, wrecked, awaiting repair, etc., for more than 6 months
- 14 FOR-HIRE TRANSPORTATION – including small package delivery
- 15 OTHER – Please describe in detail. _____

ITEM 28

From the following list of products, materials, and equipment, indicate which item or items this vehicle carried. Write in the approximate percent of the vehicle's 1992 mileage that was accounted for while carrying loads and while empty including backhauls, trip leasing, etc. Be sure percents total 100%.

NOTE – If you carried only one product, type of equipment, etc., during 1992, enter the percent of mileage while carrying this item.

If you carried more than one product, enter the percents beside the appropriate items. You can use round figures (10%, 25%, etc.). You DO NOT need to account for every single item the vehicle carried during 1992, just include those that accounted for at least 5% of the mileage.

If the vehicle is involved in some kind of business use, but does not carry any products or equipment, enter 100% in **NO LOAD**, item 28a.

Please be sure to account for miles driven **empty** in item 28a below.

a. NO LOAD – Vehicle empty

b. PRODUCTS, EQUIPMENT, MATERIALS, ETC.

(1) AGRICULTURAL AND FOOD PRODUCTS

(a) Live animals – cattle, horses, poultry, hogs, live seafood, insects, etc.

(b) Fresh farm products – grain, crops, eggs, flowers, nursery stock, raw milk, raw tobacco, etc.

(c) Processed foods and tobacco products – canned goods, prepared meats, frozen foods, beverages, bottled water, dairy products, cigarettes, etc.

(d) Animal feed – prepared feed and feed ingredients for animals

(2) MINING PRODUCTS – crude oil, coal, metal ores

(3) BUILDING MATERIALS – gravel, sand, concrete, flat glass, etc. (except cut lumber – See "Lumber")

(4) FORESTRY, WOOD, AND PAPER PRODUCTS

(a) Logs and forest products – except cut lumber and fabricated wood products (See below.)

(b) Lumber and fabricated wood products – except furniture (See (7) below.)

(c) Paper and paper products

(5) CHEMICALS, PETROLEUM, AND ALLIED PRODUCTS (Placard carriers – also complete item 29a)

(a) Chemicals and/or drugs (including fertilizers, pesticides, cosmetics, paints, etc.)

(b) Petroleum and petroleum products (including paving and roofing materials)

(c) Plastics and/or rubber products

(6) METALS AND METAL PRODUCTS

(a) Primary metal products – pipes, ingots, billets, sheets, etc.

(b) Fabricated metal products – except machinery or transportation equipment (See below.)

(c) Machinery – electrical or non-electrical and electronic

(d) Transportation equipment (including complete vehicles) and parts

(7) OTHER MANUFACTURED PRODUCTS

(a) Furniture (wood and non-wood) and/or hardware – not involved in household moving

(b) Glass products

(c) Textiles and apparel – fibers, leather goods, carpets, clothing, etc.

(d) Miscellaneous products of manufacturing – including photographic goods, watches, clocks, jewelry, and toys

(8) MISCELLANEOUS AND MIXED CARGO

(a) Moving of household and office furniture – from home, offices, etc., under contract

(b) Miscellaneous tools and/or parts for specialized use, as in a craftsman's vehicle – traveling workshop for plumbers, carpenters, road service crews, etc.

(c) Mixed cargo (including the delivery of small packages)

(d) Scrap (not for recycling), garbage, trash, septic tank waste

(e) Industrial "waste" water

(f) Hazardous waste (EPA manifest)

(g) Hazardous waste (non-EPA manifest)

(h) Recyclable products

(9) OTHER (not elsewhere classified) – Please describe in detail. ↘

Percent	
519	%
521	%
522	%
523	%
524	%
525	%
526	%
527	%
528	%
529	%
530	%
531	%
532	%
533	%
534	%
535	%
536	%
537	%
538	%
539	%
540	%
541	%
542	%
543	%
544	%
545	%
546	%
547	%
548	%
549	%
100%	

TOTAL – No load plus products carried should total 100%

ITEM 29

a. At any time during 1992 was this vehicle (or combination) used to haul hazardous materials in quantities large enough to require a hazmat placard on the vehicle due to title 49 CFR 177.823, Transportation?

550 1 Yes – Continue with item 29b 2 No – **SKIP to item 30**

b. What type(s) of hazardous materials were carried by this vehicle? Write in the approximate percent of the vehicle's 1992 mileage which accounted for each hazardous material carried.

NOTE – Indicate only percents for those hazardous materials carried in quantities large enough to require a hazmat placard placed on the vehicle.

Placard name	Former placard name (if different)	Percent		Placard name	Former placard name (if different)	Percent
Explosives 1.1	Explosives A	551	%	Flammable solid		562 %
Explosives 1.2	Explosives A	552	%	Spontaneously combustible	Flammable solid	563 %
Explosives 1.3	Explosives B	553	%	Dangerous when wet	Flammable solid W	564 %
Explosives 1.4	Dangerous	554	%	Oxidizer		565 %
Explosives 1.5	Blasting agents	555	%	Oxygen		566 %
Explosives 1.6	Dangerous	556	%	Organic peroxide		567 %
Flammable gas		557	%	Poison		568 %
Non-flammable gas		558	%	Keep away from food	(none required)	569 %
Poisonous gas		559	%	Radioactive		570 %
Flammable		560	%	Corrosive		571 %
Combustible		561	%	Class 9	(none required)	572 %

ITEM 30

Please indicate below the total number of trucks, truck tractors (power units), and trailers owned and/or operated by you or your company.

NOTE – Trucks refer to pickups, small vans (including mini-vans), and straight trucks. Trailers refer to semi and/or full trailers. Do **not** include utility trailers. Subsidiaries of companies should report fleet size for the respective subsidiary only.

Mark (X) ONE box only.

600 01 1 03 6 to 9 05 25 to 99 07 500 to 999 09 5,000 to 9,999
 02 2 to 5 04 10 to 24 06 100 to 499 08 1,000 to 4,999 10 10,000 or more

ITEM 31

Remarks – Please use this space for any explanations that may be important in understanding your reported data.

ITEM 32 Contact Information

a. Name of person to contact regarding this report			b. Address (Number and street)		
c. City			d. State	e. ZIP Code	
f. Daytime telephone number →	Area code	Number	Extension (If any)	g. If this vehicle has a fleet number, please enter it here	
h. Signature of authorized person			i. Title		j. Date

FORM **CFS-1000**
(9-2-92)

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

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
1993 COMMODITY FLOW SURVEY
CENSUS OF TRANSPORTATION

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

RETURN TO
BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville IN 47132-0001

INSTRUCTIONS

Please read the accompanying instructions before completing this questionnaire. The sampling instructions beginning on page 2 of the questionnaire describe how to take a **sample** of your outbound shipments **covering the two-week period shown above.** You should use your sales invoices, bills of lading, and any other file of shipping documents which represents your total outbound shipments (or deliveries).

Item F, Shipment Characteristics — Beginning on page 2, provide the information requested for each of your **sampled** shipments. If book figures are not available for weight, value, etc., please provide an estimate.

Item A ESTABLISHMENT NAME

Is the establishment name shown in the mailing address correct?

- 1 Yes 2 No — Enter correct name. ↘

Item B OPERATIONAL STATUS OF ESTABLISHMENT — Mark (X) the **ONE** box which best describes this establishment during the 2-week period shown above.

- 1 In operation 3 Ceased operation — Give date → Month/Day/Year
2 Temporarily or seasonally inactive

Item C PHYSICAL LOCATION (PO boxes or rural routes are not physical locations.)

Is this establishment's physical location the same as the address shown in the label?

1 Yes 2 No — Enter physical location below. ↘

Number and street

City, town, village, etc.

State ZIP Code

Item D ORIGIN OF SHIPMENTS

During the two-week period, did any of your shipments (or deliveries) originate from locations other than this physical location?

- 1 No — Skip to Item E on page 2. Enter an "A" as the origin code in column (k) of item F for all shipments.
2 Yes — Enter the City, State, and ZIP Code of these other locations in rows B, C, and D.

Origin code	City	State	ZIP Code
A	Location in mailing address or in Item C.	—	—
B			
C			
D			

Does your **Census File Number (CFN)** shown in the address box above, begin with a "0" (zero)?

- 1 Yes — Include shipments from those other locations in your sampling, and use the appropriate origin code (A, B, C, or D) in column (k) of item F for all shipments selected. Now skip to Item E.
2 No — Do any of these other locations keep their own records for these shipments?
1 Yes — Omit shipments from these other locations that maintain their own records from your sampling.
2 No — Include shipments from these other locations in your sample, and place the appropriate origin code (A, B, C, or D) in column (k) of item F for all shipments selected.

FOR ASSISTANCE IN COMPLETING THIS FORM, CALL 1-800-528-3049

CONTINUE ON PAGE 2

Item E SOURCE DOCUMENT

Please mark (X) the **main** document that you will use to obtain the requested information.

- 1 Sales invoices
2 Bills of lading

3 Other — *Specify* ↗

SAMPLE SELECTION INSTRUCTIONS

1. Enter your total number of shipments for the 2-week period. →

NOTE — Remove any voided invoices, credit memoranda, etc. from the files, if possible, before estimating the total number of shipments.

2. Find the range in column (1) at right that includes the number entered in 1 above. Put an (X) in column (2) beside it.

3. If your total number of shipments is 40 or less, provide data for **every** shipment during the 2-week period in Item F. If the number of shipments is 41 or more, continue with steps 4 and 5 to select the shipments to report.

Number of shipments (1)	Mark (X) one (2)	"Take every" number (3)	Expected sample size (4)
0-40		<i>Select every shipment</i>	1-40
41-100		2	20-50
101-200		5	20-40
201-400		10	20-40
401-800		20	20-40
801-1600		40	20-40
1601 or more		<i>Call Census 1-800-528-3049</i>	

CONTINUE ON NEXT PAGE. ↗

Item F SHIPMENT CHARACTERISTICS

Line No. (a)	Shipment		Total				Commodity		
	Number (b)	Date (c)		Value (Dollars) (d)			Weight (Pounds) (e)	Code (f)	Description (Largest weight) (g)
		M	D	Mil.	Thou.	Dol.			
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

Mode of transport codes for columns (i) and (n) ▶

1 — Parcel delivery, courier, or U.S. Postal Service

2 — Private truck
3 — For-hire truck

4 — Railroad
Continued →

SAMPLE SELECTION INSTRUCTIONS — Continued

4. Note the "Take every" number in column (3) next to the "X" you marked in column (2). Beginning with the first shipment in the file for the period, count the shipments until you reach the "Take every" number. Select that shipment as the first one to report on in item F.

6th shipment, count off 5 more, and select the 10th shipment. Resume counting with the 11th and select the 15th, 20th shipment, etc. until you reach the end of the file. You will have selected 35 shipments to report on in Item F.

Continuing with the next shipment, begin counting from 1 until you reach the "Take every" number again. Select that shipment. Continue this process until you reach the end of the file.

NOTE – If your sample of shipments includes any voided invoices, credit memoranda, etc., write "VOID" in column (b) for that shipment. Leave the rest of the line blank.

EXAMPLE:

If 176 is entered in 1, mark (X) the third row of the table. The "Take every" number is 5. Begin counting with the first shipment in the file and select the 5th shipment to report in Item F. Now beginning with the



5. Sample validation — After sample selection is done, compare the number of selected shipments to the expected sample size in column (4). If the number of selected shipments is above or below the range, recheck the sample selection.

Hazardous material? (Y/N) (h)	Domestic mode(s) of transport Enter all that apply using codes shown below. (i)	Containerized? (Y/N) (j)	Origin code (k)	Domestic destination (or port/airport/border crossing of exit for exports) (l)			Export? (Y/N) (m)	Export mode (n)	Foreign destination (for export shipments only) (o)		Line No. (p)
				City	State	ZIP Code			City	Country	
										1	
										2	
										3	
										4	
										5	
										6	
										7	
										8	
										9	
										10	
										11	
										12	
										13	
										14	
										15	

5 — Inland water and/or Great Lakes 7 — Pipeline 9 — Other mode
 6 — Deep sea water 8 — Air 0 — Unknown

Item F SHIPMENT CHARACTERISTICS — Continued

Line No. (a)	Shipment		Total				Commodity		
	Number (b)	Date (c)		Value (Dollars) (d)			Weight (Pounds) (e)	Code (f)	Description (Largest weight) (g)
		M	D	Mil.	Thou.	Dol.			
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									
37									
38									
39									
40									

Mode of transport codes for columns (i) and (n)  **1** — Parcel delivery, courier, or U.S. Postal Service **2** — Private truck **3** — For-hire truck **4** — Railroad *Continued* 

Hazardous material? (Y/N) (h)	Domestic mode(s) of transport Enter all that apply using codes shown below. (i)	Containerized? (Y/N) (j)	Origin code (k)	Domestic destination (or port/airport/border crossing of exit for exports)			Export? (Y/N) (m)	Export mode (n)	Foreign destination (for export shipments only)		Line No. (p)
				(l)					(o)		
				City	State	ZIP Code			City	Country	
										16	
										17	
										18	
										19	
										20	
										21	
										22	
										23	
										24	
										25	
										26	
										27	
										28	
										29	
										30	
										31	
										32	
										33	
										34	
										35	
										36	
										37	
										38	
										39	
										40	

5 — Inland water and/or Great Lakes 7 — Pipeline 9 — Other mode
6 — Deep sea water 8 — Air 0 — Unknown

Item F SHIPMENT CHARACTERISTICS — Continued

Line No. (a)	Shipment		Total				Commodity		
	Number (b)	Date (c)		Value (Dollars) (d)			Weight (Pounds) (e)	Code (f)	Description (Largest weight) (g)
		M	D	Mil.	Thou.	Dol.			
41									
42									
43									
44									
45									
46									
47									
48									
49									
50									

Mode of transport codes for columns (i) and (n) **1** — Parcel delivery, courier, or U.S. Postal Service **2** — Private truck **3** — For-hire truck **4** — Railroad
Continued →

REMARKS

Item G CERTIFICATION

Name of person to contact regarding this report – <i>Please print</i>	Telephone number – <i>Include area code</i>	Date
Signature	Title	

Hazardous material? (Y/N) (h)	Domestic mode(s) of transport Enter all that apply using codes shown below. (i)	Containerized? (Y/N) (j)	Origin code (k)	Domestic destination (or port/airport/border crossing of exit for exports) (l)			Export? (Y/N) (m)	Export mode (n)	Foreign destination (for export shipments only) (o)		Line No. (p)
				City	State	ZIP Code			City	Country	
											41
											42
											43
											44
											45
											46
											47
											48
											49
											50

5 — Inland water and/or Great Lakes 7 — Pipeline 9 — Other mode
 6 — Deep sea water 8 — Air 0 — Unknown

THANK YOU FOR COMPLETING YOUR REPORT



1992 CENSUS OF TRANSPORTATION, COMMUNICATIONS, AND UTILITIES HIGHWAY PASSENGER TRANSPORTATION

DUE DATE: FEBRUARY 15, 1993

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

CB-4100

Please read the accompanying instructions before answering the questions.

Census use

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

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification (EI) Number shown in the label the same as the one used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No - Report current EI No. below

(9 digits)

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

Example: If a figure is \$1,125,628.79 • Preferred report

Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
1	126	
1	125	629

Item 4. DOLLAR VOLUME OF BUSINESS

Operating revenue in 1992

Exclude government subsidies. Taxicabs should include tips. Bus station agents should include commissions.

Mil. Thou. Dol.

010

Item 5. PAYROLL

Payroll in 1992, BEFORE DEDUCTIONS

a. Annual

Mil. Thou. Dol.

030

031

b. First quarter (January-March)

Item 6. EMPLOYMENT

Number of paid employees for pay period including March 12, 1992
(Include both full- and part-time employees)

Number

032

Item 7. KIND OF BUSINESS OR ACTIVITY

What was this establishment's PRINCIPAL kind of business or activity in 1992?
Mark (X) only ONE box.

070

Interstate/Intercity bus transportation

Bus ticket office (agent operated) 472905
Bus carrier 413101

Charter bus service

Local 414101
Interstate/Intercity 414201

Local and suburban passenger transportation

Local and suburban bus (including commuter) 411101
Rail or subway 411102
Airport service 411103
School bus 415101
Sightseeing bus 411911
Taxicab service 412101
Limousine or auto rental WITH driver 411921
Ambulance or rescue service (except by air) 411931
Air ambulance or rescue service 452205
Handicapped or senior citizen transportation 411991
Scenic or amusement rail, trolley, or cable car operation 799990
Other local passenger transportation - Describe 411992

Continue with item 8

Item 3. OPERATIONAL STATUS

Number of months

a. How many months during 1992 was this establishment actively operated?

002

b. Which of the following best describes this establishment's status at the end of 1992?
Mark (X) only ONE box.

- 001 1 In operation
- 2 Temporarily or seasonally inactive
- 3 Ceased operation - Give date at right
- 4 Sold or leased to another operator - Give date at right AND enter name, etc., below

Figures only

Month Year

Name of new owner or operator

Number and street

City

State

ZIP Code

ITEM 7 CONTINUED ON PAGE 2

PENALTY FOR FAILURE TO REPORT

CONTINUE ON PAGE 2

Item 7. KIND OF BUSINESS OR ACTIVITY – Continued

Other arrangement of passenger transportation NOT operated by transportation company 070

Travel agency 472406
 Tour operator 472503

Other transportation-related activities

Motor freight carrier – Describe 421000

Terminal or maintenance facility (except those for exclusive use of company-operated vehicles) 417301
 Automobile rental WITHOUT driver 751400
 Other kind of business or activity – Describe 777777

} Skip to item 12

Item 9. SUBSIDIES

a. Did this establishment receive any cash or non-cash subsidies (e.g., fuel, maintenance services) from any agency of local, State, or Federal Government in 1992? (Include Section 5 & 9 Urban Mass Transit Act Grants.) 797

1 Yes – Continue with line b
 2 No – Skip to item 10

b. Report the dollar value of all cash and non-cash subsidies received during 1992.

	Mil.	Thou.	Dol.
798			

Item 8. SOURCES OF REVENUE

Please read instructions below before completing this item.

Report sources of revenue for this establishment either as dollar figures or as whole percentages of total operating revenue. (See HOW TO REPORT DOLLAR FIGURES on page 1 and HOW TO REPORT PERCENTS below)

BUS TICKET AGENTS should report commissions on line 16.

Sources of revenue	Census use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
1. Interstate/Intercity passenger service	700	701			702
2. Charter service					
a. Local	102				
b. Interstate/Intercity	103				
3. Local and suburban bus, rail, or subway service (including commuter)	104				
4. Airport service	105				
5. School bus service					
a. For public schools	106				
b. For private and parochial schools	107				
6. Sightseeing	108				
7. Taxicab service	109				
8. Rent or lease of taxicabs to drivers	110				
9. Limousine service	111				
10. Ambulance or rescue service	112				
11. Other passenger transportation	113				
12. Freight, baggage, and mail	114				
13. Repair and maintenance of vehicles NOT owned by your company	308				
14. Advertising	309				
15. Sales of merchandise					
a. Fuels and lubricants	310				
b. Food and beverages	320				
c. Sales of other merchandise	375				
16. All other operating revenue – Describe in REMARKS section if this is largest source of revenue	485				
17. TOTAL (Should equal item 4 if reporting in dollars)	990				100%

Item 10. INVENTORIES OF REVENUE-GENERATING EQUIPMENT – DECEMBER 31, 1992

Revenue-generating equipment	Number of vehicles		
	Owned (1)	Leased (2)	Total (3)
a. Vans	811	821	801
b. Small buses (less than 35 seats)	812	822	802
c. Two-axle buses (35 seats or more)	813	823	803
d. Three-axle buses (35 seats or more)	814	824	804
	815	825	805
e. Taxicabs	816	826	806
f. Limousines	817	827	807
g. Ambulances	818	828	808
h. Other – Describe			

Item 11. Not applicable to this report

Item 12. LEGAL FORM OF ORGANIZATION

Which of the following best describes this establishment's legal form of organization during 1992? Mark (X) only ONE box.

003 1 Individual owner (sole proprietorship)
 2 Partnership
 3 Cooperative (taxable)
 4 Cooperative (tax-exempt)
 5 Governmental – Specify _____
 0 Corporation (taxable)
 6 Corporation (tax-exempt)
 9 Other – Specify _____

Item 13. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?

1 Yes – Complete this item
 2 No – Skip to item 14

b. Is this company owned or controlled by another company?

097 1 Yes →
 2 No

Enter name, address, and EI Number of the owning or controlling company

EI No. (9 digits) _____

c. Does this company own or control any other company or companies?

098 1 Yes →
 2 No

Enter name, address, and EI Number of the owned or controlled company

EI No. (9 digits) _____

FORM CB-4100	U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	Enter the 11-digit CENSUS FILE NUMBER as shown on this report (See label on page 1)																																								
1992 CENSUS OF TRANSPORTATION, COMMUNICATIONS, AND UTILITIES HIGHWAY PASSENGER TRANSPORTATION																																										
Item 13. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION – Continued																																										
<p>d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1992?</p> <p style="text-align: right;">Number 079</p> <p>If more than one, provide the physical location address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.</p> <p>Estimates are acceptable if book figures are not available.</p>	<p>3</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:10%;">1992</td> <td style="width:10%;">Mil.</td> <td style="width:10%;">Thou.</td> <td style="width:10%;">Dol.</td> </tr> <tr> <td>Number and street</td> <td style="text-align: center;">081</td> <td></td> <td></td> <td></td> </tr> <tr> <td>City</td> <td>Revenue</td> <td></td> <td></td> <td></td> </tr> <tr> <td>State</td> <td style="text-align: center;">082</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ZIP Code</td> <td>Annual payroll</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Kind-of-business description</td> <td colspan="4">Paid employees for pay period including March 12</td> </tr> <tr> <td></td> <td style="text-align: center;">083</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td colspan="4" style="text-align: center;">Census use 088</td> </tr> </table>	Name	1992	Mil.	Thou.	Dol.	Number and street	081				City	Revenue				State	082				ZIP Code	Annual payroll				Kind-of-business description	Paid employees for pay period including March 12					083					Census use 088			
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Period covered by this report	FROM: Mo. Year TO: Mo. Year	Name of person to contact regarding this report – <i>Print or type</i>																																								
Telephone	Area code Number Extension	Title																																								
Signature of authorized person		Date																																								

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS



1992 CENSUS OF TRANSPORTATION, COMMUNICATIONS, AND UTILITIES ARRANGEMENT OF PASSENGER TRANSPORTATION

OMB No. 0607-0738: Approval Expires 05/31/94

DUE DATE: FEBRUARY 15, 1993

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:
1-800-233-6136

CB-4701

Please read the accompanying instructions before answering the questions.

Census use

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

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification (EI) Number shown in the label the same as the one used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No - Report current EI No. below
(9 digits) _____

Item 2. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 Yes 2 No - Report physical location below

Number and street

City, town, village, etc.

State

ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 3 No legal boundaries
2 No 4 Do not know

c. In what type of municipality is this establishment physically located?

096 1 City, village, or borough
2 Town or township
3 Other - Specify _____
4 Do not know

d. In what county is this establishment physically located?

Item 3. OPERATIONAL STATUS

Number of months

a. How many months during 1992 was this establishment actively operated?

002

b. Which of the following best describes this establishment's status at the end of 1992? Mark (X) only ONE box.

001 1 In operation
2 Temporarily or seasonally inactive
3 Ceased operation - Give date at right
4 Sold or leased to another operator - Give date at right AND enter name, etc., below

Figures only

Month Year

Name of new owner or operator

Number and street

City

State

ZIP Code

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

Example: If a figure is \$1,125,628.79 • Preferred report

Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
1	126	

1	125	629
---	-----	-----

Item 4. DOLLAR VOLUME OF BUSINESS

a. Operating revenue in 1992

Travel agents should include COMMISSIONS, not gross sales. Tour operators should include the DIFFERENCE between the selling price of their tours and the amounts paid to suppliers, i.e., hotels, transfers, sightseeing companies, etc..

Mil. Thou. Dol.

010

b. Did this establishment operate as a travel agent, tour operator, or provide other services in arranging passenger transportation?

769 1 Yes - Go to line c
2 No - Skip to item 5

c. Gross operating revenue in 1992

Travel agents should include GROSS SALES. Tour operators should include the SELLING PRICE of tours.

Mil. Thou. Dol.

012

Item 5. PAYROLL

Payroll in 1992, BEFORE DEDUCTIONS

a. Annual

Mil. Thou. Dol.

030

031

b. First quarter (January-March)

Item 6. EMPLOYMENT
Number of paid employees for the period including March 12, 1992
(Include both full- and part-time employees)

Number

032

Item 7. KIND OF BUSINESS OR ACTIVITY

a. What was this establishment's PRINCIPAL kind of business or activity in 1992?

Mark (X) only ONE box.

Arrangement of transportation or accommodations for passengers

- Travel agency (retail) 070 472401
- Tour operator (except local sightseeing) 472501
- Tourist information bureau 738990
- Agent for FOREIGN cruise ship company 472901
- Ticket office - NOT operated by transportation company 472902
- Other service in arranging transportation or accommodations for passengers or tourists - Describe 472903

Continue with item 7b

ITEM 7 CONTINUED ON PAGE 2

PENALTY FOR FAILURE TO REPORT

CONTINUE ON PAGE 2

Item 7. KIND OF BUSINESS OR ACTIVITY - Continued

Other passenger transportation-related activities

- Bus charter service
 - Local 414102
 - Intercity. 414202
 - Sightseeing bus 411912
 - Airport bus service 411106
 - Limousine or auto rental with driver 411922
 - Excursion or sightseeing boat, including charter 448903
 - Sightseeing airplane or helicopter service 452207

Other transportation services

- Freight forwarding service 473114
- Shipping agent or broker 473124
- Other service in arranging transportation of freight or cargo - Describe 473127

Other kind of activity - Describe 777777

Skip to item 12

b. Did this establishment have a listing, endorsement, or appointment with, by, or from any of the following organizations listed here?

- 770 1 Yes - Mark (X) below the organization(s) with which this establishment had an appointment.
 2 No - Skip to item 8

- IATAN (International Airline Travel Agent Network) 771 1
- ARC (Airline Reporting Corporation) 772 1
- Other - Describe 773 1

Item 8. SOURCES OF REVENUE

Report sources of revenue for this establishment either as dollar figures or as whole percentages of total operating revenue. (See HOW TO REPORT DOLLAR FIGURES on page 1 and HOW TO REPORT PERCENTS below)

Line 1 - Include commissions and other revenue from the RETAIL sale of airline tickets, cruises, package tours, lodging, etc.. Report revenue from the arrangement and sale of assembled tours (whether RETAIL OR WHOLESALE) on line 2.

Line 2 - Report here the DIFFERENCE between the selling price of tours and the amounts paid to suppliers.

Line 3 - Include all other travel-related revenue such as service fees, commissions from sale of travel insurance, traveler's checks, etc.

HOW TO REPORT PERCENTS	Sources of revenue	Census use	If figure is 38.76% of total revenues:			
			Mil.	Thou.	Dol.	Per-cent
						39
						38.76
			ESTIMATES are acceptable. Report dollars OR percents.			
			Mil.	Thou.	Dol.	Per-cent
	1. Commissions and other revenue from the RETAIL sales of passenger transportation and lodging	700	701			702
	2. Tour operation	441				
	3. Other travel-related services	442				
	4. All other operating revenue - Describe in REMARKS if this is largest source of revenue	443				
	5. TOTAL (Should equal item 4a if reporting in dollars)	485				
		990				100%

Item 9. COST OF PURCHASED TRAVEL

	Mil.	Thou.	Dol.
a. Report the dollar amounts paid to purchase tickets, packaged tours, lodging, etc., to each of the following:	774		
(1) Air carriers	775		
(2) Water carriers	776		
(3) Hotels/Motels	777		
(4) Motor coaches	778		
(5) Railroad transportation	779		
(6) Rental cars	780		
(7) Package tours	781		
(8) Group sales	782		
(9) All other	783		
(10) Total purchased travel			
b. What percentage of the total purchased travel was for:			Report in whole percents
(1) Domestic travel			785
(2) International travel			786
(3) TOTAL (Sum of lines b(1) and b(2) should total 100 percent)			100%

Item 10. Not applicable to this report

Item 11. Not applicable to this report

Item 12. LEGAL FORM OF ORGANIZATION

Which of the following best describes this establishment's legal form of organization during 1992? Mark (X) only ONE box.

- 003 1 Individual owner (sole proprietorship)
- 2 Partnership
- 5 Governmental - Specify _____
- 0 Corporation
- 9 Other - Specify _____

Item 13. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?

- 1 Yes - Complete this item
- 2 No - Skip to item 14

b. Is this company owned or controlled by another company?

- 097 1 Yes →
- 2 No

Enter name, address, and EI Number of the owning or controlling company

EI No. (9 digits) _____

c. Does this company own or control any other company or companies?

- 098 1 Yes →
- 2 No

Enter name, address, and EI Number of the owned or controlled company

EI No. (9 digits) _____

ITEM 13 CONTINUED ON PAGE 3

CONTINUE ON PAGE 3

FORM **CB-4701**

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

**Enter the 11-digit
CENSUS FILE NUMBER
as shown on this report
(See label on page 1)**

**1992 CENSUS OF TRANSPORTATION,
COMMUNICATIONS, AND UTILITIES
ARRANGEMENT OF PASSENGER TRANSPORTATION**

Item 13. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION – Continued

d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1992?

Number
079

If more than one, provide the **physical location** address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

Estimates are acceptable if book figures are not available.

1992		Mil.	Thou.	Dol.	1992		Mil.	Thou.	Dol.
		081					081		
1	Name	Revenue				Name			
	Number and street	Annual payroll				Number and street	Revenue		
	City State ZIP Code	Paid employees for pay period including March 12				City State ZIP Code	Annual payroll		
	Kind-of-business description					Kind-of-business description			
	Census use	088							
2	Name	Revenue			4	Name			
	Number and street	Annual payroll				Number and street	Revenue		
	City State ZIP Code	Paid employees for pay period including March 12				City State ZIP Code	Annual payroll		
	Kind-of-business description					Kind-of-business description			
	Census use	088							
3	Name	Revenue			5	Name			
	Number and street	Annual payroll				Number and street	Revenue		
	City State ZIP Code	Paid employees for pay period including March 12				City State ZIP Code	Annual payroll		
	Kind-of-business description					Kind-of-business description			
	Census use	088							

REMARKS – Please use this space for any explanations that may be essential in understanding your reported data.

Item 14. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report	FROM: Mo. Year	TO: Mo. Year	Name of person to contact regarding this report – <i>Print or type</i>	
	Telephone	Area code	Number	Extension
Signature of authorized person			Date	

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS



1992 CENSUS OF TRANSPORTATION, COMMUNICATIONS, AND UTILITIES TELEPHONE AND TELEGRAPH COMMUNICATIONS

OMB No. 0607-0738: Approval Expires 05/31/94

DUE DATE: FEBRUARY 15, 1993

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

CB-4801

Please read the accompanying instructions before answering the questions.

Census use

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

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification (EI) Number shown in the label the same as the one used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No - Report current EI No. below

(9 digits)

Item 2. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 Yes 2 No - Report physical location below

Number and street

City, town, village, etc.

State

ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 2 No 3 No legal boundaries 4 Do not know

c. In what type of municipality is this establishment physically located?

096 1 City, village, or borough
2 Town or township
3 Other - Specify _____
4 Do not know

d. In what county is this establishment physically located?

Item 3. OPERATIONAL STATUS

Number of months

a. How many months during 1992 was this establishment actively operated?

002

b. Which of the following best describes this establishment's status at the end of 1992? Mark (X) only ONE box.

001 1 In operation
2 Temporarily or seasonally inactive
3 Ceased operation - Give date at right
4 Sold or leased to another operator - Give date at right AND enter name, etc., below

Figures only

Month

Year

Name of new owner or operator

Number and street

City

State

ZIP Code

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

Example: If a figure is \$1,125,628.79 • Preferred report Acceptable

Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
1	126	
1	125	629

Item 4. DOLLAR VOLUME OF BUSINESS

Operating revenue in 1992

Telephone service establishments should: EXCLUDE revenue collected on behalf of another company. INCLUDE revenue received from international calls originating in the United States (including that portion paid to foreign countries for accessing their network). INCLUDE allowances for uncollectable accounts.

Mil. Thou. Dol.

010

Item 5. PAYROLL

Payroll in 1992, BEFORE DEDUCTIONS

a. Annual

Mil. Thou. Dol.

030

b. First quarter (January-March)

031

Item 6. EMPLOYMENT

Number of paid employees for pay period including March 12, 1992 (Include both full- and part-time employees)

Number

032

Item 7. KIND OF BUSINESS OR ACTIVITY

What was this establishment's PRINCIPAL kind of business or activity in 1992? Mark (X) only ONE box.

070

Telephone communications (except radiotelephone)

- Local telephone service 481301
- Long distance telephone service 481302
- Other telephone service (except telephone answering) - Describe 481303

Radiotelephone communications

- Cellular telephone service 481201
- Paging or beeper service (including voice mailbox) 481202
- Other radiotelephone service - Describe 481203

Telegraph and other nonvoice message communications

- Telegraph service 482201
- Facsimile transmission service 482202
- Other telegraph and nonvoice message services (cablegram, electronic mail, telex, etc.) - Describe 482203

Continue with item 8

Item 7. KIND OF BUSINESS OR ACTIVITY – Continued

Other communications-related activities

Radio broadcast station 483209 } *Skip to item 12*

Television broadcast station 483309 }

Cable or other pay television service 484109 }

Other communications-related services – *Describe* 489901 } *Continue with item 8*

Other telephone and telegraph related activities

Telephone answering service 738930 } *Skip to item 12*

Telemarketing service 738990 }

Telephone equipment repair 762900 }

Telephone equipment sales

Individuals 599959 }

Businesses 506511 }

Other kind of business or activity – *Describe* 777777 }

Item 8. SOURCES OF REVENUE

Report sources of revenue for this establishment either as dollar figures or as whole percentages of total operating revenue. (See *HOW TO REPORT DOLLAR FIGURES* on page 1 and *HOW TO REPORT PERCENTS* below)

Telephone service establishments should: EXCLUDE revenue collected on behalf of another company. INCLUDE revenue received from international calls originating in the United States (including that portion paid to foreign countries for accessing their network). Include allowances for uncollectable accounts.

HOW TO REPORT PERCENTS

If figure is **38.76%** of total revenues:

• **Report whole percents** → **39**

Not acceptable → **38.76**

Sources of revenue	Census use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
1. Telephone service revenue	700	701			702
a. Local service	801				
b. Long-distance service	802				
2. Network access revenue	803				
3. Cellular and other radio telephone service	804				
4. Telegraph and other message communication services	805				
5. Other communication services	806				
6. Directory advertising revenue	336				
7. Rent or lease of communications equipment	337				
8. Sale of communications equipment	370				
9. Sale of other merchandise	375				
10. All other operating revenue – Describe in REMARKS section if this is largest source of revenue	485				
11. TOTAL (Should equal item 4 if reporting in dollars)	990				100%

Item 9. REVENUE BY CLASS OF CUSTOMER Report in whole percents

Report the approximate percentage of your 1992 revenue (item 4) to each of the customer classes listed.

a. Residential customers 710

b. All other customers 711

c. TOTAL (Sum of lines a and b should add to 100 percent) **100%**

Item 10. Not applicable to this report

Item 11. CONSTRUCTION ACTIVITY 723

a. Was THIS ESTABLISHMENT involved in new construction, renovation, or maintenance and repairs of buildings, structures, or lines during 1992?

1 Yes – *Continue with line b*

2 No – *Skip to item 12*

b. What were your capital expenditures in 1992 for new construction, including renovation? (INCLUDE labor and materials. EXCLUDE land and the value of production machinery and equipment not an integral part of a structure.)

	Mil.	Thou.	Dol.
724			

c. What percentage of the capital expenditures reported in line b represents work done by your own employees as opposed to work done by contractors or other hired labor?

Report in whole percent

725

d. What were your expenses in 1992 for maintenance and repairs? (EXCLUDE expenses for such activities as janitorial services, cleaning, lawn maintenance, etc.)

	Mil.	Thou.	Dol.
726			

Report in whole percent

727

e. What percentage of the expenses for maintenance and repairs reported in line d represents work done by your own employees as opposed to work done by contractors or other hired labor?

Report in whole percent

727

Item 12. LEGAL FORM OF ORGANIZATION

Which of the following best describes this establishment's legal form of organization during 1992? Mark (X) only ONE box.

003 1 Individual owner (sole proprietorship)

2 Partnership

3 Cooperative (taxable)

4 Cooperative (tax-exempt)

5 Governmental – *Specify* _____

0 Corporation (taxable)

6 Corporation (tax-exempt)

9 Other – *Specify* _____

Item 13. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?

1 Yes – *Complete this item*

2 No – *Skip to item 14*

b. Is this company owned or controlled by another company?

097 1 Yes →

2 No

Enter name, address, and EI Number of the owning or controlling company

EI No. (9 digits) _____

c. Does this company own or control any other company or companies?

098 1 Yes →

2 No

Enter name, address, and EI Number of the owned or controlled company

EI No. (9 digits) _____

**1992 CENSUS OF TRANSPORTATION,
COMMUNICATIONS, AND UTILITIES
TELEPHONE AND TELEGRAPH COMMUNICATIONS**

**Enter the 11-digit
CENSUS FILE NUMBER
as shown on this report
(See label on page 1)**

Item 13. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION – Continued

d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1992?		Number			
		079			
If more than one, provide the physical location address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.		Estimates are acceptable if book figures are not available.			

1	Name			1992	Mil.	Thou.	Dol.	3	Name			1992	Mil.	Thou.	Dol.
	Number and street			Revenue	081				Number and street			Revenue	081		
City			State	ZIP Code	Annual payroll	082		City			State	ZIP Code	Annual payroll	082	
Kind-of-business description			Paid employees for pay period including March 12				083	Kind-of-business description			Paid employees for pay period including March 12				083
			Census use 088								Census use 088				

2	Name			1992	Mil.	Thou.	Dol.	4	Name			1992	Mil.	Thou.	Dol.
	Number and street			Revenue	081				Number and street			Revenue	081		
City			State	ZIP Code	Annual payroll	082		City			State	ZIP Code	Annual payroll	082	
Kind-of-business description			Paid employees for pay period including March 12				083	Kind-of-business description			Paid employees for pay period including March 12				083
			Census use 088								Census use 088				

3	Name			1992	Mil.	Thou.	Dol.	5	Name			1992	Mil.	Thou.	Dol.
	Number and street			Revenue	081				Number and street			Revenue	081		
City			State	ZIP Code	Annual payroll	082		City			State	ZIP Code	Annual payroll	082	
Kind-of-business description			Paid employees for pay period including March 12				083	Kind-of-business description			Paid employees for pay period including March 12				083
			Census use 088								Census use 088				

REMARKS – Please use this space for any explanations that may be essential in understanding your reported data.

Item 14. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report	FROM: Mo. Year	TO: Mo. Year	Name of person to contact regarding this report – <i>Print or type</i>		
Telephone	Area code	Number	Extension	Title	
Signature of authorized person					Date

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS



1992 CENSUS OF FINANCIAL, INSURANCE, AND REAL ESTATE INDUSTRIES DEPOSITORY AND RELATED INSTITUTIONS

DUE DATE: FEBRUARY 15, 1993

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

CB-6000

Please read the accompanying instructions before answering the questions.

Census use

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

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

If this questionnaire does not seem to apply to your business, complete it to the extent possible and explain in REMARKS section - this should fulfill your reporting requirements and will reduce follow-up correspondence.

Item 1. EMPLOYER IDENTIFICATION NUMBER
Is the Employer Identification (EI) Number shown in the label the same as the one used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No - Report current EI No. below

(9 digits) _____

HOW TO REPORT DOLLAR FIGURES	Dollar figures should be rounded to thousands of dollars.		
	Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
Example: If a figure is \$1,125,628.79 • Preferred report	1	126	
	1	125	629
	• Preferred Acceptable		

Item 2. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 Yes 2 No - Report physical location below

Number and street _____

City, town, village, etc. _____ State _____ ZIP Code _____

Item 4. DOLLAR VOLUME OF REVENUE

Bil.	Mil.	Thou.	Dol.
010			

Revenue in 1992

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 2 No 3 No legal boundaries 4 Do not know

c. In what type of municipality is this establishment physically located?

096 1 City, village, or borough
2 Town or township
3 Other - Specify _____
4 Do not know

Item 5. PAYROLL

Mil.	Thou.	Dol.
030		

Payroll in 1992, BEFORE DEDUCTIONS

a. Annual

031 _____

b. First quarter (January-March)

Number _____

Item 6. EMPLOYMENT

032 _____

Number of paid employees for pay period including March 12, 1992 (Include both full- and part-time employees)

d. In what county is this establishment physically located?

Item 7. LEGAL FORM OF ORGANIZATION

Mark (X) the ONE box which best describes this establishment during 1992.

003 1 Individual proprietorship
2 Partnership
3 Cooperative
4 Government - Specify _____
5 Corporation (Do not mark if cooperative)
6 Other - Specify _____

Item 3. OPERATIONAL STATUS _____ Number of months

002 _____

a. How many months during 1992 was this establishment actively operated?

b. Which of the following best describes this establishment's status at the end of 1992? Mark (X) only ONE box.

Note: Complete the remainder of this report (for the period operated) even if the establishment ceased operation during 1992.

001 1 In operation
2 Temporarily or seasonally inactive
3 Ceased operation - Give date at right
4 Sold or leased to another operation, or placed into conservatorship or receivership. Give date at right AND enter name, etc., below

	Figures only	
	Month	Year
1		
2		
3		
4		

Name of new owner or operator _____

Number and street _____

City _____ State _____ ZIP Code _____

CONTINUE ON PAGE 2

PENALTY FOR FAILURE TO REPORT

Item 8. KIND OF BUSINESS OR ACTIVITY

a. Mark (X) the **ONE** box which best describes the **PRINCIPAL** kind of business of this establishment in 1992.

070

- Commercial bank 602001
- Trust company (accepting deposits) 602002
- Savings and loan association . . . 603001
- Savings bank 603002
- Private bank 602901
- Credit union 606001 - Complete all items except 9a
- Federal Reserve bank or branch . . 601101
- Farm Credit Bank, Farm Credit Association, or any other entity of the federally-sponsored Farm Credit System 611113
- Other federally-sponsored credit agency (primarily engaged in guaranteeing, insuring, or making loans) - Describe 611193
- Branch of foreign bank 608101
- Representative office of foreign bank 609903
- Agreement or Edge Act corporation 608201
- Bank holding company 671202
- Other kind of business - Describe 777777

Complete all items except 9b

Complete all items except 9b

b. TYPE OF CHARTER

Mark (X) the **ONE** box to indicate the highest charter or authorization granted to this institution, such as the Federal Government, a State, the District of Columbia, or some other authorization; or never chartered. Do not report for charters pending or in the process of review.

- 860 1 Federal or national charter
- 2 State or D.C. charter
- 3 Other authorization - Specify _____
- 4 Never chartered

c. TYPE OF OFFICE

Mark (X) the **ONE** box, that best represents the principal type of office of this establishment in 1992. If this is a multifunction office, check the box with the higher priority using the numbers indicated as a priority ranking, i.e., check branch office if branch activities also include a processing center and an ATM location.

- 861 1 Main office -accepting deposits
- 2 Branch office - accepting deposits
- 3 Data processing office or service center
- 4 Other profit, cost, or responsibility center
- 5 ATM location only
- 6 Other - Specify _____

Item 9a. SOURCES OF REVENUE

(To be completed by banks and other financial institutions except credit unions.)

Report source of revenue either as a dollar figure or as a whole percent of total revenue. (See **HOW TO REPORT DOLLAR FIGURES** on page 1 and **HOW TO REPORT PERCENTS** below) **Do NOT combine data for two or more lines.**

Note - All entries are to be made in accordance with Generally Accepted Accounting Principles (GAAP). If Regulatory Accounting Principles (RAP) are used for any entries, please make a note in the REMARKS section. For definitions see page 4, Special Instructions.

HOW TO REPORT PERCENTS	If figure is 38.76% of total revenue: • Report whole percents Not acceptable	Mil.	Thou.	Dol.	Per cent
					39
					38.76

Sources of revenue	Census use	ESTIMATES are acceptable. Report dollars OR percents.				
		Bil.	Mil.	Thou.	Dol.	Per cent
1. Interest income (Note - Investment interest should be reported on line 2)	850	851				852
a. New and used auto loans	099					
b. Residential real estate loans (except home equity)	091					
c. Nonresidential real estate loans	092					
d. Home equity loans	107					
e. Commercial and industrial loans, except real estate	093					
f. Credit cards, overdraft credit, and related plans	094					
g. Other loans to individuals	095					
h. Lease financing receivables	096					
i. Other interest income	097					
j. TOTAL (Sum of lines 1a through 1i)	090					
2. Net investment income (if negative, enclose in parentheses)						
a. Gains (losses) from assets held in trading accounts	121					
b. Gains (losses) on assets NOT held in trading accounts	122					
c. Other investment income (net)	123					
d. TOTAL (Sum of lines 2a through 2c)	120					
3. Service charges on deposit accounts	180					
4. Loan origination fee income						
a. Residential real estate loans	081					
b. Nonresidential real estate loans	082					
c. Other loans	083					
d. TOTAL (Sum of lines 4a through 4c)	080					
5. Fees from consulting and advisory services	150					

ITEM 9 CONTINUED ON PAGE 3

CONTINUE ON PAGE 3

FORM **CB-6000** U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
**1992 CENSUS OF FINANCIAL, INSURANCE,
AND REAL ESTATE INDUSTRIES
DEPOSITORY AND RELATED INSTITUTIONS**

Enter the 11-digit
CENSUS FILE NUMBER
as shown on this report
(See label on page 1)

Item 9a. SOURCES OF REVENUE - Continued						
Sources of revenue	Cen- sus use	ESTIMATES are acceptable. Report dollars OR percents.				
		Bil.	Mil.	Thou.	Dol.	Per- cent
6. Other fees and commissions	850	851				852
a. Loan (and line of credit) servicing fees collected after placement	131					
b. Underwriting fee income	132					
c. Commissions and fees from securities and commodities sales	133					
d. Commissions and fees from insurance sales	134					
e. Other fees and commissions (including ATM charges, etc.)	135					
f. TOTAL (Sum of lines 6a through 6e)	130					
7. Income from fiduciary (trust) activities	190					
8. Leasing revenue (except from finance and capital leases)	800					
9. Other revenue - Specify	890					
10. TOTAL (Should equal item 4 if reporting in dollars)	990					100%

Item 9b. SOURCES OF REVENUE - Continued						
Sources of revenue	Cen- sus use	ESTIMATES are acceptable. Report dollars OR percents.				
		Bil.	Mil.	Thou.	Dol.	Per- cent
2. Net investment income (Note - If negative, enclose in parentheses)	850	851				852
a. Gains (losses) from trading securities	121					
b. Gains (losses) on investments (excluding trading securities)	122					
c. Other investment income	123					
d. Sum of lines 2a through 2c	120					
3. Service charges on deposit accounts	180					
4. Loan origination fee income						
a. Residential real estate loans	081					
b. Nonresidential real estate loans	082					
c. Other loans	083					
d. Sum of lines 4a through 4c	080					
5. Other fees and commissions	130					
6. Other revenue - Specify	890					
7. TOTAL (Should equal item 4 if reporting in dollars)	990					100%

Item 9b. SOURCES OF REVENUE
(To be completed by credit unions.)
Report source of revenue either as a dollar figure or as a whole percent of total revenue. (See HOW TO REPORT DOLLAR FIGURES on page 1 and HOW TO REPORT PERCENTS below) Do NOT combine data for two or more lines.
Note - All entries are to be made in accordance with Generally Accepted Accounting Principles (GAAP). If Regulatory Accounting Principles (RAP) are used for any entries, please make a note in the REMARKS section. For definitions see page 4, Special Instructions, and the NCUA Yearend Call Report.

Sources of revenue	Cen- sus use	ESTIMATES are acceptable. Report dollars OR percents.				
		Bil.	Mil.	Thou.	Dol.	Per- cent
1. Interest income (Note -Investment interest should be reported on line 2)	850	851				852
a. Unsecured loans	098					
b. New and used auto loans	099					
c. First mortgage residential real estate loans	101					
d. First mortgage nonresidential real estate loans	102					
e. Home equity loans	107					
f. Other residential real estate loans	103					
g. Other nonresidential real estate loans	104					
h. Other loans to members	105					
i. Other interest income	106					
j. Sum of lines 1a through 1i	090					

Item 10. SPECIAL INQUIRIES

A. CAPITAL LEASES

1. Did this establishment lease assets to others under a ("direct financing," "leveraged," or "sales-type") capital lease during 1992? 862 Yes No - Skip to item 10B

2. Report the acquisition cost of all assets owned by this establishment that were leased to others beginning in 1992 under a capital lease 863

3. Report the fair market value, at the inception of the lease, of all assets owned by this establishment that were leased to others beginning in 1992 under a capital lease 864

B. EXPORTED SERVICES

NOTE - Include services performed for a customer, client, or account (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions). Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.) are included. Services performed for domestic subsidiaries of foreign firms are excluded.

1. Did the revenue reported in item 4 include any amounts received for exported services?

970 1 Yes - Amount → Mil. Thou. Dol.
971
2 No

2. Did this establishment receive any amounts for exported services which were NOT included in item 4?

972 1 Yes - Describe in REMARKS and report amount here → Mil. Thou. Dol.
973
2 No

CONTINUE ON PAGE 4

Item 11. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?

- 1 Yes - Complete this item
- 2 No - Skip to item 12

b. Is this company owned or controlled by another company?

- 097 1 Yes →
- 2 No

Enter name, address, and EI Number of the owning or controlling company

EI No. (9 digits)

c. Does this company own or control any other company or companies?

- 098 1 Yes →
- 2 No

Enter name, address, and EI Number of the owned or controlled company

EI No. (9 digits)

d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1992?

Number
079

If more than one, provide the **physical location** address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

Estimates are acceptable if book figures are not available.

1	Name			1992	Mil.	Thou.	Dol.
	Number and street			Revenue	081		
City		State	ZIP Code	Annual payroll	082		
Kind-of-business description				Paid employees for pay period including March 12			
				083			
				Census use 088			
2	Name			1992	Mil.	Thou.	Dol.
	Number and street			Revenue	081		
City		State	ZIP Code	Annual payroll	082		
Kind-of-business description				Paid employees for pay period including March 12			
				083			
				Census use 088			

REMARKS - Please use this space for any explanations that may be essential in understanding your reported data.

Item 12. CERTIFICATION - This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report	FROM: Mo. Year	TO: Mo. Year
Name of person to contact regarding this report - <i>Print or type</i>		
Title		
Telephone	Area code	Number
Signature of authorized person		Date

SPECIAL INSTRUCTIONS

(See also the general instructions accompanying this form)

Item 9a. Sources of Revenue for Banks and Other Financial Institutions, Except Credit Unions

- 1.** Interest Income - Report only interest income. Report net investment income on line 2. Report fee income (except loan origination fee income) on line 5 or 6.
 - 1a.** New and used auto loans - Report all interest income, after placement, for loans to finance the **purchase of**, or secured by, new or used automobiles.
 - 1b., 1c.** Real estate loans - Report all interest income, after placement, for loans secured by real estate - separately for residential (1b) and nonresidential (1c). Include real estate development and construction loans and second or junior loans secured by real estate. Report home equity loans on line 1d. Report interest income from mortgage backed securities on line 2c. Report mortgage loan origination fees or points on line 4. Report mortgage loan servicing fees and loan administration fees on line 6a. Report real estate escrow fees on line 6e.
 - 1d.** Home equity loans - Report all interest income for "home equity loans," regardless of the use of the funds. Include revolving credit lines and plans secured by home equity. Report second or junior loans secured by real estate, not considered as "home equity," on line 1b. or line 1c.
 - 1e.** Commercial and industrial loans - Report all interest income, after placement, for loans to businesses and industrial corporations. Report real estate development and construction loans on line 1b or 1c. Report all interest from mortgage-backed securities on line 2c. Report on line 1i interest income from loans to finance agricultural production and other loans to farmers, loans to depository institutions, banker's acceptances, commercial paper, loans to foreign governments and official institutions, and obligations (other than securities and leases) of states and political subdivisions.
 - 1f.** Credit cards and related plans - Include interest income from overdraft check credit plans and revolving credit plans. Report fees for bank credit cards on line 6a.
 - 1g.** Other loans to individuals - Report all other interest income from nonmortgage loans to individuals for household, family, and personal expenditures. Include "installment loans."
 - 1h.** Lease financing receivable - Report all interest income from sales-type, full payout, levered, leveraged, capital, and finance leases net of unearned income. Report all income from operating leases on line 8.
 - 1i.** Other interest income - Report interest income, after placement, for all other types of loans and credit.
- 2.** Net investment income - Report income only from assets held for investment purposes (if negative, enclose in parentheses). Include both interest and dividend income. Report fee income (except loan origination fee income) on line 5 or 6.

Item 9b. Sources of Revenue for Credit Unions

Note - For the definitions of these categories also refer to NCUA's Yearend Call Report.

- 1.** Interest Income - Report only interest income. Report net investment income on line 2. Report fee income (except loan origination fee income) on line 5.
 - 1a.** Unsecured loans - Report all interest income, after placement, for loans not secured by collateral or other security. Include signature, co-maker, co-signer, and guarantor loans; and unsecured lines of credit, unsecured credit card loans, etc. Also include "fees" (an interest charge) on tax-refund-anticipation loans.
 - 1b.** New and used auto loans - Report all interest income, after placement, for loans to finance the **purchase of**, or secured by, new or used automobiles.
 - 1c., 1d.** First mortgage real estate loans - Report all interest income, after placement, for loans to purchase or refinance residential real estate secured by a first lien on the property on line 1c. Report all interest income, after placement, for loans to purchase or refinance commercial, industrial, or agricultural real estate secured by a first lien on the property on line 1d. Report interest income from mortgage-backed securities on line 2c. Report loan origination fees or points on line 4. Report loan servicing fees, escrow fees, and loan administration fees on line 5. Report loan discount fee income on line 6.
 - 1e.** Home equity loans - Report all interest income for "home equity loans," regardless of the use of the funds. Include revolving credit lines and plans secured by home equity. Report second or junior loans secured by real estate, not considered as "home equity," on line 1f or line 1g.
 - 1f.** Other residential real estate loans - Report all interest income, after placement, for loans for any purpose (other than those listed above) secured by an interest (i.e., first or junior liens) in residential real estate (i.e., residential real estate development and construction loans, and second and junior mortgages).
 - 1g.** Other nonresidential real estate loans - Report all interest income, after placement, for loans for any purpose (other than those listed above) secured by an interest (i.e., first or junior liens) in nonresidential real estate (i.e., nonresidential real estate development and construction loans, and second and junior mortgages).
 - 1h.** Other loans to members - Report all interest income, after placement, for loans not included above (i.e., share-secured loans, collateral loans, commercial and agricultural loans **not** secured by farmland or real estate, etc.).
 - 1i.** Other interest income - Include interest from loans to credit union non-members. Report interest from loans to other depository institutions (i.e., credit unions, banks, etc.) or bank holding companies on line 2c. Report interest from lease financing receivables net of unearned income on line 6.



1992 CENSUS OF FINANCIAL, INSURANCE, AND REAL ESTATE INDUSTRIES SECURITY AND COMMODITY BROKERS AND SERVICES

DUE DATE: FEBRUARY 15, 1993

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

CB-6200

Please read the accompanying instructions before answering the questions.

Census use

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

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

If this questionnaire does not seem to apply to your business, complete it to the extent possible and explain in REMARKS section - this should fulfill your reporting requirements and will reduce follow-up correspondence.

Item 1. EMPLOYER IDENTIFICATION NUMBER
Is the Employer Identification (EI) Number shown in the label the same as the one used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No - Report current EI No. below

(9 digits) _____

HOW TO REPORT DOLLAR FIGURES	Dollar figures should be rounded to thousands of dollars.		
	Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
Example: If a figure is \$1,125,628.79 report	1	126	
	1	125	629
	• Preferred Acceptable		

Item 4. DOLLAR VOLUME OF REVENUE

	Bil.	Mil.	Thou.	Dol.
010				

Item 2. PHYSICAL LOCATION
a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 Yes 2 No - Report physical location below

Number and street _____

City, town, village, etc. _____ State _____ ZIP Code _____

Revenue in 1992

	Mil.	Thou.	Dol.
030			

Item 5. PAYROLL
(Include compensation paid to brokers considered by the IRS on Form 941 as employees of this establishment)

Payroll in 1992, BEFORE DEDUCTIONS

a. Annual

	Mil.	Thou.	Dol.
031			

b. First quarter (January-March)

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 2 No 3 No legal boundaries 4 Do not know

Item 6. EMPLOYMENT

	Number
032	

Number of paid employees for pay period including March 12, 1992
(Include both full- and part-time employees; exclude independent contractors)

c. In what type of municipality is this establishment physically located?

096 1 City, village, or borough
2 Town or township
3 Other - Specify _____
4 Do not know

Item 7. LEGAL FORM OF ORGANIZATION
Mark (X) the ONE box which best describes this establishment during 1992.

003 1 Individual proprietorship
2 Partnership
5 Government - Specify _____
0 Corporation
9 Other - Specify _____

d. In what county is this establishment physically located?

Item 3. OPERATIONAL STATUS

a. How many months during 1992 was this establishment actively operated?

002 _____

b. Which of the following best describes this establishment's status at the end of 1992? Mark (X) only ONE box.

Note: Complete the remainder of this report (for the period operated) even if the establishment ceased operation during 1992.

001 1 In operation
2 Temporarily or seasonally inactive
3 Ceased operation - Give date at right
4 Sold or leased to another operator - Give date at right AND enter name, etc., below

	Figures only	
	Month	Year

Name of new owner or operator _____

Number and street _____

City _____ State _____ ZIP Code _____

CONTINUE ON PAGE 2

PENALTY FOR FAILURE TO REPORT

Item 8. KIND OF BUSINESS OR ACTIVITY
 Mark (X) the **ONE** box which best describes the **PRINCIPAL** kind of business of this establishment in 1992. 070

621101 Full service securities broker/dealer
 621102 Discount securities broker/dealer
 621103 Investment banker
 621104 Securities floor trader
 621105 Oil/gas lease and royalties broker/dealer
 621106 Mineral lease and royalties broker/dealer
 622101 Commodity contract broker/dealer
 622102 Commodity contract floor trader
 622103 Commodity contract introducing broker
 622104 Commodity futures commission merchant
 500000 Commodity wholesaler (buy/sell physical products) - Specify principal product

 679903 Commodity contract pool operator
 628201 Certified financial planner
 628202 Financial planner (not certified)
 628203 Investment advisory service
 623101 Security exchange
 623102 Commodity exchange

 628901 Security/commodity exchange clearinghouse
 628902 Security transfer agent
 641119 Insurance agent/broker
 653111 Real estate agent/broker - residential
 616301 Loan broker
 616302 Mortgage broker
 874200 Management consultant
 777777 Other kind of business or activity - Describe

Item 9. SOURCES OF REVENUE - Continued

Sources of revenue	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.				
		Bil.	Mil.	Thou.	DoI.	Per-cent
5. Net investment income (Note - Report interest income from investment accounts on line 10)						
a. Net capital gains (losses) on investment accounts	281					
b. Other investment income (net)	282					
c. Sum of lines 5a and 5b	280					
6. Fees from consulting and advisory services	150					
7. Margin interest	250					
8. Insurance commissions	410					
9. Real estate sales commissions	560					
10. Other interest income	260					
11. Commissions from sale of other investment company securities	270					
12. Other revenue - Specify	890					
13. TOTAL (Should equal item 4 if reporting in dollars)	990					100%

Item 9. SOURCES OF REVENUE
 Report source of revenue either as a dollar figure or as a whole percent of total revenue. (See HOW TO REPORT DOLLAR FIGURES on page 1 and HOW TO REPORT PERCENTS, below) Do NOT combine data for two or more lines.

Sources of revenue	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.				
		Bil.	Mil.	Thou.	DoI.	Per-cent
1. Securities and commodities commissions	850	851				852
a. Securities	211					
b. Commodities	212					
c. Sum of lines 1a and 1b	210					
2. Net gains (losses) in trading accounts in securities						
a. Interest income	221					
b. All other gains (losses)	229					
c. Sum of lines 2a and 2b	220					
3. Net gains (losses) in trading accounts in commodities	230					
4. Gains (losses) from underwriting and selling groups of securities	240					

Item 10. SPECIAL INQUIRIES
 (To be completed by establishments primarily selling securities and commodities)

A. Was this establishment owned and operated by a company registered as a broker/dealer with the Securities and Exchange Commission and/or Commodity Futures Trading Commission to buy and sell securities/commodities during 1992?

880 1 Yes
 2 No

B. Provide the percentage of this establishment's gross sales of equity securities/commodities conducted through the following services.

Services	Whole percent
1. United States exchanges	881
2. Foreign exchanges	882
3. United States - OTC	883
4. Foreign - OTC	884
5. TOTAL (Sum of lines 1 through 4 should total 100%)	100%

C. EXPORTED SERVICES
NOTE - Include services performed for a customer, client, or account (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions). Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.) are included. Services performed for domestic subsidiaries of foreign firms are excluded.

1. Did the revenue reported in item 4 include any amounts received for exported services?

	Mil.	Thou.	DoI.
970 1 <input type="checkbox"/> Yes - Amount	971		
2 <input type="checkbox"/> No			

2. Did this establishment receive any amounts for exported services which were NOT included in item 4?

	Mil.	Thou.	DoI.
972 1 <input type="checkbox"/> Yes - Describe in REMARKS and report amount here	973		
2 <input type="checkbox"/> No			

FORM **CB-6200** U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
**1992 CENSUS OF FINANCIAL, INSURANCE,
AND REAL ESTATE INDUSTRIES
SECURITY AND COMMODITY BROKERS AND SERVICES**

**Enter the 11-digit
CENSUS FILE NUMBER
as shown on this report
(See label on page 1)**

Item 11. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?

1 Yes - Complete this item
2 No - Skip to item 12

b. Is this company owned or controlled by another company?

Enter name, address, and EI Number of the owning or controlling company

097 1 Yes →
2 No

EI No. (9 digits)

c. Does this company own or control any other company or companies?

Enter name, address, and EI Number of the owned or controlled company

098 1 Yes →
2 No

EI No. (9 digits)

Item 11. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION - Continued

d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1992?

Number
079

If more than one, provide the **physical location** address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.
Estimates are acceptable if book figures are not available.

1	Name	1992	Mil.	Thou.	Dol.
	Number and street	081			
	City	Revenue			
	State ZIP Code	082			
Kind-of-business description		Annual payroll			
		Paid employees for pay period including March 12			
		083			
		Census use 088			

2	Name	1992	Mil.	Thou.	Dol.
	Number and street	081			
	City	Revenue			
	State ZIP Code	082			
Kind-of-business description		Annual payroll			
		Paid employees for pay period including March 12			
		083			
		Census use 088			

REMARKS - Please use this space for any explanations that may be essential in understanding your reported data.

Item 12. CERTIFICATION - This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report	FROM: Mo. Year	TO: Mo. Year	Name of person to contact regarding this report - <i>Print or type</i>	
Telephone	Area code	Number	Extension	Title
Signature of authorized person				Date

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS



1992 CENSUS OF FINANCIAL, INSURANCE, AND REAL ESTATE INDUSTRIES INSURANCE AGENTS, BROKERS, AND SERVICES

OMB No. 0607-0745: Approval Expires 06/30/94

DUE DATE: FEBRUARY 15, 1993

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

CB-6400

Please read the accompanying instructions before answering the questions.

Census use

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

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

If this questionnaire does not seem to apply to your business, complete it to the extent possible and explain in REMARKS section - this should fulfill your reporting requirements and will reduce follow-up correspondence.

Item 1. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification (EI) Number shown in the label the same as the one used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No - Report current EI No. below

(9 digits)

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

Example: If a figure is \$1,125,628.79 • Preferred report

Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
1	126	
1	125	629

Item 4. DOLLAR VOLUME OF REVENUE

See instruction sheet for general description. In addition - Include revenue earned from:

- Commissions from sales of insurance, annuity contracts, real estate, and securities
- Fees from rate-making, claims adjusting and appraisal, and insurance inspection services
- Rents of property owned by this establishment
- Other operating revenue of this establishment

Bil.	Mil.	Thou.	Dol.
010			

Revenue in 1992

Item 5. PAYROLL

Payroll in 1992, BEFORE DEDUCTIONS

Do not include commissions paid to agents and brokers unless reported on IRS Form 941.

a. Annual

Mil.	Thou.	Dol.
030		
031		

b. First quarter (January-March)

Item 6. EMPLOYMENT

Number of paid employees for pay period including March 12, 1992 (Include both full- and part-time employees)

Include sales agents, brokers, and other personnel if they were reported on the IRS Form 941 for the EI Number in label; exclude independent contractors.

Number
032

Item 7. LEGAL FORM OF ORGANIZATION

Mark (X) the ONE box which best describes this establishment during 1992.

003 1 Individual proprietorship

2 Partnership

5 Government - Specify _____

0 Corporation

9 Other - Specify _____

Item 2. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 Yes 2 No - Report physical location below

Number and street

City, town, village, etc.

State

ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 2 No 3 No legal boundaries 4 Do not know

c. In what type of municipality is this establishment physically located?

- 096 1 City, village, or borough
 2 Town or township
 3 Other - Specify _____
 4 Do not know

d. In what county is this establishment physically located?

Item 3. OPERATIONAL STATUS

Number of months

a. How many months during 1992 was this establishment actively operated?

002

b. Which of the following best describes this establishment's status at the end of 1992? Mark (X) only ONE box.

Note: Complete the remainder of this report (for the period operated) even if the establishment ceased operation during 1992.

- 001 1 In operation
 2 Temporarily or seasonally inactive
 3 Ceased operation - Give date at right
 4 Sold or leased to another operator - Give date at right AND enter name, etc., below

Figures only

Month Year

Name of new owner or operator

Number and street

City

State

ZIP Code

PENALTY FOR FAILURE TO REPORT

CONTINUE ON PAGE 2

Item 8. KIND OF BUSINESS OR ACTIVITY

a. Mark (X) the **ONE** box which best describes the **PRINCIPAL** kind of business of this establishment in 1992.

070

Insurance agent 641111
 Insurance broker 641112
 Real estate agent – residential 653111
 Pension, health, and welfare fund consultant 641191
 Pension, health, and welfare fund administrator 637131
 Insurance appraiser 641192
 Insurance claims processing service 641193
 Insurance advisory service 641194
 Insurance rate-making organization 641195
 Financial planner (certified or not certified) 620000
 Title abstract office 654101
 Other kind of business or activity – Describe 777777

b. TYPE OF OPERATION (To be completed by establishments selling insurance)

Mark (X) the **ONE** box which best describes the operational method by which this business activity was conducted in 1992.

855 1 Independent agent/broker (establishment sells any carrier's policies and is independently owned)
 2 Exclusive agent/broker (establishment sells only one carrier's policies and is independently owned)
 3 Direct writer (establishment sells only one carrier's policies and is owned or operated by the carrier)

Item 9. SOURCES OF REVENUE
 Report source of revenue either as a dollar figure or as a whole percent of total revenue. (See HOW TO REPORT DOLLAR FIGURES on page 1 and HOW TO REPORT PERCENTS below) Do NOT combine data for two or more lines.

HOW TO REPORT PERCENTS	If figure is 38.76% of total revenue:	Mil.	Thou.	Dol.	Per-cent
	• Report whole percents Not acceptable	→	→	→	→ 39 38.76

Sources of revenue	Census use	ESTIMATES are acceptable. Report dollars OR percents.				
		Bil.	Mil.	Thou.	Dol.	Per-cent
1. Insurance and annuity commissions	850	851				852
a. Life insurance commissions	411					
b. Accident and health insurance commissions	412					
c. Property and casualty insurance commissions	413					
d. Annuity commissions	414					
e. Other insurance commissions	419					
f. Sum of lines 1a through 1e	410					
2. Insurance claims adjusting/appraisal fees	420					
3. Fees earned managing pension, health, and welfare funds	430					
4. Fees from consulting and advisory services						
a. Insurance	151					
b. All other fees from consulting and advisory services	159					
c. Sum of lines 4a and 4b	150					
5. Revenue from all other insurance-related activities	440					
6. Securities commissions	200					
7. Real estate sales commissions	560					
8. Gross rents from real properties owned by this establishment	500					
9. Other revenue – Specify						
	890					
10. TOTAL (Should equal item 4 if reporting in dollars)	990					100%

Item 10. SPECIAL INQUIRIES

a. Were there any licensed insurance agent/brokers working out of this establishment during the week of March 12, 1992?

892 1 Yes
 2 No – Skip to item 10d

b. Provide the number of licensed agents/brokers (including employees and independent contractor agent/brokers) working out of this establishment during the week of March 12, 1992.

	Number
(1) Full time	893
(2) Part time	894
(3) TOTAL	895

c. How many of these agents are included in item 6 (Employment)?

896

d. Did your response to item 5a (Annual payroll) include compensation paid by this establishment during 1992 to independent contractor agent/brokers that are NOT classified on IRS Form 941 as employees of this firm?

897 1 Yes – Provide the compensation paid by this establishment to independent contractor agent/brokers in 1992
 2 No

	Mil.	Thou.	Dol.
898			

Item 11. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the **FIRST DIGIT** of your Census File Number (shown in the address label immediately after "CFN") a zero?

1 Yes – Complete this item
 2 No – Skip to item 12

b. Is this company owned or controlled by another company?

(Note – Independent insurance agents/brokers should not include contractual agreements with insurance carriers.)

097 1 Yes →
 2 No

Enter name, address, and EI Number of the owning or controlling company

EI No. (9 digits) _____

c. Does this company own or control any other company or companies?

098 1 Yes →
 2 No

Enter name, address, and EI Number of the owned or controlled company

EI No. (9 digits) _____

d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1992?

Number
079

If more than one, provide the **physical location** address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

Estimates are acceptable if book figures are not available.

1	Name	1992	Mil.	Thou.	Dol.
	Number and street	Revenue	081		
	City State ZIP Code	Annual payroll	082		
	Kind-of-business description	Paid employees for pay period including March 12			
		083			
		Census use 088			

FORM **CB-6400** U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
**1992 CENSUS OF FINANCIAL, INSURANCE,
AND REAL ESTATE INDUSTRIES
INSURANCE AGENTS, BROKERS, AND SERVICES**

**Enter the 11-digit
CENSUS FILE NUMBER
as shown on this report
(See label on page 1)**

Item 11. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION – Continued

2	Name			1992	Mil.	Thou.	Dol.	4	Name			1992	Mil.	Thou.	Dol.
	Number and street			Revenue	081				Number and street			Revenue	081		
	City	State	ZIP Code	Annual payroll	082				City	State	ZIP Code	Annual payroll	082		
	Kind-of-business description			Paid employees for pay period including March 12			083		Kind-of-business description			Paid employees for pay period including March 12			083
				Census use			088					Census use			088
3	Name			1992	Mil.	Thou.	Dol.	5	Name			1992	Mil.	Thou.	Dol.
	Number and street			Revenue	081				Number and street			Revenue	081		
	City	State	ZIP Code	Annual payroll	082				City	State	ZIP Code	Annual payroll	082		
	Kind-of-business description			Paid employees for pay period including March 12			083		Kind-of-business description			Paid employees for pay period including March 12			083
				Census use			088					Census use			088

REMARKS – Please use this space for any explanations that may be essential in understanding your reported data.

Item 12. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report	FROM: Mo. Year	TO: Mo. Year	Name of person to contact regarding this report – <i>Print or type</i>		
Telephone	Area code	Number	Extension	Title	
Signature of authorized person					Date

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS



1992 CENSUS OF FINANCIAL, INSURANCE, AND REAL ESTATE INDUSTRIES MISCELLANEOUS REAL ESTATE

DUE DATE: FEBRUARY 15, 1993

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:
1-800-233-6136

CB-6503

Please read the accompanying instructions before answering the questions.

Census use	

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

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

If this questionnaire does not seem to apply to your business, complete it to the extent possible and explain in REMARKS section - this should fulfill your reporting requirements and will reduce follow-up correspondence.

Item 1. EMPLOYER IDENTIFICATION NUMBER
Is the Employer Identification (EI) Number shown in the label the same as the one used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No - Report current EI No. below

(9 digits) _____

HOW TO REPORT DOLLAR FIGURES	Dollar figures should be rounded to thousands of dollars. Example: If a figure is \$1,125,628.79 • Preferred report	Mil-	Thou-	Dol-
		lions (000)	sands (000)	lars (000)
		1	126	
	• Preferred	1	125	629
	Acceptable			

Item 2. PHYSICAL LOCATION
a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 Yes 2 No - Report physical location below

Number and street _____

City, town, village, etc. _____ State _____ ZIP Code _____

Item 4. DOLLAR VOLUME OF REVENUE

Bil.	Mil.	Thou.	Dol.
010			

Revenue in 1992

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 2 No 3 No legal boundaries 4 Do not know boundaries

Item 5. PAYROLL

Mil.	Thou.	Dol.
030		

Payroll in 1992, BEFORE DEDUCTIONS

a. Annual

031 _____

c. In what type of municipality is this establishment physically located?

096 1 City, village, or borough
2 Town or township
3 Other - Specify _____
4 Do not know

b. First quarter (January-March)

031 _____

d. In what county is this establishment physically located?

Item 6. EMPLOYMENT

Number
032

Number of paid employees for pay period including March 12, 1992 (Include both full- and part-time employees)

Item 3. OPERATIONAL STATUS _____ Number of months

a. How many months during 1992 was this establishment actively operated?

002 _____

Item 7. LEGAL FORM OF ORGANIZATION

Mark (X) the ONE box which best describes this establishment during 1992.

003 1 Individual proprietorship
2 Partnership
5 Government - Specify _____
0 Corporation
9 Other - Specify _____

b. Which of the following best describes this establishment's status at the end of 1992? Mark (X) only ONE box.

Note: Complete the remainder of this report (for the period operated) even if the establishment ceased operation during 1992.

001 1 In operation
2 Temporarily or seasonally inactive
3 Ceased operation - Give date at right
4 Sold or leased to another operator - Give date at right AND enter name, etc., below

Figures only	Month	Year

Name of new owner or operator _____

Number and street _____

City _____ State _____ ZIP Code _____

CONTINUE ON PAGE 2

PENALTY FOR FAILURE TO REPORT

Item 8. KIND OF BUSINESS OR ACTIVITY
 Mark (X) the **ONE** box which best describes the PRINCIPAL kind of business of this establishment in 1992.

070

Title related offices

- Title abstract company 654101
- Title and trust company 654102
- Title reconveyance company 654103
- Title search company 654104
- Other title office – Describe 777773

Cemeteries

- Cemetery or mausoleum operation 655312
- Cemetery subdivider and developer 655311
- Animal cemetery operation 655321
- Mausoleum construction 9154200
- Other cemetery service – Describe 777771

Subdividers, developers, and builders

- Subdividing and preparing **your** land into lots intended for sale 655201
- Subdividing and preparing **your** land into lots intended for rent or lease 651902
- Subdividing and preparing lots on land owned by **others** 9179400
- General building contractor – Describe primary type of building 9150000
- Building construction on land owned by you intended for sale 9153100
- Building construction on land owned by you intended for rent or lease – Describe primary type of building 651299

Other real estate

- Agent or broker – residential 653111
- Agent or broker – nonresidential 653121
- Property manager – residential 653131
- Property manager – nonresidential 653141
- Real estate consultant (excluding appraisers) – Describe nature of consulting performed 653196
- Real estate asset management 653197
- Owner-operator of property or buildings – Describe primary type of building 777772

Other kinds of business or activity – Describe 777777

Item 9. SOURCES OF REVENUE

Report source of revenue either as a dollar figure or as a whole percent of total revenue. (See HOW TO REPORT DOLLAR FIGURES on page 1 and HOW TO REPORT PERCENTS below) **Do NOT combine data for two or more lines.**

See Special Instructions on page 4.

HOW TO REPORT PERCENTS	If figure is 38.76% of total revenue: • Report whole percents Not acceptable	Mil.	Thou.	Dol.	Per-cent	
		→				39
		→				38.76

Sources of revenue	Census use	ESTIMATES are acceptable. Report dollars OR percents.				
		Bil.	Mil.	Thou.	Dol.	Per-cent
1. Title search, title reconveyance, and title abstract service fees	850	851				852
a. Residential properties	601					
b. Nonresidential properties	602					
c. Sum of lines 1a and 1b	600					
2. Revenue from real estate escrow services	610					
3. Revenue from escrow services, other than real estate	620					
4. Revenue from sale of land (except cemetery spaces) subdivided or developed by this establishment (Note – Report sale of land with buildings on line 5)						
a. Value of improvements (except buildings)	631					
b. Value of the land (excluding improvements)	632					
c. Sum of lines 4a and 4b	630					
5. Revenue from sale of buildings constructed by this establishment						
a. Value of improvements (including buildings)	641					
b. Value of the land (excluding improvements)	642					
c. Sum of lines 5a and 5b	640					
6. Revenue from contract construction work done for others	650					
7. Revenue from repair and remodeling of buildings and other structures	590					
8. Cemetery and mausoleum services						
a. Sales of cemetery lots	661					
b. Sales of other interment spaces and rights	662					
c. Openings and closings	663					
d. Maintenance services	664					
e. Sales of monuments, markers, etc.	665					
f. Other cemetery and mausoleum services (excluding sale of merchandise)	667					
g. Sum of lines 8a through 8f	660					
9. Interest income	090					

ITEM 9 CONTINUED ON PAGE 3

FORM **CB-6503** U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
**1992 CENSUS OF FINANCIAL, INSURANCE,
AND REAL ESTATE INDUSTRIES
MISCELLANEOUS REAL ESTATE**

Enter the 11-digit CENSUS FILE NUMBER as shown on this report (See label on page 1)

Item 9. SOURCES OF REVENUE – Continued

Sources of revenue	Cen- sus use	ESTIMATES are acceptable. Report dollars OR percents.				
		Bil.	Mil.	Thou.	Dol.	Per- cent
10. Net investment income	850 120	851				852
11. Revenue from sale of merchandise	670					
12. Gross rents from properties owned by this establishment						
a. Residential properties	505					
Nonresidential properties	511					
b. Nonresidential properties	511					
c. Sum of lines 12a and 12b	500					
13. Commissions from insurance sales						
a. Title	415					
b. Other insurance – <i>Specify</i>	416					
c. Sum of lines 13a and 13b	410					
14. Other revenue – <i>Specify</i>	890					
15. TOTAL (Should equal item 4 on page 1 if reporting in dollars)	990					100%

Item 11. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?

1 Yes – Complete this item
2 No – Skip to item 12

b. Is this company owned or controlled by another company?

097 1 Yes →
2 No

Enter name, address, and EI number of the owning or controlling company

EI No. (9 digits) _____

c. Does this company own or control any other company or companies?

098 1 Yes →
2 No

Enter name, address, and EI number of the owned or controlled company

EI No. (9 digits) _____

d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1992?

Number
079

If more than one, provide the **physical location** address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

Estimates are acceptable if book figures are not available.

Item 10. SPECIAL INQUIRIES 910

a. Was THIS ESTABLISHMENT involved in new construction, renovations or alterations, land subdividing or development, or maintenance and repairs during 1992? (Maintenance and repairs do not include janitorial services, lawn maintenance, cleaning, etc.)

1 Yes
2 No – Skip to item 11

b. Report the expenditures incurred for this construction activity during 1992. Include labor, materials, and overheads. Include land improvement, but exclude value of land and value of machinery and equipment not an integral part of a structure.

	Mil.	Thou.	Dol.
911			

c. Of the expenditures reported in (b), what percent involved

	Percent
(1) Residential buildings	912
(2) Nonresidential buildings	913
(3) Subdividing/developing lots	914
(4) Other – Describe	915
(5) TOTAL	100%

d. Of the expenditures reported in (b), what percent involved

	Percent
(1) New construction	916
(2) Renovations and alterations	917
(3) Maintenance or repairs	918
(4) TOTAL	100%

e. What percent of the new construction work reported in (d) was intended for

	Percent
(1) Rent or lease	931
(2) Sale	932
(3) Own use	933
(4) Other – Describe	933
(5) TOTAL	100%

f. What percent of the total expenditures reported in (b) represents work done by your own employees as opposed to work done by contractors or other hired labor?

	Percent
934	

1	Name	1992	Mil.	Thou.	Dol.
	Number and street	Revenue	081		
	City State ZIP Code	Annual payroll	082		
	Kind-of-business description	Paid employees for pay period including March 12			
		083			
Census use 088					
2	Name	1992	Mil.	Thou.	Dol.
	Number and street	Revenue	081		
	City State ZIP Code	Annual payroll	082		
	Kind-of-business description	Paid employees for pay period including March 12			
		083			
Census use 088					
3	Name	1992	Mil.	Thou.	Dol.
	Number and street	Revenue	081		
	City State ZIP Code	Annual payroll	082		
	Kind-of-business description	Paid employees for pay period including March 12			
		083			
Census use 088					
4	Name	1992	Mil.	Thou.	Dol.
	Number and street	Revenue	081		
	City State ZIP Code	Annual payroll	082		
	Kind-of-business description	Paid employees for pay period including March 12			
		083			
Census use 088					

CONTINUE ON PAGE 4

SPECIAL INSTRUCTIONS

(See also the general instructions accompanying this form)

Item 9. SOURCES OF REVENUE (on pages 2 and 3)

Line 4. Developed land includes improvements to land, such as grading, roads, utilities, site planning, etc. Do not include here the sale of land which has buildings constructed on it but, rather report this value on line 5.

Line 5. Report here the sale of buildings constructed by this establishment) **with the intention of being sold.** If the value of the land is included in the selling price, include the value of the land on which the buildings are constructed.

Line 12. Gross rents should include all charges billed to tenants throughout the year. Include any costs billed (in accordance with the rental agreement) as additional charges to your tenants, such as building improvements, parking, repairs, utilities, etc.

REMARKS – Please use this space for any explanations that may be essential in understanding your reported data.

Item 12. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report	FROM: Mo. Year	TO: Mo. Year	Name of person to contact regarding this report – <i>Print or type</i>		
Telephone	Area code	Number	Extension	Title	
Signature of authorized person					Date



DUE DATE: FEBRUARY 15, 1993

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Return your completed form to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

CC-1509

Please read the accompanying instruction guide before answering the questions.

Census use only

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

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification (EI) Number shown in the label the SAME as that used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes

2 No - Enter current EI Number (9 digits) →

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Item 2. PHYSICAL LOCATION - Answer parts a-d
(P.O. boxes or rural routes are not physical locations.)

a. Is this establishment's physical location the same as the address shown in the label?

093 1 Yes

2 No - Enter physical location below ↘

Number and street

City, town, village, etc.

State

ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes

3 No legal boundaries

2 No

4 Do not know

c. In what type of municipality is this establishment located?

096 1 City, village, or borough

2 Town or township

3 Other or do not know

d. In what county is this establishment located?

Item 3. OPERATIONAL STATUS

Number of months
002

a. How many months during 1992 did this firm or organization actively operate this establishment?

b. Mark (X) the ONE box which best describes this establishment at the end of 1992

001 1 In operation

2 Temporarily or seasonally inactive

3 Ceased operation - Give date →

4 Sold or leased to another operator - Give date → AND enter name, etc., below ↘

Figures only

Month	Day	Year

Name of new owner or operator

Number and street

City

State

ZIP Code

Item 4. ORGANIZATIONAL STATUS - Mark (X) the ONE box which best describes this establishment during 1992

003 1 Individual proprietorship

2 Partnership

3 Cooperative association (taxable)

4 Cooperative association (tax-exempt)

5 Government - Specify _____

0 Corporation (Do not mark if any form of cooperative association)

9 Other - Specify _____

If this company is not primarily engaged in construction activities as shown on the Kind of Construction Activities List enclosed, please complete items 5, 6, and 12, describe your business in item 13; and enter your name and telephone number in item 21.

Item 5. EMPLOYMENT IN 1992 – Your answers should be based on all employees included on your Employer's Quarterly Federal Tax Return, Treasury Form 941. Do not include your subcontractors or their employees.				
During the pay periods including the 12th of March, May, August, and November 1992 –		Number of employees of this establishment during the pay periods including the 12th of –		
a. how many construction workers were on the payroll of this establishment? <i>INCLUDE –</i>	• Apprentices	• Working foremen	• Equipment operators and mechanics	March 1992
	• Journeymen	• Job-site record keepers	• Others engaged directly in construction	May 1992
	• Craftsmen	• Laborers		August 1992
		• Truck drivers and helpers		November 1992
b. how many other employees were on the payroll of this establishment? <i>INCLUDE –</i>	• Supervisors above working foremen	• Office staff	• Executives	105
	• Personnel staff	• Architects	• Others engaged in nonconstruction activities	106
	• Accounting staff	• Engineers		107
		• Purchasing agents		108
c. how many total employees were on the payroll of this establishment? <i>Sum lines a and b</i>				109
				110
				111
				112

HOW TO REPORT DOLLAR FIGURES

Report dollars rounded to thousands.

Example: If a value is \$1,025,739.00 – **REPORT** →

If a value is "0" (or less than \$500.00) – **MARK (X)** →

Millions (000)	Thousands (000)	Mark (X) if "0"
1	026	<input type="checkbox"/> 0
		<input checked="" type="checkbox"/> 0

Item 6. PAYROLL IN 1992 BEFORE DEDUCTIONS What were the annual payroll costs to this establishment for – <i>Exclude fringe benefits.</i>	Key	Mil.	Thou.	Mark (X) if "0"
a. construction workers (as defined in item 5a)?	117			<input type="checkbox"/> 0
b. other employees (as defined in item 5b)?	118			<input type="checkbox"/> 0
c. all employees? <i>Sum lines a and b</i>	119			<input type="checkbox"/> 0

Items 7 and 8 – Not applicable to this report

Item 9. CONSTRUCTION WORK SUBCONTRACTED OUT What was the total cost to this establishment for construction work subcontracted out in 1992? <i>Exclude the cost of materials purchased by this establishment for subcontractors.</i>	124	Mil.	Thou.	<input type="checkbox"/> 0
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Item 10. MATERIALS, COMPONENTS, AND SUPPLIES What were the job-site, general office, and all other costs to this establishment for materials, components, and supplies in 1992? <i>Include the cost of materials purchased by this establishment for subcontractors. Exclude the cost of –</i>	125	Mil.	Thou.	<input type="checkbox"/> 0
<ul style="list-style-type: none"> • items purchased by this establishment that were installed in a building but were not part of its structure, such as production machinery, furniture, etc. • items listed in item 11. 				

Item 11. SELECTED COSTS What were the job-site, general office, and all other costs to this establishment in 1992 for – <i>Where items are combined on your books, separate estimates are preferred.</i>	126	Mil.	Thou.	<input type="checkbox"/> 0
a. purchased electricity?	127			<input type="checkbox"/> 0
b. natural gas and manufactured gas (propane)?	128			<input type="checkbox"/> 0
c. gasoline and diesel fuel – ON highway?	129			<input type="checkbox"/> 0
d. gasoline and diesel fuel – OFF highway?	130			<input type="checkbox"/> 0
e. all other fuels and lubricants, including heating oils, lubricating oils and greases?				<input type="checkbox"/> 0

Item 12. DOLLAR VALUE OF BUSINESS DONE IN 1992 For this establishment in 1992 –	136	Mil.	Thou.	<input type="checkbox"/> 0
a. (1) what were the receipts (or billings) for contract construction work done for others? <i>Exclude the cost of items purchased by this establishment that were installed in a building but were not part of its structure, such as production machinery, furniture, etc.</i>				
(2) what was the estimated dollar value of speculative construction work done on residential and other building projects which you sold or intended to sell, rent or lease? <i>INCLUDE the estimated dollar value of –</i>	137			<input type="checkbox"/> 0
<ul style="list-style-type: none"> • all improvements to land associated with these building projects done by or for you in 1992. • work actually done in 1992, whether buildings were sold or not. • subdividing and preparing your own land into lots. 				
<i>EXCLUDE the estimated dollar value of –</i>				
<ul style="list-style-type: none"> • land. Even though land would generally be included in the value of your building project, the value of the land is not considered construction work done. 	138			<input type="checkbox"/> 0
(3) what was the estimated dollar value of construction work done for this establishment's own use, i.e., not intended for sale, rent, or done under contract for others?	139			<input type="checkbox"/> 0
(4) what was the total dollar value of construction work done? <i>Sum lines (1) through (3)</i>				<input type="checkbox"/> 0
b. what were the receipts for all other business activities done by this establishment in 1992? <i>INCLUDE –</i>	140			<input type="checkbox"/> 0
<ul style="list-style-type: none"> • architectural services • construction management services • engineering services • manufacturing • mining • rental or lease of properties • real estate commissions and management fees • rental of construction machinery or equipment to others • retail trade • transportation • wholesale trade • other business activities 				
c. what was the total dollar value of all business done by this establishment in 1992? <i>Sum lines 12a(4) and 12b</i>	141			<input type="checkbox"/> 0

CONTINUE ON PAGE 3 ➔

Please enter your 11-digit Census File Number from the address label on page 1 Census File Number

HOW TO REPORT PERCENTAGES Report percents rounded to whole percents. Example: If figure is 38.8% – REPORT 39 %

Item 13. KIND OF BUSINESS IN 1992	201	Code	Percent of total business done
What percent of the amount that you reported in item 12c (the total dollar value of business done in 1992) was due to –			
a. each of the following construction activities? (As reported in item 12a)			
Building construction on land owned by others – general contractor		5001	%
Building construction on land owned by you, for sale		5002	%
Building construction for your own use, not intended for sale, rent, or lease		5003	%
Building construction for rent, or lease		9923	%
Remodeling – general contractor		5004	%
Subdividing and preparing your own land into lots, for sale, rent, or lease		9924	%
Other kinds of construction – Refer to list of construction activities – Specify kind(s) of construction and enter code(s)			%
b. each of the following other business activities? (As reported in item 12b)			
Architectural services		9911	%
Construction management services		9913	%
Engineering services		9914	%
Manufacturing – products manufactured and sold to others – Specify kind			%
		9915	%
Mining – minerals produced and sold to others		9916	%
Real estate commissions and management fees		9917	%
Rental or lease of properties		9918	%
Rental of construction machinery or equipment to others		9919	%
Retail trade – Specify kind		9920	%
Transportation of goods for others (e.g., dirt hauling)		9921	%
Wholesale trade – Specify kind		9922	%
Other business activities – Specify kind		9999	%
The sum of the percentages reported should equal 100%			100 %

Item 14. TYPE OF CONSTRUCTION
What percent of the amount you reported in item 12a(4) (the dollar value of construction work done by this establishment in 1992) **involved the following types of construction?** Report these percentages in column (1) of the table below. Then in columns (2), (3), and (4) allocate this percent according to the three categories of construction. The sum of columns (2) through (4) should equal the entry in column (1). Refer to the Instruction Guide for a step by step example and for definitions of the three categories of construction.

Type of construction	Percent of dollar value of construction work done		Three categories of construction					
			New construction		Additions, alterations, or reconstruction		Maintenance and repair work	
	Key	(1)	Key	(2)	Key	(3)	Key	(4)
BUILDING CONSTRUCTION								
Single-family houses, detached	301	%	401	%	501	%	601	%
Single-family houses, attached, including townhouses and townhouse type condominiums	302	%	402	%	502	%	602	%
Apartment buildings with two or more units, including rentals, apartment type condominiums, and cooperatives	303	%	403	%	503	%	603	%
Hotels, motels, and tourist cabins	304	%	404	%	504	%	604	%
Other residential buildings – Specify kind	305	%	405	%	505	%	605	%
Office buildings	306	%	406	%	506	%	606	%
Other commercial buildings, such as stores, restaurants, and automobile service stations	307	%	407	%	507	%	607	%
Industrial buildings	308	%	408	%	508	%	608	%
Warehouses	309	%	409	%	509	%	609	%
Religious buildings	310	%	410	%	510	%	610	%
Educational buildings	311	%	411	%	511	%	611	%
Hospitals and institutional buildings	312	%	412	%	512	%	612	%
Farm buildings, nonresidential	313	%	413	%	513	%	613	%
Amusement, social, and recreational buildings	314	%	414	%	514	%	614	%
Other nonresidential buildings – Specify kind	319	%	419	%	519	%	619	%
NONBUILDING CONSTRUCTION – Specify kind								
	399	%	499	%	599	%	699	%
TOTAL value of construction work done in 1992 (Sum of columns (2), (3), and (4) should equal 100%)		100 %	400	%	500	%	600	%

CONTINUE ON PAGE 4 ➔

Items 15 and 16 – Not applicable to this report

Item 17. STATES IN WHICH CONSTRUCTION WORK WAS DONE IN 1992

What percent of the amount that you reported in item 12a(4) (the dollar value of construction work done by this establishment in 1992) occurred in each State?

Code	State	Percent	Code	State	Percent	Code	State	Percent	Code	State	Percent	Code	State	Percent	Code	State	Percent
701	Ala.	%	712	Fla.	%	722	La.	%	731	Nebr.	%	740	Okla.	%	750	Vt.	%
702	Alaska	%	713	Ga.	%	723	Maine	%	732	Nev.	%	741	Oreg.	%	751	Va.	%
704	Ariz.	%	715	Hawaii	%	724	Md.	%	733	N.H.	%	742	Pa.	%	753	Wash.	%
705	Ark.	%	716	Idaho	%	725	Mass.	%	734	N.J.	%	744	R.I.	%	754	W. Va.	%
706	Calif.	%	717	Ill.	%	726	Mich.	%	735	N. Mex.	%	745	S.C.	%	755	Wis.	%
708	Colo.	%	718	Ind.	%	727	Minn.	%	736	N.Y.	%	746	S. Dak.	%	756	Wyo.	%
709	Conn.	%	719	Iowa	%	728	Miss.	%	737	N.C.	%	747	Tenn.	%	Total construction work done		100%
710	Del.	%	720	Kans.	%	729	Mo.	%	738	N. Dak.	%	748	Tex.	%			
711	D.C.	%	721	Ky.	%	730	Mont.	%	739	Ohio	%	749	Utah	%			

Items 18 and 19 – Not applicable to this report

Answer item 20 only if your Census File Number (CFN), shown in the address label of this report form, begins with a zero.

Item 20. OWNERSHIP OR CONTROL – If more space is needed, attach a separate sheet.

a. Does another domestic company own more than 50% of the voting stock of this company OR have the power to direct the management and policies of this company?

097 1 Yes – Enter owning or controlling company's name, address, ZIP Code, and EI number →

2 No

Name		EI Number	
Number and street			
City		State	ZIP Code

b. Does this company own more than 50% of the voting stock of any other domestic companies OR have the power to direct the management and policies of any other domestic companies?

098 1 Yes – Enter owned or controlled company's name, address, ZIP Code, and EI number →

2 No

Name		EI Number	
Number and street			
City		State	ZIP Code

COMMENTS – Please use this space for any explanation that may be essential in understanding your reported data.

Item 21. CERTIFICATION – Print or type

Period covered by this report	FROM: Mo. Year	TO: Mo. Year	Name of person to contact regarding this report		
Contact person's position or title			Telephone	Area code	Number Extension
This report is substantially accurate and has been prepared in accordance with the instructions.			Signature		Date

PLEASE PHOTOCOPY THIS REPORT FOR YOUR RECORDS



DUE DATE: FEBRUARY 15, 1993

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Return your completed form to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

CC-1609

Please read the accompanying instruction guide before answering the questions.

Census use only

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

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification (EI) Number shown in the label the SAME as that used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes

2 No - Enter current EI Number (9 digits) →

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

Item 2. PHYSICAL LOCATION - Answer parts a-d
(P.O. boxes or rural routes are not physical locations.)

a. Is this establishment's physical location the same as the address shown in the label?

093 1 Yes

2 No - Enter physical location below ↘

Number and street

City, town, village, etc.

State

ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes

3 No legal boundaries

2 No

4 Do not know

c. In what type of municipality is this establishment located?

096 1 City, village, or borough

2 Town or township

3 Other or do not know

d. In what county is this establishment located?

Item 3. OPERATIONAL STATUS

Number of months
002

a. How many months during 1992 did this firm or organization actively operate this establishment?

b. Mark (X) the ONE box which best describes this establishment at the end of 1992

001 1 In operation

2 Temporarily or seasonally inactive

3 Ceased operation - Give date →

4 Sold or leased to another operator - Give date → AND enter name, etc., below ↘

Figures only

Month	Day	Year

Name of new owner or operator

Number and street

City

State

ZIP Code

Item 4. ORGANIZATIONAL STATUS - Mark (X) the ONE box which best describes this establishment during 1992

003 1 Individual proprietorship

2 Partnership

3 Cooperative association (taxable)

4 Cooperative association (tax-exempt)

5 Government - Specify _____

0 Corporation (Do not mark if any form of cooperative association)

9 Other - Specify _____

If this company is not primarily engaged in construction activities as shown on the Kind of Construction Activities List enclosed, please complete items 5, 6, and 12, describe your business in item 13; and enter your name and telephone number in item 21.

Item 5. EMPLOYMENT IN 1992 – Your answers should be based on all employees included on your Employer's Quarterly Federal Tax Return, Treasury Form 941. Do not include your subcontractors or their employees.

During the pay periods including the 12th of March, May, August, and November 1992 –	Number of employees of this establishment during the pay periods including the 12th of –			
	March 1992	May 1992	August 1992	November 1992
a. how many construction workers were on the payroll of this establishment? <i>INCLUDE</i> – • Apprentices • Working foremen • Equipment operators and mechanics • Journeymen • Job-site record keepers • Others engaged directly in construction • Craftsmen • Laborers • Truck drivers and helpers	101	102	103	104
b. how many other employees were on the payroll of this establishment? <i>INCLUDE</i> – • Supervisors above working foremen • Office staff • Executives • Personnel staff • Architects • Others engaged in nonconstruction activities • Accounting staff • Engineers • Purchasing agents • Truck drivers and helpers	105	106	107	108
c. how many total employees were on the payroll of this establishment? <i>Sum lines a and b</i>	109	110	111	112

HOW TO REPORT DOLLAR FIGURES *Report dollars rounded to thousands.*

Example: If a value is \$1,025,739.00 – *REPORT* →

Millions (000)	Thou-sands (000)	Mark (X) if "0"
1	026	<input type="checkbox"/> 0

If a value is "0" (or less than \$500.00) – *MARK (X)* →

Millions (000)	Thou-sands (000)	Mark (X) if "0"
		<input checked="" type="checkbox"/> 0

Item 6. PAYROLL IN 1992 BEFORE DEDUCTIONS What were the annual payroll costs to this establishment for – <i>Exclude fringe benefits.</i>	Key	Mil.	Thou.	Mark (X) if "0"
a. construction workers (as defined in item 5a)?	117			<input type="checkbox"/> 0
b. other employees (as defined in item 5b)?	118			<input type="checkbox"/> 0
c. all employees? <i>Sum lines a and b</i>	119			<input type="checkbox"/> 0

Items 7 and 8 – Not applicable to this report

Item 9. CONSTRUCTION WORK SUBCONTRACTED OUT What was the total cost to this establishment for construction work subcontracted out in 1992? <i>Exclude the cost of materials purchased by this establishment for subcontractors.</i>	Mil.	Thou.	Mark (X) if "0"
124			<input type="checkbox"/> 0

Item 10. MATERIALS, COMPONENTS, AND SUPPLIES What were the job-site, general office, and all other costs to this establishment for materials, components, and supplies in 1992? <i>Include the cost of materials purchased by this establishment for subcontractors. Exclude the cost of –</i> • items purchased by this establishment that were installed in a building but were not part of its structure, such as production machinery, furniture, etc. • items listed in item 11.	Mil.	Thou.	Mark (X) if "0"
125			<input type="checkbox"/> 0

Item 11. SELECTED COSTS What were the job-site, general office, and all other costs to this establishment in 1992 for – <i>Where items are combined on your books, separate estimates are preferred.</i>	Mil.	Thou.	Mark (X) if "0"
a. purchased electricity?	126		<input type="checkbox"/> 0
b. natural gas and manufactured gas (propane)?	127		<input type="checkbox"/> 0
c. gasoline and diesel fuel – ON highway?	128		<input type="checkbox"/> 0
d. gasoline and diesel fuel – OFF highway?	129		<input type="checkbox"/> 0
e. all other fuels and lubricants, including heating oils, lubricating oils and greases?	130		<input type="checkbox"/> 0

Item 12. DOLLAR VALUE OF BUSINESS DONE IN 1992 For this establishment in 1992 –	Mil.	Thou.	Mark (X) if "0"
a. (1) what were the receipts (or billings) for contract construction work done for others? <i>Exclude the cost of items purchased by this establishment that were installed in a building but were not part of its structure, such as production machinery, furniture, etc.</i>	136		<input type="checkbox"/> 0
(2) what was the estimated dollar value of speculative construction work done on residential and other building projects which you sold or intended to sell, rent or lease? <i>INCLUDE the estimated dollar value of –</i> • all improvements to land associated with these building projects done by or for you in 1992. • work actually done in 1992, whether buildings were sold or not. • subdividing and preparing your own land into lots. <i>EXCLUDE the estimated dollar value of –</i> • land. Even though land would generally be included in the value of your building project, the value of the land is not considered construction work done.	137		<input type="checkbox"/> 0
(3) what was the estimated dollar value of construction work done for this establishment's own use, i.e., not intended for sale, rent, or done under contract for others?	138		<input type="checkbox"/> 0
(4) what was the total dollar value of construction work done? Sum lines (1) through (3)	139		<input type="checkbox"/> 0
b. what were the receipts for all other business activities done by this establishment in 1992? <i>INCLUDE</i> – • architectural services • rental or lease of properties • retail trade • construction management services • real estate commissions and management fees • transportation • engineering services • rental of construction machinery or equipment to others • wholesale trade • manufacturing • other business activities • mining	140		<input type="checkbox"/> 0
c. what was the total dollar value of all business done by this establishment in 1992? <i>Sum lines 12a(4) and 12b</i>	141		<input type="checkbox"/> 0

CONTINUE ON PAGE 3 →

Please enter your 11-digit Census File Number from the address label on page 1 | Census File Number ▶

HOW TO REPORT PERCENTAGES	Report percents rounded to whole percents. Example: If figure is 38.8% – REPORT ▶	Percent
		39 %
Item 13. KIND OF BUSINESS IN 1992		
What percent of the amount that you reported in item 12c (the total dollar value of business done in 1992) was due to –		
a. each of the following construction activities? (As reported in item 12a)		
Highway and street contractor – construction of highways, streets, airport runways, and related work	201 Code 6101	%
Paving contractor – asphalt or concrete for highways, streets, and airport runways	6102	%
Heavy construction contractor – construction of bridges, tunnels, water, sewer, and other utility lines, power plants, sewer and water treatment plants, and heavy industrial complexes	6201	%
Cable and conduit laying contractor	6202	%
Dredging contractor	6203	%
Excavating, earthmoving, or land clearing contractor, connected with buildings	7941	%
Excavating, earthmoving, or land clearing contractor, not connected with buildings	6205	%
Trenching contractor	6204	%
Other kinds of construction – Refer to list of construction activities – Specify kind(s) of construction and enter code(s)		%
b. each of the following other business activities? (As reported in item 12b)		
Construction management services	9913	%
Engineering services	9914	%
Manufacturing – products manufactured and sold to others – Specify kind	9915	%
Mining – minerals produced and sold to others	9916	%
Rental of construction machinery or equipment to others	9919	%
Retail trade – Specify kind	9920	%
Transportation of goods for others (e.g. dirt hauling)	9921	%
Wholesale trade – Specify kind	9922	%
Other business activities – Specify kind	9999	%
The sum of the percentages reported should equal 100%		100 %

Item 14. TYPE OF CONSTRUCTION – What percent of the amount you reported in item 12a(4) (the dollar value of construction work done by this establishment in 1992) involved the following types of construction? Report these percentages in column (1) of the table below. Then in columns (2), (3), and (4) allocate this percent according to the three categories of construction. The sum of columns (2) through (4) should equal the entry in column (1). Refer to the Instruction Guide for a step by step example and for definitions of the three categories of construction.

Type of construction	Percent of dollar value of construction work done		Three categories of construction					
			New construction		Additions, alterations, or reconstruction		Maintenance and repair work	
	Key	(1)	Key	(2)	Key	(3)	Key	(4)
NONBUILDING CONSTRUCTION								
Highways, streets and related work, such as installation of guardrails, highway signs, etc.	331	%	431	%	531	%	631	%
Airport runways and related work	334	%	434	%	534	%	634	%
Recreational facilities, such as athletic fields, golf courses, outdoor tennis courts, trails or camps	337	%	437	%	537	%	637	%
Bridges and elevated highways	341	%	441	%	541	%	641	%
Tunnels: highway, pedestrian, railroad, etc.	340	%	440	%	540	%	640	%
Railroad construction	351	%	451	%	551	%	651	%
Urban mass transit: subways, trolleys, streetcars, and light rail systems	350	%	450	%	550	%	650	%
Dam and reservoir construction	342	%	442	%	542	%	642	%
Marine construction including dredging, underwater rock removal, navigational channels, locks, etc.	343	%	443	%	543	%	643	%
Harbor and port facilities	344	%	444	%	544	%	644	%
Conservation and development construction including land reclamation, irrigation projects, drainage canals, levees, and flood control projects	345	%	445	%	545	%	645	%
Power and communication transmission lines, towers, and related facilities	346	%	446	%	546	%	646	%
Power and cogeneration plants, except nuclear	354	%	454	%	554	%	654	%
Power plants, nuclear	353	%	453	%	553	%	653	%
Sewers, sewerlines, septic systems, and related facilities	347	%	447	%	547	%	647	%
Sewage treatment plants	355	%	455	%	555	%	655	%
Water mains and related facilities	357	%	457	%	557	%	657	%
Water treatment plants	365	%	465	%	565	%	665	%
Pipeline construction other than sewer or waterlines	348	%	448	%	548	%	648	%
Blast furnaces, petroleum refineries, chemical complexes, etc.	352	%	452	%	552	%	652	%
Other nonbuilding construction – Specify kind	399	%	499	%	599	%	699	%
BUILDING CONSTRUCTION – Specify kind								
TOTAL value of construction work done in 1992 (Sum of columns (2), (3), and (4) should equal 100%)	320	%	420	%	520	%	620	%
		100 %	400	%	500	%	600	%

CONTINUE ON PAGE 4 ▶

Items 15 and 16 – Not applicable to this report

Item 17. STATES IN WHICH CONSTRUCTION WORK WAS DONE IN 1992
What percent of the amount that you reported in item 12a(4) (the dollar value of construction work done by this establishment in 1992) occurred in each State?

Code	State	Percent	Code	State	Percent	Code	State	Percent	Code	State	Percent	Code	State	Percent	Code	State	Percent
701	Ala.	%	712	Fla.	%	722	La.	%	731	Nebr.	%	740	Okla.	%	750	Vt.	%
702	Alaska	%	713	Ga.	%	723	Maine	%	732	Nev.	%	741	Oreg.	%	751	Va.	%
704	Ariz.	%	715	Hawaii	%	724	Md.	%	733	N.H.	%	742	Pa.	%	753	Wash.	%
705	Ark.	%	716	Idaho	%	725	Mass.	%	734	N.J.	%	744	R.I.	%	754	W. Va.	%
706	Calif.	%	717	Ill.	%	726	Mich.	%	735	N. Mex.	%	745	S.C.	%	755	Wis.	%
708	Colo.	%	718	Ind.	%	727	Minn.	%	736	N.Y.	%	746	S. Dak.	%	756	Wyo.	%
709	Conn.	%	719	Iowa	%	728	Miss.	%	737	N.C.	%	747	Tenn.	%	Total construction work done	100%	
710	Del.	%	720	Kans.	%	729	Mo.	%	738	N. Dak.	%	748	Tex.	%			
711	D.C.	%	721	Ky.	%	730	Mont.	%	739	Ohio	%	749	Utah	%			

Items 18 and 19 – Not applicable to this report

Answer item 20 only if your Census File Number (CFN), shown in the address label of this report form, begins with a zero.

Item 20. OWNERSHIP OR CONTROL – If more space is needed, attach a separate sheet.

a. Does another domestic company own more than 50% of the voting stock of this company OR have the power to direct the management and policies of this company?

097 Yes – Enter owning or controlling company's name, address, ZIP Code, and EI number →

No

Name		EI Number	
Number and street			
City		State	ZIP Code

b. Does this company own more than 50% of the voting stock of any other domestic companies OR have the power to direct the management and policies of any other domestic companies?

098 Yes – Enter owned or controlled company's name, address, ZIP Code, and EI number →

No

Name		EI Number	
Number and street			
City		State	ZIP Code

COMMENTS – Please use this space for any explanation that may be essential in understanding your reported data.

Item 21. CERTIFICATION – Print or type

Period covered by this report	FROM: Mo. Year	TO: Mo. Year	Name of person to contact regarding this report			
Contact person's position or title			Telephone	Area code	Number	Extension
This report is substantially accurate and has been prepared in accordance with the instructions.			Signature			Date

PLEASE PHOTOCOPY THIS REPORT FOR YOUR RECORDS



DUE DATE: FEBRUARY 15, 1993

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Return your completed form to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

CC-1729

Please read the accompanying instruction guide before answering the questions.

Census use only

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

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification (EI) Number shown in the label the SAME as that used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes

2 No - Enter current EI Number (9 digits) →

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

Item 2. PHYSICAL LOCATION - Answer parts a-d
(P.O. boxes or rural routes are not physical locations.)

a. Is this establishment's physical location the same as the address shown in the label?

093 1 Yes

2 No - Enter physical location below ↘

Number and street		
City, town, village, etc.	State	ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 3 No legal boundaries

2 No 4 Do not know

c. In what type of municipality is this establishment located?

096 1 City, village, or borough

2 Town or township

3 Other or do not know

d. In what county is this establishment located?

Item 3. OPERATIONAL STATUS

Number of months
002

a. How many months during 1992 did this firm or organization actively operate this establishment?

b. Mark (X) the ONE box which best describes this establishment at the end of 1992

001 1 In operation

2 Temporarily or seasonally inactive

3 Ceased operation - Give date →

4 Sold or leased to another operator - Give date → AND enter name, etc., below ↘

Figures only		
Month	Day	Year

Name of new owner or operator		
Number and street		
City	State	ZIP Code

Item 4. ORGANIZATIONAL STATUS - Mark (X) the ONE box which best describes this establishment during 1992

003 1 Individual proprietorship

2 Partnership

3 Cooperative association (taxable)

4 Cooperative association (tax-exempt)

5 Government - Specify _____

0 Corporation (Do not mark if any form of cooperative association)

9 Other - Specify _____

If this company is not primarily engaged in construction activities as shown on the Kind of Construction Activities List enclosed, please complete items 5, 6, and 12, describe your business in item 13; and enter your name and telephone number in item 21.

Item 5. EMPLOYMENT IN 1992 – Your answers should be based on all employees included on your Employer's Quarterly Federal Tax Return, Treasury Form 941. Do not include your subcontractors or their employees.

During the pay periods including the 12th of March, May, August, and November 1992 –	Number of employees of this establishment during the pay periods including the 12th of –			
	March 1992	May 1992	August 1992	November 1992
a. how many construction workers were on the payroll of this establishment? <i>INCLUDE</i> – • Apprentices • Working foremen • Equipment operators and mechanics • Journeymen • Job-site record keepers • Others engaged directly in construction • Craftsmen • Laborers • Truck drivers and helpers	101	102	103	104
b. how many other employees were on the payroll of this establishment? <i>INCLUDE</i> – • Supervisors above working foremen • Office staff • Executives • Personnel staff • Architects • Others engaged in nonconstruction activities • Accounting staff • Engineers • Purchasing agents • Truck drivers and helpers	105	106	107	108
c. how many total employees were on the payroll of this establishment? <i>Sum lines a and b</i>	109	110	111	112

HOW TO REPORT DOLLAR FIGURES

Report dollars rounded to thousands.

Example: If a value is \$1,025,739.00 – **REPORT** → **1** Millions (000)

If a value is "0" (or less than \$500.00) – **MARK (X)** → **026** Thousands (000) 0 Mark (X) if "0"

Item 6. PAYROLL IN 1992 BEFORE DEDUCTIONS What were the annual payroll costs to this establishment for – <i>Exclude fringe benefits.</i>	Key	Mil.	Thou.	Mark (X) if "0"
a. construction workers (as defined in item 5a)?	117			<input type="checkbox"/> 0
b. other employees (as defined in item 5b)?	118			<input type="checkbox"/> 0
c. all employees? <i>Sum lines a and b</i>	119			<input type="checkbox"/> 0

Items 7 and 8 – Not applicable to this report

Item 9. CONSTRUCTION WORK SUBCONTRACTED OUT What was the total cost to this establishment for construction work subcontracted out in 1992? <i>Exclude the cost of materials purchased by this establishment for subcontractors.</i>	Key	Mil.	Thou.	Mark (X) if "0"
124				<input type="checkbox"/> 0

Item 10. MATERIALS, COMPONENTS, AND SUPPLIES What were the job-site, general office, and all other costs to this establishment for materials, components, and supplies in 1992? <i>Include the cost of materials purchased by this establishment for subcontractors. Exclude the cost of –</i> • items purchased by this establishment that were installed in a building but were not part of its structure, such as production machinery, furniture, etc. • items listed in item 11.	Key	Mil.	Thou.	Mark (X) if "0"
125				<input type="checkbox"/> 0

Item 11. SELECTED COSTS What were the job-site, general office, and all other costs to this establishment in 1992 for – <i>Where items are combined on your books, separate estimates are preferred.</i>	Key	Mil.	Thou.	Mark (X) if "0"
a. purchased electricity?	126			<input type="checkbox"/> 0
b. natural gas and manufactured gas (propane)?	127			<input type="checkbox"/> 0
c. gasoline and diesel fuel – ON highway?	128			<input type="checkbox"/> 0
d. gasoline and diesel fuel – OFF highway?	129			<input type="checkbox"/> 0
e. all other fuels and lubricants, including heating oils, lubricating oils and greases?	130			<input type="checkbox"/> 0

Item 12. DOLLAR VALUE OF BUSINESS DONE IN 1992 For this establishment in 1992 –	Key	Mil.	Thou.	Mark (X) if "0"
a. (1) what were the receipts (or billings) for contract construction work done for others? <i>Exclude the cost of items purchased by this establishment that were installed in a building but were not part of its structure, such as production machinery, furniture, etc.</i>	136			<input type="checkbox"/> 0
(2) what was the estimated dollar value of speculative construction work done on residential and other building projects which you sold or intended to sell, rent or lease? <i>INCLUDE the estimated dollar value of –</i> • all improvements to land associated with these building projects done by or for you in 1992. • work actually done in 1992, whether buildings were sold or not. • subdividing and preparing your own land into lots. <i>EXCLUDE the estimated dollar value of –</i> • land. Even though land would generally be included in the value of your building project, the value of the land is not considered construction work done.	137			<input type="checkbox"/> 0
(3) what was the estimated dollar value of construction work done for this establishment's own use, i.e., not intended for sale, rent, or done under contract for others?	138			<input type="checkbox"/> 0
(4) what was the total dollar value of construction work done? Sum lines (1) through (3)	139			<input type="checkbox"/> 0
b. what were the receipts for all other business activities done by this establishment in 1992? <i>INCLUDE</i> – • architectural services • rental or lease of properties • retail trade • construction management services • real estate commissions and management fees • transportation • engineering services • rental of construction machinery or equipment to others • wholesale trade • manufacturing • other business activities • mining	140			<input type="checkbox"/> 0
c. what was the total dollar value of all business done by this establishment in 1992? <i>Sum lines 12a(4) and 12b</i>	141			<input type="checkbox"/> 0

CONTINUE ON PAGE 3 →

Please enter your 11-digit Census File Number from the address label on page 1 Census File Number

HOW TO REPORT PERCENTAGES	Report percents rounded to whole percents. Example: If figure is 38.8% – REPORT 		Percent
		39	%
Item 13. KIND OF BUSINESS IN 1992			
What percent of the amount that you reported in item 12c (the total dollar value of business done in 1992) was due to –			
a. each of the following construction activities? (As reported in item 12a)			
Bridge painting contractor	201	Code	Percent of total business done
	7211		%
Painting contractor	7212		%
Paper hanging contractor	7213		%
Ship painting contractor	7214		%
Traffic lane painting contractor	7215		%
Other kinds of construction – Refer to list of construction activities – Specify kind(s) of construction and enter code(s)			%
b. each of the following other business activities? (As reported in item 12b)			
Manufacturing – products manufactured and sold to others – Specify kind		9915	%
Retail trade – Specify kind		9920	%
Wholesale trade – Specify kind		9922	%
Other business activities – Specify kind		9999	%
The sum of the percentages reported should equal 100%.			100 %

Item 14. TYPE OF CONSTRUCTION								
What percent of the amount you reported in item 12a(4) (the dollar value of construction work done by this establishment in 1992) involved the following types of construction? Report these percentages in column (1) of the table below. Then in columns (2), (3), and (4) allocate this percent according to the three categories of construction. The sum of columns (2) through (4) should equal the entry in column (1). Refer to the Instruction Guide for a step by step example and for definitions of the three categories of construction.								
Type of construction	Percent of dollar value of construction work done		Three categories of construction					
	Key	(1)	Key	(2)	Key	(3)	Key	(4)
BUILDING CONSTRUCTION								
Single-family houses, detached	301	%	401	%	501	%	601	%
Single-family houses, attached, including townhouses and townhouse type condominiums	302	%	402	%	502	%	602	%
Apartment buildings with two or more units, including rentals, apartment type condominiums, and cooperatives	303	%	403	%	503	%	603	%
Hotels, motels, and tourist cabins	304	%	404	%	504	%	604	%
Other residential buildings – Specify kind	305	%	405	%	505	%	605	%
Office buildings	306	%	406	%	506	%	606	%
Other commercial buildings, such as stores, restaurants, and automobile service stations	307	%	407	%	507	%	607	%
Industrial buildings	308	%	408	%	508	%	608	%
Warehouses	309	%	409	%	509	%	609	%
Religious buildings	310	%	410	%	510	%	610	%
Educational buildings	311	%	411	%	511	%	611	%
Hospitals and institutional buildings	312	%	412	%	512	%	612	%
Farm buildings, nonresidential	313	%	413	%	513	%	613	%
Amusement, social, and recreational buildings	314	%	414	%	514	%	614	%
Other nonresidential buildings – Specify kind	319	%	419	%	519	%	619	%
NONBUILDING CONSTRUCTION								
Highways, streets, and related work, such as installation of guardrails, highway signs, etc.	331	%	431	%	531	%	631	%
Bridges and elevated highways	341	%	441	%	541	%	641	%
Tunnels: highway, pedestrian, railroad, etc.	340	%	440	%	540	%	640	%
Harbor and port facilities	344	%	444	%	544	%	644	%
Power and cogeneration plants, except nuclear	354	%	454	%	554	%	654	%
Power plants, nuclear	353	%	453	%	553	%	653	%
Ships	395	%	495	%	595	%	695	%
Sewage treatment plants	355	%	455	%	555	%	655	%
Water treatment plants	365	%	465	%	565	%	665	%
Blast furnaces, petroleum refineries, chemical complexes, etc.	352	%	452	%	552	%	652	%
Other nonbuilding construction – Specify kind	399	%	499	%	599	%	699	%
TOTAL value of construction work done in 1992 (Sum of columns (2), (3), and (4) should equal 100%)		100 %	400	%	500	%	600	%

CONTINUE ON PAGE 4 ➔

Items 15 and 16 – Not applicable to this report

Item 17. STATES IN WHICH CONSTRUCTION WORK WAS DONE IN 1992

What percent of the amount that you reported in item 12a(4) (the dollar value of construction work done by this establishment in 1992) **occurred in each State?**

Code	State	Percent	Code	State	Percent	Code	State	Percent	Code	State	Percent	Code	State	Percent	Code	State	Percent
701	Ala.	%	712	Fla.	%	722	La.	%	731	Nebr.	%	740	Okla.	%	750	Vt.	%
702	Alaska	%	713	Ga.	%	723	Maine	%	732	Nev.	%	741	Oreg.	%	751	Va.	%
704	Ariz.	%	715	Hawaii	%	724	Md.	%	733	N.H.	%	742	Pa.	%	753	Wash.	%
705	Ark.	%	716	Idaho	%	725	Mass.	%	734	N.J.	%	744	R.I.	%	754	W. Va.	%
706	Calif.	%	717	Ill.	%	726	Mich.	%	735	N. Mex.	%	745	S.C.	%	755	Wis.	%
708	Colo.	%	718	Ind.	%	727	Minn.	%	736	N.Y.	%	746	S. Dak.	%	756	Wyo.	%
709	Conn.	%	719	Iowa	%	728	Miss.	%	737	N.C.	%	747	Tenn.	%	Total construction work done		100%
710	Del.	%	720	Kans.	%	729	Mo.	%	738	N. Dak.	%	748	Tex.	%			
711	D.C.	%	721	Ky.	%	730	Mont.	%	739	Ohio	%	749	Utah	%			

Items 18 and 19 – Not applicable to this report

Answer item 20 only if your Census File Number (CFN), shown in the address label of this report form, begins with a zero.

Item 20. OWNERSHIP OR CONTROL – If more space is needed, attach a separate sheet.

a. Does another domestic company own more than 50% of the voting stock of this company OR have the power to direct the management and policies of this company?

097 1 Yes – Enter owning or controlling company's name, address, ZIP Code, and EI number →
 2 No

Name		EI Number	
Number and street			
City		State	ZIP Code

b. Does this company own more than 50% of the voting stock of any other domestic companies OR have the power to direct the management and policies of any other domestic companies?

098 1 Yes – Enter owned or controlled company's name, address, ZIP Code, and EI number →
 2 No

Name		EI Number	
Number and street			
City		State	ZIP Code

COMMENTS – Please use this space for any explanation that may be essential in understanding your reported data.

Item 21. CERTIFICATION – Print or type

Period covered by this report	FROM: Mo. Year	TO: Mo. Year	Name of person to contact regarding this report			
Contact person's position or title			Telephone	Area code	Number	Extension
This report is substantially accurate and has been prepared in accordance with the instructions.			Signature			Date

PLEASE PHOTOCOPY THIS REPORT FOR YOUR RECORDS



1992 ANNUAL SURVEY OF MANUFACTURES

OMB No. 0607-0733: Approval Expires 06/30/94

DUE DATE: FEBRUARY 15, 1993

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Return your completed form to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:
1-800-233-6136

Please read the accompanying instructions before answering the questions.

Census use only

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

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1A. EMPLOYER IDENTIFICATION NUMBER
Is the Employer Identification (EI) Number shown in the label the SAME as the one used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes
2 No - Report current EI number (9 digits)

Name _____ Telephone _____
Area code _____ Number _____ Extension _____

TAB _____ IND-6 _____ AREA _____ INFL _____ CCS _____

Item 1B. PHYSICAL LOCATION - Answer a through c

a. Is this establishment located in the State, county, and place shown at the right? (If blank or incomplete, answer (1) through (4))

Yes - SKIP to part b
 No - Correct or complete lines (1) through (4)

(1) Number and street _____
(2) City, village, or other place _____ State _____ ZIP Code _____
(3) County _____ (4) If you corrected lines 1, 2, or 3, give year moved to new location 19 ____

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc., indicated in part a(2)?

095 1 Yes 2 No 3 No legal boundaries 4 Don't know

c. Type of municipality indicated in part a(2) 096 1 City, village, or borough
2 Town or township
3 Other or don't know

Item 2. EMPLOYMENT IN 1992	Key	1992		1991	
		Mil.	Thou.	Mil.	Thou.
a. Number of PRODUCTION WORKERS during pay period including the 12th of month (Include both full- and part-time employees)	(1) March 12 (2) May 12 (3) August 12 (4) November 12	301			
b. Total (Sum of lines (1) through (4))		305			
c. Average number (Divide line b by 4 - omit fractions)		306			
d. All OTHER EMPLOYEES (Pay period including March 12)		307			
e. Total (Sum of lines c and d)		308			

Item 3A. PAYROLL IN 1992 (Exclude supplemental labor costs)	Key	1992		1991	
		Mil.	Thou.	Mil.	Thou.
a. Production workers' wages		309			
b. All other salaries and wages		310			
c. Total (Sum of lines a and b)		311			

Item 3B. FIRST QUARTER PAYROLL IN 1992 (Exclude supplemental labor costs)
Total payroll for the first quarter (January-March) 315

Item 3C. EMPLOYER'S COST FOR FRINGE BENEFITS (Annual supplemental labor costs)	Key	1992		1991	
		Mil.	Thou.	Mil.	Thou.
a. Legally required, including Social Security (Exclude from items 3A and 3B)		312			
b. Payments for voluntary programs (Exclude from items 3A and 3B)		313			
c. Total (Sum of lines a and b)		314			

Item 4. PLANT HOURS WORKED BY PRODUCTION WORKERS IN 1992 (Annual)	Key	Plant hours			
		Mil.	Thou.	Mil.	Thou.
Total plant hours worked by production workers in 1992		320			

Item 5. TOTAL SHIPMENTS AND OTHER RECEIPTS	Key	1992		1991	
		Mil.	Thou.	Mil.	Thou.
For 1992, report the total value of products shipped and other receipts (report detail in item 18B). This value should be comparable to the total reported for 1991. If the two figures are not comparable, please explain the reasons why in the REMARKS section.		330			

PENALTY FOR FAILURE TO REPORT

CONTINUE ON PAGE 2

Item 6A. VALUE OF PRODUCTS EXPORTED (This is a breakout of the value reported in item 5)		Key		1992 Products shipped							
Report the value of PRODUCTS SHIPPED FOR EXPORT. Include shipments to customers in the Panama Canal Zone, the Commonwealth of Puerto Rico, and U.S. possessions, as well as the value of products shipped to exporters or other wholesalers for export. Also, include the value of products sold to the U.S. Government to be shipped to foreign governments. DO NOT INCLUDE PRODUCTS SHIPPED FOR FURTHER MANUFACTURE, ASSEMBLY, OR FABRICATION IN THE UNITED STATES.		399		Mil.	Thou.	Mark (X) if "0"					
						<input type="checkbox"/> 0					
Item 6B. SHIPMENTS TO OTHER DOMESTIC PLANTS OF YOUR COMPANY FOR FURTHER ASSEMBLY, FABRICATION, OR MANUFACTURE. (This is a breakout of the value reported in item 5)		Key		1992 Products shipped							
a. Is the FIRST DIGIT of your Census File Number (imprinted in the address box) "0" ? <input type="checkbox"/> Yes – SKIP to item 7 <input type="checkbox"/> No – Complete this item		376		Mil.	Thou.	Mark (X) if "0"					
						<input type="checkbox"/> 0					
b. Value of products shipped to other domestic plants of your company for further assembly, fabrication, or manufacture.						<input type="checkbox"/> 0					
Item 7. DEPRECIABLE ASSETS, CAPITAL EXPENDITURES, AND RETIREMENTS		1992									
Refer to the instruction manual for detailed instructions including how to report leasing arrangements.		Key	Buildings and other structures (exclude land, except item 9)		Key	Machinery and equipment		Key	TOTAL		
			(1)			(2)			(3)		
			Mil.	Thou.		Mil.	Thou.		Mil.	Thou.	Mark (X) if "0"
a. Gross value of depreciable assets (usually original cost) at beginning of year (exclude land)		339			340			341			
b. Capital expenditures for new buildings and machinery		342			343			344			<input type="checkbox"/> 0
c. Capital expenditures for used buildings and machinery		345			346			347			<input type="checkbox"/> 0
d. Retirements and disposition of depreciable assets (Gross value of assets sold, retired, scrapped, destroyed, etc.)		351	()	352	()	353	()	<input type="checkbox"/> 0
e. Gross value of depreciable assets at end of year (Should equal a+b+c-d)		354			355			356			
Item 8. DEPRECIATION CHARGES FOR THE YEAR		357			358			359			<input type="checkbox"/> 0
Item 9. RENTAL PAYMENTS (Include land)		360			361			362			<input type="checkbox"/> 0
Item 10. BREAKDOWN OF EXPENDITURES FOR NEW MACHINERY AND EQUIPMENT BY TYPE REPORTED IN ITEM 7b, column (2)		Key		1992							
				Mil.	Thou.	Mark (X) if "0"					
a. Automobiles, trucks, etc., for highway use		393				<input type="checkbox"/> 0					
b. Computers and peripheral data processing equipment		394				<input type="checkbox"/> 0					
c. All other expenditures for new machinery and equipment		395				<input type="checkbox"/> 0					
d. Total (Should equal item 7b, column (2))		396				<input type="checkbox"/> 0					
Item 11. SELECTED PURCHASED SERVICES (See Instruction Manual)		Key		1992							
				Mil.	Thou.	Mark (X) if "0"					
a. Repair of buildings and other structures		390				<input type="checkbox"/> 0					
b. Repair of machinery		391				<input type="checkbox"/> 0					
c. Communication services (telephone, data transmission, fax, telegraph, etc.)		392									
d. Legal services		372				<input type="checkbox"/> 0					
e. Accounting and bookkeeping services		373				<input type="checkbox"/> 0					
f. Advertising		374				<input type="checkbox"/> 0					
g. Software and other data processing services		380				<input type="checkbox"/> 0					
h. Refuse removal (include hazardous waste)		398				<input type="checkbox"/> 0					
CONTINUE ON PAGE 3											

CENSUS USE ONLY

Item 12. COST OF MATERIALS AND CONTRACT WORK		Key	1992		1991		
			Mil.	Thou.	Mil.	Thou.	
a. Cost of materials, parts, containers, etc., used (Report detail in item 17)		321					
b. Cost of products bought and sold as such without further processing or assembly (Report sales in item 18B)		322					
c. Cost of fuels consumed for heat and power		323					
d. Cost of purchased electricity (Report quantity in item 14, line a)		324					
e. Cost of contract work done for you by others on your materials		325					
f. Total (Sum of a through e)		326					
Item 13. FOREIGN CONTENT OF COST OF MATERIALS, COMPONENTS, PARTS, ETC., USED							
a. Does this establishment use materials purchased or transferred from foreign sources? This includes foreign-made materials acquired from a central warehouse or other domestic establishment of your company. Foreign sources include any operation outside of the 50 States, the District of Columbia, Puerto Rico, and the U.S. territories, whether that operation is owned by your company or someone else.		190	1 <input type="checkbox"/> Yes – Answer 13b below 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 14				
b. If yes, what percentage (approximate) of the total materials used (reported in item 12, line a) is accounted for by foreign sources? Materials used should not include items partially fabricated abroad which reenter the country usually under items 806 and 807, Schedule 8 of the Tariff Schedule of the United States. Do not use decimal points or fractions for reporting percent.		191	_____ %				
Item 14. QUANTITY OF ELECTRICITY		Key	1992		1991		
			Kilowatthours		Kilowatthours		
a. Purchased electricity (Quantity comparable to cost reported in item 12, line d)		327	Mil.	Thou.	Mil.	Thou.	
b. Generated electricity (Gross less generating station use)		328					
c. Electricity sold or transferred to other establishments		329					
Item 15A. INVENTORIES OF THIS ESTABLISHMENT AT END OF YEAR (Report both years) Report inventories at cost or market using generally accepted accounting methods. Are inventories of this establishment subject to the LIFO method of valuation?		Key	End of 1992		Key	End of 1991	
			Mil.	Thou.		Mil.	Thou.
230 1 <input type="checkbox"/> Yes – Use the sum of the LIFO amount plus the LIFO reserve for completing lines a through e(2). Note: If you changed to LIFO for calendar year 1992, specify in the REMARKS section.		335			331		
a. Finished goods							
2 <input type="checkbox"/> No – Complete only lines a through e(1) Note: Line e(1) should equal line d		336			332		
b. Work-in-process							
c. Materials, supplies, fuels, etc.		337			333		
d. Total inventories (Sum of a, b, and c)		338			334		
e. Of the value on line d, report:							
(1) Amount not subject to LIFO costing		368			364		
(2) Amount subject to LIFO costing (gross)		369			365		
f. Report the following applicable to line e(2):							
(1) Amount of the LIFO reserve		370			366		
(2) LIFO value of line e(2) (net)		371			367		
Item 15B. METHOD OF VALUATION FOR INVENTORIES NOT SUBJECT TO LIFO COSTING Using the inventory total reported for this establishment in item 15A, line e(1) for 1992, please indicate the breakdown of that total according to the inventory valuation methods shown. • Cost method – Report amounts on lines 1a through e. • Market basis always used – Report amount on line 2b. • Lower of cost or market – Report amounts valued at cost on lines 1a through e according to the applicable methods and the amount at market on line 2a. For the value reported on line 2a, indicate in the REMARKS section the cost method that was higher than market. For example: "FIFO."		Method of valuation			Key	Amount at end of 1992 (b)	
		(a)				Mil.	Thou.
1. Cost		a. First-in, First-out (FIFO)			381		
		b. Average cost			383		
		c. Specific or actual cost			384		
		d. Standard cost			385		
		e. Other – Specify <input checked="" type="checkbox"/>					
					386		
2. Market		a. Market used for valuation because market lower than cost			387		
		b. Market always used for valuation			388		
Total – Equals the total reported in item 15A, line e(1) for 1992					389		

Item 16A. LEGAL FORM OF ORGANIZATION
 Mark (X) the ONE box that best describes this establishment during 1992.

003 1 Individual proprietorship 5 Government – Specify _____
 2 Partnership 0 Corporation (do not mark if any form of cooperative association)
 3 Cooperative association (taxable) 9 Other – Specify **Z**
 4 Cooperative association (tax-exempt)

Item 16B. OPERATIONAL STATUS
 Mark (X) the ONE box that best describes this establishment at the end of 1992.

001 1 In operation
 2 Temporarily or seasonally inactive
 3 Ceased operation
 4 Sold or leased TO another operator – Give date at right AND enter name, etc., below
 5 Acquired or leased FROM another operator – Give date at right AND enter name, etc., below

Month	Day	Year

} GIVE DATE →
 Enter figures only

Name of new/former owner or operator 002
 EI Number (9 digits) _____ - _____

Number and street City State ZIP Code

Item 16C. OWNERSHIP, CONTROL, AND LOCATION OF OPERATIONS

a. Is the FIRST DIGIT of your Census File Number (imprinted in the address box) "0"?
 Yes – Answer parts b–d
 No – SKIP to item 17

097 **b. Is this company owned or controlled by another company?**
 1 Yes →
 2 No **Z**

Name and address of owning or controlling company

Kind of business of this company

EI Number (9 digits) _____ - _____

098 **c. Does this company own or control any other company or companies?**
 1 Yes →
 2 No **Z**

Name and address of owned or controlled company

Kind of business of this company

EI Number (9 digits) _____ - _____

d. Did this company operate at more than one location during 1992? If more space is needed, attach a separate sheet.

079 1 Yes – List additional locations below.
 2 No – SKIP to item 17

Physical address of business location (Number and street, city, State, ZIP Code)	Kind of business (KB) at this location and Employer Identification Number	Sales and receipts		Annual payroll		Number of employees during pay period including March 12 (5)	Are these figures included in other items on this report? (6)
		(3)	(4)	Mil.	Thou.		
(1)	(2)	Mil.	Thou.	Mil.	Thou.	(5)	(6)
	KB _____ _____ - _____						<input type="checkbox"/> Yes <input type="checkbox"/> No
	KB _____ _____ - _____						<input type="checkbox"/> Yes <input type="checkbox"/> No
	KB _____ _____ - _____						<input type="checkbox"/> Yes <input type="checkbox"/> No



**1992 CENSUS OF MANUFACTURES
MEAT PROCESSING PLANTS**

OMB No. 0607-0733: Approval Expires 06/30/94

DUE DATE: FEBRUARY 15, 1993
If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Return your completed form to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:
1-800-233-6136

MC-2002

Please read the accompanying instructions on page 4 before answering the questions.

Census use only

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

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1A. EMPLOYER IDENTIFICATION NUMBER
Is the Employer Identification (EI) Number shown in the label the SAME as the one used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes
2 No - Enter current EI Number (9 digits) →

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

Item 1B. PHYSICAL LOCATION - Answer parts a-d

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

Yes
 No - Enter physical location →

Number and street		
City, village, or other place	State	ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 3 No legal boundaries
2 No 4 Do not know

c. In what type of municipality is this establishment located?

096 1 City, village, or borough 3 Other - Specify _____
2 Town or township 4 Do not know

d. In what county is this establishment located?

	Key	
Item 2. EMPLOYMENT IN 1992		Number
a. Number of PRODUCTION WORKERS during pay period including the 12th of month (Include both full- and part-time employees)		
(1) March 12	301	
(2) May 12	302	
(3) August 12	303	
(4) November 12	304	
b. Total (Sum of lines (1) through (4))	305	
c. Average number (Divide line b by 4 - omit fractions)	306	
d. ALL OTHER EMPLOYEES (Pay period including March 12)	307	
e. Total (Sum of lines c and d)	308	
Item 3A. PAYROLL IN 1992 (before deductions)	Key	Mil. Thou.
a. Production workers' wages	309	
b. All other salaries and wages	310	
c. Total (Sum of lines a and b)	311	
Item 3B. FIRST QUARTER PAYROLL IN 1992 (before deductions) Payroll for the first quarter (January-March)	315	
Item 4. PLANT HOURS WORKED BY PRODUCTION WORKERS IN 1992 (ANNUAL)	Key	Plant hours Mil. Thou.
Total plant hours worked by production workers in 1992	320	

Items 3C, 5, 6B, 8, 10, 11, 13, 14, and 15B - Not applicable to this report **CONTINUE ON PAGE 2**

Item 6A. VALUE OF PRODUCTS EXPORTED (This is a breakout of the total value of shipments reported in item 18B) Report the value of PRODUCTS SHIPPED FOR EXPORT. Include shipments to customers in the Panama Canal Zone, the Commonwealth of Puerto Rico, and U.S. possessions, as well as the value of products shipped to exporters or other wholesalers for export. Also, include the value of products sold to the U.S. Government to be shipped to foreign governments. DO NOT INCLUDE PRODUCTS SHIPPED FOR FURTHER MANUFACTURE, ASSEMBLY, OR FABRICATION IN THE UNITED STATES.		Key	1992		<i>Mark (X) if "0"</i>				
			Mil.	Thou.					
		399			<input type="checkbox"/> 0				
Item 7A. CAPITAL EXPENDITURES FOR 1992		Key	Mil.	Thou.	<i>Mark (X) if "0"</i>				
a. Capital expenditures for NEW buildings and NEW machinery (exclude land)									
(1) Buildings and other structures		342			<input type="checkbox"/> 0				
(2) Machinery and equipment		343			<input type="checkbox"/> 0				
(3) Total new capital expenditures (Sum of lines (1) and (2))		344			<input type="checkbox"/> 0				
b. Capital expenditures for USED buildings and USED machinery (exclude land)		347			<input type="checkbox"/> 0				
Item 7B. GROSS VALUE OF ALL DEPRECIABLE ASSETS (original cost) at end of 1992		Key	Mil.	Thou.					
Buildings, machinery, and equipment (exclude land)		356							
Item 9. RENTAL PAYMENTS FOR 1992		Key	Mil.	Thou.	<i>Mark (X) if "0"</i>				
Buildings, machinery, and equipment (include land)		362			<input type="checkbox"/> 0				
Item 12. COST OF MATERIALS AND CONTRACT WORK FOR 1992		Key	Mil.	Thou.	<i>Mark (X) if "0"</i>				
a. Cost of materials, parts, containers, etc., used (Report detail in item 17)		321							
b. Cost of products bought and sold without further processing or assembly (Report sales in item 18B)		322			<input type="checkbox"/> 0				
c. Cost of fuels consumed for heat and power		323			<input type="checkbox"/> 0				
d. Cost of purchased electricity		324			<input type="checkbox"/> 0				
e. Cost of contract work done for you by others on your materials		325			<input type="checkbox"/> 0				
f. Total cost (Sum of lines a through e)		326							
Item 15A. INVENTORIES OF THIS ESTABLISHMENT AT END OF YEAR (Report both years) Report inventories at cost or market using generally accepted accounting methods. Are inventories of this establishment subject to the LIFO method of valuation?		Key	END OF 1992			Key	END OF 1991		
			Mil.	Thou.	<i>Mark (X) if "0"</i>		Mil.	Thou.	<i>Mark (X) if "0"</i>
	a. Finished goods	335			<input type="checkbox"/> 0	331			<input type="checkbox"/> 0
	b. Work-in-process	336			<input type="checkbox"/> 0	332			<input type="checkbox"/> 0
	c. Materials, supplies, fuels, etc.	337			<input type="checkbox"/> 0	333			<input type="checkbox"/> 0
	d. Total inventories (Sum of lines a, b, and c)	338			<input type="checkbox"/> 0	334			<input type="checkbox"/> 0
	e. Of the value on line d, report:								
	(1) Amount not subject to LIFO costing	368			<input type="checkbox"/> 0	364			<input type="checkbox"/> 0
	(2) Amount subject to LIFO costing (gross)	369			<input type="checkbox"/> 0	365			<input type="checkbox"/> 0
	f. Report the following applicable to line e(2):								
	(1) Amount of the LIFO reserve	370			<input type="checkbox"/> 0	366			<input type="checkbox"/> 0
	(2) LIFO value of line e(2) (net)	371			<input type="checkbox"/> 0	367			<input type="checkbox"/> 0
230	1 <input type="checkbox"/> Yes – Use the sum of the LIFO amount plus the LIFO reserve for completing a through e(2). Note: If you changed to LIFO for calendar year 1992, specify in the REMARKS section.								
	2 <input type="checkbox"/> No – Complete only lines a through e(1). Note: Line e(1) should equal line d.								
CONTINUE ON PAGE 3									

Items 3C, 5, 6B, 8, 10, 11, 13, 14, and 15B – Not applicable to this report

FORM MC-2002 1992 CENSUS OF MANUFACTURES MEAT PROCESSING PLANTS - Continued	U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	ENTER THIS ESTABLISHMENT'S 11-DIGIT CENSUS FILE NUMBER Name of establishment (Same as address box)
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Item 16A. LEGAL FORM OF ORGANIZATION
 Mark (X) the ONE box which best describes this establishment during 1992.

003	1 <input type="checkbox"/> Individual proprietorship 2 <input type="checkbox"/> Partnership 3 <input type="checkbox"/> Cooperative association (taxable) 4 <input type="checkbox"/> Cooperative association (tax-exempt)	5 <input type="checkbox"/> Government - Specify _____ 0 <input type="checkbox"/> Corporation (do not mark if any form of cooperative association) 9 <input type="checkbox"/> Other - Specify <input checked="" type="checkbox"/>	
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Item 16B. OPERATIONAL STATUS
 Mark (X) the ONE box which best describes this establishment at the end of 1992.

001	1 <input type="checkbox"/> In operation 2 <input type="checkbox"/> Temporarily or seasonally inactive 3 <input type="checkbox"/> Ceased operation - Give date at right 4 <input type="checkbox"/> Sold or leased TO another operator - Give date at right AND enter name, etc., below 5 <input type="checkbox"/> Acquired or leased FROM another operator - Give date at right AND enter name, etc., below	} GIVE DATE → Enter figures only	<table border="1" style="border-collapse: collapse;"> <tr> <td style="width:20px;">Month</td> <td style="width:20px;">Day</td> <td style="width:20px;">Year</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Month	Day	Year			
Month	Day	Year							

Name of new/former owner or operator	EI Number (9 digits)	002							
Number and street	City	State	ZIP Code						

Item 16C. OWNERSHIP, CONTROL, AND LOCATION OF OPERATIONS
a. Is the FIRST DIGIT of your Census File Number (imprinted in the address box) "0"?

Yes - Answer parts b-d
 No - SKIP to item 17

097	b. Is this company owned or controlled by another company? 1 <input type="checkbox"/> Yes → 2 <input checked="" type="checkbox"/> No	Name and address of owning or controlling company	Kind of business of this company										
		EI Number (9 digits)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> </tr> </table>										

098	c. Does this company own or control any other company or companies? 1 <input type="checkbox"/> Yes → 2 <input checked="" type="checkbox"/> No	Name and address of owned or controlled company	Kind of business of this company										
		EI Number (9 digits)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> </tr> </table>										

d. Did this company operate at more than one location during 1992?
 (If more space is needed, attach a separate sheet)

079	1 <input type="checkbox"/> Yes - List additional locations below. 2 <input type="checkbox"/> No - SKIP to item 17
-----	--

Physical address of business location (Number and street, city, State, ZIP Code)	Kind of business (KB) at this location and Employer Identification Number	Sales and receipts		Annual payroll		Number of employees during pay period including March 12	Are these figures included in other items on this report?
		Mil.	Thou.	Mil.	Thou.		
(1)	(2)					(5)	(6)
	KB						<input type="checkbox"/> Yes <input type="checkbox"/> No
	KB						<input type="checkbox"/> Yes <input type="checkbox"/> No
	KB						<input type="checkbox"/> Yes <input type="checkbox"/> No

CONTINUE ON PAGE 5

Items 3C, 5, 6B, 8, 10, 11, 13, 14, and 15B - Not applicable to this report

INSTRUCTIONS

GENERAL INFORMATION

If you require an extension of time to complete this report, or if there are any other questions regarding this report, please write to:

**Bureau of the Census
1201 East 10th Street
Jeffersonville, IN 47134-0001**

Please include the 11-digit Census File Number which appears in the address box of this report form on any correspondence.

You may also call our toll free number 1-800-233-6136.

We estimate that it will take from one-half hour to six hours to complete this form, with 3.4 hours being the average. This includes time to read instructions, develop or assemble material, conduct test, organize and review the information, and maintain and report the information. If you have any comments regarding these estimates or any other aspect of this survey, send them to the Associate Director for Management Services, Paperwork Reduction Project 0607-0733, Room 2027, FB3, Bureau of the Census, Washington, DC 20233; and to the Office of Management and Budget, Paperwork Reduction Project 0607-0733, Washington, DC 20503.

DETAILED INSTRUCTIONS FOR ITEMS 2 THROUGH 15A

Item 2 – EMPLOYMENT IN 1992

Report all employees at this establishment who received pay for part of the pay period including the 12th of the specified months. Include officers at this establishment, if a corporation; if an unincorporated concern, exclude proprietor or partners.

Line a, (1) through (4) – Number of production workers during the pay period including 12th of month – Report workers (up through the working supervisor level) engaged in fabricating, processing, assembling, inspecting, and other manufacturing.

Line d – All other employees – Report nonproduction personnel, including those engaged in supervision (above the working supervisor level), installation and servicing of own product, sales, delivery, professional, technical, administrative, etc.

Item 3A – PAYROLL IN 1992 (before deductions)

Follow the definition of salaries and wages used for calculating the Federal withholding tax. Report gross earnings prior to deductions paid in the calendar year to those employees reported in item 2. Include commissions, dismissal pay, bonuses, and vacation pay.

Item 4 – PLANT HOURS WORKED BY PRODUCTION WORKERS IN 1992 (ANNUAL)

Include all production hours worked, including overtime hours, but excluding paid vacations, etc. These should be reported as actual hours worked, not straight-time equivalent hours.

Item 6A – VALUE OF PRODUCTS EXPORTED

Report as exports those shipments going directly for export, including shipments to foreign subsidiaries or foreign divisions of your company and their affiliates. Include value of products shipped to exporters or other wholesalers for export. Also include the value of products sold to the U.S. Government to be shipped to foreign governments. Do not include products shipped for further manufacture, assembly, or fabrication in the United States. Shipments to customers in the Panama Canal Zone, the commonwealth of Puerto Rico, and the United States possessions are considered exports. Before completing this item, note that the value of exports should not exceed the total value of shipments and other receipts reported in item 18B.

Item 7A – CAPITAL EXPENDITURES FOR 1992 (Exclude expenditures for land)

Include all costs actually incurred during 1992 chargeable to the fixed assets accounts and of the type for which depreciation or amortization accounts are ordinarily maintained. This should include construction and repair work performed by your own forces.

Item 7B – GROSS VALUE OF DEPRECIABLE ASSETS

Report the original cost of depreciable assets on the books of this establishment such as buildings, structures, machinery, and equipment for which depreciation or amortization reserves are maintained. Improvements and new construction in progress, but not completed at year-end, should be included in fixed assets at a value equal to the cumulative expenditures to the end of the year. This procedure should be followed even though the asset is not in use and is not yet being depreciated.

Item 9 – RENTAL PAYMENTS FOR 1992

Report rental payments made during the year to other companies for use of such fixed assets as buildings, structures, and equipment (including land). If the parent or subsidiary rents property for use of this establishment and pays the rent, the rents should be reported as if the establishment paid them.

Item 12 – COST OF MATERIALS AND CONTRACT WORK FOR 1992

Report total delivered cost after discounts and include freight of the materials actually consumed or put in production during the year. Include purchases, interplant transfers, and withdrawal from inventories.

If there are no records of consumption, purchases may be reported instead for minor items. This can also be done for major items if purchases do not differ significantly from the amounts actually used. Where consumption of major items differ significantly from purchases, consumption may be estimated by adding beginning inventories to the amount purchased and subtracting ending inventories.

Line a – Cost of materials, parts, containers, etc., used – The delivered cost figures should cover all raw materials, containers, scrap, supplies, etc., which were: (1) put into production, (2) used as operating supplies, or (3) used in repair and maintenance. Item 12, line a should be consistent with the data in item 17.

Line b – Cost of products bought and sold without further processing or assembly – Report the cost of all products bought and sold in the same condition as when purchased and not made part of another product manufactured by this establishment. (Total sales value of all such products is to be reported in item 18B on the line for resales.)

Line c – Cost of fuels consumed for heat and power – Report the total cost of all fuels consumed for heat, power, transportation, or the generation of electricity. Do not include the estimated cost of fuels, such as sawdust or blast furnace gas, produced as a byproduct of your manufacturing activities. Include anthracite and bituminous coal, coke, natural and manufactured gas, fuel oil, liquefied petroleum gas, gasoline, and all other fuels, including purchased steam. Be sure to include fuel used to power delivery trucks, fork lifts, or other motor vehicles associated with the establishment.

Line d – Cost of purchased electricity – Report the total cost of electric energy purchased from other companies or received from other establishments of your company. Exclude the value of electricity generated and used at this establishment.

Line e – Cost of contract work done for you by others on your materials – If any contract work was done by others on materials furnished by your establishment, report the total payments made during the year for such work, including freight out and in. Exclude the cost of materials worked on, which should be included in item 12, line a.

Item 15A – INVENTORIES OF THIS ESTABLISHMENT AT END OF YEAR (Report both years)

Report the value of all inventories owned by this establishment regardless of where the inventories are held. If this establishment is part of a multiestablishment company, the company should assign to each establishment those inventories that the establishment is responsible for, as if it owned them. For example, in completing the report of a manufacturing establishment or sales branch, report those inventories that are attributable to its operations, even if the inventories are held elsewhere, e.g., at a warehouse operated by your company or in a public warehouse. These inventories of an operating establishment held elsewhere should not be reported on the report of the warehouse where they are actually stored. **Inventories should not be duplicated on establishment reports.**

CONTINUE ON PAGE 5

FORM MC-2002	U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	ENTER THIS ESTABLISHMENT'S 11-DIGIT CENSUS FILE NUMBER
1992 CENSUS OF MANUFACTURES MEAT PROCESSING PLANTS - Continued		Name of establishment (Same as address box)

Item 17. CONSUMPTION OF SELECTED MATERIALS DURING 1992

INSTRUCTIONS

1. General - The materials, parts, and supplies listed below are those commonly consumed in the manufacture, processing, or assembly of the products listed in item 18B. Please review the entire list and report separately each item consumed. Leave blank if you do not consume the item. If you use materials, parts, and supplies which are not listed, describe and report them in the "Cost of all other materials . . ." line at the end of this section. If you consumed less than \$25,000 of a listed material, include the value with "Cost of all other materials . . .," Census material code 970099 8.

Report materials, parts, and supplies purchased, transferred from other plants of your company, or withdrawn from inventory.

If quantities are requested, please use the unit of measure specified.

If the information as requested cannot be taken directly from your book records, REASONABLE ESTIMATES ARE ACCEPTABLE.

2. Valuation of Materials Consumed - The value of the materials, etc., consumed should be based on the delivered cost; i.e., the amount paid or payable after discounts and including freight and other direct charges incurred in acquiring the materials.

Materials received from other plants within your company should be reported at their full economic value (the value assigned by the shipping plant, plus the cost of freight and other handling charges).

If purchases or transfers do not differ significantly from the amounts actually put into production, you may report the cost of purchases or transfers. However, if consumption differs significantly from the amounts purchased or transferred, these amounts should be adjusted for changes in the materials and supplies inventories by adding the beginning inventory to the amount purchased or transferred and subtracting ending inventory.

3. Contract Work - Include as materials consumed those you purchased for use by others making products for you under contract. Amounts paid to the companies doing the contract work should be reported in item 12, line e, and should include freight in and out. On the other hand, materials owned by others but used at this establishment in making products for others under contract or on commission should be excluded.

4. Resales of Materials - INCLUDE ON LINES 9-15 only those meat materials that were further processed into sausage, smoked meats, canned meats, etc., during the year. EXCLUDE those materials which you later sold in the same condition as purchased, also exclude purchased carcasses later sold as fresh meat (primal and fabricated cuts, boneless meats, etc.). The cost of such resales should be reported in item 12, line b.

Line No.	Materials, parts, and supplies (A)		Census material code (B)	Unit of measure for quantities (C)	Consumption of purchased materials and of materials received from other establishments of your company			
					Quantity (D)	Cost, including delivery cost (freight-in) (E)		
						574	Thou-	Dollars
			571		Millions	sands		
1	Animals Slaughtered	CATTLE	Number of head	021013 8	Number	\$		
2			Live weight	021011 2	Thousand pounds			
3		CALVES	Number of head	021023 7	Number			
4			Live weight	021021 1	Thousand pounds			
5		SHEEP AND LAMBS	Number of head	021413 0	Number			
6			Live weight	021411 4	Thousand pounds			
7		HOGS	Number of head	021313 2	Number			
8			Live weight	021311 6	Thousand pounds			
9	Meat Materials Purchased From Other Packers (Including interplant transfers) (Value of carcasses cut up for resale fresh should be reported as "Cost of resales" in item 12, line b)	FRESH AND FROZEN RED MEATS (Including variety meats)	Beef	201111 2	Thousand pounds ↑ ↓			
10			Veal	201121 1				
11			Pork	201141 9				
12			Other fresh and frozen read meats	201132 8				
13		Meat materials for sausage and canning not separable by species	201101 3					
14		Processed pork (cured, smoked, etc.)	201161 7					
15	Other purchased meat materials (cured beef, cured lamb, etc.)	201102 1						
16	Poultry; live, fresh, frozen, or prepared			190032 3				
17	Spices and curing materials			209993 5				
18	Hides and skins purchased (including transfers from other establishments of this company)			201191 4				

CONTINUE ON PAGE 6

Item 17. CONSUMPTION OF SELECTED MATERIALS DURING 1992 – Continued								
Line No.	Materials, parts, and supplies (A)		Census material code 571 (B)	Unit of measure for quantities (C)	Consumption of purchased materials and of materials received from other establishments of your company			
					Quantity 573 (D)	Cost, including delivery cost (freight-in) (E)		
						574 Millions	Thou- sands	Dollars
19	CASINGS	Animal and collagen casings purchased (including transfers from other establishments of this company)	201391 0			\$		
20		Casings, synthetic (including cellulosic and fibrous reinforced)	308012 4					
21	Paperboard containers, boxes, and corrugated paperboard		265001 8					
22	Packaging paper and plastics film, coated and laminated		267101 4					
23	Cost of all other materials, parts, containers, and supplies consumed <i>Describe the three principal materials, etc., included in this value.</i>		970099 8					
24	TOTAL Sum of lines 1–23 should equal item 12, line a					\$		

Item 18A. METHOD OF OPERATION OF THIS ESTABLISHMENT DURING 1992

<i>Mark (X) the ONE box which best describes your method of operation.</i>		Key	Mark (X) appropriate box
1. Custom slaughtering of livestock or poultry owned by others.		401	1016 <input type="checkbox"/>
2. Meat and poultry products processed chiefly from livestock or poultry slaughtered in this establishment		402	1032 <input type="checkbox"/>
3. Manufacturing sausage, smoked meats, canned meats, or meat specialties from animals slaughtered elsewhere.		403	1057 <input type="checkbox"/>
4. Chiefly retailing, wholesaling, or jobbing meats and poultry products purchased and resold		404	1099 <input type="checkbox"/>

CONTINUE WITH ITEM 18B ON PAGE 7

FORM MC-2002	U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	ENTER THIS ESTABLISHMENT'S 11-DIGIT CENSUS FILE NUMBER
1992 CENSUS OF MANUFACTURES MEAT PROCESSING PLANTS – Continued		Name of establishment (Same as address box)

Item 18B. PRODUCTS AND SERVICES OF THIS ESTABLISHMENT DURING 1992

INSTRUCTIONS

1. General – The manufactured products and services listed below are generally made in your industry. If you make products that are not listed, describe and report them in the "All other products made in this establishment" section at the end of item 18B. PLEASE DO NOT COMBINE PRODUCT LINES.

If quantities are requested, please use the unit of measure specified.

If the information as requested cannot be taken directly from your book records, REASONABLE ESTIMATES ARE ACCEPTABLE.

2. Valuation of Products – Report the value of the products shipped and services performed at the net selling value, f.o.b. plant to the customer; i.e., after discounts and allowances, and exclusive of freight charges and excise taxes.

If you transfer products to other establishments within your company, you should assign the full economic value to the transferred products; i.e., include all direct costs of production and a reasonable proportion of all other costs and profits.

3. Contract Work – Report PRODUCTS MADE BY OTHERS FOR YOU FROM YOUR MATERIALS on the specific lines as if they were made in this establishment. On the other hand, do not report on the specific product lines PRODUCTS THAT YOU MADE FROM MATERIALS OWNED BY OTHERS. Report only the amount that you received for "commission or contract receipts" under Census product code 93000 00 8.

4. Resales – Products which you purchase and sell as originally purchased, including meats, hides, skins, pelts, casings, etc., and which are not made part of any products included on lines 1–47 should be reported as "Resales" for Census product code 99989 00 6. Include also the sales of fresh meats prepared from purchased carcasses.

Line No.	Products and services		Census product code	Products shipped and other receipts				
				Quantity (<i>Thousand pounds</i>)	Value, f.o.b. plant (E)			
			581		583	584	Millions	Thou- sands
(A)	(B)	(D)						
1	Fresh and Frozen Meat, From Animals Slaughtered in This Plant, Not Canned or Made Into Sausage	BEEF (20111)	Whole carcass and half carcass beef	20111 12 6		\$		
2			Primal cuts	20111 14 2				
3			Subprimal and fabricated cuts packaged in plastics (boxed beef)	20111 16 7				
4			Other subprimal and fabricated cuts	20111 18 3				
5			Boneless beef (including hamburger)	20111 31 6				
6			Variety meats (edible organs)	20111 51 4				
7			Other edible beef (including corned beef)	20111 71 2				
8	VEAL (20112)	Whole carcass veal	20112 12 4					
9		Primal cuts, fabricated cuts, and boneless veal	20112 17 3					
10		Other edible veal (including edible organs)	20112 61 1					
11	PORK (20114)	Whole carcass pork	20114 12 0					
12		Primal, subprimal, and fabricated cuts (including trimmings)	20114 17 9					
13		Variety meats (edible organs)	20114 51 8					
14	Pork, Processed or Cured (Not Canned or Made Into Sausage) (20136)	Sweet-pickled or dry-cured (not smoked or cooked)	20136 12 3					
15		Dry salt pork	20136 22 2					
16		SMOKED PORK (Not otherwise cooked)	Hams and picnics (except canned)	20136 31 3				
17			Slab bacon	20136 35 4				
18			Sliced bacon	20136 41 2				
19		Other smoked pork	20136 52 9					
20	Boiled ham, barbecue pork, and other cooked pork (except canned meats and sausage)	20136 61 0						

CONTINUE WITH ITEM 18B ON PAGE 8

Item 18B. PRODUCTS AND SERVICES OF THIS ESTABLISHMENT DURING 1992 – Continued						
Line No.	Products and services (A)		Census product code 581 (B)	Products shipped and other receipts		
				Quantity (Thousand pounds) 583 (D)	Value, f.o.b. plant (E)	
			584		Millions	Thou- sands
21	SAUSAGE AND SIMILAR PRODUCTS, NOT CANNED (20137) (Report similar products made from poultry on lines 26-29)	Fresh sausage (pork sausage, breakfast links, etc.)	20137 11 3		\$	
22		Dry or semidry (salami, cervelat, pepperoni, beefjerky, summer sausage, pork roll, etc.)	20137 17 0			
23		Frankfurters (including wieners)	20137 21 2			
24		Other sausage, smoked or cooked (bologna, liverwurst, Polish sausage, packed luncheon meats, minced roll, smoked pork sausage, etc.)	20137 35 2			
25		Jellied goods and similar preparations, not canned (headcheese, meat loaves, scrapple, puddings, chili con carne, imitation sausage, etc.)	20137 91 5			
26	COOKED OR SMOKED POULTRY PRODUCTS (Except canned)	Turkey, except frankfurters, bologna, and luncheon meats	20155 31 3			
27		Chicken, except frankfurters, bologna, and luncheon meats	20155 32 1			
28		Frankfurters (including wieners)	20155 33 9			
29		Hams, bologna, and luncheon meats	20155 34 7			
30	CANNED MEATS (Excluding cat and dog food) CONTAINING 20 PERCENT OR MORE MEAT	Baby food	20321 00 6			
31		Other	20138 00 4			
32	SAUSAGE CASINGS	Natural (beef, hog, etc.)	2011B 45 4			
33		Collagen	2013B 21 3			
34	OTHER PROCESSED, FROZEN, OR COOKED MEATS	Frozen ground meat patties	2013B 11 4			
35		Pork rind pellets, including pork cracklings	2013B 17 1			
36		Frozen portion control	2013B 13 0			
37		Subprimal and fabricated cuts packaged in plastics (boxed beef) made from purchased carcasses	95120 11 9			
38		Other processed, frozen, or cooked meats, such as corned beef, frozen primal and fabricated cuts, frozen variety meats, etc. (made from purchased meat) - <i>Specify type of product</i>	2013B 18 9			
39	Lard		20137 41 0			
40	ALL OTHER PRODUCTS MADE IN THIS ESTABLISHMENT	<i>Describe and report separately each product with a sales value of \$50,000 or more which cannot be assigned to one of the lines above. For all remaining products, write "Other" and report a single total value.</i>	18			
41			26			
42			34			
43			42			
44			59			
45			67			
46			75			
47			83			

CONTINUE WITH ITEM 18B ON PAGE 9

FORM MC-2002 1992 CENSUS OF MANUFACTURES MEAT PROCESSING PLANTS - Continued	U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	ENTER THIS ESTABLISHMENT'S 11-DIGIT CENSUS FILE NUMBER	Name of establishment (Same as address box)
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Item 18B. PRODUCTS AND SERVICES OF THIS ESTABLISHMENT DURING 1992 - Continued

Line No.	Products and services (A)		Products shipped and other receipts					
			Census product code (B)	Quantity (Thousand pounds) (D)	Value, f.o.b. plant (E)			
					584 Millions	Thou- sands	Dollars	
48	CONTRACT WORK	Receipts for work done for others on their own materials (except receipts for slaughter of animals owned by others). Report this on line 49 Describe below products worked on and kind of work.	93000 00 8		\$			
49	Receipts for slaughtering animals owned by others		20110 93 8					
50	MISCELLANEOUS RECEIPTS	Miscellaneous receipts (including receipts for repair work, etc.)	99980 00 5					
51	RESALES	Sales of products bought and sold without further manufacture, processing, or assembly in this establishment. Include sales of fresh meat from purchased carcasses. the cost of such items should be reported in item 12, line b.	99989 00 6					
52	TOTAL value of shipments and other receipts Sum of lines 1-51, column (E)		77000 00 8		\$			

Items 19-21 - Not applicable to this report

REMARKS - Please use this space for any explanations that may be essential in understanding your reported data.

Item 22. CERTIFICATION - This report is substantially accurate and has been prepared in accordance with instructions.

Name of person to contact regarding this report (<i>Print or type</i>)			Telephone	Area code	Number	Extension	
667	1			2			
Name of company			Address (<i>Number and street, city, State, ZIP Code</i>)				
Period covered		FROM: Month	Day	Year	TO: Month	Day	Year
666	1				2		
Signature of authorized person			Title		Date		

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS



**1992 CENSUS OF MANUFACTURES
DAIRY PRODUCTS**

OMB No. 0607-0733: Approval Expires 06/30/94

DUE DATE: FEBRUARY 15, 1993
If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Return your completed form to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:
1-800-233-6136

MC-2004

Please read the accompanying instructions on page 4 before answering the questions.

Census use only

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

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1A. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification (EI) Number shown in the label the SAME as the one used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes
2 No - Enter current EI Number (9 digits) →

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Item 1B. PHYSICAL LOCATION - Answer parts a-d

a. Is this establishment's physical location the same as the address shown in the label?
(P.O. box and rural route addresses are not physical locations)

Yes
 No - Enter physical location →

Number and street		
City, village, or other place	State	ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 3 No legal boundaries
2 No 4 Do not know

c. In what type of municipality is this establishment located?

096 1 City, village, or borough 3 Other - Specify _____
2 Town or township 4 Do not know

d. In what county is this establishment located?

Item 2. EMPLOYMENT IN 1992

a. Number of PRODUCTION WORKERS during pay period including the 12th of month
(Include both full- and part-time employees)

- (1) March 12
- (2) May 12
- (3) August 12
- (4) November 12

	Key	Number
	301	
	302	
	303	
	304	
	305	
	306	
	307	
	308	

b. Total (Sum of lines (1) through (4))

c. Average number (Divide line b by 4 - omit fractions)

d. All OTHER EMPLOYEES (Pay period including March 12)

e. Total (Sum of lines c and d)

Item 3A. PAYROLL IN 1992 (before deductions)

a. Production workers' wages

b. All other salaries and wages

c. Total (Sum of lines a and b)

	Key	Mil.	Thou.
	309		
	310		
	311		

**Item 3B. FIRST QUARTER PAYROLL IN 1992 (before deductions)
Payroll for the first quarter (January-March)**

	315		
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Item 4. PLANT HOURS WORKED BY PRODUCTION WORKERS IN 1992 (ANNUAL)

Total plant hours worked by production workers in 1992

	Key	Plant hours
		Mil. Thou.
	320	

Items 3C, 5, 6B, 8, 10, 11, 13, 14, and 15B - Not applicable to this report

CONTINUE ON PAGE 2

Item 6A. VALUE OF PRODUCTS EXPORTED (This is a breakout of the total value of shipments reported in item 18B) Report the value of PRODUCTS SHIPPED FOR EXPORT. Include shipments to customers in the Panama Canal Zone, the Commonwealth of Puerto Rico, and U.S. possessions, as well as the value of products shipped to exporters or other wholesalers for export. Also, include the value of products sold to the U.S. Government to be shipped to foreign governments. DO NOT INCLUDE PRODUCTS SHIPPED FOR FURTHER MANUFACTURE, ASSEMBLY, OR FABRICATION IN THE UNITED STATES.		Key	1992		<i>Mark (X) if "0"</i>				
			Mil.	Thou.					
		399			<input type="checkbox"/> 0				
Item 7A. CAPITAL EXPENDITURES FOR 1992		Key	Mil.	Thou.	<i>Mark (X) if "0"</i>				
a. Capital expenditures for NEW buildings and NEW machinery (exclude land)									
(1) Buildings and other structures		342			<input type="checkbox"/> 0				
(2) Machinery and equipment		343			<input type="checkbox"/> 0				
(3) Total new capital expenditures (Sum of lines (1) and (2))		344			<input type="checkbox"/> 0				
b. Capital expenditures for USED buildings and USED machinery (exclude land)		347			<input type="checkbox"/> 0				
Item 7B. GROSS VALUE OF ALL DEPRECIABLE ASSETS (original cost) at end of 1992		Key	Mil.	Thou.					
Buildings, machinery, and equipment (exclude land)		356							
Item 9. RENTAL PAYMENTS FOR 1992		Key	Mil.	Thou.	<i>Mark (X) if "0"</i>				
Buildings, machinery, and equipment (include land)		362			<input type="checkbox"/> 0				
Item 12. COST OF MATERIALS AND CONTRACT WORK FOR 1992		Key	Mil.	Thou.	<i>Mark (X) if "0"</i>				
a. Cost of materials, parts, containers, etc., used (Report detail in item 17)		321							
b. Cost of products bought and sold without further processing or assembly (Report sales in item 18B)		322			<input type="checkbox"/> 0				
c. Cost of fuels consumed for heat and power		323			<input type="checkbox"/> 0				
d. Cost of purchased electricity		324			<input type="checkbox"/> 0				
e. Cost of contract work done for you by others on your materials		325			<input type="checkbox"/> 0				
f. Total cost (Sum of lines a through e)		326							
Item 15A. INVENTORIES OF THIS ESTABLISHMENT AT END OF YEAR (Report both years) Report inventories at cost or market using generally accepted accounting methods. Are inventories of this establishment subject to the LIFO method of valuation?		Key	END OF 1992			Key	END OF 1991		
			Mil.	Thou.	<i>Mark (X) if "0"</i>		Mil.	Thou.	<i>Mark (X) if "0"</i>
	a. Finished goods	335			<input type="checkbox"/> 0	331			<input type="checkbox"/> 0
	b. Work-in-process	336			<input type="checkbox"/> 0	332			<input type="checkbox"/> 0
	c. Materials, supplies, fuels, etc.	337			<input type="checkbox"/> 0	333			<input type="checkbox"/> 0
	d. Total inventories (Sum of lines a, b, and c)	338			<input type="checkbox"/> 0	334			<input type="checkbox"/> 0
	e. Of the value on line d, report:								
	(1) Amount not subject to LIFO costing	368			<input type="checkbox"/> 0	364			<input type="checkbox"/> 0
	(2) Amount subject to LIFO costing (gross)	369			<input type="checkbox"/> 0	365			<input type="checkbox"/> 0
	f. Report the following applicable to line e(2):								
	(1) Amount of the LIFO reserve	370			<input type="checkbox"/> 0	366			<input type="checkbox"/> 0
	(2) LIFO value of line e(2) (net)	371			<input type="checkbox"/> 0	367			<input type="checkbox"/> 0
230	1 <input type="checkbox"/> Yes – Use the sum of the LIFO amount plus the LIFO reserve for completing a through e(2). Note: If you changed to LIFO for calendar year 1992, specify in the REMARKS section.								
	2 <input type="checkbox"/> No – Complete only lines a through e(1). Note: Line e(1) should equal line d.								
CONTINUE ON PAGE 3									

Items 3C, 5, 6B, 8, 10, 11, 13, 14, and 15B – Not applicable to this report

FORM MC-2004 1992 CENSUS OF MANUFACTURES DAIRY PRODUCTS - Continued	U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	ENTER THIS ESTABLISHMENT'S 11-DIGIT CENSUS FILE NUMBER Name of establishment (Same as address box)
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Item 16A. LEGAL FORM OF ORGANIZATION
 Mark (X) the ONE box which best describes this establishment during 1992.

003

1 <input type="checkbox"/> Individual proprietorship 2 <input type="checkbox"/> Partnership 3 <input type="checkbox"/> Cooperative association (taxable) 4 <input type="checkbox"/> Cooperative association (tax-exempt)	5 <input type="checkbox"/> Government - Specify _____ 6 <input type="checkbox"/> Corporation (do not mark if any form of cooperative association) 9 <input type="checkbox"/> Other - Specify <input checked="" type="checkbox"/>
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Item 16B. OPERATIONAL STATUS
 Mark (X) the ONE box which best describes this establishment at the end of 1992.

001

1 <input type="checkbox"/> In operation 2 <input type="checkbox"/> Temporarily or seasonally inactive 3 <input type="checkbox"/> Ceased operation - Give date at right 4 <input type="checkbox"/> Sold or leased TO another operator - Give date at right AND enter name, etc., below 5 <input type="checkbox"/> Acquired or leased FROM another operator - Give date at right AND enter name, etc., below	} GIVE DATE → Enter figures only
--	-------------------------------------

Name of new/former owner or operator	EI Number (9 digits)	State	ZIP Code
--------------------------------------	----------------------	-------	----------

Item 16C. OWNERSHIP, CONTROL, AND LOCATION OF OPERATIONS

a. Is the FIRST DIGIT of your Census File Number (imprinted in the address box) "0"?

Yes - Answer parts b-d
 No - SKIP to item 17

097

b. Is this company owned or controlled by another company? 1 <input type="checkbox"/> Yes → 2 <input checked="" type="checkbox"/> No	Name and address of owning or controlling company	Kind of business of this company
---	---	----------------------------------

	EI Number (9 digits)
--	----------------------

098

c. Does this company own or control any other company or companies? 1 <input type="checkbox"/> Yes → 2 <input checked="" type="checkbox"/> No	Name and address of owned or controlled company	Kind of business of this company
--	---	----------------------------------

	EI Number (9 digits)
--	----------------------

d. Did this company operate at more than one location during 1992?
 (If more space is needed, attach a separate sheet)

079

1 Yes - List additional locations below.
 2 No - SKIP to item 17

Physical address of business location (Number and street, city, State, ZIP Code)	Kind of business (KB) at this location and Employer Identification Number	Sales and receipts		Annual payroll		Number of employees during pay period including March 12	Are these figures included in other items on this report?
		(3) Mil.	Thou.	(4) Mil.	Thou.		
(1)	(2)					(5)	(6)
	KB						<input type="checkbox"/> Yes <input type="checkbox"/> No
	KB						<input type="checkbox"/> Yes <input type="checkbox"/> No
	KB						<input type="checkbox"/> Yes <input type="checkbox"/> No

CONTINUE ON PAGE 5

Items 3C, 5, 6B, 8, 10, 11, 13, 14, and 15B - Not applicable to this report

INSTRUCTIONS

GENERAL INFORMATION

If you require an extension of time to complete this report, or if there are any other questions regarding this report, please write to:

**Bureau of the Census
1201 East 10th Street
Jeffersonville, IN 47134-0001**

Please include the 11-digit Census File Number which appears in the address box of this report form on any correspondence.

You may also call our toll free number 1-800-233-6136.

We estimate that it will take from one-half hour to six hours to complete this form, with 3.4 hours being the average. This includes time to read instructions, develop or assemble material, conduct test, organize and review the information, and maintain and report the information. If you have any comments regarding these estimates or any other aspect of this survey, send them to the Associate Director for Management Services, Paperwork Reduction Project 0607-0733, Room 2027, FB3, Bureau of the Census, Washington, DC 20233; and to the Office of Management and Budget, Paperwork Reduction Project 0607-0733, Washington, DC 20503.

DETAILED INSTRUCTIONS FOR ITEMS 2 THROUGH 15A

Item 2 – EMPLOYMENT IN 1992

Report all employees at this establishment who received pay for part of the pay period including the 12th of the specified months. Include officers at this establishment, if a corporation; if an unincorporated concern, exclude proprietor or partners.

Line a, (1) through (4) – Number of production workers during the pay period including 12th of month – Report workers (up through the working supervisor level) engaged in fabricating, processing, assembling, inspecting, and other manufacturing.

Line d – All other employees – Report nonproduction personnel, including those engaged in supervision (above the working supervisor level), installation and servicing of own product, sales, delivery, professional, technical, administrative, etc.

Item 3A – PAYROLL IN 1992 (before deductions)

Follow the definition of salaries and wages used for calculating the Federal withholding tax. Report gross earnings prior to deductions paid in the calendar year to those employees reported in item 2. Include commissions, dismissal pay, bonuses, and vacation pay.

Item 4 – PLANT HOURS WORKED BY PRODUCTION WORKERS IN 1992 (ANNUAL)

Include all production hours worked, including overtime hours, but excluding paid vacations, etc. These should be reported as actual hours worked, not straight-time equivalent hours.

Item 6A – VALUE OF PRODUCTS EXPORTED

Report as exports those shipments going directly for export, including shipments to foreign subsidiaries or foreign divisions of your company and their affiliates. Include value of products shipped to exporters or other wholesalers for export. Also include the value of products sold to the U.S. Government to be shipped to foreign governments. Do not include products shipped for further manufacture, assembly, or fabrication in the United States. Shipments to customers in the Panama Canal Zone, the commonwealth of Puerto Rico, and the United States possessions are considered exports. Before completing this item, note that the value of exports should not exceed the total value of shipments and other receipts reported in item 18B.

Item 7A – CAPITAL EXPENDITURES FOR 1992 (Exclude expenditures for land)

Include all costs actually incurred during 1992 chargeable to the fixed assets accounts and of the type for which depreciation or amortization accounts are ordinarily maintained. This should include construction and repair work performed by your own forces.

Item 7B – GROSS VALUE OF DEPRECIABLE ASSETS

Report the original cost of depreciable assets on the books of this establishment such as buildings, structures, machinery, and equipment for which depreciation or amortization reserves are maintained. Improvements and new construction in progress, but not completed at year-end, should be included in fixed assets at a value equal to the cumulative expenditures to the end of the year. This procedure should be followed even though the asset is not in use and is not yet being depreciated.

Item 9 – RENTAL PAYMENTS FOR 1992

Report rental payments made during the year to other companies for use of such fixed assets as buildings, structures, and equipment (including land). If the parent or subsidiary rents property for use of this establishment and pays the rent, the rents should be reported as if the establishment paid them.

Item 12 – COST OF MATERIALS AND CONTRACT WORK FOR 1992

Report total delivered cost after discounts and include freight of the materials actually consumed or put in production during the year. Include purchases, interplant transfers, and withdrawal from inventories.

If there are no records of consumption, purchases may be reported instead for minor items. This can also be done for major items if purchases do not differ significantly from the amounts actually used. Where consumption of major items differ significantly from purchases, consumption may be estimated by adding beginning inventories to the amount purchased and subtracting ending inventories.

Line a – Cost of materials, parts, containers, etc., used – The delivered cost figures should cover all raw materials, containers, scrap, supplies, etc., which were: (1) put into production, (2) used as operating supplies, or (3) used in repair and maintenance. Item 12, line a should be consistent with the data in item 17.

Line b – Cost of products bought and sold without further processing or assembly – Report the cost of all products bought and sold in the same condition as when purchased and not made part of another product manufactured by this establishment. (Total sales value of all such products is to be reported in item 18B on the line for resales.)

Line c – Cost of fuels consumed for heat and power – Report the total cost of all fuels consumed for heat, power, transportation, or the generation of electricity. Do not include the estimated cost of fuels, such as sawdust or blast furnace gas, produced as a byproduct of your manufacturing activities. Include anthracite and bituminous coal, coke, natural and manufactured gas, fuel oil, liquefied petroleum gas, gasoline, and all other fuels, including purchased steam. Be sure to include fuel used to power delivery trucks, fork lifts, or other motor vehicles associated with the establishment.

Line d – Cost of purchased electricity – Report the total cost of electric energy purchased from other companies or received from other establishments of your company. Exclude the value of electricity generated and used at this establishment.

Line e – Cost of contract work done for you by others on your materials – If any contract work was done by others on materials furnished by your establishment, report the total payments made during the year for such work, including freight out and in. Exclude the cost of materials worked on, which should be included in item 12, line a.

Item 15A – INVENTORIES OF THIS ESTABLISHMENT AT END OF YEAR (Report both years)

Report the value of all inventories owned by this establishment regardless of where the inventories are held. If this establishment is part of a multiestablishment company, the company should assign to each establishment those inventories that the establishment is responsible for, as if it owned them. For example, in completing the report of a manufacturing establishment or sales branch, report those inventories that are attributable to its operations, even if the inventories are held elsewhere, e.g., at a warehouse operated by your company or in a public warehouse. These inventories of an operating establishment held elsewhere should not be reported on the report of the warehouse where they are actually stored. **Inventories should not be duplicated on establishment reports.**

CONTINUE ON PAGE 5

FORM MC-2004	U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;"> ENTER THIS ESTABLISHMENT'S 11-DIGIT CENSUS FILE NUMBER </td> </tr> <tr> <td style="padding: 2px;"> Name of establishment (Same as address box) </td> </tr> </table>	ENTER THIS ESTABLISHMENT'S 11-DIGIT CENSUS FILE NUMBER	Name of establishment (Same as address box)
ENTER THIS ESTABLISHMENT'S 11-DIGIT CENSUS FILE NUMBER				
Name of establishment (Same as address box)				
1992 CENSUS OF MANUFACTURES DAIRY PRODUCTS - Continued				

Item 17. CONSUMPTION OF SELECTED MATERIALS DURING 1992

INSTRUCTIONS

1. General - The materials, parts, and supplies listed below are those commonly consumed in the manufacture, processing, or assembly of the products listed in item 18B. Please review the entire list and report separately each item consumed. Leave blank if you do not consume the item. If you use materials, parts, and supplies which are not listed, describe and report them in the "Cost of all other materials . . ." line at the end of this section. If you consumed less than \$25,000 of a listed material, include the value with "Cost of all other materials . . .," Census material code 970099 8.

Report materials, parts, and supplies purchased, transferred from other plants of your company, or withdrawn from inventory.

If quantities are requested, please use the unit of measure specified.

If the information as requested cannot be taken directly from your book records, REASONABLE ESTIMATES ARE ACCEPTABLE.

2. Valuation of Materials Consumed - The value of the materials, etc., consumed should be based on the delivered cost; i.e., the amount paid or payable after discounts and including freight and other direct charges incurred in acquiring the materials.

Materials received from other plants within your company should be reported at their full economic value (the value assigned by the shipping plant, plus the cost of freight and other handling charges).

If purchases or transfers do not differ significantly from the amounts actually put into production, you may report the cost of purchases or transfers. However, if consumption differs significantly from the amounts purchased or transferred, these amounts should be adjusted for changes in the materials and supplies inventories by adding the beginning inventory to the amount purchased or transferred and subtracting ending inventory.

3. Contract Work - Include as materials consumed those you purchased for use by others making products for you under contract. Amounts paid to the companies doing the contract work should be reported in item 12, line e, and should include freight in and out. On the other hand, materials owned by others but used at this establishment in making products for others under contract or on commission should be excluded.

4. Resales - Cost for products bought and sold or transferred from other establishments of your company and sold without further manufacture, processing, or assembly should be reported in item 12, line b, not in item 17 below. The value of these products shipped by this establishment should be reported in item 18B under Census product code 99989 00 6, "Resales."

Line No.	Materials, parts, and supplies (A)	Census material code (B)	Unit of measure for quantities (C)	Consumption of purchased materials and of materials received from other establishments of your company			
				Quantity (D)	Cost, including delivery cost (freight-in) (E)		
					573	574	574
				Millions	Thou- sands	Dollars	
1	Whole milk	024111 7	↑ Cwt. ↓	\$			
2	Fluid skim milk	202612 8					
3	Cream	202613 6					
4	Butter	202101 2	↑ Thousand pounds ↓				
5	Condensed and evaporated milk	202301 8					
6	Dry milk	202311 7					
7	Natural cheese, other than cottage cheese	202210 1					
8	DAIRY PRODUCT MIXES	Ice cream mixes	202403 2	↑ Thousand gallons ↓			
9		Sherbet mixes	202404 0				
10		Ice milk mixes	202405 7				
11		Frozen yogurt mixes	202407 3				
12	Fats and oils, all types (purchased as such)	207006 8	↑ Thousand pounds ↓				
13	SWEETENERS	High fructose corn syrup (HFCS) (in terms of sugar solids)	204604 3				
14		Crystalline fructose (dry fructose)	204611 8				
15		Dextrose and corn syrup including corn syrup solids (dry weight)	204612 6				
16		Sugar (cane and beet) (in terms of sugar solids)	206011 9	Short tons			
17	Whey, liquid, concentrated, dried, and modified whey products in terms of solids	202302 6	↑ Thousand pounds ↓				
18	Casein and caseinates	190035 6					

CONTINUE ON PAGE 6

Item 17. CONSUMPTION OF SELECTED MATERIALS DURING 1992 – Continued							
Line No.	Materials, parts, and supplies (A)	Census material code 571 (B)	Unit of measure for quantities (C)	Consumption of purchased materials and of materials received from other establishments of your company			
				Quantity 573 (D)	Cost, including delivery cost (freight-in) (E)		
					574 Millions	Thou-sands	Dollars
19	Chocolate (compounds, cocoa, chocolate liquor, coatings, chocolate flavoring, etc.)	206601 7	Thousand pounds		\$		
20	Flavorings (natural, artificial, imitation, etc.), except chocolate	190036 4					
21	Plastics resins consumed in the form of granules, pellets, powders, liquids, etc., but excluding sheets, rods, tubes, and shapes	282104 9	Thousand pounds				
22	Packaging paper and plastics film, coated and laminated	267101 4					
23	Bags; plastics, foil, and coated paper	267301 0					
24	Plastics products consumed in the form of sheets, rods, tubes, and other shapes	308007 4					
25	CONTAINERS						
	Glass containers	322101 7					
26	Plastics containers, except bags	308015 7					
27	Paperboard containers, boxes and corrugated paperboard	265001 8					
28	Metal cans, can lids, and ends	341101 4					
29	Cost of all other materials, parts, containers, and supplies consumed <i>Describe the three principal materials, etc., included in this value.</i>	970099 8					
30	TOTAL Sum of lines 1–29 should equal item 12, line a				\$		

Item 18A – Not applicable to this report

CONTINUE WITH ITEM 18B ON PAGE 7

FORM MC-2004	U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	ENTER THIS ESTABLISHMENT'S 11-DIGIT CENSUS FILE NUMBER
1992 CENSUS OF MANUFACTURES		Name of establishment (Same as address box)
DAIRY PRODUCTS – Continued		

Item 18B. PRODUCTS AND SERVICES OF THIS ESTABLISHMENT DURING 1992

INSTRUCTIONS

1. General – The manufactured products and services listed below are generally made in your industry. If you make products that are not listed, describe and report them in the "All other products made in this establishment" section at the end of item 18B. PLEASE DO NOT COMBINE PRODUCT LINES.

If quantities are requested, please use the unit of measure specified.

If the information as requested cannot be taken directly from your book records, REASONABLE ESTIMATES ARE ACCEPTABLE.

2. Valuation of Products – Report the value of the products shipped and services performed at the net selling value, f.o.b. plant to the customer; i.e., after discounts and allowances, and exclusive of freight charges and excise taxes.

If you transfer products to other establishments within your company, you should assign the full economic value to the transferred products; i.e., include all direct costs of production and a reasonable proportion of all other costs and profits.

3. Contract Work – Report PRODUCTS MADE BY OTHERS FOR YOU FROM YOUR MATERIALS on the specific lines as if they were made in this establishment. On the other hand, do not report on the specific product lines PRODUCTS THAT YOU MADE FROM MATERIALS OWNED BY OTHERS. Report only the amount that you received for "commission or contract receipts" under Census product code 93000 00 8.

4. Resales – Do not report on the specific product lines those PRODUCTS BOUGHT AND SOLD OR TRANSFERRED FROM OTHER ESTABLISHMENTS OF YOUR COMPANY AND SOLD WITHOUT FURTHER MANUFACTURE. Report only a value under Census product code 99989 00 6, "Resales."

5. Receiving stations – Establishments which do not have bottling or pasteurizing operations but receive fluid milk in bulk and ship it, without processing to bottling or other manufacturing plants of the same company, should report on 1992 Economic Censuses Form ES-9200 "Auxiliary Establishment Report." Establishments which are engaged in the business of buying bulk fluid milk and selling it at wholesale, without processing or bottling, should report on 1992 Census of Business Form CB-5143, "Dairy and Dairy Products."

6. Distribution points (relay stations) – Some plants maintain outlying distribution points (relay stations) to facilitate house-to-house delivery in nearby cities. Such locations should be considered as part of this establishment in preparing this report, provided their primary activity is the distribution of goods to household consumers. Any such locations distributing primarily at wholesale (to retail stores, etc.) should be regarded as manufacturer's sales branches and listed separately on Form CB-5143, "Dairy and Dairy Products."

Line No.	Products and services (A)		Census product code (B)	Unit of measure for quantities (C)	Products shipped and other receipts				
					Quantity (D)	Value, f.o.b. plant (E)			
						583	584		
					Millions	Thou- sands	Dollars		
1	BUTTER (Churned in this plant) (20210)	<i>(Report butter churned elsewhere and repackaged in this plant as resale on line 96)</i> Shipped in bulk (containers more than 3 pounds)	20210 13 4	Thousand pounds		\$			
2		Shipped in consumer packages (containers 3 pounds or less)	20210 15 9						
3		Anhydrous butterfat	20210 21 7						
4	NATURAL CHEESE, EXCEPT COTTAGE CHEESE (Cheddar, brick, grated, cream, Swiss, Italian, etc.) (20223)	Shipped in consumer packages or containers (3 pounds or less)	20223 01 2						
5		Shipped in packages or containers of more than 3 pounds or in bulk	20223 02 0						
6	Process Cheese and Related Products (Pasteurized and blended) (20224)	PROCESS CHEESE Shipped in consumer packages or containers (3 pounds or less)	20224 11 9						
7			Shipped in packages or containers of more than 3 pounds or in bulk		20224 13 5				
8		Cheese food			20224 23 4				
9		Cheese spread			20224 25 9				
10		Other related cheese products (including flavored cheese dips)			20224 29 1				
11	CHEESE SUBSTITUTES AND IMITATIONS (20225)	Products substituting for natural cheese	20225 11 6						
12		Products substituting for processed cheese or related products	20225 21 5						
13	RAW LIQUID WHEY		20226 00 7						

CONTINUE ON PAGE 8

Item 18B. PRODUCTS AND SERVICES OF THIS ESTABLISHMENT DURING 1992 – Continued										
Line No.	Products and services (A)			Census product code (B)	Unit of measure for quantities (C)	Products shipped and other receipts				
						Quantity (D)	Value, f.o.b. plant (E)			
							584 Millions	Thou- sands	Dollars	
14	Dry Milk Products and Mixtures (Report soy base or other substitutes on lines 37-40) (20235)	SHIPPED IN CONSUMER TYPE PACKAGES (Containers 3 pounds or less)	Nonfat dry milk	20235 11 5	Thousand pounds		\$			
15			Infants' formula	20235 22 2						
16			Other dry milk products (instant chocolate milk, weight control products, whole milk powder, malted milk powder, powdered cream, etc.)	20235 29 7						
17		SHIPPED IN BULK (Containers larger than 3 pounds)	Food grade (bakeries, confectioners, meat packers, etc.):	Dry whole milk		20235 42 0				
18				Nonfat dry milk		20235 43 8				
19				Dry whey		20235 45 3				
20				Modified dry whey products (lactose, milk albumin, etc.)		20235 47 9				
21				Other food grade dry milk products		20235 49 5				
22				Feed grade (dry milk, dry buttermilk, dry whey, etc.)		20235 51 1				
23		CANNED MILK PRODUCTS (Consumer type cans) (Report soy base or other substitutes on lines 41-42) (20236)	Evaporated milk			20236 12 1				
24			Condensed milk			20236 16 2				
25			Canned dietary supplements, weight control products			20236 21 2				
26	Infants' formula, liquid		20236 26 1							
27	Other canned milk products (including canned whole milk)		20236 28 7							
28	Concentrated Milk Products Shipped in Bulk (Barrels, drums, and tanks) (20237)	Feed grade (including concentrated whey and buttermilk)		20237 12 9						
29		FOOD GRADE (Except ice cream and ice milk mixes)	Concentrated whey in terms of solids	20237 17 8						
30			All other	20237 19 4						
31	ICE CREAM MIXES AND RELATED PRODUCTS (20238)	Ice cream		20238 01 0	Thousand gallons					
32		Ice milk		20238 03 6						
33		Sherbet		20238 05 1						
34		Frozen yogurt		20238 07 7						
35		Milkshake		20238 13 5						
36		Other mixes		20238 19 2						
37	Products That Substitute For Dairy Products	DRY	Coffee whiteners	20239 21 6	Thousand pounds					
38			Infants' formula	20239 23 2						
39			Sour cream substitutes	20239 25 7						
40			Other dry dairy product substitutes (including whipped topping, etc.) – Specify product	20239 28 1						

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FORM MC-2004	U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	ENTER THIS ESTABLISHMENT'S 11-DIGIT CENSUS FILE NUMBER
1992 CENSUS OF MANUFACTURES		Name of establishment (Same as address box)
DAIRY PRODUCTS - Continued		

Item 18B. PRODUCTS AND SERVICES OF THIS ESTABLISHMENT DURING 1992 - Continued

Line No.	Products and services		Census product code	Unit of measure for quantities	Products shipped and other receipts				
					581	Value, f.o.b. plant (E)			
						583	584	Thousands	Dollars
(A)	(B)	(C)	(D)	Millions	Thousands	Dollars			
41	CANNED	Liquid infants' formula	20239 32 3	↑	Thousand pounds	\$			
42		Other canned dairy product substitutes (including dietary supplements and weight control products)	20239 38 0	↓					
43	OTHER	Perishable	Flavored dips	20267 11 8	↑				
44			Whipped topping (including pressure can type)	20267 13 4	↓				
45		Coffee whiteners	20267 14 2	↑					
46		Flavored milk drinks (chocolate drink, etc.)	20267 17 5	↓					
47		Sour cream substitutes	20267 16 7						
48		Other perishable dairy product substitutes - <i>Specify products</i>	20267 18 3						
49		Frozen	Whipped topping	20384 51 7	↑	Thousand pounds			
50	Other frozen dairy product substitutes (except mellorine and similar frozen desserts)		20384 59 0	↓					
51	Ice Cream and Ices (20240)	ICE CREAM (Including custards)	Shipped in bulk (containers 3 gallons or more)	20240 14 9	↑ Thousand gallons ↓				
52			Shipped in container sizes (less than 3 gallons)	20240 15 6					
53			Novelty forms	20240 16 4					
54		ICE MILK	Shipped in bulk (containers 3 gallons or more)	20240 21 4					
55			Shipped in container sizes (less than 3 gallons)	20240 22 2					
56			Novelty forms	20240 23 0					
57		FROZEN YOGURT (Report other yogurt on line 79)	20240 31 3						
58		SHERBET	Shipped in bulk (containers 3 gallons or more)	20240 94 1					
59			All other sizes (including novelty forms)	20240 96 6					
60		ICES	Water ices containing no real fruit or fruit juice	20240 52 9					
61			Ices containing some real fruit or fruit juice	20240 54 5					
62		Mellorine and similar frozen desserts containing fats other than butterfat (including tofu-type)	20240 71 9						

CONTINUE ON PAGE 10

Item 18B. PRODUCTS AND SERVICES OF THIS ESTABLISHMENT DURING 1992 – Continued								
Line No.	Products and services (A)	Census product code 581 (B)	Unit of measure for quantities (C)	Products shipped and other receipts				
				Quantity 583 (D)	Value, f.o.b. plant (E)			
					584 Millions	Thou- sands	Dollars	
63	Ice Cream and Ices (20240) – Continued Other frozen desserts (frozen pudding, etc.)	20240 99 0	Thousand gallons		\$			
64	BULK FLUID MILK AND CREAM (Sales and transfers to other plants and dealers) (20261)	Fluid whole milk, bulk sales	20261 12 9	Thousand pounds				
65		Fluid skim milk, bulk sales	20261 15 2					
66		Fluid cream and buttermilk, bulk sales	20261 16 0					
67		Other bulk fluid milk and cream (eggnog, lowfat, etc.)	20261 19 4					
68	PACKAGED FLUID MILK AND RELATED PRODUCTS (Including cartons, bottles, cans, and dispenser cans) (20262)	Fluid whole milk, packaged (including U.H.T.)	20262 12 7	Thousand quarts				
69		Lowfat milk, packaged (including U.H.T.)	20262 23 4					
70		Skim milk, packaged (including U.H.T.)	20262 25 9					
71		Cream, heavy (whipping cream, containing 36 percent butterfat or more)	20262 32 5					
72		Cream, light (coffee cream, containing less than 36 percent butterfat)	20262 43 2					
73		Cream, sour, unflavored (Report flavored dips on line 80)	20262 45 7					
74		Half and half	20262 52 3					
75		Whipped topping, butterfat base	20262 63 0					
76	COTTAGE CHEESE (Including bakers' cheese, pot cheese, farmers' cheese) (20263)	Creamed in this plant from purchased curd	20263 18 2	Thousand pounds				
77		Manufactured and creamed in this plant	20263 13 3					
78		Manufactured in this plant, sold as curd (not creamed)	20263 16 6					
79	YOGURT, EXCEPT FROZEN (Report frozen yogurt on line 57)	20265 00 5						
80	OTHER PACKAGED MILK PRODUCTS, N.E.C. (20268)	Flavored sour cream dips	20268 13 2	Thousand quarts				
81		Flavored milks (chocolate milk, etc.)	20268 15 7					
82		Other milk products (eggnog, buttermilk, acidophilus milk, reconstituted milk, etc.)	20268 19 9					
83	CANNED ORANGE JUICE, SINGLE STRENGTH, ALL SIZES	2033A 25 2		Thousand gallons				
84	FRESH FRUIT JUICES AND NECTARS (Single strength) (2033B)	Orange	2033B 12 8					
85		Other	2033B 19 3					
86	FRUIT DRINKS, COCKTAILS, AND ADES, CONTAINING SOME REAL JUICE (With added sugar, citric acid, etc.) (20866)	16.9 oz (1/2 liter) containers or less	20866 01 8					
87		Other size containers (cartons, bottles, cans, etc.)	20866 02 6					
88		Concentrates	20866 03 4					
89	ALL OTHER PRODUCTS MADE IN THIS ESTABLISHMENT <i>Describe and report separately each product with a sales value of \$50,000 or more which cannot be assigned to one of the lines above. For all remaining products, write "Other" and report a single total value.</i>	18						
90		26						
91		34						
92		42						
93		59						

CONTINUE ON PAGE 11

FORM MC-2004 1992 CENSUS OF MANUFACTURES DAIRY PRODUCTS - Continued	U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	ENTER THIS ESTABLISHMENT'S 11-DIGIT CENSUS FILE NUMBER Name of establishment (Same as address box)
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Item 18B. PRODUCTS AND SERVICES OF THIS ESTABLISHMENT DURING 1992 - Continued

Line No.	Products and services (A)	Census product code (B)	Unit of measure for quantities (C)	Products shipped and other receipts				
				Quantity (D)	Value, f.o.b. plant (E)			
					584 Millions	Thou- sands	Dollars	
94	CONTRACT WORK Receipts for work done for others on their own materials <i>Describe below products worked on and kind of work.</i>	93000 00 8			\$			
95	MISCELLANEOUS RECEIPTS Miscellaneous receipts (including receipts for repair work, scrap, refuse, etc.)	99980 00 5						
96	RESALES Sales of products bought and sold without further manufacture, processing, or assembly in this establishment. The cost of such items should be reported in item 12, line b.	99989 00 6						
97	TOTAL value of shipments and other receipts Sum of lines 1-96, column (E)	77000 00 8			\$			

Item 19. EMPLOYEES ENGAGED IN TRANSPORTATION 591 | 421 8

a. Did this establishment have any employees on the payroll engaged in transportation in 1992?

592 1 Yes - Report below the number and payroll of employees (including drivers/salespeople) of this establishment engaged in the delivery of products sold by this establishment.

 2 No - Continue with item 22

b. Number of employees (These employees should also be included in the figures reported in item 2, page 1)

Number		
593		
594	Thou-	
Millions	sands	Dollars

c. Payroll (This payroll should also be included in the figures reported in item 3A, page 1)

\$		

Items 20 and 21 - Not applicable to this report

REMARKS - Please use this space for any explanations that may be essential in understanding your reported data.

Item 22. CERTIFICATION - This report is substantially accurate and has been prepared in accordance with instructions.

Name of person to contact regarding this report (Print or type)	Telephone	Area code	Number	Extension
667 1		2		
Name of company		Address (Number and street, city, State, ZIP Code)		
FROM: Month		Day	Year	TO: Month
666 1				2
Signature of authorized person		Title	Date	

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS



**1992 CENSUS OF MINERAL INDUSTRIES
IRON, FERROALLOY, URANIUM, AND
MISCELLANEOUS METAL ORES**

OMB No. 0607-0736: Approval Expires 06/30/94

DUE DATE: FEBRUARY 15, 1993
If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Return your completed form to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:
1-800-233-6136

MC-1001

Please read the accompanying instructions before answering the questions.

Census use only

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

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1A. EMPLOYER IDENTIFICATION NUMBER
Is the Employer Identification (EI) Number shown in the label the SAME as the one used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes
2 No - Enter current EI Number (9 digits) →

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Item 1B. PHYSICAL LOCATION - Answer parts a-d

a. Is this establishment's physical location the same as the address shown in the label?
P.O. box and rural route addresses are not physical locations.

Yes
 No - Enter physical location →

Number and street		
City, village, or other place	State	ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 3 No legal boundaries
2 No 4 Do not know

c. In what type of municipality is this establishment physically located?

096 1 City, village, or borough 3 Other - Specify _____
2 Town or township 4 Do not know

d. In what county is this establishment located?

Item 1C. PRINCIPAL ACTIVITY - Mark (X) the ONE box which best describes the PRINCIPAL kind of business or industrial activity of this establishment.

070 1 Minerals extraction, quarrying, production, exploration, mining contract services, or oil and gas field operations and services
2 Manufacturing (fabrication, assembling, or processing materials into new products. Also include such activities as: logging, apparel jobbing, publishing, printing, and machine shops)
3 Construction (including general contracting, subcontracting, home building, and land subdividing and development)

4 Wholesale operations
5 Retail operations
6 Other

If you have marked (X) in boxes 2 through 6, describe your principal activity below. ↴

	Key	Number
a. Number of PRODUCTION, DEVELOPMENT, AND EXPLORATION WORKERS during pay period including the 12th of month <i>(Include both full- and part-time employees)</i>	(1) March 12	301
	(2) May 12	302
	(3) August 12	303
	(4) November 12	304
b. Total (Sum of lines (1) through (4))		305
c. Average number (Divide line b by 4 - omit fractions)		306
d. All OTHER EMPLOYEES (Pay period including March 12)		307
e. Total (Sum of lines c and d)		308

CONTINUE ON PAGE 2

HOW TO REPORT	<i>Report dollars and hours rounded to thousands. Be careful to enter your figures in the correct columns.</i>	Millions (000)	Thousands (000)	Mark (X) if "0"
	Example: If a figure is \$1,125,628 – Report →	1	126	
	If item value is equal to "0" (or less than \$500 or 500 hours) – Mark (X)			<input checked="" type="checkbox"/> 0

Item 3A. PAYROLL IN 1992 (before deductions) (Exclude supplemental labor costs reported in item 3C)	Key	Mil.	Thou.	Mark (X) if "0"
a. Production, development, and exploration workers' wages (For employees reported in item 2, line c)	309	\$		<input type="checkbox"/> 0
b. All other salaries and wages (For employees reported in item 2, line d)	310			<input type="checkbox"/> 0
c. Total (Sum of lines a and b)	311			<input type="checkbox"/> 0
Item 3B. FIRST QUARTER PAYROLL IN 1992 (before deductions) Total payroll for the first quarter (January–March)	315			<input type="checkbox"/> 0
Item 3C. EMPLOYER'S COST FOR FRINGE BENEFITS (annual supplemental labor costs)				
a. Legally required expenditures, including Social Security (Exclude from items 3A and 3B)	312			<input type="checkbox"/> 0
b. Payments for voluntary programs (Exclude from items 3A and 3B)	313			<input type="checkbox"/> 0
c. Total (Sum of lines a and b)	314			<input type="checkbox"/> 0
Item 4. HOURS WORKED BY PRODUCTION, DEVELOPMENT, AND EXPLORATION WORKERS IN 1992 (ANNUAL)	Key	Hours worked		Mark (X) if "0"
		Mil.	Thou.	
Total hours worked by production, development, and exploration workers in 1992 (For employees reported in item 2, line c)	320			<input type="checkbox"/> 0

Items 5 and 6 – Not applicable to this report

Item 7. ASSETS, CAPITAL EXPENDITURES, AND RETIREMENTS	Buildings and other structures (Exclude land in items 7 and 8)		Machinery and equipment		Mineral exploration and development		Mineral land and rights		TOTAL Sum of columns (1) through (4)		
	(1)		(2)		(3)		(4)		(5)		Mark (X) if "0"
	Mil.	Thou.	Mil.	Thou.	Mil.	Thou.	Mil.	Thou.	Mil.	Thou.	
a. Gross value of depreciable and/or depletable assets (acquisition cost) at the beginning of the year	339		340		270		271		341		<input type="checkbox"/> 0
b. Total capital expenditures during the year	378		379		273		274		350		<input type="checkbox"/> 0
(1) Capital expenditures for new buildings and machinery	342		343								
(2) Capital expenditures for used buildings and machinery	345		346								
c. Retirements and disposition of depreciable and/or depletable assets (i.e., gross value of assets sold, retired, destroyed, abandoned, scrapped, etc.)	351		352		276		277		353		<input type="checkbox"/> 0
d. Gross value of depreciable and/or depletable assets at the end of the year (Line a plus b minus c equals d)	354		355		279		280		356		<input type="checkbox"/> 0
Item 8. DEPRECIATION AND/OR DEPLETION CHARGES FOR THE YEAR 1992	357		358		282		283		359		<input type="checkbox"/> 0
Item 9. RENTAL PAYMENTS DURING YEAR FOR BUILDINGS AND MACHINERY	360		361						362		<input type="checkbox"/> 0
Item 10. CURRENT ACCOUNT EXPENDITURES DURING THE YEAR FOR MINERAL PROPERTIES					285		286		287		<input type="checkbox"/> 0
Item 11A. LEASE RENTS FOR MINERAL PROPERTIES											<input type="checkbox"/> 0
Item 11B. COST OF PURCHASED COMMUNICATION SERVICES (TELEPHONE, TELEGRAPH, ETC.)											<input type="checkbox"/> 0

CONTINUE ON PAGE 3

FORM MC-1001	U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	ENTER THIS ESTABLISHMENT'S 11-DIGIT CENSUS FILE NUMBER
1992 CENSUS OF MINERAL INDUSTRIES IRON, FERROALLOY, URANIUM, AND MISCELLANEOUS METAL ORES - Continued		Name of establishment (Same as address box)

Item 12. COST OF SUPPLIES, ETC., FOR 1992

INSTRUCTIONS

The figures reported should represent the total purchase cost of supplies, minerals received for preparation, machinery installed, fuels, etc., actually used or processed during 1992. Include purchases, interplant transfers, and withdrawals from inventories.

Cost is delivered cost; i.e., the amount paid or payable after discounts and including freight and other direct charges incurred by the establishment in acquiring the materials. If there are no records of consumption, purchases may be reported instead if they do not differ significantly from the amounts actually used. Where consumption of major items differs significantly from purchases, consumption may be estimated by adding beginning inventories to the amount purchased and subtracting ending inventories.

See accompanying instructions for additional information.

	Key	Mil.	Thou.	Mark (X) if "0"
a. Cost of supplies used, minerals received for preparation, and purchased machinery installed (Report detail in item 17A)	321	\$		<input type="checkbox"/> 0
b. Cost of products bought and sold without further processing (Report sales in item 18B as resales)	322			<input type="checkbox"/> 0
c. Cost of purchased fuels consumed for heat, power, or the generation of electricity (Report detail in item 17B)	323			<input type="checkbox"/> 0
d. Cost of purchased electricity (Report quantity in item 14, line a)	324			<input type="checkbox"/> 0
e. Cost of contract work done for you by others	325			<input type="checkbox"/> 0
f. Total (Sum of lines a through e)	326			<input type="checkbox"/> 0

Item 13 - Not applicable to this report

	Key	Kilowatthours		Mark (X) if "0"
		Mil.	Thou.	
a. Purchased electricity (Quantity comparable to cost as reported in item 12, line d)	327			<input type="checkbox"/> 0
b. Generated electricity (Gross less generating station use)	328			<input type="checkbox"/> 0
c. Electricity sold or transferred to other establishments	329			<input type="checkbox"/> 0

Item 15. INVENTORIES OF THIS ESTABLISHMENT AT END OF YEAR (Report both years)

INSTRUCTIONS

Report the value of all inventories owned by this establishment regardless of where the inventories are held. If this establishment is part of a multiunit company, the company should assign to each establishment those inventories that the establishment is responsible for, as if it owned them. For example, in completing the report of a minerals establishment, report those inventories that are attributable to its operations, even if the inventories are held elsewhere; e.g., at a warehouse, centrally located stockpile, or storage area. These inventories of an operating establishment held elsewhere should not be reported on the report of the establishment where they are actually stored. **INVENTORIES SHOULD NOT BE DUPLICATED ON ESTABLISHMENT REPORTS.** See accompanying instructions for additional information.

	Key	End of 1992			Key	End of 1991		
		Mil.	Thou.	Mark (X) if "0"		Mil.	Thou.	Mark (X) if "0"
Report inventories at cost or market using generally accepted accounting methods.								
Are inventories of this establishment subject to the LIFO method of valuation?								
1 <input type="checkbox"/> Yes - Use the sum of the LIFO amount plus the LIFO reserve for completing a through d(2). Note: If you changed to LIFO for calendar year 1992, specify in the REMARKS section.								
2 <input type="checkbox"/> No - Complete only lines a through d(1). Line d(1) should equal line c.								
a. Mined or quarried products	336	\$		<input type="checkbox"/> 0	332	\$		<input type="checkbox"/> 0
b. Supplies, parts, fuels, etc.	337			<input type="checkbox"/> 0	333			<input type="checkbox"/> 0
c. Total inventories (Sum of lines a and b)	338			<input type="checkbox"/> 0	334			<input type="checkbox"/> 0
d. Of the value on line c, report:								
(1) Amount not subject to LIFO costing	368			<input type="checkbox"/> 0	364			<input type="checkbox"/> 0
(2) Amount subject to LIFO costing (gross)	369			<input type="checkbox"/> 0	365			<input type="checkbox"/> 0
e. Report the following applicable to line d(2):								
(1) Amount of the LIFO reserve	370			<input type="checkbox"/> 0	366			<input type="checkbox"/> 0
(2) LIFO value of line d(2) (net)	371			<input type="checkbox"/> 0	367			<input type="checkbox"/> 0

CONTINUE ON PAGE 4

Item 16A. LEGAL FORM OF ORGANIZATION
 Mark (X) the ONE box which best describes this establishment during 1992.

003

1 <input type="checkbox"/> Individual proprietorship	5 <input type="checkbox"/> Government – Specify _____
2 <input type="checkbox"/> Partnership	6 <input type="checkbox"/> Corporation (do not mark if any form of cooperative association)
3 <input type="checkbox"/> Cooperative association (taxable)	9 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/>
4 <input type="checkbox"/> Cooperative association (tax-exempt)	

Item 16B. OPERATIONAL STATUS
 Mark (X) the ONE box which best describes this establishment at the end of 1992.

001

1 In operation (Include operations under development, exploration, or construction)
 2 Temporarily or seasonally inactive
 3 Ceased operation – Give date at right
 4 Sold or leased TO another operator – Give date at right AND enter name, etc., below
 5 Acquired or leased FROM another operator – Give date at right AND enter name, etc., below

} GIVE DATE →
Enter figures only

Month	Day	Year

Name of new/former owner or operator 002
 El Number (9 digits) [][][][][][][][][][] - [][][][][][][][][][]

Number and street City State ZIP Code

Item 16C. OWNERSHIP, CONTROL, AND LOCATION OF OPERATIONS

a. Is the FIRST DIGIT of your Census File Number (imprinted in the address box) "0"?

Yes – Answer parts b-d
 No – SKIP to item 17A

097

b. Is this company owned or controlled by another company?

1 Yes →
 2 No ↗

Name and address of owning or controlling company

Kind of business of this company

El Number (9 digits)
 [][][][][][][][][][] - [][][][][][][][][][]

098

c. Does this company own or control any other company or companies?

1 Yes →
 2 No ↗

Name and address of owned or controlled company

Kind of business of this company

El Number (9 digits)
 [][][][][][][][][][] - [][][][][][][][][][]

d. Did this company operate at more than one location, including operations under exploration or development, during 1992? If more space is needed, attach a separate sheet.

079

1 Yes – List additional locations below.
 2 No – SKIP to item 17A

Physical address of business location (Number and street, city, State, ZIP Code) (1)	Kind of business (KB) at this location and Employer Identification Number (2)	Sales and receipts (3)		Annual payroll (4)		Number of employees during pay period including March 12 (5)	Are these figures included in other items on this report? (6)
		Mil.	Thou.	Mil.	Thou.		
	KB [][][][][][][][][][] - [][][][][][][][][][]						<input type="checkbox"/> Yes <input type="checkbox"/> No
	KB [][][][][][][][][][] - [][][][][][][][][][]						<input type="checkbox"/> Yes <input type="checkbox"/> No
	KB [][][][][][][][][][] - [][][][][][][][][][]						<input type="checkbox"/> Yes <input type="checkbox"/> No
	KB [][][][][][][][][][] - [][][][][][][][][][]						<input type="checkbox"/> Yes <input type="checkbox"/> No
	KB [][][][][][][][][][] - [][][][][][][][][][]						<input type="checkbox"/> Yes <input type="checkbox"/> No

CONTINUE WITH ITEM 17A ON PAGE 5

FORM MC-1001	U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	ENTER THIS ESTABLISHMENT'S 11-DIGIT CENSUS FILE NUMBER
1992 CENSUS OF MINERAL INDUSTRIES IRON, FERROALLOY, URANIUM, AND MISCELLANEOUS METAL ORES - Continued		Name of establishment (Same as address box)

Item 17A. SUPPLIES USED, ORES FOR TREATMENT, AND PURCHASED MACHINERY INSTALLED DURING 1992
Part I. ITEMS PURCHASED OR RECEIVED FROM OTHER ESTABLISHMENTS AND USED

INSTRUCTIONS

Report:

- Delivered cost of individual items listed below.
- Quantities in the unit of measure specified in column (C).
- Estimated cost of ores received for treatment on a custom or toll basis, as if purchased.
- Treated products in item 18B.

Include:

- Ores received for treatment which were used in 1992.
- Items listed below whether charged to current or capital accounts.
- Cost of items for which less than \$25,000 worth was used in "All other supplies," line 16.

Include: Con.

- Supplies purchased by this establishment for use by companies performing contract work at this establishment.

Exclude:

- Associated labor costs of the kind reported in items 3A, 3B, and 12, line e.
- Payments made for contract services performed, including payments for supplies and equipment furnished by the contractor incidental to this work.

For valuation, see instructions for item 12. If the information cannot be taken directly from your records, reasonable estimates are acceptable.

Line No.			Census material code	Unit of measure for quantities	Received from other establishments of this company, purchased from others, and ores received for treatment on a custom or toll basis					
					Quantity		Cost, including delivery cost (freight-in)			
					573		(E)			
					574					
					Millions	Thou- sands	Dollars			
		(A)	571	(B)	(C)	(D)				
1	ORES AND CONCENTRATES RECEIVED FOR TREATMENT	Crude iron ore for concentration <i>(Report concentrates in item 18B, lines 3 and 4.)</i>	101112 1	Long tons		\$				
2		Iron ore concentrates for agglomeration <i>(Report agglomerates in item 18B, line 5.)</i>	101123 8							
3		Bauxite (crude or dried) for treatment	109902 7							
4		Other ores and concentrates for treatment	100097 5	Short tons						
5	PURCHASED MACHINERY INSTALLED, including mobile loading, transportation, and other equipment installed at the operation		353020 1							
6	PARTS AND ATTACHMENTS (except those listed elsewhere) for mining, mineral preparation, construction, and conveying machinery and equipment		353030 0							
7	SUPPLIES USED	Bentonite and other clay nonmetallic minerals	145000 6							
8		Explosive materials (except ammonium nitrate) and blasting accessories	289218 0							
9		Ammonium nitrate	289212 3							
10		Industrial chemicals (chemical reagents, calcium chloride, fatty acids, etc.) except explosive materials and blasting accessories	280110 8							
11		Lubricating oils and greases (including hydraulic oils)	290000 9							
12		Tires and inner tubes	301100 4							
13		Iron and steel castings	332002 5							
14		Iron and steel forgings	346211 6							
15		Steel shapes and forms (except castings and forgings) such as plates, sheets, strip, piling, bars, rails, wheels, track accessories, pipe, tubing, wire, wire products, and structural shapes	331066 1							
16		All other supplies - <i>List the three principal types of supplies included here</i>	970098 0							
17	TOTAL Sum of lines 1 - 16 should equal item 12, line a (page 3)					\$				

CONTINUE ON PAGE 6

Item 17A. SUPPLIES USED, ORES FOR TREATMENT, AND PURCHASED MACHINERY INSTALLED DURING 1992 – Continued

Part II. QUANTITY OF ORES MINED AND TREATED AT THIS ESTABLISHMENT

INSTRUCTIONS

- Report below the quantity of each listed item mined and also treated at this establishment. Purchases or receipts of such items should be reported only in part I.
- Ores mined for sale as such and not treated at this establishment should only be reported in item 18B.
- Report treated products in item 18B.

Line No.	Item (A)	Census material code (B)	Unit of measure for quantities (C)	Quantities mined and also treated at this establishment (D)		
		571		573		
1	ORES AND CONCENTRATES MINED AND TREATED Crude iron ore for concentration <i>(Report concentrates in item 18B, lines 3 and 4.)</i>	101113 9	↑ Long tons ↓			
2					Iron ore concentrates for agglomeration <i>(Report agglomerates in item 18B, line 5.)</i>	101124 6
3					Bauxite (crude or dried) for treatment	109903 5
4					Other ores and concentrates for treatment	100098 3

Item 17B. FUELS USED DURING 1992

Line No.	Kind of fuel <i>(Report total delivered cost, not cost per unit. Fuels received from other establishments of your company should be included at estimated market value.)</i> (A)	Census fuel code (B)	Unit of measure for quantities (C)	1992 Consumption			
				Quantity (D)	Cost, including delivery cost (freight-in) (E)		
					563	564	Thou- sands
				Millions			
1	Coal – bituminous, subbituminous, lignite, and anthracite	120005 4	Short tons		\$		
2	FUEL OIL Distillate (light) grade numbers 1, 2, 4, and light diesel fuel	291141 0	↑ Barrels (42 gal) ↓				
3							
4	Gas – natural, manufactured, and mixed	131159 6	Million cubic feet				
5	Gasoline	291111 3	Thousand gallons				
6	Other fuels – liquefied petroleum gas, coke, wood, and other	960018 0					
7	TOTAL Sum of lines 1–6 should equal item 12, line c (page 3)				\$		

Item 18A. TYPE OF OPERATION DURING 1992 (Include production, development, and exploration operations.)

Line No.	Item	Key	Mark (X) appropriate boxes
1	MINING METHODS Mark (X) one or more <i>(If mine is under development or exploration, or maintenance is being performed, indicate method most likely to be used when production is started or resumed.)</i> Open-pit and/or dredge	401	6205 <input type="checkbox"/>
		402	6304 <input type="checkbox"/>
		403	6395 <input type="checkbox"/>
4	No mine or abandoned mine	404	6106 <input type="checkbox"/>
5	TREATMENT METHODS AT PLANT Mark (X) one or both Agglomeration	405	6841 <input type="checkbox"/>
		406	6999 <input type="checkbox"/>
6	Other (washing, heavy media separation, fine grinding, flotation, chemical leaching, precipitation, etc.)	406	6999 <input type="checkbox"/>
7	No treatment or agglomeration plant	407	6601 <input type="checkbox"/>

CONTINUE ON PAGE 7

FORM MC-1001	U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	ENTER THIS ESTABLISHMENT'S 11-DIGIT CENSUS FILE NUMBER
1992 CENSUS OF MINERAL INDUSTRIES IRON, FERROALLOY, URANIUM, AND MISCELLANEOUS METAL ORES - Continued		Name of establishment (Same as address box)

Item 18B. PRODUCTS AND SERVICES OF THIS ESTABLISHMENT DURING 1992

INSTRUCTIONS

Report:

- Net total values f.o.b. mine or plant after discounts and allowances and exclusive of freight charges and excise taxes.
- Long tons equal to 2,240 pounds.
- Short tons equal to 2,000 pounds.

Include:

- All products produced or physically shipped from this establishment in 1992.
- Material withdrawn from stockpiles.
- Products shipped on consignment.
- Concentrated ores, metals, and agglomerates from ores mined at this establishment, purchased, or received from other establishments of your company.
- Quantity and estimated value of products treated on a custom or toll basis.

Include: Con.

- Products transferred for treatment or other use to other establishments of your company.
- Bonuses or other credits for metal contained, as well as royalties.
- Production of crude ore mined for treatment at this establishment in column (D-1).

Exclude:

- From crude ore shipped any material mined and also treated at this establishment. Report these on the appropriate line for the treated or concentrated product.
- Penalties for impurities.

The Bureau of Mines, U.S. Department of the Interior, generally collects detailed figures on the mineral products listed here. This item provides only summary figures which will serve to relate the statistics compiled from the Census of Mineral Industries to the statistics compiled from the Bureau of Mines surveys.

Line No.	Description (A)			Census product code (B)	Unit of measure for quantities (C)	Quantity of production (D-1)	Shipments and interplant transfers			
							Quantity (D-2)	Value, f.o.b. mine or plant (E)		
								583	584	Thou-
							Millions	sands		
1	Iron Ore and Concentrates Containing Less Than 5 Percent Manganese	CRUDE IRON ORE	Direct shipping ore	10111 21 9	↑ Long tons ↓			\$		
2			Ore for concentration	10111 23 5						
3		IRON ORE CONCENTRATES (INCLUDING WASHED MATERIAL)	For consumer	10112 03 5						
4			For agglomeration plants not at blast furnaces	10112 05 0						
5			Iron ore agglomerates; pellets, sinter, briquets, and other	10112 07 6						
6	BAUXITE	Bauxite, undried		10992 11 3						
7		Bauxite (dried, activated, or calcined)		10992 21 2						
8	FERROALLOY ORES AND CONCENTRATES (EXCEPT VANADIUM) INCLUDING MANGANESE AND MANGANIFEROUS ORES CONTAINING 5 PERCENT OR MORE MANGANESE	Crude ferroalloy ores: manganese and manganiferous ores, molybdenum, chromium, cobalt, columbium, nickel, tantalum, and tungsten			10611 00 2					
9		Molybdenum concentrates		10612 31 5	↑ Short tons ↓					
10		Other ferroalloy concentrates: manganese, chromium, cobalt, columbium, nickel, tantalum, and tungsten			10612 29 9					
11	Uranium and Vanadium Ores and Concentrates	Crude uranium and vanadium ores			10941 02 9	↑ Short tons ↓				
12		URANIUM CONCENTRATES	From crude ore	10942 03 5						
13			From other processes such as in situ solution mining, etc.	10942 04 3						
14	Vanadium concentrates			10942 05 0						

CONTINUE ON PAGE 8

Item 18B. PRODUCTS AND SERVICES OF THIS ESTABLISHMENT DURING 1992 – Continued										
Line No.	Description		Census product code	Unit of measure for quantities	Quantity of production	Shipments and interplant transfers				
						Quantity	Value, f.o.b. mine or plant			
							(E)			
581	(B)	(C)	582	583	(D-2)	584	Millions	Thousands	Dollars	
15	MISCELLANEOUS METAL ORES AND CONCENTRATES	Other crude ores, such as mercury, titanium (ilmenite and rutile) antimony, beryllium, rare-earth metals, and tin – <i>Specify kind and unit of measure</i>	10998 11 0							
16		Other concentrates, such as mercury metal, titanium (ilmenite and rutile) antimony, beryllium, rare-earth metals, and tin – <i>Specify kind and unit of measure</i>	10998 21 9							
17	ALL OTHER PRODUCTS OF THIS ESTABLISHMENT	<i>Describe and report separately each product with a value of \$50,000 or more which cannot be assigned to lines 1–16 above. Specify unit of measure for quantity. For all remaining products, write "Other" and report a single total value.</i>	18							
18			26							
19			34							
20	Receipts for work or services performed for other establishments. <i>Exclude receipts for concentration of ores on a custom or toll basis.</i>		10810 00 0							
21	RESALES	Sales of products bought and sold without further processing. <i>The cost of such items should be reported in item 12, line b (page 3).</i>	99989 00 6							
22	TOTAL value of shipments and receipts Sum of lines 1–21, column (E)		77000 00 8							\$
Items 19–21 – Not applicable to this report										
REMARKS – <i>Please use this space for any explanations that may be essential in understanding your reported data.</i>										
Item 22. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.										
Name of person to contact regarding this report (<i>Print or type</i>)					Telephone		Area code	Number	Extension	
Name of company					Address (<i>Number and street, city, State, ZIP Code</i>)					
Period covered		FROM: Month		Day	Year	TO: Month		Day	Year	
Signature of authorized person		Title			Date					

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS



**1992 CENSUS OF MINERAL INDUSTRIES
OIL AND GAS FIELD OPERATIONS**

OMB No. 0607-0736: Approval Expires 06/30/94

DUE DATE: FEBRUARY 15, 1993
If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Return your completed form to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:
1-800-233-6136

MC-1301

Please read the accompanying instructions before answering the questions.

Census use only

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

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1A. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification (EI) Number shown in the label the SAME as the one used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes
2 No - Enter current EI Number (9 digits) →

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

Item 1B. PHYSICAL LOCATION OF ESTABLISHMENT - Answer part a if the operations of this establishment are physically located **onshore. Answer part b if the operations are located **offshore**.**

a. Onshore - Enter name of State, use 2-letter postal abbreviation. →

--	--

b. Offshore - Mark (X) ONE box - Refer to map on page 6 of the instruction sheets to determine appropriate offshore area.

154 Alaska offshore Louisiana offshore Atlantic offshore Pacific offshore
 California offshore Texas offshore Northern Gulf of Mexico offshore

Item 1C. PRINCIPAL ACTIVITY - Mark (X) the ONE box which best describes the PRINCIPAL kind of business or industrial activity of this establishment.

070 1 Oil and gas field operations and services; minerals extraction, quarrying, production, exploration; or mining contract services
2 Manufacturing (fabricating, assembling, or processing materials into new products). Include such activities as: logging, apparel jobbing, publishing, printing, and machine shops
3 Construction (including general contracting, subcontracting, home building, and land subdividing and development)
4 Wholesale operations
5 Retail operations
6 Other

If you have marked (X) in boxes 2 through 6, describe your principal activity below. ↴

Item 2. EMPLOYMENT IN 1992		Key	Number
a. Number of PRODUCTION, DEVELOPMENT, AND EXPLORATION WORKERS during pay period including the 12th of month <i>(Include both full- and part-time employees)</i>	(1) March 12	301	
	(2) May 12	302	
	(3) August 12	303	
	(4) November 12	304	
b. Total (Sum of lines (1) through (4))		305	
c. Average number (Divide line b by 4 - omit fractions)		306	
d. All OTHER EMPLOYEES (Pay period including March 12)		307	
e. Total (Sum of lines c and d)		308	

CONTINUE ON PAGE 2

Report dollars and hours rounded to thousands. Be careful to enter your figures in the correct columns.		Millions (000)	Thousands (000)	Mark (X) if "0"					
HOW TO REPORT	Example: If a figure is \$1,125,628 – Report →	1	126						
	If item value is equal to "0" (or less than \$500 or 500 hours) – Mark (X)			<input checked="" type="checkbox"/> 0					
Item 3A. PAYROLL IN 1992 (before deductions) (Exclude supplemental labor costs reported in item 3C)		Key	Mil.	Thou.	Mark (X) if "0"				
a. Production, development, and exploration workers' wages (For employees reported in item 2, line c)	309	\$			<input type="checkbox"/> 0				
b. All other salaries and wages (For employees reported in item 2, line d)	310				<input type="checkbox"/> 0				
c. Total (Sum of lines a and b)	311				<input type="checkbox"/> 0				
Item 3B. FIRST QUARTER PAYROLL IN 1992 (before deductions) Total payroll for the first quarter (January–March)		315			<input type="checkbox"/> 0				
Item 3C. EMPLOYER'S COST FOR FRINGE BENEFITS (annual supplemental labor costs)									
a. Legally required expenditures, including Social Security (Exclude from items 3A and 3B)	312				<input type="checkbox"/> 0				
b. Payments for voluntary programs (Exclude from items 3A and 3B)	313				<input type="checkbox"/> 0				
c. Total (Sum of lines a and b)	314				<input type="checkbox"/> 0				
Item 4. HOURS WORKED BY PRODUCTION, DEVELOPMENT, AND EXPLORATION WORKERS IN 1992 (ANNUAL)		Key	Hours worked		Mark (X) if "0"				
			Mil.	Thou.					
Total hours worked by production, development, and exploration workers in 1992 (For employees reported in item 2, line c)		320			<input type="checkbox"/> 0				
Items 5 and 6 – Not applicable to this report									
Item 7. CAPITAL EXPENDITURES, FOR BUILDINGS, MACHINERY AND EQUIPMENT, AND MINERAL EXPLORATION AND DEVELOPMENT		Buildings and other structures (Exclude land)		Machinery and equipment		Mineral exploration and development		TOTAL Sum of columns (1) through (3)	
	(1)	(2)	(3)	(4)					
	Mil.	Thou.	Mil.	Thou.	Mil.	Thou.	Mil.	Thou.	Mark (X) if "0"
	378		379		273		350		
Total capital expenditures during the year	\$		\$		\$		\$		<input type="checkbox"/> 0
	342		343						
(a) Capital expenditures for new buildings and machinery									
	345		346						
(b) Capital expenditures for used buildings and machinery									
Item 8 – Not applicable to this report									
Item 9. RENTAL PAYMENTS DURING YEAR FOR BUILDINGS AND MACHINERY		Key	Mil.	Thou.	Mark (X) if "0"				
a. Buildings and other structures	360	\$			<input type="checkbox"/> 0				
b. Machinery and equipment	361				<input type="checkbox"/> 0				
c. Total (Sum of lines a and b)	362				<input type="checkbox"/> 0				
Item 10. CURRENT ACCOUNT (EXPENSED) EXPENDITURES DURING THE YEAR FOR MINERAL EXPLORATION AND DEVELOPMENT		Key	Mil.	Thou.	Mark (X) if "0"				
	285	\$			<input type="checkbox"/> 0				
Item 11A – Not applicable to this report									
Item 11B. COST OF PURCHASED COMMUNICATION SERVICES (TELEPHONE, TELEGRAPH, ETC.)		Key	Mil.	Thou.	Mark (X) if "0"				
	392	\$			<input type="checkbox"/> 0				

CONTINUE WITH ITEM 12 ON PAGE 3

FORM MC-1301	U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	ENTER THIS ESTABLISHMENT'S 11-DIGIT CENSUS FILE NUMBER
1992 CENSUS OF MINERAL INDUSTRIES OIL AND GAS FIELD OPERATIONS – Continued		Name of establishment (Same as address box)

Item 12. COST OF SUPPLIES, ETC., FOR 1992

INSTRUCTIONS

The figures reported should represent the total purchase cost of supplies, gas purchased for gas lift and repressuring, machinery installed, fuels, etc., actually used or processed during 1992. Include purchases, interplant transfers, and withdrawals from inventories.

Cost is delivered cost; i.e., the amount paid or payable after discounts and including freight and other direct charges incurred by the establishment in acquiring the materials. If there are no records of consumption, purchases may be reported instead if they do not differ significantly from the amounts actually used. Where consumption of major items differs significantly from purchases, consumption may be estimated by adding beginning inventories to the amount purchased and subtracting ending inventories.

See accompanying instructions for additional information.

	Key	Mil.	Thou.	Mark (X) if "0"
a. Cost of supplies used and purchased machinery installed (Report detail in item 17A)	321	\$		<input type="checkbox"/> 0
b. Cost of products bought and sold without further processing (Report sales in item 18B as resales)	322			<input type="checkbox"/> 0
c. Cost of purchased fuels consumed for heat, power, or the generation of electricity (Report detail in item 17B)	323			<input type="checkbox"/> 0
d. Cost of purchased electricity (Report quantity in item 14, line a)	324			<input type="checkbox"/> 0
e. Cost of contract work done for you by others	325			<input type="checkbox"/> 0
f. Total (Sum of lines a through e)	326			<input type="checkbox"/> 0

Item 13 – Not applicable to this report

Item 14. QUANTITY OF ELECTRICITY

	Key	Kilowatthours		
		Mil.	Thou.	Mark (X) if "0"
a. Purchased electricity (Quantity comparable to cost as reported in item 12, line d)	327			<input type="checkbox"/> 0
b. Generated electricity (Gross less generating station use)	328			<input type="checkbox"/> 0
c. Electricity sold or transferred to other establishments	329			<input type="checkbox"/> 0

Item 15. INVENTORIES OF THIS ESTABLISHMENT AT END OF YEAR (Report both years)

INSTRUCTIONS

Report the value of all inventories owned by this establishment regardless of where the inventories are held. If this establishment is part of a multiunit company, the company should assign to each establishment those inventories that the establishment is responsible for, as if it owned them. For example, in completing the report of a minerals establishment, report those inventories that are attributable to its operations, even if the inventories are held elsewhere; e.g., at a warehouse, centrally located stockpile, or storage area. These inventories of an operating establishment held elsewhere should not be reported on the report of the establishment where they are actually stored. **INVENTORIES SHOULD NOT BE DUPLICATED ON ESTABLISHMENT REPORTS.** See accompanying instructions for additional information.

	Key	End of 1992			Key	End of 1991		
		Mil.	Thou.	Mark (X) if "0"		Mil.	Thou.	Mark (X) if "0"
Report inventories at cost or market using generally accepted accounting methods.								
Are inventories of this establishment subject to the LIFO method of valuation?								
230 1 <input type="checkbox"/> Yes – Use the sum of the LIFO amount plus the LIFO reserve for completing a through d(2). Note: If you changed to LIFO for calendar year 1992, specify in the REMARKS section.								
2 <input type="checkbox"/> No – Complete only lines a through d(1). Line d(1) should equal line c.								
a. Crude petroleum, including lease condensate	336	\$		<input type="checkbox"/> 0	332	\$		<input type="checkbox"/> 0
b. Supplies, parts, fuels, etc.	337			<input type="checkbox"/> 0	333			<input type="checkbox"/> 0
c. Total inventories (Sum of lines a and b)	338			<input type="checkbox"/> 0	334			<input type="checkbox"/> 0
d. Of the value on line c, report:								
(1) Amount not subject to LIFO costing	368			<input type="checkbox"/> 0	364			<input type="checkbox"/> 0
(2) Amount subject to LIFO costing (gross)	369			<input type="checkbox"/> 0	365			<input type="checkbox"/> 0
e. Report the following applicable to line d(2):								
(1) Amount of the LIFO reserve	370			<input type="checkbox"/> 0	366			<input type="checkbox"/> 0
(2) LIFO value of line d(2) (net)	371			<input type="checkbox"/> 0	367			<input type="checkbox"/> 0

CONTINUE ON PAGE 4

Item 16A. LEGAL FORM OF ORGANIZATION

Mark (X) the ONE box which best describes this establishment during 1992.

003

1 <input type="checkbox"/> Individual proprietorship 2 <input type="checkbox"/> Partnership 3 <input type="checkbox"/> Cooperative association (taxable) 4 <input type="checkbox"/> Cooperative association (tax-exempt)	5 <input type="checkbox"/> Government - Specify _____ 6 <input type="checkbox"/> Corporation (do not mark if any form of cooperative association) 9 <input type="checkbox"/> Other - Specify <input checked="" type="checkbox"/>
---	--

Item 16B. OPERATIONAL STATUS

Mark (X) the ONE box which best describes this establishment at the end of 1992.

001

1 <input type="checkbox"/> In operation (Include operations under development, exploration, or construction) 2 <input type="checkbox"/> Temporarily or seasonally inactive 3 <input type="checkbox"/> Ceased operation - Give date at right 4 <input type="checkbox"/> Sold or leased TO another operator - Give date at right AND enter name, etc., below 5 <input type="checkbox"/> Acquired or leased FROM another operator - Give date at right AND enter name, etc., below	} GIVE DATE → Enter figures only
---	-------------------------------------

Month	Day	Year

Name of new/former owner or operator	EI Number (9 digits)	002		-
Number and street	City	State	ZIP Code	

Item 16C. OWNERSHIP, CONTROL, AND LOCATION OF OPERATIONS

a. Is the FIRST DIGIT of your Census File Number (imprinted in the address box) "0"?

Yes - Answer parts b-d
 No - SKIP to item 17A

097

b. Is this company owned or controlled by another company? 1 <input type="checkbox"/> Yes → 2 <input checked="" type="checkbox"/> No	Name and address of owning or controlling company	Kind of business of this company
		EI Number (9 digits)
		-

098

c. Does this company own or control any other company or companies? 1 <input type="checkbox"/> Yes → 2 <input checked="" type="checkbox"/> No	Name and address of owned or controlled company	Kind of business of this company
		EI Number (9 digits)
		-

d. Did this company operate in more than one state or offshore area during 1992?

If more space is needed, attach a separate sheet.

079

1 Yes - List additional locations below.
 2 No - SKIP to item 17A

Physical address of business location <i>(Number and street, city, State, ZIP Code)</i>	Kind of business (KB) at this location and Employer Identification Number	Sales and receipts		Annual payroll		Number of employees during pay period including March 12	Are these figures included in other items on this report?
		(3)		(4)			
		Mil.	Thou.	Mil.	Thou.		
(1)	(2)					(5)	(6)
	KB						<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
	KB						<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
	KB						<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No

CONTINUE WITH ITEM 17A ON PAGE 5

FORM MC-1301	U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;"> ENTER THIS ESTABLISHMENT'S 11-DIGIT CENSUS FILE NUMBER </td> </tr> <tr> <td style="padding: 2px;"> Name of establishment (Same as address box) </td> </tr> </table>	ENTER THIS ESTABLISHMENT'S 11-DIGIT CENSUS FILE NUMBER	Name of establishment (Same as address box)
ENTER THIS ESTABLISHMENT'S 11-DIGIT CENSUS FILE NUMBER				
Name of establishment (Same as address box)				

1992 CENSUS OF MINERAL INDUSTRIES
OIL AND GAS FIELD OPERATIONS – Continued

Item 17A. SUPPLIES USED AND PURCHASED MACHINERY INSTALLED DURING 1992

INSTRUCTIONS

Report delivered cost of individual items listed below which were used during 1992.

Include:

- Items listed below whether charged to current or capital accounts.
- Cost of items for which less than \$25,000 worth was used in "All other supplies," line 11.
- Supplies purchased by this establishment for use by companies performing contract work at this establishment.

Exclude:

- Associated labor costs of the kind reported in items 3A, 3B, and 12, line e.
- Payments made for contract services performed, including payments for supplies and equipment furnished by the contractor incidental to this work.

For valuation, see instructions for item 12. If the information cannot be taken directly from your records, reasonable estimates are acceptable.

Line No.	Machinery installed and supplies used (A)	Census material code (B)	Received from other establishments of this company or purchased from others Cost, including delivery cost (freight-in) (E)		
			571	574	
			Millions	Thou- sands	Dollars
1	PURCHASED MACHINERY INSTALLED, including mobile loading, transportation, and other equipment installed at the operation. Also include such equipment as exploration and well survey machinery; drilling rigs; flow tanks; oil and gas separators; pumping equipment; wellhead fittings; gauges; gas traps; control equipment; chokes; and trucks, cars, and other transportation equipment for use on lease.	353020 1	\$		
2	PARTS AND ATTACHMENTS (except those listed elsewhere) for renewals and repairs	353030 0			
3	SUPPLIES USED Industrial chemicals, including acidizing materials (except drilling fluids)	280111 6			
4	Drilling fluids (drilling mud and drilling mud materials; mud thinners, thickeners, and purifiers)	289910 2			
5	Lubricating oils and greases, including hydraulic oils	290000 9			
6	Cement	324100 7			
7	Steel shapes and forms (except castings and forgings) such as casing, tubing, pipe, plates, sheets, piling, bars, wire, wire products, and structural shapes	331066 1			
8	Valves and pipe fittings	349020 8			
9	Drill bits and reamers	353010 2			
10	Water purchased	494100 1			
11	All other supplies (such as castings and forgings) – <i>List the three principal types of supplies included here.</i>	970098 0			
12	TOTAL Sum of lines 1–11 should equal item 12, line a (page 3)		\$		

CONTINUE WITH ITEM 17B ON PAGE 6

Item 17B. FUELS USED DURING 1992								
Line No.	Kind of fuel (Report total delivered cost, not cost per unit. Fuels received from other establishments of your company should be included at estimated market value. Adjust all gas volumes to a pressure base of 14.73 pounds absolute at 60°F.)		Census fuel code	Unit of measure for quantities	1992 Consumption			
					Quantity	Cost, including delivery cost (freight-in)		
						(E)		
(A)	(B)	(C)	(D)	564	Thou-	Dollars		
				563	Millions	sands		
1	FUEL OIL	Distillate (light) grade numbers 1, 2, 4, and light diesel fuel	291141 0	↑ Barrels (42 gal) ↓				
2		Residual (heavy) grade numbers 5 and 6 and heavy diesel fuel	291151 9					
3	Gas – natural, manufactured, and mixed		131159 6	Million cubic feet				
4	Gasoline		291111 3	Thousand gallons				
5	Other fuels – liquefied petroleum gas, coke, wood, and other		960018 0					
6	TOTAL Sum of lines 1 – 5 should equal item 12, line c (page 3)							\$
7	Fuels Produced and Used at This Establishment for Power or Heat	Crude petroleum, including lease condensate	131106 7	Thousand barrels	563			
8		Natural gas	131108 3	Million cubic feet	563			

Item 18A – Not applicable to this report

Item 18B. PRODUCTS AND SERVICES OF THIS ESTABLISHMENT DURING 1992

INSTRUCTIONS

Report:

- Net total values f.o.b. wells after discounts and allowances and exclusive of freight charges and excise taxes.
- Quantities in the unit of measure specified in column (C).
- All crude petroleum figures in thousands of barrels. For example, if complete figure to be reported is 210,697 barrels, enter 211.
- All natural gas figures in millions of cubic feet. For example, if complete figure is 310,293,000 cubic feet, enter 310.

Include:

- All products produced or physically shipped from this establishment in 1992.
- Products shipped on consignment, whether or not sold at the end of 1992.
- The entire output of wells operated by you, including royalty interests and subsidy payments.

Include: – Con.

- Material produced at this establishment and transferred for processing or use by your company at other establishments, such as your natural gas liquids plants, pipelines, petroleum refineries, other manufacturing establishments, or separate sales branches.
- In the selling value, royalty, if any

Line 2 – Report sales volumes from leases whose average daily production of crude petroleum and petroleum condensates per well did not exceed 10 barrels per day during the preceding calendar year. Reasonable estimates for the year are acceptable if data are not available from bookkeeping records.

Lines 8-10 – Report total amounts received or due for oil and gas field contract work done during 1992, including receipts for supplies and equipment furnished by you incidental to this work. Exclude amounts received for work done prior to 1992. See instruction sheets for detailed list of items to be reported on line 10.

Line No.	Products and services		Census product code	Unit of measure for quantities	Products at wells and services performed			
					Quantity	Value, f.o.b. well		
						(E)		
(A)	(B)	(C)	(D)	584	Thou-	Dollars		
				583	Millions	sands		
1	Products	CRUDE PETROLEUM, INCLUDING LEASE CONDENSATE (Report volumes corrected to 60°F.)	Shipped	13111 00 0	↑ Thousand barrels ↓			
2			From stripper well leases (included in line 1)	13111 04 2				
3		LEASE CONDENSATE PRODUCED (also include in line 1) (Report volumes corrected to 60°F.)		13111 07 5				
4		NATURAL GAS (Adjust volume to a pressure base of 14.73 pounds absolute at 60°F.) Shipped to consumers (domestic, commercial, and industrial, including own refineries), distributors, transmission companies, and natural gas liquids plants operated by your company and operated by others, less any volume of residue gas returned to you for field or lease operations		13115 00 1				

CONTINUE WITH ITEM 18B ON PAGE 7

FORM MC-1301 1992 CENSUS OF MINERAL INDUSTRIES OIL AND GAS FIELD OPERATIONS – Continued	U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-weight: bold;"> ENTER THIS ESTABLISHMENT'S 11-DIGIT CENSUS FILE NUMBER </td> </tr> <tr> <td style="padding: 2px;"> Name of establishment (Same as address box) </td> </tr> </table>	ENTER THIS ESTABLISHMENT'S 11-DIGIT CENSUS FILE NUMBER	Name of establishment (Same as address box)
ENTER THIS ESTABLISHMENT'S 11-DIGIT CENSUS FILE NUMBER				
Name of establishment (Same as address box)				

Item 18B. PRODUCTS AND SERVICES OF THIS ESTABLISHMENT DURING 1992 – Continued

Line No.	Products and services (A)	Describe and report separately the quantity and value of each product with a value of \$50,000 or more which cannot be assigned to lines 1-4 above. Specify unit of measure for quantity. For all remaining products, write "Other" and report a single total value.	Census product code (B)	Unit of measure for quantities (C)	Products at wells and services performed		
					Quantity (D)	Value, f.o.b. well (E)	
						584 Millions	Thou- sands
5	ALL OTHER PRODUCTS OF THIS ESTABLISHMENT		18		\$		
6			26				
7			34				
8	SERVICES PERFORMED FOR OTHER ESTABLISHMENTS	Drilling oil, gas, dry, or service wells	13810 11 4	Thousand feet			
9		Pumping wells but not operating leases	13890 35 5				
10		Other oil and gas field services – Specify kind	1389000 9				
11	RESALES	Sales of products bought and sold without further processing. The cost of such products should be reported in item 12, line b (page 3).	99989 00 6				
12	TOTAL value of shipments and receipts Sum of lines 1-11, column (E)		77000 00 8		\$		

Item 19. QUANTITY OF SHIPMENTS DURING 1992 BY OWNERSHIP

Line No.	Description (A)	Code (B)	Unit of measure (C)	Total Sum of columns (E)-(H) (D)	Operator account			Account of others (H)
					Royalty (E)	Oil and gas production payments (F)	Net operator accounts (G)	
1	Crude petroleum, including lease condensate – Total in column (D) should equal item 18B, column (D), line 1.	891 2	Thousand barrels					
2	Natural gas – Total in column (D) should equal item 18B, column (D), line 4.	893 8	Million cubic feet					

Items 20 and 21 – Not applicable to this report

REMARKS – Please use this space for any explanations that may be essential in understanding your reported data.

Item 22. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Name of person to contact regarding this report (Print or type)		Telephone	Area code	Number	Extension
Name of company		Address (Number and street, city, State, ZIP Code)			
Period covered	FROM: Month Day Year	TO: Month Day Year			
Signature of authorized person	Title	Date			

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS



**1992 CENSUS OF MINERAL INDUSTRIES
STONE, SAND, AND GRAVEL**

OMB No. 0607-0736: Approval Expires 06/30/94

<p>DUE DATE: FEBRUARY 15, 1993 If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Return your completed form to:</p> <p style="text-align: center;">BUREAU OF THE CENSUS 1201 East 10th Street Jeffersonville, IN 47134-0001</p> <p>Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday: 1-800-233-6136</p> <p>Please read the accompanying instructions before answering the questions.</p> <p style="text-align: center;">Census use only</p>	<p>MC-1401</p> <p style="text-align: center;">(Please correct any error in name, address, and ZIP Code)</p>
---	--

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1A. EMPLOYER IDENTIFICATION NUMBER
Is the Employer Identification (EI) Number shown in the label the SAME as the one used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 Yes
 No - Enter current EI Number (9 digits) →

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

Item 1B. PHYSICAL LOCATION - Answer parts a-d

a. Is this establishment's physical location the same as the address shown in the label?
P.O. box and rural route addresses are not physical locations.

Yes
 No - Enter physical location →

Number and street		
City, village, or other place	State	ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 Yes No legal boundaries
 No Do not know

c. In what type of municipality is this establishment physically located?

096 City, village, or borough Other - Specify _____
 Town or township Do not know

d. In what county is this establishment located?

Item 1C. PRINCIPAL ACTIVITY - Mark (X) the ONE box which best describes the PRINCIPAL kind of business or industrial activity of this establishment.

070 Minerals extraction, quarrying, production, exploration, mining contract services, or oil and gas field operations and services

Manufacturing (fabrication, assembling, or processing materials into new products. Also include such activities as: logging, apparel jobbing, publishing, printing, and machine shops)

Construction (including general contracting, subcontracting, home building, and land subdividing and development)

Wholesale operations


Retail operations


Other


If you have marked (X) in boxes 2 through 6, describe your principal activity below. _____

	Key	Number
a. Number of PRODUCTION, DEVELOPMENT, AND EXPLORATION WORKERS during pay period including the 12th of month (1) March 12	301	
(Include both full- and part-time employees)		
(2) May 12	302	
(3) August 12	303	
(4) November 12	304	
b. Total (Sum of lines (1) through (4))	305	
c. Average number (Divide line b by 4 - omit fractions)	306	
d. ALL OTHER EMPLOYEES (Pay period including March 12)	307	
e. Total (Sum of lines c and d)	308	

CONTINUE ON PAGE 2

HOW TO REPORT  **Report dollars and hours rounded to thousands. Be careful to enter your figures in the correct columns.**

Example: If a figure is \$1,125,628 – Report  **1** Millions (000) **126** Thousands (000) Mark (X) if "0"

If item value is equal to "0" (or less than \$500 or 500 hours) – Mark (X)  0

Item 3A. PAYROLL IN 1992 (before deductions) (Exclude supplemental labor costs reported in item 3C)	Key	Mil.	Thou.	Mark (X) if "0"
a. Production, development, and exploration workers' wages (For employees reported in item 2, line c)	309	\$		<input type="checkbox"/> 0
b. All other salaries and wages (For employees reported in item 2, line d)	310			<input type="checkbox"/> 0
c. Total (Sum of lines a and b)	311			<input type="checkbox"/> 0
Item 3B. FIRST QUARTER PAYROLL IN 1992 (before deductions) Total payroll for the first quarter (January–March)	315			<input type="checkbox"/> 0
Item 3C. EMPLOYER'S COST FOR FRINGE BENEFITS (annual supplemental labor costs)				
a. Legally required expenditures, including Social Security (Exclude from items 3A and 3B)	312			<input type="checkbox"/> 0
b. Payments for voluntary programs (Exclude from items 3A and 3B)	313			<input type="checkbox"/> 0
c. Total (Sum of lines a and b)	314			<input type="checkbox"/> 0
Item 4. HOURS WORKED BY PRODUCTION, DEVELOPMENT, AND EXPLORATION WORKERS IN 1992 (ANNUAL)	Key	Mil.	Thou.	Mark (X) if "0"
Total hours worked by production, development, and exploration workers in 1992 (For employees reported in item 2, line c)	320			<input type="checkbox"/> 0

Items 5 and 6 – Not applicable to this report

Item 7. ASSETS, CAPITAL EXPENDITURES, AND RETIREMENTS	Buildings and other structures (Exclude land in items 7 and 8)		Machinery and equipment		Mineral exploration and development		Mineral land and rights		TOTAL Sum of columns (1) through (4)		Mark (X) if "0"
	(1)	(2)	(3)	(4)	(5)	Mil.	Thou.	Mil.	Thou.		
a. Gross value of depreciable and/or depletable assets (acquisition cost) at the beginning of the year	339	340	270	271	341						<input type="checkbox"/> 0
	\$	\$	\$	\$	\$						<input type="checkbox"/> 0
b. Total capital expenditures during the year	378	379	273	274	350						<input type="checkbox"/> 0
(1) Capital expenditures for new buildings and machinery	342	343									
(2) Capital expenditures for used buildings and machinery	345	346									
c. Retirements and disposition of depreciable and/or depletable assets (i.e., gross value of assets sold, retired, destroyed, abandoned, scrapped, etc.)	351	352	276	277	353						<input type="checkbox"/> 0
	()	()	()	()	()						<input type="checkbox"/> 0
d. Gross value of depreciable and/or depletable assets at the end of the year (Line a plus b minus c equals d)	354	355	279	280	356						<input type="checkbox"/> 0
Item 8. DEPRECIATION AND/OR DEPLETION CHARGES FOR THE YEAR 1992	357	358	282	283	359						<input type="checkbox"/> 0
Item 9. RENTAL PAYMENTS DURING YEAR FOR BUILDINGS AND MACHINERY	360	361			362						<input type="checkbox"/> 0
Item 10. CURRENT ACCOUNT EXPENDITURES DURING THE YEAR FOR MINERAL PROPERTIES			285	286	287						<input type="checkbox"/> 0
						Key	Mil.	Thou.	Mark (X) if "0"		
Item 11A. LEASE RENTS FOR MINERAL PROPERTIES				288	\$						<input type="checkbox"/> 0
Item 11B. COST OF PURCHASED COMMUNICATION SERVICES (TELEPHONE, TELEGRAPH, ETC.)				392	\$						<input type="checkbox"/> 0

CONTINUE ON PAGE 3

FORM MC-1401	U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	ENTER THIS ESTABLISHMENT'S 11-DIGIT CENSUS FILE NUMBER
1992 CENSUS OF MINERAL INDUSTRIES STONE, SAND, AND GRAVEL - Continued		Name of establishment (Same as address box)

Item 12. COST OF SUPPLIES, ETC., FOR 1992

INSTRUCTIONS

The figures reported should represent the total purchase cost of supplies, minerals received for preparation, machinery installed, fuels, etc., actually used or processed during 1992. Include purchases, interplant transfers, and withdrawals from inventories.

Cost is delivered cost; i.e., the amount paid or payable after discounts and including freight and other direct charges incurred by the establishment in acquiring the

materials. If there are no records of consumption, purchases may be reported instead if they do not differ significantly from the amounts actually used. Where consumption of major items differs significantly from purchases, consumption may be estimated by adding beginning inventories to the amount purchased and subtracting ending inventories.

See accompanying instructions for additional information.

	Key	Mil.	Thou.	Mark (X) if "0"
a. Cost of supplies used, minerals received for preparation, and purchased machinery installed (Report detail in item 17A)	321	\$		<input type="checkbox"/> 0
b. Cost of products bought and sold without further processing (Report sales in item 18B as resales)	322			<input type="checkbox"/> 0
c. Cost of purchased fuels consumed for heat, power, or the generation of electricity (Report detail in item 17B)	323			<input type="checkbox"/> 0
d. Cost of purchased electricity (Report quantity in item 14, line a)	324			<input type="checkbox"/> 0
e. Cost of contract work done for you by others	325			<input type="checkbox"/> 0
f. Total (Sum of lines a through e)	326			<input type="checkbox"/> 0

Item 13 - Not applicable to this report

Item 14. QUANTITY OF ELECTRICITY

	Key	Kilowatthours		Mark (X) if "0"
		Mil.	Thou.	
a. Purchased electricity (Quantity comparable to cost as reported in item 12, line d)	327			<input type="checkbox"/> 0
b. Generated electricity (Gross less generating station use)	328			<input type="checkbox"/> 0
c. Electricity sold or transferred to other establishments	329			<input type="checkbox"/> 0

Item 15. INVENTORIES OF THIS ESTABLISHMENT AT END OF YEAR (Report both years)

INSTRUCTIONS

Report the value of all inventories owned by this establishment regardless of where the inventories are held. If this establishment is part of a multiunit company, the company should assign to each establishment those inventories that the establishment is responsible for, as if it owned them. For example, in completing the report of a minerals establishment, report those inventories that are attributable to its

operations, even if the inventories are held elsewhere; e.g., at a warehouse, centrally located stockpile, or storage area. These inventories of an operating establishment held elsewhere should not be reported on the report of the establishment where they are actually stored. **INVENTORIES SHOULD NOT BE DUPLICATED ON ESTABLISHMENT REPORTS.** See accompanying instructions for additional information.

	Key	End of 1992			Key	End of 1991		
		Mil.	Thou.	Mark (X) if "0"		Mil.	Thou.	Mark (X) if "0"
Report inventories at cost or market using generally accepted accounting methods.								
Are inventories of this establishment subject to the LIFO method of valuation?								
230 1 <input type="checkbox"/> Yes - Use the sum of the LIFO amount plus the LIFO reserve for completing a through d(2). Note: If you changed to LIFO for calendar year 1992, specify in the REMARKS section.								
2 <input type="checkbox"/> No - Complete only lines a through d(1). Line d(1) should equal line c.								
a. Mined or quarried products	336	\$		<input type="checkbox"/> 0	332	\$		<input type="checkbox"/> 0
b. Supplies, parts, fuels, etc.	337			<input type="checkbox"/> 0	333			<input type="checkbox"/> 0
c. Total inventories (Sum of lines a and b)	338			<input type="checkbox"/> 0	334			<input type="checkbox"/> 0
d. Of the value on line c, report:								
(1) Amount not subject to LIFO costing	368			<input type="checkbox"/> 0	364			<input type="checkbox"/> 0
(2) Amount subject to LIFO costing (gross)	369			<input type="checkbox"/> 0	365			<input type="checkbox"/> 0
e. Report the following applicable to line d(2):								
(1) Amount of the LIFO reserve	370			<input type="checkbox"/> 0	366			<input type="checkbox"/> 0
(2) LIFO value of line d(2) (net)	371			<input type="checkbox"/> 0	367			<input type="checkbox"/> 0

CONTINUE ON PAGE 4

Item 16A. LEGAL FORM OF ORGANIZATION
 Mark (X) the ONE box which best describes this establishment during 1992.

003

1 <input type="checkbox"/> Individual proprietorship	5 <input type="checkbox"/> Government - Specify _____
2 <input type="checkbox"/> Partnership	6 <input type="checkbox"/> Corporation (do not mark if any form of cooperative association)
3 <input type="checkbox"/> Cooperative association (taxable)	9 <input type="checkbox"/> Other - Specify <input checked="" type="checkbox"/>
4 <input type="checkbox"/> Cooperative association (tax-exempt)	

Item 16B. OPERATIONAL STATUS
 Mark (X) the ONE box which best describes this establishment at the end of 1992.

001

1 In operation (Include operations under development, exploration, or construction)
 2 Temporarily or seasonally inactive
 3 Ceased operation - Give date at right
 4 Sold or leased TO another operator - Give date at right AND enter name, etc., below
 5 Acquired or leased FROM another operator - Give date at right AND enter name, etc., below

} GIVE DATE →
Enter figures only

Month	Day	Year

Name of new/former owner or operator 002
 EI Number (9 digits) | | | | | | | | |

Number and street | City | State | ZIP Code

Item 16C. OWNERSHIP, CONTROL, AND LOCATION OF OPERATIONS
a. Is the FIRST DIGIT of your Census File Number (imprinted in the address box) "0"?

Yes - Answer parts b-d
 No - SKIP to item 17A

097

b. Is this company owned or controlled by another company? 1 Yes → 2 No ↗

Name and address of owning or controlling company

Kind of business of this company

EI Number (9 digits) | | | | | | | | |

098

c. Does this company own or control any other company or companies? 1 Yes → 2 No ↗

Name and address of owned or controlled company

Kind of business of this company

EI Number (9 digits) | | | | | | | | |

d. Did this company operate at more than one location, including operations under exploration or development, during 1992? If more space is needed, attach a separate sheet.

079

1 Yes - List additional locations below.
 2 No - SKIP to item 17A

Physical address of business location (Number and street, city, State, ZIP Code)	Kind of business (KB) at this location and Employer Identification Number	Sales and receipts		Annual payroll		Number of employees during pay period including March 12	Are these figures included in other items on this report?
		(3)	(4)	(4)	(5)		
(1)	(2)	Mil.	Thou.	Mil.	Thou.	(5)	(6)
	KB						<input type="checkbox"/> Yes <input type="checkbox"/> No
	KB						<input type="checkbox"/> Yes <input type="checkbox"/> No
	KB						<input type="checkbox"/> Yes <input type="checkbox"/> No
	KB						<input type="checkbox"/> Yes <input type="checkbox"/> No
	KB						<input type="checkbox"/> Yes <input type="checkbox"/> No

CONTINUE WITH ITEM 17A ON PAGE 5

FORM MC-1401 1992 CENSUS OF MINERAL INDUSTRIES STONE, SAND, AND GRAVEL - Continued	U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	ENTER THIS ESTABLISHMENT'S 11-DIGIT CENSUS FILE NUMBER Name of establishment (Same as address box)
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Item 17A. SUPPLIES USED, MINERALS FOR PREPARATION, AND PURCHASED MACHINERY INSTALLED DURING 1992

INSTRUCTIONS

Report:

- Delivered cost of individual items listed below.
- Quantities in the unit of measure specified in column (C).
- The estimated cost of minerals received for preparation on a custom or toll basis, as if purchased.

Include:

- Minerals received for preparation which were used in 1992.
- Items listed below whether charged to current or capital accounts.
- Cost of items for which less than \$25,000 worth was used in "All other supplies," line 11.

Include: - Con.

- Supplies purchased by this establishment for use by companies performing contract work at this establishment.

Exclude:

- Associated labor costs of the kind reported in items 3A, 3B, and 12, line e.
- Payments made for contract services performed, including payments for supplies and equipment furnished by the contractor incidental to this work.

For valuation, see instructions for item 12. If the information cannot be taken directly from your records, reasonable estimates are acceptable.

Line No.		Census material code	Unit of measure for quantities	Received from other establishments of this company, purchased from others, and minerals received for preparation on a custom or toll basis				
				Quantity	Cost, including delivery cost (freight-in)			
				(D)	(E)			
	(A)	(B)	(C)	573	574	Millions	Thou-sands	Dollars
1	MINERALS RECEIVED FOR PREPARATION <i>(Estimate value of minerals received for custom preparation.)</i> Rough blocks used to produce dressed stone	141101 6	↑ Short tons ↓		\$			
2		142101 5						
3		144191 4						
4	PURCHASED MACHINERY INSTALLED, including mobile loading, transportation, and other equipment installed at the operation	353020 1						
5	PARTS AND ATTACHMENTS for mining, mineral preparation, construction, and conveying machinery and equipment	353030 0						
6	SUPPLIES USED Explosive materials, except ammonium nitrate Ammonium nitrate Blasting accessories Steel shapes and forms (except castings and forgings) such as plates, sheets, strip, piling, bars, rails, wheels, track accessories, pipe, tubing, wire, wire products, and structural shapes Rubber and plastics products, including tires and tubes All other supplies (such as timber and lumber purchased, forgings, castings, drill bits, other tools, lubricants, water purchased, and chemicals) - <i>List the three principal types of supplies included here.</i>	289211 5						
7		289212 3						
8		289214 9						
9		331066 1						
10		300167 4						
11		970098 0						
11								
12	TOTAL Sum of lines 1-11 should equal item 12, line a (page 3)				\$			

CONTINUE ON PAGE 6

Item 17B. FUELS USED DURING 1992								
Line No.	Kind of fuel (Report total delivered cost, not cost per unit. Fuels received from other establishments of your company should be included at estimated market value.) (A)		Census fuel code (B)	Unit of measure for quantities (C)	1992 CONSUMPTION			
					Quantity (D)	Cost, including delivery cost (freight-in) (E)		
						564 Millions	Thou- sands	Dollars
1	Coal – bituminous, subbituminous, lignite, and anthracite		120005 4	Short tons	\$			
2	FUEL OIL	Distillate (light) grade numbers 1, 2, 4, and light diesel fuel	291141 0	Barrels (42 gal.)				
3		Residual (heavy) grade numbers 5 and 6 and heavy diesel fuel	291151 9					
4	Gas – natural, manufactured, and mixed		131159 6	Million cu. ft.				
5	Gasoline		291111 3	Thousand gallons				
6	Other fuels – liquefied petroleum gas, coke, wood, and other		960018 0					
7	TOTAL Sum of lines 1–6 should equal item 12, line c (page 3)				\$			

Item 18A. TYPE OF OPERATION DURING 1992 (Include production, development, and exploration operations)				
Line No.	Item (A)		Key	Mark (X) appropriate box (B)
1	MINING METHODS Mark (X) one or more	<i>(If mine is under development or exploration, or maintenance is being performed, indicate method most likely to be used when production is started or resumed.)</i> Open-pit, quarry, bank, wet pit, or dry pit	401	6205 <input type="checkbox"/>
2		Underground	402	6304 <input type="checkbox"/>
3		River, lake, or ocean	403	6254 <input type="checkbox"/>
4	No mine or quarry or abandoned mine or quarry		404	6106 <input type="checkbox"/>
5	PROCESSING METHODS AT PLANT Mark (X) one or both	Dimension stone dressing (sawing, turning, planing)	405	6882 <input type="checkbox"/>
6		Crushing, grinding, pulverizing, screening, washing, classifying, or other	406	6999 <input type="checkbox"/>
7	No processing plant		407	6601 <input type="checkbox"/>

Item 18B. PRODUCTS AND SERVICES OF THIS ESTABLISHMENT DURING 1992

INSTRUCTIONS

Report:

- Net total values f.o.b. quarry or plant after discounts and allowances and exclusive of freight charges and excise taxes.
- Short tons equal to 2,000 pounds.

Include:

- All products produced or physically shipped from this establishment in 1992.
- Material withdrawn from stockpiles.
- Products shipped on consignment.
- Prepared minerals from crude materials mined at this establishment, purchased, or received from other establishments of your company.
- Quantity and estimated value of products prepared on a custom or toll basis.

Include: – Con.

- Products transferred for preparation, milling, or other use to other establishments of your company.
- Bonuses or other credits for minerals contained, as well as royalties.
- Production of sand or other minerals mined for use in making ready-mixed concrete or other manufactured products at this establishment.

Exclude:

- From crude shipments any crude minerals mined and also prepared at this establishment. Report these on the appropriate line for the prepared product.
- Penalties for impurities.

The Bureau of Mines, U.S. Department of the Interior, generally collects detailed figures on the mineral products listed here. This item provides only summary figures which will serve to relate the statistics compiled from the Census of Mineral Industries to the statistics compiled from the Bureau of Mines surveys.

CONTINUE WITH ITEM 18B ON PAGE 7

FORM MC-1401	U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	ENTER THIS ESTABLISHMENT'S 11-DIGIT CENSUS FILE NUMBER
1992 CENSUS OF MINERAL INDUSTRIES STONE, SAND, AND GRAVEL – Continued		Name of establishment (Same as address box)

Item 18B. PRODUCTS AND SERVICES OF THIS ESTABLISHMENT DURING 1992 – Continued

Line No.	Products and services (A)	Census product code	Unit of measure for quantities (C)	Quantity of production (D-1)	Shipments and interplant transfers					
		581			582	583	Value, f.o.b. quarry or plant (E)			
		(B)			(D-2)	584	Millions	Thou- sands	Dollars	
1	LIMESTONE, (Including dolomite, cement rock, marl, travertine, and calcareous tufa)	Crushed or broken stone	14220 00 8	↑ Short tons ↓			\$			
2		Rough dimension stone	14110 11 8							
3		Dressed dimension stone	32812 00 0	Cubic feet						
4	GRANITE, (Including gneiss, syenite, and diorite)	Crushed or broken stone	14230 00 7	↑ Short tons ↓						
5		Rough dimension stone	14110 15 9							
6		Dressed dimension stone	32811 00 2	Cubic feet						
7	OTHER STONE, (Including slate, marble, trap rock, sandstone, quartz, and miscellaneous types of stone)	Crushed or broken stone	14290 00 1	↑ Short tons ↓						
8		Rough dimension stone	14110 19 1							
9		Dressed dimension stone	32813 00 8	Cubic feet						
10	CONSTRUCTION SAND	Run of pit or bank	14421 01 0	↑ Short tons ↓						
11		Washed, screened, ground, or otherwise treated	14422 01 8							
12	GRAVEL	Run of pit or bank	14421 05 1							
13		Washed, screened, or otherwise treated	14422 05 9							
14	Glass sand, for melting only (unground and ground)		14461 00 8							
15	Molding sand (unground and ground)		14465 00 9							
16	Grinding, blast, furnace, engine, filtration, oil, and other industrial sand (unground and ground)		14469 00 1							
17	ALL OTHER PRODUCTS OF THIS ESTABLISHMENT	Lime (quicklime, hydrated lime, and dead burned dolomite)			32740 00 3					
18		Ready-mixed concrete			32730 00 4	1,000 cubic yards				
19		Asphalt and tar paving mixtures (including bituminous or asphaltic concrete) and asphaltic paving cements			29510 51 8					
20		<i>Describe and report separately each product with a value of \$50,000 or more which cannot be assigned to one of the lines above. Specify unit of measure for quantity. For all remaining products, write "Other" and report a single total value.</i>		18						
21			26							
22			34				\$			

CONTINUE WITH ITEM 18B ON PAGE 8

Item 18B. PRODUCTS AND SERVICES OF THIS ESTABLISHMENT DURING 1992 – Continued								
Line No.	Products and services (A)	Census product code	Unit of measure for quantities (C)	Quantity of production	Shipments and interplant transfers			
		581		582	Quantity (D-2)	Value, f.o.b. quarry or plant (E)		
		(B)		(D-1)		583	584	Thou-
		Millions	sands					
23	Receipts for work or services performed for other establishments, such as hauling, stripping, pumping, and shop work (Exclude receipts for dressing, milling, crushing, or other preparation on a custom or toll basis.)	14810 00 6						\$
24	RESALES Sales of products bought and sold without further processing. The cost of such products should be reported in item 12, line b (page 3).	99989 00 6						
25	TOTAL value of shipments and receipts Sum of lines 1–24, column (E)	77000 00 8						\$

Items 19–21 – Not applicable to this report

REMARKS – Please use this space for any explanations that may be essential in understanding your reported data.

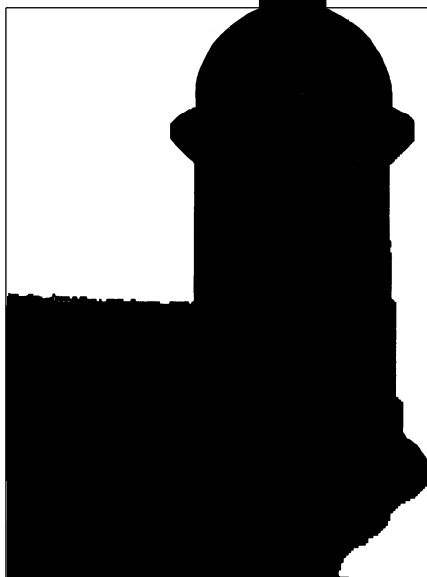
Item 22. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Name of person to contact regarding this report (Print or type)		Telephone		Area code	Number	Extension	
667	1			2			
Name of company			Address (Number and street, city, State, ZIP Code)				
Period covered		FROM: Month	Day	Year	TO: Month	Day	Year
		666	1		2		
Signature of authorized person			Title			Date	

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS

FORM

OA-9820



1992 ECONOMIC CENSUSES OF PUERTO RICO

PLEASE RETURN THIS REPORT FORM WITHIN THE NEXT 30 DAYS.

Include the Census File Number (CFN) shown on the mailing label of this report form with any correspondence.

Please complete this form and return to: DIRECTOR
BUREAU OF THE CENSUS
ATTENTION: OUTLYING AREAS
1201 East 10th Street
Jeffersonville, IN 47133-0001

OMB No. 0607-0731: Approval Expires 12/31/93

Census use only		
990	991	992

*Please correct any errors in name
and address, including
ZIP Code*



YOU ARE REQUIRED BY LAW (title 13, U.S. Code and an Act of the Legislature of Puerto Rico No. 11 of March 27, 1950) to complete this report form for the establishment identified in the mailing label and return it to the Bureau of the Census. By the same law, your report to the Census Bureau is **confidential**. It may be seen only by sworn Census employees and may be used only for statistical purposes. The law also provides that copies retained in your files are **immune from legal process**.

REPORT DATA FOR CALENDAR YEAR 1992. If records are not available, reasonable estimates are acceptable. If reporting on a calendar year will involve considerable additional cost and your fiscal year ended between October 31, 1992 and February 1993, you may report data on fiscal year basis, except for employment and payroll data. Calendar year employment and payroll data should be available from your tax records.

ALL ESTABLISHMENTS COMPLETE SECTIONS A AND H. Complete the ONE section (B-G) which best describes your kind of business or activity.

IT IS VERY IMPORTANT THAT YOU READ THE ACCOMPANYING INSTRUCTIONS AS YOU ANSWER THE QUESTIONS.

Section A – GENERAL INFORMATION

Item 1. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification (EI) Number shown in the label the same as that used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941PR?

001 1 YES
 2 NO – Report current EI Number (9 digits) 002

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HOW TO REPORT DOLLAR FIGURES Report dollar values rounded to thousands.
EXAMPLE: Report \$1,125,628 as →

Mil-lions (000)	Thou-sands (000)	Dol-lars (000)
1	126	

Item 2. PHYSICAL LOCATION

a. Is the physical location of this establishment the same as the address shown in the mailing label?
NOTE – P.O. boxes or rural routes are not physical locations.

003 1 YES
 2 NO – Report correct physical location below.

Number and street
 City or town State ZIP Code

b. In what municipio is this establishment physically located?

004 _____

Item 5. DOLLAR VOLUME OF BUSINESS

What was the dollar volume of merchandise sales and other operating receipts for this establishment in 1992?

	Mil. (000)	Thou. (000)	Dol.
010			

Item 3. OPERATIONAL STATUS

a. How many months during 1992 did this firm or organization actively operate this establishment? Number of months 005

b. Which of the following best describes the operational status of this establishment at the end of 1992? Mark (X) only ONE box.

006 1 In operation
 2 Temporarily or seasonally inactive
 3 Ceased operation – Give date →
 4 Sold or leased to another operator – Enter name, etc. below AND give date →

007

Mo.	Day	Yr.

Name of new owner or operator
 Number and street
 City or town State ZIP Code

Item 6. PAYROLL

a. What was the total ANNUAL payroll, before deductions for this establishment in 1992?

b. What was the FIRST QUARTER (January–March) payroll, before deductions?

	Mil.	Thou.	Dol.
030			
031			

Item 4. ORGANIZATIONAL STATUS

Which of the following best describes the organizational status of this establishment at the end of 1992? Mark (X) only ONE box.

008 1 Individual proprietorship
 2 Partnership
 3 Cooperative association
 4 Corporation (Do not mark if any form of cooperative association)
 5 Government – Specify _____
 6 Other – Specify _____

Item 7. EMPLOYMENT

a. How many EMPLOYEES (full- and part-time) were on your payroll during the pay period which included March 12, 1992?

b. How many PROPRIETORS and PARTNERS worked 15 or more hours during the week which included March 12, 1992?

c. How many UNPAID FAMILY members worked 15 or more hours during the week which included March 12, 1992?

	Number
032	
036	
039	

Item 8. PRINCIPAL TYPE OF BUSINESS OR ACTIVITY

Which of the following best describes the PRINCIPAL business or activity being operated at the end of 1992? Mark (X) only ONE box.

040 1 WHOLESALE
Continue with section B, page 3

2 RETAIL
Continue with section C, page 5

3 SERVICES
Continue with section D, page 7

4 HOTELS, MOTELS, AND OTHER LODGING PLACES – *Continue with section E, page 9*

5 MANUFACTURES
Continue with section F, page 10

6 CONSTRUCTION
Continue with section G, page 14

7 Other – *Specify in REMARKS below and skip to section H, page 17, and complete item 50.*

REMARKS

Section B – WHOLESALE

Item 9. KIND OF BUSINESS – WHOLESALE

What was the PRINCIPAL kind of business for this establishment in 1992 (or activity by which your business is known to the trade or public)? Mark (X) only ONE box.

- 070
- Motor vehicles and automotive parts and supplies 5010
 - Furniture and home furnishings 5020
 - Lumber and other construction materials 5030
 - Photographic equipment and supplies 5043
 - Computers, peripheral equipment, and software 5045
 - Other commercial equipment (Include restaurant and hotel equipment and store machines.) 5046
 - Medical and hospital equipment 5047
 - Ophthalmic goods 5048
 - Other professional equipment and supplies – *Specify* 5049

 - Metals and minerals, except petroleum 5050
 - Electrical apparatus and equipment, wiring supplies, and construction materials 5063
 - Electrical appliances, radios, and television sets 5064
 - Other electronic parts and equipment – *Specify* 5065

 - Hardware 5072
 - Plumbing and heating equipment and supplies 5074
 - Warm air heating and air conditioning equipment and supplies 5075
 - Industrial machinery and equipment 5084
 - Transportation equipment and supplies; construction, farm, garden, and other machinery and equipment – *Specify* 5089

 - Other durable goods – *Specify* 5099

 - Paper and paper products 5110
 - Drugs, drug proprietaries, and druggists' sundries 5120
 - Apparel, piece goods, and notions 5130
 - Groceries and related products 5140
 - Farm-product raw materials 5150
 - Chemicals and allied products 5160
 - Petroleum and petroleum products (Include bulk stations and terminals.) 5170
 - Beer, wine, and distilled alcoholic beverages 5180
 - Farm supplies 5191
 - Books, periodicals, and newspapers 5192
 - Flowers and florists' supplies 5193
 - Tobacco and tobacco products 5194
 - Paint, paint supplies, and wallpaper 5198
 - Other nondurable goods – *Specify* 5199
- CODE

Item 10. TYPE OF OPERATION

Which of the following best describes the type of operation on which the major portion of your business was conducted in 1992? Mark (X) only ONE box.

- 100 Merchant (buying and selling on own account)
- 2 Manufacturers' sales branch or sales office
- 3 Broker, agent, commission merchant
- 4 Other type of operation – *Specify*

Item 11. EMPLOYMENT BY PRINCIPAL ACTIVITY

What was the approximate number of employees by principal activity during the pay period which included March 12, 1992?

	Number
a. Selling	130
b. Sales support (including office, clerical, warehouse, driver, and maintenance employees)	131
c. Central administrative and auxiliary	132
d. Manufacturing	133
e. Other – <i>Specify</i>	134

HOW TO REPORT PERCENTS

Report percentages as whole numbers
EXAMPLE: Report 38.76% as \rightarrow

Percent
39 %

Item 12. CLASS OF CUSTOMER

What was the percentage of 1992 sales (item 5) to each customer class?

	Percent
a. To farmers for farm use	140 %
b. To builders and contractors	141 %
c. To exporters (export sales)	142 %
d. To retailers and repair shops	143 %
e. To wholesale establishments	144 %
f. To household consumers and individual users	145 %
g. To industrial users (manufacturing and mining)	146 %
h. To institutional, commercial, and professional users	147 %
i. To governmental bodies (Federal, Commonwealth, and municipal)	148 %
j. TOTAL (Sum of lines a through i should equal 100%)	100 %

Item 13. OPERATING EXPENSES

What were the TOTAL 1992 operating expenses, including payroll, but excluding the cost of goods sold and interest expense?

Mil.	Thou.	Dol.
149		

Item 14. DOLLAR VOLUME OF BUSINESS

a. Did this establishment sell merchandise for the account of others on a COMMISSION or BROKERAGE basis in 1992?

- 150 YES – Go to item 14b
- 2 NO – Skip to item 14d

b. What was the gross selling value of business conducted on a commission or brokerage basis for the account of others? (Included in item 5.)

Mil.	Thou.	Dol.
151		

c. What was the dollar volume of commissions or brokerage received on transactions reported in item 14b?

152		
-----	--	--

d. What percentage of the products sold by this establishment (including firms under common ownership or control) did your company manufacture or mine in the United States, Puerto Rico, or U.S. territories?

Percent
153 %

NOTE – If this is the only establishment of this firm, skip to item 15.

e. What was the dollar volume of transfer (billings) to other establishments within your company? (NOT included in item 5.)

Mil.	Thou.	Dol.
154		

Section B – WHOLESALE (Continued)

Item 15. INVENTORIES				Item 17. COMMODITY LINES (Continued)																																																																									
a. Did you have inventories at the end of 1992? 155 1 <input type="checkbox"/> YES – Go to item 15b 2 <input type="checkbox"/> NO – Skip to item 16				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Commodity lines</th> <th style="width: 20%;">Percent of sales</th> </tr> </thead> <tbody> <tr><td>Plumbing and heating equipment and supplies (hydronics)</td><td style="text-align: right;">189 %</td></tr> <tr><td>General-purpose industrial machinery, equipment, and parts</td><td style="text-align: right;">190 %</td></tr> <tr><td>Industrial valves and fittings</td><td style="text-align: right;">191 %</td></tr> <tr><td>Welding supplies (Exclude gases.)</td><td style="text-align: right;">192 %</td></tr> <tr><td>Jewelry, watches, diamonds, and other precious stones and metals (Include silverware.)</td><td style="text-align: right;">193 %</td></tr> <tr><td>Drugs, pharmaceuticals, cosmetics, and toiletries</td><td style="text-align: right;">194 %</td></tr> <tr><td>Men's and boys' wear</td><td style="text-align: right;">195 %</td></tr> <tr><td>Women's and children's wear</td><td style="text-align: right;">196 %</td></tr> <tr><td>Footwear</td><td style="text-align: right;">197 %</td></tr> <tr><td>Frozen foods, packaged</td><td style="text-align: right;">198 %</td></tr> <tr><td>Dairy products, except dried or canned</td><td style="text-align: right;">199 %</td></tr> <tr><td>Poultry and poultry products (Exclude frozen packaged.)</td><td style="text-align: right;">200 %</td></tr> <tr><td>Confectionery</td><td style="text-align: right;">201 %</td></tr> <tr><td>Fish and seafoods (Exclude canned and frozen packaged.)</td><td style="text-align: right;">202 %</td></tr> <tr><td>Meat and meat products (Exclude canned and frozen packaged.)</td><td style="text-align: right;">203 %</td></tr> <tr><td>Fresh fruits and vegetables</td><td style="text-align: right;">204 %</td></tr> <tr><td>Coffee, tea, and spices (processed)</td><td style="text-align: right;">205 %</td></tr> <tr><td>Canned foods</td><td style="text-align: right;">206 %</td></tr> <tr><td>Soft drinks</td><td style="text-align: right;">207 %</td></tr> <tr><td>Other grocery specialties</td><td style="text-align: right;">208 %</td></tr> <tr><td>Grain and beans</td><td style="text-align: right;">209 %</td></tr> <tr><td>Plastics materials and basic forms</td><td style="text-align: right;">210 %</td></tr> <tr><td>Chemicals and allied products (Exclude agriculture, plastics, gases, and petroleum.)</td><td style="text-align: right;">211 %</td></tr> <tr><td>Petroleum products</td><td style="text-align: right;">212 %</td></tr> <tr><td>Beer and ale</td><td style="text-align: right;">213 %</td></tr> <tr><td>Wines and distilled alcoholic beverages</td><td style="text-align: right;">214 %</td></tr> <tr><td>Paint, paint supplies, and wallpaper</td><td style="text-align: right;">215 %</td></tr> <tr><td>Books, periodicals, newspapers, and miscellaneous printed materials</td><td style="text-align: right;">216 %</td></tr> <tr> <td>Other commodities – Refer to the list of Wholesale Commodity Lines on page 18 to specify kind(s) and enter code(s).</td> <td style="text-align: center;">Code</td> </tr> <tr><td>1)</td><td style="text-align: right;">%</td></tr> <tr><td>2)</td><td style="text-align: right;">%</td></tr> <tr><td>3)</td><td style="text-align: right;">%</td></tr> <tr><td>Service receipts and labor charges</td><td style="text-align: right;">291 %</td></tr> <tr><td>Miscellaneous receipts</td><td style="text-align: right;">292 %</td></tr> <tr> <td style="text-align: right;">TOTAL</td> <td style="text-align: right;">100 %</td> </tr> </tbody> </table>		Commodity lines	Percent of sales	Plumbing and heating equipment and supplies (hydronics)	189 %	General-purpose industrial machinery, equipment, and parts	190 %	Industrial valves and fittings	191 %	Welding supplies (Exclude gases.)	192 %	Jewelry, watches, diamonds, and other precious stones and metals (Include silverware.)	193 %	Drugs, pharmaceuticals, cosmetics, and toiletries	194 %	Men's and boys' wear	195 %	Women's and children's wear	196 %	Footwear	197 %	Frozen foods, packaged	198 %	Dairy products, except dried or canned	199 %	Poultry and poultry products (Exclude frozen packaged.)	200 %	Confectionery	201 %	Fish and seafoods (Exclude canned and frozen packaged.)	202 %	Meat and meat products (Exclude canned and frozen packaged.)	203 %	Fresh fruits and vegetables	204 %	Coffee, tea, and spices (processed)	205 %	Canned foods	206 %	Soft drinks	207 %	Other grocery specialties	208 %	Grain and beans	209 %	Plastics materials and basic forms	210 %	Chemicals and allied products (Exclude agriculture, plastics, gases, and petroleum.)	211 %	Petroleum products	212 %	Beer and ale	213 %	Wines and distilled alcoholic beverages	214 %	Paint, paint supplies, and wallpaper	215 %	Books, periodicals, newspapers, and miscellaneous printed materials	216 %	Other commodities – Refer to the list of Wholesale Commodity Lines on page 18 to specify kind(s) and enter code(s).	Code	1)	%	2)	%	3)	%	Service receipts and labor charges	291 %	Miscellaneous receipts	292 %	TOTAL	100 %
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Wines and distilled alcoholic beverages	214 %																																																																												
Paint, paint supplies, and wallpaper	215 %																																																																												
Books, periodicals, newspapers, and miscellaneous printed materials	216 %																																																																												
Other commodities – Refer to the list of Wholesale Commodity Lines on page 18 to specify kind(s) and enter code(s).	Code																																																																												
1)	%																																																																												
2)	%																																																																												
3)	%																																																																												
Service receipts and labor charges	291 %																																																																												
Miscellaneous receipts	292 %																																																																												
TOTAL	100 %																																																																												
b. Are inventories of this establishment subject to the last-in, first-out (LIFO) method of valuation? 160 1 <input type="checkbox"/> YES – Complete the remainder of this item 2 <input type="checkbox"/> NO – Skip to item 15c																																																																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 10%;">Mil.</th> <th style="width: 10%;">Thou.</th> <th style="width: 10%;">Dol.</th> </tr> </thead> <tbody> <tr> <td>(1) Amount subject to LIFO costing (gross)</td> <td style="text-align: center;">162</td> <td></td> <td></td> </tr> <tr> <td>(a) Amount of LIFO reserve</td> <td style="text-align: center;">163</td> <td></td> <td></td> </tr> <tr> <td>(b) LIFO value for line (1) (net)</td> <td style="text-align: center;">164</td> <td></td> <td></td> </tr> <tr> <td>(2) Amount not subject to LIFO costing</td> <td style="text-align: center;">165</td> <td></td> <td></td> </tr> <tr> <td>c. What was the TOTAL value of all inventories for 1992?</td> <td style="text-align: center;">166</td> <td></td> <td></td> </tr> </tbody> </table>					Mil.	Thou.	Dol.	(1) Amount subject to LIFO costing (gross)	162			(a) Amount of LIFO reserve	163			(b) LIFO value for line (1) (net)	164			(2) Amount not subject to LIFO costing	165			c. What was the TOTAL value of all inventories for 1992?	166																																																				
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NOTE – (LIFO users only) The sum of (1)(a), (1)(b), and (2) should equal item 15c.																																																																													
Item 16. STORAGE SPACE Did you have warehouse, stockroom, or other inventory storage space on December 31, 1992? 170 1 <input type="checkbox"/> YES – Report usable under-roof floor space excluding space occupied by interior walls, permanent aisles, elevator shafts, stairways, offices, shipping platforms, etc. → 2 <input type="checkbox"/> NO				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Square feet</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">171</td> </tr> </tbody> </table>		Square feet	171																																																																						
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171																																																																													
Item 17. COMMODITY LINES What was the estimated percentage of total 1992 sales (item 5) for each commodity line you specify for this establishment?																																																																													
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Section C – RETAIL

Item 18. KIND OF BUSINESS – RETAIL

What was the PRINCIPAL kind of business for this establishment in 1992 (or activity by which your business is known to the trade or public)? Mark (X) only ONE box.

- Building materials, hardware, garden supply, mobile home** 070
- Lumber and other building material dealer 5211
 - Wholesale lumber and other building material dealer 9503
 - Retail paint, glass, and wallpaper store 5231
 - Wholesale paint, glass, and wallpaper store 9519
 - Hardware store 5251
 - Retail nursery, lawn, and garden supplies store 5261
 - Mobile home dealer. 5271

- General merchandise**
- Department store 5311
 - Variety store 5331
 - Miscellaneous general merchandise. 5399

- Food**
- Grocery store 5411
 - Supermarket 5412
 - Cash and carry 5413
 - Meat and fish (seafood) market, freezer provisioners 5421
 - Fruit store and vegetable market 5431
 - Candy, nut, and confectionery store. 5441
 - Dairy products store 5451
 - Retail bakery 5461
 - Other food store. 5499

- Automotive dealers and gasoline service stations**
- Motor vehicle dealer – new and used cars 5511
 - Motor vehicle dealer – used cars only. 5521
 - Auto and home supply store 5531
 - Gasoline service station 5541
 - Gasoline/convenience food store 5542
 - Recreational vehicle dealer. 5561
 - Miscellaneous automotive and aircraft dealer 5599

- Apparel and accessories**
- Men's and boys' clothing and furnishings store 5611
 - Women's ready-to-wear store 5621
 - Women's accessory and specialty store. 5632
 - Children's and infants' wear store 5641
 - Family clothing store 5651
 - Shoe store 5661
 - Miscellaneous apparel and accessory store – *Specify* 5699

- Furniture, home furnishings and equipment**
- Furniture store 5712
 - Floor covering store. 5713
 - Drapery, curtain, and upholstery store 5714
 - Miscellaneous home furnishings store 5719
 - Household appliance store 5722
 - Radio, television, and electronics store 5731
 - Computer and software store (selling primarily to individual home consumers) 5734
 - Record and prerecorded tape store 5735
 - Musical instrument store 5736

Item 18. KIND OF BUSINESS – RETAIL (Continued)

Eating and drinking places

- Eating place 070 5811
 - Cafeteria 5811
 - Restaurant (full menu provided with waiter/waitress service and patrons seated) 5812
 - Refreshment place or other eating place providing a limited menu of food items (hamburgers, steak, seafood, chicken, pizza, pancakes, etc.) 5814
 - Fast food 5815
 - Other – *Specify* 5816
-
- Eating place with 25 or more guestrooms 7020
 - Drinking place (bar, cocktail lounge, etc.) 5813

Miscellaneous retail stores

- Drug and proprietary store 5912
 - Liquor store 5921
 - Sporting goods store and bicycle shops 5941
 - Book store 5942
 - Stationery store 5943
 - School supplies store 5943
 - Jewelry store 5944
 - Hobby, toy, and game shop 5945
 - Camera and photographic supply store 5946
 - Gift, novelty, and souvenir store. 5947
 - Luggage and leather goods store 5948
 - Sewing, needlework, and piece goods store 5949
 - Nonstore retailer
 - Mail order (catalog selling). 5961
 - Operating merchandise vending machines. 5962
 - House-to-house or telephone (direct selling). 5963
 - Fuel dealer. 5983
 - Florist 5992
 - Cigar store and stand 5993
 - News dealer and newsstand 5994
 - Optician's goods store 5995
 - Other – *Specify* 5999
- CODE

Item 19. UNDER-ROOF FLOOR SPACE

Did this establishment have any under-roof floor space used as a department, variety, or grocery store in 1992?

300 1 YES – TOTAL floor space

Under-roof SELLING space.

2 NO

Square feet
301
302

Item 20. FRANCHISE NAME

Did this establishment use a name authorized by a franchisor in 1992?

305 1 YES – **Does the franchisor own or operate the establishment?** 306 1 YES

2 NO

2 NO

Section C – RETAIL (Continued)

HOW TO REPORT PERCENTS	Report percentages as whole numbers EXAMPLE: Report 38.76% as \longrightarrow	Percent	Item 22. MERCHANDISE LINES (Continued)	
		39 %	Merchandise line	Percent of sales
Item 21. CLASS OF CUSTOMER What was the percentage of total 1992 sales (item 5) by class of customer?				
		Percent		
a. General public	307	%	Sleep furniture and equipment	335 %
b. Other	308	%	All other furniture	336 %
			Floor coverings	337 %
			Home computer hardware, software, and other calculating equipment and supplies	338 %
			Kitchenware and home furnishings	339 %
			Jewelry	340 %
			Photographic equipment and supplies	341 %
			Optical goods	342 %
			Sporting goods and trophies	343 %
			Recreational vehicles	344 %
			Hardware, tools, plumbing, and electrical supplies	345 %
			Lawn and garden equipment and supplies, cut flowers, plants, shrubs, fertilizers, etc.	346 %
			Paint, paint sundries, glass, and wallpaper	347 %
			Lumber, millwork, building materials, and home repair and modernization equipment, and supplies	348 %
			Mobile homes	349 %
			New automobiles, vans, and trucks	350 %
			Used automobiles, vans, and trucks	351 %
			Other powered transportation vehicles	352 %
			Gasoline	353 %
			Diesel fuel	354 %
			Other automotive fuel	355 %
			Automotive lubricants (oils, grease, etc.)	356 %
			Automotive tires, tubes, batteries, parts, and accessories	357 %
			Household fuels	358 %
			All other merchandise	359 %
			<i>If sales of merchandise on this line exceed 5% of total, specify principal lines and estimated percent of sales on next line</i>	
			1)	360 %
			2)	361 %
			3)	362 %
			Nonmerchandise receipts from customers	363 %
			TOTAL	100 %
			PROCEED TO SECTION H, PAGE 17, AND COMPLETE THE REST OF THE FORM.	
Item 22. MERCHANDISE LINES What was the estimated percentage of total 1992 sales (item 5) for each merchandise line you specify for this establishment?				
Merchandise line	Percent of sales			
Meat, fish, and poultry	310	%		
Produce (fresh fruits and vegetables)	311	%		
Frozen foods	312	%		
Dairy products and related foods	313	%		
Bakery products, except frozen	314	%		
All other foods, excluding pet food	315	%		
Meals, snacks, sandwiches, nonalcoholic beverages generally served for consumption at this establishment	316	%		
Alcoholic drinks (served at this establishment)	317	%		
Packaged liquor, wine, and beer	318	%		
Cigars, cigarettes, tobacco, and smokers' accessories (Exclude sales from vending machines owned by others.)	319	%		
Prescription drugs from a pharmacist	320	%		
Nonprescription medicines and vitamins, proprietary and over-the-counter ethical medicines, and other health and beauty aids	321	%		
Soaps, detergents, and household cleaners	322	%		
Paper products	323	%		
Men's and boys' wear	324	%		
Women's and girls' wear	325	%		
Women's accessories	326	%		
Footwear	327	%		
Sewing, knitting, needlework goods	328	%		
Curtains, drapes, shades, blinds, slipcovers, towels, sheets, blankets, table linens, etc.	329	%		
Major household appliances	330	%		
Small electric appliances	331	%		
Televisions, video recording devices, video tapes, etc.	332	%		
Audio equipment, musical instruments and supplies	333	%		
Living room, dining room, bedroom furniture (except odd beds, cots, etc.)	334	%		

Section D – SERVICES

Item 23. KIND OF BUSINESS – SERVICES

What was the PRINCIPAL kind of business for this establishment in 1992 (or activity by which your business is known to the trade or public)? Mark (X) only ONE box.

Travel agencies and other passenger transportation services

- 070
- Travel agency 4724
 - Tour operator 4725
 - Other services in arranging passenger transportation 4729

Personal services

- Power laundry, family and commercial 7211
- Garment pressing and cleaner's agents 7212
- Linen supply 7213
- Coin-operated laundry and cleaning 7215
- Dry cleaning plant, except rug 7216
- Carpet and upholstery cleaning 7217
- Industrial launderers 7218
- Other laundry and garment services including hand laundry – *Specify* 7219

-
- Photographic studios, portrait 7221
 - Beauty shop 7231
 - Barber shop 7241
 - Shoe repair and shoeshine parlors 7251
 - Funeral service and crematory 7261
 - Tax return preparation services 7291
 - Other personal services – *Specify* 7299

Business services

- Advertising agency 7311
- Outdoor advertising services 7312
- Radio, television, and publishers' advertising representatives 7313
- Other advertising services (except agencies) – *Specify* 7319

-
- Adjustment and collection services 7322
 - Mercantile credit reporting agency 7323
 - Direct mail advertising services 7331
 - Photocopying and duplicating services 7334
 - Commercial photography 7335
 - Commercial art and graphic design 7336
 - Secretarial and court reporting services 7338
 - Disinfecting and exterminating services 7342
 - Cleaning and maintenance services 7349
 - Medical equipment rental and leasing 7352
 - Heavy construction and earthmoving equipment, rental and leasing 7353
 - Other equipment rental and leasing (except computers or automotive) 7359
 - Employment agency 7361
 - Temporary help supply services 7363
 - Computer programming services 7371
 - Prepackaged software 7372
 - Computer integrated systems design 7373

Item 23. KIND OF BUSINESS – SERVICES (Continued)

Business services (Continued)

- 070
- Data processing services 7374
 - Information retrieval services 7375
 - Computer facilities management services 7376
 - Computer rental and leasing 7377
 - Detective, guard, and armored car services 7381
 - Security systems services 7382
 - News syndicates 7383
 - Photofinishing laboratory 7384
 - Other business services – *Specify* 7389

Automobile repair and services

- Truck rental and leasing, without driver 7513
- Passenger car rental 7514
- Passenger car leasing 7515
- Utility trailer and recreational vehicle rental 7519
- Automobile parking 7521
- Top, body, and upholstery repair and painting shop 7532
- Auto exhaust systems repair shop 7533
- Tire retreading and repair shop 7534
- Automotive glass replacement shop 7536
- Automotive transmission repair shop 7537
- General automotive repair shop 7538
- Other automotive repair shop – *Specify* 7539

-
- Carwash 7542
 - Other automotive services – *Specify* 7549

Miscellaneous repair services

- Radio and television repair 7622
- Refrigeration and air conditioning service and repair shop 7623
- Electrical and electronic repair shop (except computer repair) 7629
- Watch, clock, and jewelry repair 7631
- Reupholstery and furniture repair 7641
- Welding repair 7692
- Armature rewinding shop 7694
- Other repair services, including sewer and septic tank cleaning services – *Specify* 7699

Motion pictures

- Motion picture, video production, and related services 7812
- Film distribution and related services 7822
- Theatres, except drive-in 7832
- Video tape rental 7841

Section D – SERVICES (Continued)

Item 23. KIND OF BUSINESS – SERVICES (Continued)

Amusement and recreation services, except motion pictures

- 070
- Dance studios, schools, and halls 7911
 - Theatrical producers and services 7922
 - Bands, orchestras, actors, and other entertainers and entertainment groups 7929
 - Bowling center 7933
 - Commercial sports clubs, managers, and sports promoters 7941
 - Racing, including track operation 7948
 - Physical fitness facility 7991
 - Public golf course 7992
 - Coin-operated amusement devices 7993
 - Lottery agency (except horserace) 7994
 - Horserace betting agency 7995
 - Amusement parks 7996
 - Membership sports and recreation club 7997
 - Cockfight arena 7998
 - Other amusement and recreation services – *Specify* 7999

Medical and dental laboratories

- Dental laboratory 8072
- Other dental and medical services – *Specify* 9001

Legal services

- Legal services 8111
- Legal aid society (or other non-profit legal services) – *Specify* 9002

Museums, art galleries, and botanical and zoological gardens

- Museums and art galleries 8412
- Botanical and zoological gardens 8422

Engineering, architectural, land surveying, research, management, and related services

- Engineering services 8711
- Architectural services 8712
- Surveying services 8713
- Commercial, physical, and biological research 8731
- Commercial, economic, sociological, and educational nonphysical research 8732
- Commercial testing laboratory 8734
- Management services 8741
- Management consulting services 8742
- Public relations services 8743
- Facilities support management services 8744
- Other business consulting services – *Specify* 8748

Other kind of services – *Specify* 8999
CODE

HOW TO REPORT PERCENTS

Report percentages as whole numbers
EXAMPLE: Report 38.76% as →

Percent
39 %

Item 24. MERCHANDISE SALES

a. Did this establishment sell any merchandise over-the-counter or separate from services provided in 1992?

- 421 1 YES – Complete b below
2 NO – Skip to section H, page 17

b. What was the estimated percentage of total 1992 receipts (item 5) from the sale of such merchandise? If more than 50 percent, describe the type of merchandise sold in the REMARKS section below.

Percent
422 %

REMARKS

**PROCEED TO SECTION H, PAGE 17,
AND COMPLETE THE REST OF THE FORM.**

Section E – HOTELS, MOTELS, AND OTHER LODGING PLACES

Item 25. KIND OF BUSINESS – HOTELS, MOTELS, AND OTHER LODGING PLACES

What was the PRINCIPAL kind of business for this establishment in 1992 (or activity by which your business is known to the trade or public)? Mark (X) only ONE box.

Hotels, motels, and guest houses

- Hotel with 100 or more guestrooms 7011
- Hotel with 25 to 99 guestrooms 7012
- Hotel with less than 25 guestrooms 7013
- Recreational hotel (tourist villas and paradores) 7014
- Motel 7015
- Guest houses 7016
- Organizational hotel or lodging house, with rooms open to the general public 7017

Other lodging places

- Sporting and recreational camps – *Specify* . . . 7032
- _____
- Trailer parks and campsites (transients). 7033
- Residential mobile home park 6515
- Children’s day camp 7999

} Skip to section H, page 17

Other kinds of activity or operation

- Restaurant, including –
- Hotel with 100 or more guestrooms 7018
- Hotel with 25 to 99 guestrooms 7019
- Motel with 25 or more guestrooms 7020
- Less than 25 guestrooms 5812
- Other kind of activity – *Specify* 7099
- _____ CODE

HOW TO REPORT PERCENTS

Report percentages as whole numbers

EXAMPLE: Report 38.76% as →

Percent

39 %

Item 26. SOURCES OF RECEIPTS

Receipts must be reported as percentages of total 1992 receipts (item 5).

Exclude occupancy or other taxes collected from customers.

a. Receipts from customers

What was the estimated percentage of 1992 sales and receipts from customers for the following? (DO NOT include receipts from coin-operated machines maintained by others.)

	Percent
(1) Guestroom or unit rentals (<i>If meals are included as a room package, estimate the percentage for meals on line a(2).</i>)	531 %
(2) Sales of meals and nonalcoholic beverages	532 %
(3) Sales of alcoholic beverages for consumption on premises	533 %
(4) Sales of packaged liquor, wine, or beer	534 %
(5) Sales of other merchandise	535 %
(6) Receipts from casino operations	536 %
(7) All other receipts from customers (Include ballrooms, convention halls, laundry, valet, and other services.)	537 %
(8) TOTAL (Sum of lines 1 through 7 should equal 100%)	100 %

b. Receipts from other sources

Were any receipts OTHER than from customers received by this establishment in its business operation? (Include rental and commission receipts from operators of leased departments, concessions and stores, and coin-operated machines.)

	Mil.	Thou.	Dol.
538 1 <input type="checkbox"/> YES – What was the amount? →	539		
2 <input type="checkbox"/> NO			

Item 27. NUMBER AND TYPE OF ACCOMMODATIONS

a. What was the number of rooms, units, or quarters primarily rented as transient as of December 31, 1992? The number of guestrooms, units, or quarters consists of the number which can be rented as single units. Suites of rooms which cannot be subdivided should be counted as a single unit.

Number as of December 31, 1992
540

b. Were more than half of guestroom or unit rental receipts in 1992 from transient guests?

- 541 1 YES
- 2 NO

Item 28. PUERTO RICO TOURIST ENCOURAGEMENT LAW

Did this establishment operate under the Puerto Rico Tourist Encouragement Law in 1992?

- 542 1 YES
- 2 NO

PROCEED TO SECTION H, PAGE 17, AND COMPLETE THE REST OF THE FORM.

Section F – MANUFACTURES

Item 29. KIND OF ACTIVITY – MANUFACTURES

What was the PRINCIPAL kind of manufacturing activity for this establishment in 1992 (or activity by which the establishment is known to the trade or public)? Mark (X) only ONE box.

Food and kindred products

070

- Meat packing plants 2011
- Sausages and other prepared meat products from purchased materials 2013
- Poultry slaughtering and processing 2015
- Ice cream and frozen desserts 2024
- Fluid milk and cream 2026
- Other dairy products – *Specify* 2029

-
- Canned specialties, such as baby food and soups 2032
 - Canned fruits, vegetables, preserves, jams, and jellies 2033
 - Frozen and preserved foods – *Specify* 2038

-
- Prepared feed and feed ingredients for animals and fowls, except dogs and cats 2048
 - Other grain mill products – *Specify* 2049

-
- Bread and other bakery products 2051
 - Cookies and crackers 2052
 - Frozen bakery products, except bread 2053
 - Candy and other confections, including chocolate candy 2064
 - Other sugar products and nuts – *Specify* 2069

-
- Edible fats and oils – *Specify* 2079

-
- Distilled and blended liquors 2085
 - Bottled and canned soft drinks 2086
 - Flavoring extracts and syrups 2087
 - Other beverages – *Specify* 2089

-
- Canned and cured fish and seafoods 2091
 - Roasted coffee, coffee concentrates, and extracts 2095
 - Manufactured ice 2097
 - Other food preparations and kindred products – *Specify* 2099

Tobacco products

- Cigars 2121
- Other tobacco products – *Specify* 2129

Textile mill products

- Knit outerwear mills 2253
- Fabrics, carpets, yarn and thread, and other textile mill products – *Specify* 2299

Item 29. KIND OF ACTIVITY – MANUFACTURES (Continued)

Apparel and other finished products made from fabrics and similar materials

070

- Men's and boys' suits and coats 2311
- Men's and boys' shirts 2321
- Men's and boys' trousers and slacks 2325
- Men's and boys' work clothing 2326
- Other men's and boys' clothing and furnishings – *Specify* 2329

-
- Women's and misses' blouses and shirts 2331
 - Women's, misses', and juniors' dresses 2335
 - Other women's, misses', and juniors' outerwear – *Specify* 2339

-
- Women's and children's underwear and nightwear 2341
 - Bras, girdles, and allied garments 2342
 - Girls' and children's dresses and blouses 2361
 - Other girls' and children's outerwear 2369
 - Curtains and draperies 2391
 - Homefurnishings 2392
 - Pleating and stitching 2395
 - Automotive and apparel trimming 2396
 - Other apparel and finished products – *Specify* 2399

Lumber and wood products, except furniture

- Sawmills, flooring mills, and other special products sawmills – *Specify* 2429

-
- Wood millwork covered with metal and plastic materials 2431
 - Wood kitchen cabinets and bathroom vanities 2434
 - Hardwood and softwood veneer and plywood, and other structural wood members – *Specify* 2439

-
- Wood or wood and metal combination pallets and skids 2448
 - Other wood containers – *Specify* 2449

-
- Wood preserving 2491
 - Other wood products – *Specify* 2499

Furniture and fixtures

- Wood household furniture, except upholstered 2511
- Wood household furniture, upholstered 2512
- Metal household furniture 2514
- Mattresses, foundations, and convertible beds 2515
- Other household furniture – *Specify* 2519

-
- Wood office furniture and other office furniture – *Specify* 2529

-
- Public building and related furniture 2531
 - Wood shelving, lockers, and store fixtures 2541
 - Office and store fixtures, except wood 2542
 - Drapery hardware and window blinds and shades 2591
 - Other furniture and fixtures – *Specify* 2599

Section F – MANUFACTURES (Continued)

Item 29. KIND OF ACTIVITY – MANUFACTURES (Continued)

Paper and allied products

070

- Paper mills 2621
- Paperboard mills 2631
- Setup paperboard boxes 2652
- Corrugated and solid fiber boxes 2653
- Folding paperboard boxes 2657
- Other paperboard containers and boxes – *Specify* 2659

-
- Plastics, foil, and coated paper bags 2673
 - Other paper and allied products – *Specify* 2679

Printing, publishing, and allied industries

- Newspapers: publishing, or publishing and printing 2711
- Periodicals: publishing, or publishing and printing 2721
- Books and pamphlets: publishing, or publishing and printing 2731
- Book printing 2732
- Miscellaneous publishing activities 2741
- Commercial printing, lithographic 2752
- Commercial printing, gravure 2754
- Other commercial printing 2759
- Manifold business forms 2761
- Other printing and publishing – *Specify* 2799

Chemicals and allied products

- Industrial gases and other inorganic chemicals – *Specify* 2819
-
- Plastic materials and resins 2821
 - Other synthetics and manmade fibers, except glass – *Specify* 2829
-
- Medicinal chemicals and botanical products 2833
 - Pharmaceutical preparations for human or veterinary use 2834
 - Diagnostic substances 2835
 - Biological products, except diagnostic substances 2836
 - Soap and other detergents 2841
 - Polishes and sanitation goods preparations 2842
 - Surface active agents 2843
 - Perfumes, cosmetics, and other toilet preparations 2844
 - Paints and related products 2851
 - Adhesives and sealants 2891
 - Other chemicals and chemical preparations – *Specify* 2899

Petroleum refining and related industries

- Petroleum refining, including gasoline and oil 2911
- Asphalt paving mixtures and blocks 2951
- Asphalt felt and coatings, including roofing cement 2952
- Other petroleum and coal products – *Specify* 2999

Item 29. KIND OF ACTIVITY – MANUFACTURES (Continued)

Rubber and miscellaneous plastics products

070

- Plastics bottles 3085
- Other rubber and plastics products – *Specify* 3089

Leather and leather products

- Men's footwear, except athletic 3143
- Women's handbags and purses 3171
- Personal leather goods, except women's handbags and purses 3172
- Other leather and leather products – *Specify* 3199

Stone, clay, glass, and concrete products

- Glass products made of purchased glass 3231
- Concrete block and brick 3271
- Concrete products, except block and brick 3272
- Ready-mixed concrete 3273
- Cut stone and stone products 3281
- Other products made of glass, hydraulic cement, clay, pottery, gypsum, lime, abrasive, asbestos, and nonmetallic mineral products – *Specify* 3299

Primary metal industries

- Steel wiredrawing and steel nails and spikes 3315
- Iron and steel foundries, nonferrous metals, and other primary metal industries products – *Specify* 3399

Fabricated metal products

- Metal cans 3411
 - Metal shipping barrels, drums, kegs, and pails 3412
 - Fabricated structural metal 3441
 - Metal doors, sash, and trim 3442
 - Fabricated plate work (boiler shop) 3443
 - Sheet metal work 3444
 - Architectural and ornamental metal work 3446
 - Other structural metal work – *Specify* 3449
-
- Screw machine products 3451
 - Bolts, nuts, screws, rivets, and washers 3452
 - Other metal stampings – *Specify* 3469

-
- Plating and polishing of metals 3471
 - Coating, engraving, and allied services 3479
 - Miscellaneous fabricated wire products 3496
 - Other fabricated metal products – *Specify* 3499

Industrial and commercial machinery and computer equipment

- Special dies, tools, jigs, and fixtures 3544
- Other metalworking machinery and equipment – *Specify* 3549

-
- Electronic computers 3571

Section F – MANUFACTURES (Continued)

Item 29. KIND OF ACTIVITY – MANUFACTURES (Continued)

Industrial and commercial machinery and computer equipment (Continued)

- Computer peripheral equipment, including printers, plotters, and graphic displays 3577
- Other office equipment including calculators, terminals, and computer storage devices – *Specify* 3579
-
- Refrigeration (air-conditioning) and heating equipment . . . 3585
- Other industrial and commercial machinery and computer equipment – *Specify* 3599

Electronic and electrical equipment and components, except computer equipment

- Power, distribution, and specialty transformers 3612
- Switchgear and switchboard apparatus 3613
- Other electrical industrial apparatus – *Specify* 3629
-
- Household appliances – *Specify* 3639
-
- Current-carrying wiring devices 3643
- Other electric lighting and wiring equipment – *Specify* . . . 3648
-
- Telephone and telegraph apparatus 3661
- Radio, TV, and other communication equipment – *Specify* 3669
-
- Printed circuit boards 3672
- Electronic coils, transformers, and inductors 3677
- Other electronic and electrical equipment and components – *Specify* 3679

Transportation equipment

- Motor vehicle parts and accessories. 3714
- Motor vehicles and motor vehicle equipment – *Specify* . . . 3719
-
- Aircraft, boat, and other transportation; parts, equipment, and repairing – *Specify* 3799

Measuring, analyzing, and controlling instruments; photographic, medical and optical goods; watches and clocks

- Instruments to measure electricity. 3825
- Surgical, medical, and veterinary instruments and apparatus 3841
- Orthopedic, prosthetic, and surgical appliances and supplies 3842
- Dental equipment and supplies; radiographic, irradiation, electromedical, and electrotherapeutic apparatus – *Specify* 3849
-
- Ophthalmic goods (contact lenses, eyeglasses, and sunglasses) 3851
- Other measuring, analyzing and controlling instruments; photographic and optical goods; watches and clocks – *Specify* 3879

Item 29. KIND OF ACTIVITY – MANUFACTURES (Continued)

Miscellaneous manufacturing industries

070

- Jewelry, precious metal 3911
- Silverware and plated ware 3914
- Jewelers' materials and lapidary work 3915
- Costume jewelry and costume novelties 3961
- Fasteners, buttons, needles, and pins 3965
- Signs and advertising specialties 3993
- Other manufacturing industries – *Specify* 3999
- CODE

Item 30. SHIPMENTS AND OTHER RECEIPTS

	Mil.	Thou.	Dol.
a. What was the total VALUE OF SHIPMENTS for products made in this establishment in 1992? (Include interplant transfers.)	601		
b. What were the receipts for CONTRACT WORK performed for others on their materials? (Describe products worked on and kind of work.)	602		
c. What were the MISCELLANEOUS RECEIPTS for –	603		
(1) Sales of scrap and refuse?			
(2) Other miscellaneous receipts (including receipts for repair work, etc.)?	604		
d. What were the receipts for RESALES, i.e., sales of products bought and sold without further manufacture, processing, or assembly in this establishment?	605		

Item 31. EMPLOYMENT AND HOURS WORKED

	Number of employees	
a. How many PRODUCTION WORKERS were employed in 1992 during the pay period including the 12th of the month for the months shown? (Include permanent or temporary, full- or part-time.)	(1) March	610
	(2) May	611
	(3) August	612
	(4) November	613
	b. How many other employees were employed during the pay period including March 12?	
c. How many hours were worked by PRODUCTION WORKERS by quarter?	Hours worked	
	(1) January through March	616
	(2) April through June	617
	(3) July through September	618
	(4) October through December	619
	(5) TOTAL hours worked (Sum of lines (1) through (4))	

Section F – MANUFACTURES (Continued)

Item 32. PAYROLL

What was the annual payroll, before deductions, for this establishment for the entire calendar year 1992?

	Mil.	Thou.	Dol.
a. Production workers	625		
b. All other employees	626		

Item 33. SELECTED COSTS

What was the cost to this establishment in 1992 for materials and services used?

	Mil.	Thou.	Dol.
a. Electricity	630		
b. Fuels consumed for heat or power	631		
c. Contract work done for you by others	632		
d. Products bought and resold in the same condition	633		
e. Materials, parts, components, containers, etc.	634		

Item 34. INVENTORIES

a. Did you have inventories at the end of 1991 or 1992?

636 1 YES – Go to item 34b
2 NO – Skip to item 35

b. Are inventories of this establishment subject to the last-in, first-out (LIFO) method of valuation?

637 1 YES – Complete the remainder of this item
2 NO – Skip to item 34c

	END OF 1992			END OF 1991		
	Mil.	Thou.	Dol.	Mil.	Thou.	Dol.
(1) Amount subject to LIFO costing (gross)	638			639		
(a) Amount of LIFO reserve	640			641		
(b) LIFO value for line (1) (net)	642			643		
(2) Amount not subject to LIFO costing	644			645		
c. What was the TOTAL value of all inventories at the end of 1991 and 1992?						
	END OF 1992			END OF 1991		
	Mil.	Thou.	Dol.	Mil.	Thou.	Dol.
(1) Materials, supplies, etc.	646			647		
(2) Work-in-process	648			649		
(3) Finished goods	650			651		
(4) TOTAL inventories (Sum of lines (1) through (3))	652			653		

NOTE – (LIFO users only) The sum of b(1)(a), b(1)(b), and b(2) should equal line c(4).

Item 35. CAPITAL EXPENDITURES

	Mil.	Thou.	Dol.
a. What were the capital expenditures for USED buildings and machinery in 1992 (excluding land)? (New capital expenditures should NOT be included in item 35a, but should be reported below in item 35b.)	655		
b. What were the capital expenditures for NEW buildings and machinery?	656		
(1) Buildings and other structures (Exclude land.)	657		
(2) Machinery and equipment			

Item 36. VALUE OF PRODUCTS MADE AND CONTRACT WORK PERFORMED BY CUSTOMER LOCATION

What was the total dollar value of products made and contract work performed in 1992 for each of the following customer locations?

Customer location (1)	Value of products made in this establishment (2)			Value of contract work (3)		
	Mil.	Thou.	Dol.	Mil.	Thou.	Dol.
a. U.S. and territories (Do not include Puerto Rico and the Virgin Islands.)	659			660		
b. Virgin Islands	661			662		
c. Central America, South America, and Caribbean Zone (Do not include the Virgin Islands.)	663			664		
d. Other foreign places	665			666		
e. Puerto Rico – Complete lines f through l below	667			668		

If you reported on line e, columns (2) and (3): **What was the distribution of shipments or contract work for customers located in Puerto Rico?** (Sum of lines f through l should equal the entries for line e above.)

Class of customer (1)	Value of products made in this establishment (2)			Value of contract work (3)		
	Mil.	Thou.	Dol.	Mil.	Thou.	Dol.
f. Wholesalers	670			671		
g. Retailers	672			673		
h. Household consumers	674			675		
i. Commonwealth government	676			677		
j. Construction companies	678			679		
k. Other manufacturing establishments	680			681		
l. Other customers	682			683		

Item 37. SPECIAL INQUIRY

If "Corporation" was marked in item 4: **Which of the following best describes this establishment at the end of 1992?** Mark (X) only ONE box.

685 1 Domestic corporation
2 Nondomestic corporation under section 936
3 Other nondomestic corporation

PROCEED TO SECTION H, PAGE 17, AND COMPLETE THE REST OF THE FORM.

Section G – CONSTRUCTION

Item 38. KIND OF ACTIVITY – CONSTRUCTION

a. Describe the PRINCIPAL kind of construction activity this establishment engaged in during 1992.

HOW TO REPORT PERCENTS	Report percentages as whole numbers	Percent
	EXAMPLE: Report 38.76% as →	39 %

b. What was the estimated percentage of the TOTAL DOLLAR VALUE OF BUSINESS DONE in 1992 (item 5) for each of the following activities?

	Percent
Construction activities	701
Building construction on land owned by others – general contractor	%
Building construction on land owned by you	702 %
Construction of highways, streets, parking lots, airport runways, and work related to highway and street construction	703 %
Heavy construction such as bridges, tunnels, water, sewer, and other utility lines	704 %
Other heavy construction such as petrochemical and industrial complex power plant	705 %
Subdividing and preparing your own land for sale	706 %
Subdividing and preparing your own land for rent or lease	707 %
Subdividing and preparing land owned by others	708 %
NOTE – General contractors who did any of the following special trades as part of a general contract should NOT fill out these boxes; but if work was done in 1992 as a Special Trade Contractor, fill out the boxes that apply.	
	Percent
Plastering, drywall, acoustical, and insulation work	709 %
Plumbing, heating, and air-conditioning	710 %
Roofing, siding, and sheet metal work	711 %
Carpentry work	712 %
Concrete work	713 %
Electrical work	714 %
Installation or erection of building equipment	715 %
Excavation work	716 %
Floor laying and other floor work	717 %
Glass and glazing work	718 %
Masonry, stone setting, and other stonework	719 %
Painting and paper hanging	720 %
Structural steel erection	721 %

Item 38. KIND OF ACTIVITY – CONSTRUCTION (Continued)

	Percent
Construction activities (Continued)	722
Swimming pool contractor	%
Terrazo, tile, marble, and mosaic work	723 %
Water well drilling	724 %
Wrecking and demolition work	725 %
Other types of contracting – <i>Specify kind</i>	726 %
	727 %
	728 %
	729
Activities other than construction	
Architectural and engineering services	%
Rental of construction machinery and equipment	730 %
Retail trade – <i>Specify kind</i>	731 %
	732 %
Sale of land	733 %
Wholesale trade, manufacturing, and transportation	734 %
Construction management	%
Other business activities – <i>Specify kinds</i>	735 %
	736 %
	737 %
	%
TOTAL value of business done in 1992 (item 5)	100 %

Section G – CONSTRUCTION (Continued)

Item 39. DOLLAR VALUE OF BUSINESS

	Mil.	Thou.	Dol.
a. What was the dollar value of all construction work done in 1992? →	738		

INCLUDE –

- New construction
- Additions and alterations, or reconstruction
- Special trades contracting work
- Maintenance and repair work
- Land development and improvement
- Buildings and other structures built for sale, excluding the value of the land
- Installation and service of equipment
- Construction work on own account

	Mil.	Thou.	Dol.
b. What were your receipts from kinds of business other than those reported above in 1992? →	739		

INCLUDE –

- Architectural and engineering services
- Rental of machinery and equipment
- Sale of land
- Retail trade
- Other services

Item 40. TYPES OF CONSTRUCTION

What was the estimated percentage of the amount you reported in item 39a (the dollar value of construction work done in 1992) **for each of the types of construction listed below?** For each entry in column (a), show the percentage of new construction (include additions and alterations) in column (b) and the percentage of maintenance and repair work in column (c).

NOTE – Column (b) + column (c) = column (a).

Type of construction	Percent of construction work done (a)	Breakdown of column (a)	
		New construction (b)	Maintenance and repair work (c)
BUILDING CONSTRUCTION	740	741	742
Single family houses (detached, attached, and townhouses)	%	%	%
Apartment buildings and other residential buildings	%	%	%
Industrial buildings and warehouses	%	%	%
Other nonresidential buildings – <i>Specify</i>	%	%	%
NONBUILDING CONSTRUCTION	780	781	782
Highways, streets, and related work	%	%	%
Bridges, tunnels, and elevated highways	%	%	%
Water, sewer, pipeline, communication transmission lines, and power lines	%	%	%
Other nonbuilding construction – <i>Specify</i>	%	%	%
TOTAL value of construction work done (Sum of column (b) + column (c) should equal 100%)	100 %	%	%

Item 41. EMPLOYMENT AND HOURS WORKED

a. How many CONSTRUCTION WORKERS were employed in 1992 during the pay period including the 12th of the month for the months shown?

(Include permanent or temporary, full- or part-time.)

	Number of employees
(1) March	825
(2) May	826
(3) August	827
(4) November	828
b. How many other employees were employed during the pay period including March 12?	829
c. How many hours were worked by CONSTRUCTION WORKERS by quarter?	Hours worked
(1) January through March	830
(2) April through June	831
(3) July through September	832
(4) October through December	833
(5) TOTAL hours worked (Sum of lines (1) through (4))	834

Item 42. PAYROLL

What was the annual payroll, before deductions, for this establishment in 1992?

	Mil.	Thou.	Dol.
a. Construction workers	835		
b. All other employees	836		

Item 43. CONSTRUCTION WORK SUBCONTRACTED OUT

What was the cost to this establishment in 1992 for construction work subcontracted out to other construction contractors? Include construction work done by manufacturing firms and value of materials sold to subcontractors.

	Mil.	Thou.	Dol.
	837		

Section G – CONSTRUCTION (Continued)

Item 44. SELECTED COSTS	Mil.	Thou.	Dol.
What was the cost to this establishment in 1992 for materials and services used?	838		
a. Electricity			
b. Gasoline, diesel fuel, and gasohol	839		
c. Other fuels for heat or power such as natural gas, and lubricants, oils, and greases.	840		
d. Communication and repairs to machinery, equipment, buildings, and other structures	841		
e. Rental or lease of construction machinery and equipment, transportation equipment, buildings and other structures, office equipment, and fixtures (Do not include payments for subcontract work.)	842		
f. Materials, components, and supplies	843		

Item 45. WORK FOR OTHER CONTRACTORS OR BUILDERS	Percent
Did this establishment do any work for other contractors or builders in 1992?	851
850 1 <input type="checkbox"/> YES – Estimate the percentage of the dollar value of construction work done in 1992 (item 39a) accounted for by such work. →	%
2 <input type="checkbox"/> NO	

Item 46. OWNERSHIP OF CONSTRUCTION PROJECTS	Percent
What was the percentage of the dollar value of construction work done (item 39a) on government-owned projects and on privately-owned projects in 1992?	852
a. Government-owned construction (Federal, Commonwealth, municipal)	%
b. Privately owned construction	853
c. TOTAL value of construction work done in 1992 (item 39a)	100 %

Item 47. ASSETS, CAPITAL EXPENDITURES, AND DEPRECIATION	Buildings, job-site trailers, additions, and related facilities, excluding land (1)			Machinery, equipment, and vehicles (2)		
	Mil.	Thou.	Dol.	Mil.	Thou.	Dol.
a. What was the GROSS value of depreciable assets (usually original cost) at the BEGINNING of 1992?	854			855		
b. What were the capital expenditures for NEW automobiles, trucks, etc. (intended primarily for highway use) during 1992?				856		
c. What were the capital expenditures for NEW buildings, machinery, and job-site vehicles during 1992?	857			858		
d. What were the capital expenditures for USED buildings and machinery during 1992? (Include used automobiles, trucks, etc.)	859			860		
e. What was the GROSS value of depreciable assets sold, retired, scrapped, etc. in 1992?	861			862		
f. What was the GROSS value of depreciable assets at the END of 1992? (Sum of a + b + c + d – e)	863			864		
g. What were the depreciation charges for 1992?	865			866		

PROCEED TO SECTION H, PAGE 17, AND COMPLETE THE REST OF THE FORM.

Section H - ALL ESTABLISHMENTS

Item 48. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

NOTE - Answer this item only if your Census File Number (CFN), shown in the label of this report form, begins with zero. If the CFN does not begin with a zero, skip to item 50.

a. Is this company owned or controlled by another company?

900 YES →
 NO

ENTER OWNING OR CONTROLLING COMPANY NAME, ADDRESS, AND ZIP CODE

Name _____

Address _____

901
EI Number (9 digits)

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

b. Does this company own or control any other company or companies?
If more space is needed, continue in REMARKS (item 49).

902 YES →
 NO

ENTER OWNED OR CONTROLLED COMPANY NAME, ADDRESS, AND ZIP CODE

Name _____

Address _____

903
EI Number (9 digits)

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

c. Did this company operate at more than one location during 1992?

NOTE - Locations which are not staffed on a full-time basis by at least one employee covered by this EI Number should NOT be considered separate. Include data for these locations with data reported for the main location.

904 YES - List additional locations below and provide the information requested.
If more space is needed, continue in REMARKS (item 49).
 NO - Skip to item 50

Number and street	906 EI Number (9 digits)	Sales and receipts →	Mil.	Thou.	Dol.	Number of employees during pay period including March 12, 1992	Are these figures included on page 2 of this report?
Municipio 907	-		Annual payroll →	908			
Number and street	-	Sales and receipts →	914			Number of employees during pay period including March 12, 1992	Are these figures included on page 2 of this report?
Municipio 913	-	Annual payroll →	915				

Item 49. REMARKS - Please use this space for any explanations that may be essential in understanding your reported data.

Item 50. CERTIFICATION - This report is substantially accurate and has been prepared in accordance with instructions.

Print name of person to contact regarding this report				Period covered by this report →	FROM: Month Year	TO: Month Year
Telephone →	918 Area code	919 Number	920 Extension	Preparer's signature		Date

WHOLESALE COMMODITY LINES

CODE	COMMODITY LINE	CODE	COMMODITY LINE
217	Trucks and tractors	253	Custodial (janitor's) equipment and supplies
218	Petroleum products marketing equipment	254	Laundry and dry-cleaning equipment and supplies
219	Office and business furniture	255	Other service establishment equipment and supplies
220	Floor coverings	256	Aircraft and aeronautical equipment and supplies
221	Other home furnishings	257	Marine machinery, equipment, and supplies
222	Roofing, siding, insulation materials, and guttering	258	Other transportation equipment and supplies
223	Glass (Exclude automotive.)	259	Sporting and recreational goods and supplies
224	Other construction materials	260	Toys and hobby goods and supplies
225	New computer equipment	261	Ferrous metal scrap
226	Used computer equipment	262	Nonferrous metal scrap
227	Computer software – off the shelf	263	Waste materials, except metals
228	Restaurant and hotel equipment and supplies	264	Musical instruments and supplies
229	Store machines and equipment	265	Forest products, except lumber
230	Optical and ophthalmic goods	266	Other durable goods
231	Dental supplies	267	Printing and writing (fine) paper
232	Religious and school supplies	268	Stationery, office supplies, and greeting cards
233	Other professional equipment and supplies	269	Industrial and personal service paper
234	Ferrous metals	270	Piece goods, knit and woven
235	Nonferrous metals	271	Notions and other dry goods
236	Coal and coke	272	Bread and baked goods
237	Other minerals and ores	273	Food and beverage basic materials
238	Electronic communication equipment	274	Cattle, hogs, sheep, and goats
239	Electrical measuring and testing equipment, except automotive	275	Hides, skins, and pelts
240	Warm air heating and air conditioning equipment and supplies	276	Leaf tobacco
241	Refrigeration equipment and supplies	277	Wool, wool tops, and mohair
242	Construction and mining machinery, equipment, and parts	278	Other farm products (inedible)
243	Farm machinery, equipment, and parts	279	Cotton
244	Garden machinery, equipment, and supplies	280	Industrial gases
245	Food-processing machinery, equipment, and parts	281	Liquefied petroleum gases (Exclude natural gas.)
246	Metalworking machinery, equipment, and parts	282	Crude oil
247	Materials-handling equipment and parts	283	Farm supplies
248	Oil well, oil refinery, and pipeline machinery, equipment, and supplies	284	Tobacco and tobacco products
249	Other industrial machinery, equipment, and parts	285	Flowers and florists' supplies
250	Mechanical power transmission equipment	286	Art goods (Include gifts, novelties, and souvenirs.)
251	Other industrial supplies	287	Textile bags and bagging
252	Beauty and barber equipment and supplies	288	Advertising specialties (paper novelties, etc.)
		289	Wigs, yarn, and leather products
		290	Other nondurable goods



U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FORM

OA-9873

1992 ECONOMIC CENSUSES
VIRGIN ISLANDS

OMB No. 0607-0731: Approval Expires 12/31/93

NOTICE - Response to this inquiry is required by law (**title 13, U.S. Code**). By the same law, your report to the Census Bureau is **confidential**. It may be seen only by sworn Census employees and may be used only for statistical purposes. The law also provides that copies retained in your files are **immune from legal process**.

Census use only 993

OA-9873

NOTE -

Please read the accompanying instructions before answering the questions. If book figures are not available, reasonable estimates are acceptable.

Name of this establishment _____

Mailing address _____

Census use only

990 991 992

(Please correct errors in the name of this establishment, address, or ZIP Code)

Item 1. PHYSICAL LOCATION

a. What is the PHYSICAL location of this establishment if different from the mailing address?

If the location cannot be described by number and street name, give as much information as possible such as name of shopping center, street intersection, highway number, or distance from nearest town.

NOTE - P.O. boxes or rural routes are not physical locations.

Number and street or location description

b. On what island is this establishment physically located?
Mark (X) only ONE box.

- 051 1 St. John
- 2 St. Croix
- 3 St. Thomas

Mark (X) the box which best describes the legal boundaries where the establishment is PHYSICALLY located.

- 052 1 Christiansted
- 2 Frederiksted
- 3 Charlotte Amalie
- 4 Outside of legal town boundaries

Item 3. OPERATIONAL STATUS

Number of months

a. How many months during 1992 did this firm or organization actively operate this establishment?

100

b. Which of the following best describes the operational status of this establishment at the end of 1992?
Mark (X) only ONE box.

- 101 1 In operation
- 2 Temporarily or seasonally inactive
- 3 Ceased operation - Give date →
- 4 Sold or leased to another operator - Give date →
AND enter name, etc., below ↘

102		
Month	Day	Year

Name of new owner or operator

Number and street

City or town State ZIP Code

Item 4. ORGANIZATIONAL STATUS

Which of the following best describes the organizational status of this establishment at the end of 1992?
Mark (X) only ONE box.

- 103 1 Individual proprietorship
- 2 Partnership
- 3 Corporation
- 4 Government - Specify _____
- 5 Other - Specify _____

Item 2. EMPLOYER IDENTIFICATION NUMBER

Do you have an Employer Identification (EI) Number? (It would be used to report Social Security withholding in 1992 on form 941SS.)

- 094 1 YES - Enter current EI Number (9 digits) →
- 2 NO
- 3 Unknown

095

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

HOW TO REPORT DOLLAR FIGURES

Report dollar values rounded to thousands.

EXAMPLE: Report \$1,125,628 as →

Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
1	126	

Item 5. DOLLAR VOLUME OF BUSINESS

What was the total dollar volume of merchandise sales and other operating receipts for this establishment in 1992?

Mil.	Thou.	Dol.
010		

YOUR RESPONSE IS REQUIRED BY LAW.

Item 6. PAYROLL	Mil.	Thou.	Dol.
a. What was the total ANNUAL payroll, before deductions for this establishment in 1992?	030		
b. What was the FIRST QUARTER (January-March) payroll, before deductions?	031		

Item 7. EMPLOYMENT	Number
a. How many EMPLOYEES (full- and part-time) were on your payroll during the pay period which included March 12, 1992?	032
b. How many PROPRIETORS and PARTNERS worked 15 or more hours during the week which included March 12, 1992?	036
c. How many UNPAID FAMILY members worked 15 or more hours during the week which included March 12, 1992?	039

Item 8. KIND OF BUSINESS OR ACTIVITY

What was the PRINCIPAL kind of business for this establishment in 1992 (or activity by which this establishment is known to the trade or public)? Mark (X) only ONE box.

070

Agricultural service or production 0100

Mining 1000

Construction

General building contractor 1500

Heavy construction, exclude building. 1600

Special trade contractor 1700

Manufacturing – Specify primary materials consumed 2000

Travel agencies and other passenger transportation services

Water transportation services 4499

Travel agencies 4724

Tour operators 4725

Other services in arranging passenger transportation 4729

Wholesale trade

Durable goods 5000

Non-durable goods 5100

Retail trade

Hardware store 5251

Grocery store 5411

Meat and fish market 5421

Candy, nut, and confectionery store 5441

Auto and home supply store. 5531

Gasoline service station 5541

Boat dealer 5551

Clothing store, men's and boys'. 5611

Women's clothing store 5621

Family clothing store 5651

Shoe store 5661

Furniture store 5712

Eating place (restaurant, cafeteria, etc.) 5812

Eating place with 15 or more guestrooms for lodging 7018

Drinking place (tavern, bar, nightclub, etc.) 5813

Drug store (prescriptions filled) 5912

Liquor store 5921

Jewelry store 5944

Gift, novelty, and souvenir store 5947

Other kind of retail business – Specify 5999

Item 8. KIND OF BUSINESS OR ACTIVITY (Continued)

Finance, insurance, and real estate 070

Personal credit institutions 6141

Insurance agent, broker, or related services 6411

Operator of apartment building(s) 6513

Residential mobile home park operator 6515

Real estate agent and manager 6531

Subdivider and developer, except cemeteries 6552

Other kind of finance, insurance, or real estate – Specify 6999

Hotels, motels, and guest houses

Hotel with 15 or more guestrooms 7011

Hotel with less than 15 guestrooms. 7012

Recreational hotel 7014

Motel. 7015

Guest houses 7016

Organizational hotel or lodging house, with rooms open to the general public. 7017

Other lodging places

Sporting or recreational camp – Specify 7032

Trailering park and campground for transients 7033

Other kind of activity – Specify 7099

Services

Coin-operated laundries and drycleaning 7215

Beauty shop 7231

Barber shop 7241

Funeral services. 7261

Truck rental and leasing, without drivers. 7513

Passenger car rental 7514

Passenger car leasing 7515

Utility trailer and recreational vehicle rental 7519

Automotive paint and body shop 7532

Automotive muffler shop 7533

Automotive transmission repair shop 7537

Other automotive repair shop 7539

Radio and television repair shop 7622

Refrigeration and air conditioning service 7623

Other electrical and electronic repair shop 7629

Video tape rental 7841

Other amusement and recreation services 7999

Medical doctor's office, including clinics 8011

Dentist's office, including orthodontist 8021

Legal services, including legal aid 8111

Management services 8741

Business consultant 8748

Private household (domestic help, e.g., cooks, etc.) 8811

Other business or activity – Specify 8999

CODE

HOW TO REPORT PERCENTS	Report percentages as whole numbers	Percent
	EXAMPLE: Report 38.76% as →	39 %

NOTE – Answer items 12 and 13 ONLY if the principal business or activity (item 8) for this establishment is HOTELS, MOTELS, AND OTHER LODGING PLACES OR EATING PLACE WITH 15 OR MORE GUESTROOMS FOR LODGING. Otherwise skip to item 14.

Item 9. CLASS OF CUSTOMER	
What was the estimated percentage of 1992 dollar volume of sales or receipts (item 5) to each customer class?	Percent
a. To local residents	320 %
b. To visiting tourists	321 %
c. To local hotels or other lodging places	322 %
d. To other local tourist-related businesses	323 %
e. To other local nontourist-related businesses	324 %
f. To nonlocal businesses and to Federal and territorial governments	325 %
g. TOTAL (Sum of lines a through f should equal 100%)	100 %

NOTE – If the principal business or activity (item 8) for this establishment is HOTELS, MOTELS, AND OTHER LODGING PLACES OR EATING PLACE WITH 15 OR MORE GUESTROOMS FOR LODGING, skip to item 11. Otherwise, complete item 10.

Item 10. SOURCE OF SALES OR RECEIPTS	
a. What was the estimated percentage of total 1992 sales or receipts (item 5) for products manufactured at this location?	Percent
	331 %
b. What were the principal lines of merchandise sold, types of construction work done, products produced, or services provided? Estimate the percentage each was of the sales or receipts in 1992 (item 5) (e.g., gasoline 85%, auto repairs 10%, oil 5%).	
Source	Percent
	%
	%
	%
	%
	%
	%
	%
	%
	%
TOTAL	100 %

Item 11. PURCHASES FROM OTHER BUSINESSES		
What was the estimated percentage of the total dollar value of 1992 purchases for each of the listed items?	Percent	
Supplies and materials purchased	332	
a. Locally	%	
b. Not locally	333 %	
Services purchased	334	
c. Locally	%	
d. Not locally	335 %	
TOTAL (Sum of lines a through d should equal 100%)	100 %	

Item 12. SOURCES OF RECEIPTS FOR HOTELS, MOTELS, AND OTHER LODGING PLACES								
Receipts must be reported as percentages of total 1992 receipts (item 5).								
Exclude occupancy or other taxes collected from customers.								
a. What was the estimated percentage of 1992 SALES AND RECEIPTS FROM CUSTOMERS for the following? (Do not include receipts from coin-operated machines maintained by others.)								
	Percent							
(1) Guestroom or unit rentals (If meals are included as a room package, estimate the percentage for meals on line a(2).)	401	%						
(2) Sales of meals and nonalcoholic beverages	402	%						
(3) Sales of alcoholic beverages for consumption on premises	403	%						
(4) Sales of packaged liquor, wine, or beer	404	%						
(5) Sales of other merchandise	405	%						
(6) All other receipts from customers (Include ballrooms, convention halls, laundry, valet, and other services.)	406	%						
(7) TOTAL (Sum of lines 1 through 6 should equal 100%)	100	%						
b. Were any receipts OTHER than from customers received by this establishment in its business operation? (Include rental and commission receipts from operators of leased departments, concessions and stores, and coin-operated machines.)								
		<table border="1"> <tr> <td>Mil.</td> <td>Thou.</td> <td>Dol.</td> </tr> <tr> <td>416</td> <td></td> <td></td> </tr> </table>	Mil.	Thou.	Dol.	416		
Mil.	Thou.	Dol.						
416								
415	1 <input type="checkbox"/> YES – What was the amount? →							
	2 <input type="checkbox"/> NO							

Item 13. NUMBER AND TYPE OF ACCOMMODATIONS		
a. What was the number of rooms, units, or quarters primarily rented as transient, as of December 31, 1992? The number of guestrooms, units, or quarters consists of the number which can be rented as single units. Suites of rooms which cannot be subdivided should be counted as a single unit.	Number as of December 31, 1992	
	420	
b. Were more than half of guestroom or unit rental receipts in 1992 from transient guests?		
421	1 <input type="checkbox"/> YES	
	2 <input type="checkbox"/> NO	

Item 14. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

Refer to instructions before completing this item.

a. Is this company owned or controlled by another company?

425

1 YES →

2 NO

ENTER OWNING OR CONTROLLING COMPANY NAME, ADDRESS, AND ZIP CODE

Name _____

Address _____

EI Number (9 digits) ⁴²⁶

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

 -

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

b. Does this company own or control any other company or companies?

427

1 YES →

2 NO

ENTER OWNED OR CONTROLLED COMPANY NAME, ADDRESS, AND ZIP CODE

Name _____

Address _____

EI Number (9 digits) ⁴²⁸

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

 -

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

Item 14. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION (Continued)

c. Did this company operate at more than one location during 1992?

NOTE - Locations which are not staffed on a full-time basis by at least one employee covered by this EI Number should NOT be considered separate. Include data for these locations with data reported for the main location.

429 1 YES - List additional locations below and provide the information requested. If more space is needed, continue in REMARKS (item 15).

2 NO - Skip to item 16

	Name, address, town, and island	1992	Mil.	Thou.	Dol.
1			430		
		Sales			
2			431		
		Annual payroll			
2			432		
		Sales			
2			433		
		Annual payroll			

Item 15. REMARKS - Please use this space for any explanations that may be essential in understanding the reported data.

Item 16. CERTIFICATION - This report is substantially accurate and has been prepared in accordance with the instructions.

Print name of person to contact regarding this report			Period covered by this report →	FROM: Month Year	TO: Month Year
Telephone →	441 Area code	442 Number	443 Extension	Preparer's signature	
					Date



1992 ECONOMIC CENSUSES

GUAM

OMB No. 0607-0731: Approval Expires 12/31/93

NOTICE - Response to this inquiry is required by law (**title 13, U.S. Code**). By the same law, your report to the Census Bureau is **confidential**. It may be seen only by sworn Census employees and may be used only for statistical purposes. The law also provides that copies retained in your files are **immune from legal process**.

Census use only 993

OA-9863

NOTE -

Please read the accompanying instructions before answering the questions. If records are not available, reasonable estimates are acceptable.

Name of this establishment _____

Mailing address _____

Census use only

990 991 992

(Please correct errors in the name of this establishment, address, or ZIP Code)

Item 1. PHYSICAL LOCATION

a. What is the PHYSICAL location of this establishment if different from the mailing address?

If the location cannot be described by number and street name, give as much information as possible such as name of shopping center, street intersection, highway number, or distance from nearest town.

NOTE - P.O. boxes or rural routes are not physical locations.

Number and street or location description

b. In what election district is this establishment physically located?

051

Item 3. OPERATIONAL STATUS (Continued)

b. Which of the following best describes the operational status of this establishment at the end of 1992?

Mark (X) only ONE box.

- 101 1 In operation
- 2 Temporarily or seasonally inactive
- 3 Ceased operation - Give date →
- 4 Sold or leased to another operator - Give date → AND enter name, etc., below ↘

102		
Month	Day	Year

Name of new owner or operator

Number and street

City or town State ZIP Code

Item 4. ORGANIZATIONAL STATUS

Which of the following best describes the organizational status of this establishment at the end of 1992?

Mark (X) only ONE box.

- 103 1 Individual proprietorship
- 2 Partnership
- 3 Corporation
- 4 Government - Specify _____
- 5 Other - Specify _____

Item 2. EMPLOYER IDENTIFICATION NUMBER

Do you have an Employer Identification (EI) Number?

(It would be used to report Social Security withholding in 1992 on form 941SS.)

- 094 1 YES - Enter current EI Number (9 digits) →

--	--	--	--	--	--	--	--	--
- 2 NO
- 3 Unknown

Item 3. OPERATIONAL STATUS

a. How many months during 1992 did this firm or organization actively operate this establishment?

Number of months
100

HOW TO REPORT DOLLAR FIGURES

Report dollar values rounded to thousands.

EXAMPLE: Report \$1,125,628 as →

Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
1	126	

Item 5. DOLLAR VOLUME OF BUSINESS

What was the total dollar volume of merchandise sales and other operating receipts for this establishment in 1992?

Mil.	Thou.	Dol.
010		

YOUR RESPONSE IS REQUIRED BY LAW.

Item 6. PAYROLL	Mil.	Thou.	Dol.
	030		
a. What was the total ANNUAL payroll, before deductions for this establishment in 1992?			
b. What was the FIRST QUARTER (January-March) payroll, before deductions?	031		

Item 7. EMPLOYMENT	Number
	032
	036
a. How many EMPLOYEES (full- and part-time) were on your payroll during the pay period which included March 12, 1992?	
b. How many PROPRIETORS and PARTNERS worked 15 or more hours during the week which included March 12, 1992?	036
c. How many UNPAID FAMILY members worked 15 or more hours during the week which included March 12, 1992?	039

Item 8. KIND OF BUSINESS OR ACTIVITY

What was the PRINCIPAL kind of business for this establishment in 1992 (or activity by which this establishment is known to the trade or public)? Mark (X) only ONE box.

070

Agricultural service or production 0100

Mining 1000

Construction

General building contractor 1500

Heavy construction, exclude building. 1600

Special trade contractor 1700

Manufacturing – Specify primary materials consumed 2000

Travel agencies and other passenger transportation services

Water transportation services 4499

Travel agencies 4724

Tour operators 4725

Other services in arranging passenger transportation 4729

Wholesale trade

Durable goods 5000

Nondurable goods 5100

Retail trade

Hardware store 5251

Grocery store 5411

Meat and fish market 5421

Candy, nut, and confectionery store 5441

Auto and home supply store. 5531

Gasoline service station 5541

Boat dealer 5551

Clothing store, men's and boys'. 5611

Women's clothing store 5621

Family clothing store 5651

Shoe store 5661

Furniture store 5712

Eating place (restaurant, cafeteria, etc.) 5812

Eating place with 15 or more guestrooms for lodging 7018

Drinking place (tavern, bar, nightclub, etc.) 5813

Drug store (prescriptions filled) 5912

Liquor store 5921

Jewelry store 5944

Gift, novelty, and souvenir store 5947

Other kind of retail business – Specify 5999

Item 8. KIND OF BUSINESS OR ACTIVITY (Continued)

Finance, insurance, and real estate 070

Personal credit institutions. 6141

Insurance agent, broker, or related services 6411

Operator of apartment building(s) 6513

Residential mobile home park operator 6515

Real estate agent and manager 6531

Subdivider and developer, except cemeteries 6552

Other kind of finance, insurance, or real estate – Specify 6999

Hotels, motels, and guest houses

Hotel with 15 or more guestrooms 7011

Hotel with less than 15 guestrooms. 7012

Recreational hotel 7014

Motel. 7015

Guest houses 7016

Organizational hotel or lodging house, with rooms open to the general public. 7017

Other lodging places

Sporting or recreational camp – Specify 7032

Trailering park and campground for transients 7033

Other kind of activity – Specify 7099

Services

Coin-operated laundries and drycleaning 7215

Beauty shop 7231

Barber shop 7241

Funeral services. 7261

Truck rental and leasing, without drivers. 7513

Passenger car rental 7514

Passenger car leasing 7515

Utility trailer and recreational vehicle rental 7519

Automotive paint and body shop 7532

Automotive muffler shop 7533

Automotive transmission repair shop 7537

Other automotive repair shop 7539

Radio and television repair shop 7622

Refrigeration and air conditioning service 7623

Other electrical and electronic repair shop 7629

Video tape rental 7841

Other amusement and recreation services 7999

Medical doctor's office, including clinics 8011

Dentist's office, including orthodontist 8021

Legal services, including legal aid 8111

Management services 8741

Business consultant 8748

Private household (domestic help, e.g., cooks, etc.) 8811

Other business or activity – Specify 8999

CODE

Item 9. CLASS OF CUSTOMER

To whom did this establishment sell most of your products or provide your services in 1992?

310 To the general public (household consumers and individuals)

To retail or wholesale establishments

To construction contractors

To institutional, industrial, commercial, professional, government, and farm users

Other customers - Specify

HOW TO REPORT PERCENTS	Report percentages as whole numbers	Percent
	EXAMPLE: Report 38.76% as \longrightarrow	39 %

NOTE - If the principal business or activity (item 8) for this establishment is HOTELS, MOTELS, AND OTHER LODGING PLACES OR EATING PLACE WITH 15 OR MORE GUESTROOMS FOR LODGING, skip to item 11. Otherwise, complete item 10.

Item 10. SOURCE OF SALES OR RECEIPTS

a. What was the estimated percentage of total 1992 sales or receipts (item 5) for products manufactured at this location?	Percent
	331 %
b. What were the principal lines of merchandise sold, types of construction work done, products produced, or services provided? Estimate the percentage each was of the sales or receipts in 1992 (item 5) (e.g., gasoline 85%, auto repairs 10%, oil 5%).	Percent
Source	Percent
	%
	%
	%
	%
	%
	%
	%
	%
TOTAL	100 %

NOTE - Answer items 11 and 12 ONLY if the principal business or activity (item 8) for this establishment is HOTELS, MOTELS, AND OTHER LODGING PLACES OR EATING PLACE WITH 15 OR MORE GUESTROOMS FOR LODGING. Otherwise skip to item 13.

Item 11. SOURCES OF RECEIPTS FOR HOTELS, MOTELS, AND OTHER LODGING PLACES

Receipts must be reported as percentages of total 1992 receipts (item 5).

Exclude occupancy or other taxes collected from customers.

a. What was the estimated percentage of 1992 SALES AND RECEIPTS FROM CUSTOMERS for the following? (Do not include receipts from coin-operated machines maintained by others.)

	Percent
(1) Guestroom or unit rentals (If meals are included as a room package, estimate the percentage for meals on line a(2).)	401 %
(2) Sales of meals and nonalcoholic beverages	402 %
(3) Sales of alcoholic beverages for consumption on premises	403 %
(4) Sales of packaged liquor, wine, or beer	404 %
(5) Sales of other merchandise	405 %
(6) All other receipts from customers (Include ballrooms, convention halls, laundry, valet, and other services.)	406 %
(7) TOTAL (Sum of lines 1 through 6 should equal 100%)	100 %

b. Were any receipts OTHER than from customers received by this establishment in its business operation? (Include rental and commission receipts from operators of leased departments, concessions and stores, and coin-operated machines.)

	Mil.	Thou.	Dol.
415 <input type="checkbox"/> YES - What was the amount? \longrightarrow	416		
<input type="checkbox"/> NO			

Item 12. NUMBER AND TYPE OF ACCOMMODATIONS

a. What was the number of rooms, units, or quarters primarily rented as transient, as of December 31, 1992? The number of guestrooms, units, or quarters consists of the number which can be rented as single units. Suites of rooms which cannot be subdivided should be counted as a single unit.

	Number as of December 31, 1992
	420

b. Were more than half of guestroom or unit rental receipts in 1992 from transient guests?

421 YES

NO

Item 13. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

Refer to instructions before completing this item.

a. Is this company owned or controlled by another company?

425
1 YES →
2 NO

ENTER OWNING OR CONTROLLING COMPANY NAME, ADDRESS, AND ZIP CODE

Name _____

Address _____

426

EI Number (9 digits) [][] - [][][][][][][][][]

b. Does this company own or control any other company or companies?

427
1 YES →
2 NO

ENTER OWNED OR CONTROLLED COMPANY NAME, ADDRESS, AND ZIP CODE

Name _____

Address _____

428

EI Number (9 digits) [][] - [][][][][][][][][]

Item 13. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION (Continued)

c. Did this company operate at more than one location during 1992?

NOTE – Locations which are not staffed on a full-time basis by at least one employee covered by this EI Number should NOT be considered separate. Include data for these locations with data reported for the main location.

429 1 YES – List additional locations below and provide the information requested. If more space is needed, continue in REMARKS (item 14).

2 NO – Skip to item 15

	Name, address, and election district	1992			
		Sales	Mil.	Thou.	Dol.
1			430		
	Kind-of-business description		431		
2			432		
	Kind-of-business description		433		

Item 14. REMARKS – Please use this space for any explanations that may be essential in understanding the reported data.

Item 15. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with the instructions.

Print name of person to contact regarding this report			Period covered by this report →	FROM: Month Year	TO: Month Year
Telephone →	441 Area code	442 Number	443 Extension	Preparer's signature	
				Date	



U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FORM

OA-9883

1992 ECONOMIC CENSUSES

NORTHERN MARIANA ISLANDS

OMB No. 0607-0731: Approval Expires 12/31/93

NOTICE - Response to this inquiry is required by law (**title 13, U.S. Code**). By the same law, your report to the Census Bureau is **confidential**. It may be seen only by sworn Census employees and may be used only for statistical purposes. The law also provides that copies retained in your files are **immune from legal process**.

Census use only 993

OA-9883

NOTE -

Please read the accompanying instructions before answering the questions. If records are not available, reasonable estimates are acceptable.

Name of this establishment _____

Mailing address _____

Census use only

990 991 992

(Please correct errors in the name of this establishment, address, or ZIP Code)

Item 1. PHYSICAL LOCATION

a. What is the PHYSICAL location of this establishment if different from the mailing address?

If the location cannot be described by number and street name, give as much information as possible such as name of shopping center, street intersection, highway number, or distance from nearest town.

NOTE - P.O. boxes or rural routes are not physical locations.

Number and street or location description

b. On what island is this establishment physically located?

051

Item 3. OPERATIONAL STATUS (Continued)

b. Which of the following best describes the operational status of this establishment at the end of 1992? Mark (X) only ONE box.

- 101 1 In operation
- 2 Temporarily or seasonally inactive
- 3 Ceased operation - Give date →
- 4 Sold or leased to another operator - Give date → AND enter name, etc., below ↘

102		
Month	Day	Year

Name of new owner or operator

Number and street

City or town

State

ZIP Code

Item 4. ORGANIZATIONAL STATUS

Which of the following best describes the organizational status of this establishment at the end of 1992? Mark (X) only ONE box.

- 103 1 Individual proprietorship
- 2 Partnership
- 3 Corporation
- 4 Government - Specify _____
- 5 Other - Specify _____

Item 2. EMPLOYER IDENTIFICATION NUMBER

Do you have an Employer Identification (EI) Number? (It would be used to report Social Security withholding in 1992 on form 941SS.)

094 1 YES - Enter current EI Number (9 digits) →

095									
-----	--	--	--	--	--	--	--	--	--

2 NO

3 Unknown

Item 3. OPERATIONAL STATUS

a. How many months during 1992 did this firm or organization actively operate this establishment?

Number of months
100

Item 5. CITIZENSHIP STATUS

Which of the following best describes the citizenship status of the owner/ownership of this establishment in 1992? Mark (X) only ONE box.

- 104 1 U.S.-CNMI born
- 2 U.S.-Other
- 3 Japan
- 4 Phillipines
- 5 Korea
- 6 Other - Specify _____

YOUR RESPONSE IS REQUIRED BY LAW.

HOW TO REPORT DOLLAR FIGURES Report dollar values rounded to thousands.
EXAMPLE: Report \$1,125,628 as → **1** Mil. (000) **126** Thou. (000) **126** Dol. (000)

Item 6. DOLLAR VOLUME OF BUSINESS

What was the total dollar volume of merchandise sales and other operating receipts for this establishment in 1992?

	Mil.	Thou.	Dol.
010			

Item 7. PAYROLL

	Mil.	Thou.	Dol.
a. What was the total ANNUAL payroll, before deductions for this establishment in 1992?	030		
b. What was the FIRST QUARTER (January-March) payroll, before deductions?	031		

Item 8. EMPLOYMENT

	Number
a. How many EMPLOYEES (full- and part-time) were on your payroll during the pay period which included March 12, 1992?	032
b. How many PROPRIETORS and PARTNERS worked 15 or more hours during the week which included March 12, 1992?	036
c. How many UNPAID FAMILY members worked 15 or more hours during the week which included March 12, 1992?	039

Item 9. KIND OF BUSINESS OR ACTIVITY

What was the PRINCIPAL kind of business for this establishment in 1992 (or activity by which this establishment is known to the trade or public)? Mark (X) only ONE box.

070

Agricultural service or production 0100

Mining 1000

Construction

General building contractor 1500

Heavy construction, exclude building 1600

Special trade contractor 1700

Manufacturing – Specify primary materials consumed 2000

Travel agencies and other passenger transportation services

Water transportation services 4499

Travel agencies 4724

Tour operators 4725

Other services in arranging passenger transportation 4729

Wholesale trade

Durable goods 5000

Nonurable goods 5100

Retail trade

Hardware store 5251

Grocery store 5411

Meat and fish market 5421

Candy, nut, and confectionery store 5441

Auto and home supply store 5531

Gasoline service station 5541

Boat dealer 5551

Item 9. KIND OF BUSINESS OR ACTIVITY (Continued)

Retail trade (Continued)

070

Clothing store, men's and boys' 5611

Women's clothing store 5621

Family clothing store 5651

Shoe store 5661

Furniture store 5712

Eating place (restaurant, cafeteria, etc.) 5812

Drinking place (tavern, bar, nightclub, etc.) 5813

Drug store (prescriptions filled) 5912

Liquor store 5921

Jewelry store 5944

Gift, novelty, and souvenir store 5947

Other kind of retail business – *Specify* 5999

Finance, insurance, and real estate

Personal credit institutions 6141

Insurance agent, broker, or related services 6411

Operator of apartment building(s) 6513

Residential mobile home park operator 6515

Real estate agent and manager 6531

Subdivider and developer, except cemeteries 6552

Other kind of finance, insurance, or real estate – *Specify* 6999

Services

Hotel or motel 7011

Coin-operated laundries and drycleaning 7215

Beauty shop 7231

Barber shop 7241

Funeral services 7261

Truck rental and leasing, without drivers 7513

Passenger car rental 7514

Passenger car leasing 7515

Utility trailer and recreational vehicle rental 7519

Automotive paint and body shop 7532

Automotive muffler shop 7533

Automotive transmission repair shop 7537

Other automotive repair shop 7539

Radio and television repair shop 7622

Refrigeration and air conditioning service 7623

Other electrical and electronic repair shop 7629

Video tape rental 7841

Other amusement and recreation services 7999

Medical doctor's office, including clinics 8011

Dentist's office, including orthodontist 8021

Legal services, including legal aid 8111

Management services 8741

Business consultant 8748

Private household (domestic help, e.g., cooks, etc.) 8811

Other business or activity – *Specify* 8999

CODE

Item 10. CLASS OF CUSTOMER
To whom did this establishment sell most of your products or provide your services in 1992?

310 To the general public (household consumers and individuals)
 To retail or wholesale establishments
 To construction contractors
 To institutional, industrial, commercial, professional, government, and farm users
 Other customers – *Specify* ↗

HOW TO REPORT PERCENTS ▶ Report percentages as whole numbers
EXAMPLE: Report 38.76% as 39 →

Item 11. SOURCE OF SALES OR RECEIPTS

a. What was the estimated percentage of total 1992 sales or receipts (item 6) for products manufactured at this location?

331 %

b. What were the principal lines of merchandise sold, types of construction work done, products produced, or services provided? Estimate the percentage each was of the sales or receipts in 1992 (item 6) (e.g., gasoline 85%, auto repairs 10%, oil 5%).

Source	Percent
	%
	%
	%
	%
	%
	%
	%
	%
TOTAL	100 %

Item 12. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

Refer to instructions before completing this item.

a. Is this company owned or controlled by another company?

425

1 YES →
 2 NO

ENTER OWNING OR CONTROLLING COMPANY NAME, ADDRESS, AND ZIP CODE

Name _____

Address _____

426

EI Number (9 digits) [] [] - [] [] [] [] [] [] []

b. Does this company own or control any other company or companies?

427

1 YES →
 2 NO

ENTER OWNED OR CONTROLLED COMPANY NAME, ADDRESS, AND ZIP CODE

Name _____

Address _____

428

EI Number (9 digits) [] [] - [] [] [] [] [] [] []

c. Did this company operate at more than one location during 1992?

NOTE – Locations which are not staffed on a full-time basis by at least one employee covered by this EI Number should NOT be considered separate. Include data for these locations with data reported for the main location.

429 1 YES – List additional locations below and provide the information requested. If more space is needed, continue in REMARKS (item 13).
 2 NO – Skip to item 14

	Name, address, and island	1992	Mil.	Thou.	Dol.
		Sales	430		
1	Kind-of-business description	Annual payroll	431		
2	Name, address, and island	Sales	432		
	Kind-of-business description	Annual payroll	433		

Item 13. REMARKS – Please use this space for any explanations that may be essential in understanding the reported data.

Item 14. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with the instructions.

Print name of person to contact regarding this report _____

Period covered by this report → FROM: Month Year TO: Month Year

Telephone → 441 Area code 442 Number 443 Extension Preparer's signature Date

RECORD BOOK

1992 ECONOMIC CENSUSES

NOTICE - Response to this inquiry is **required by law (title 13, U.S. Code)**. By the same law, your report to the Census Bureau is **confidential**. It may be seen only by sworn Census employees and may be used only for statistical purposes. The law also provides that copies retained in your files are **immune from legal process**.

A. IDENTIFICATION		OFFICE USE ONLY
1. Geographic Area		
2. ED number		
3. Enumeration District (Island, election district, or place)		

B. ASSIGNMENT INFORMATION

Responsible Personnel	Name (1)	Address (2)	Telephone number (3)	Crew Leader District number (4)	Date assigned (5)
1. Crew leader					
2. Interviewer					
3. Reassignment interviewer					

C. CREW LEADER AND OFFICE USE ONLY

	Date	Initials
1. First field review	→	
2. Final field review	→	
3.		

Notes

NOTICE TO FINDER - This book is the property of the United States Government. Please mail to the address shown below. Postage is prepaid.

FROM:

(Finder's name and address)

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 99109 WASHINGTON, DC

POSTAGE WILL BE PAID BY BUREAU OF THE CENSUS

US BUREAU OF THE CENSUS
OUTLYING AREAS STATISTICS STAFF
AGRICULTURE DIVISION
WASHINGTON DC 20277-9109

INTRODUCTION

"Good (morning, afternoon, evening), I am (give your name) from the United States Bureau of the Census. Here is my identification. We are collecting information for the 1992 Economic Censuses. May I speak to the owner or manager, please?"

LISTING SHEET
1992 ECONOMIC CENSUSES

Line number (1)	NUMBER AND STREET NAME (or location description) (2)	What is the name of this establishment? and What is the name of the owner? (3)		Was this establishment in operation at any time during 1992? (4)		CENSUS FILE NUMBER (CFN) <i>If "YES" in column (4), enter CFN and complete a report form.</i> (5)	CALLBACKS <i>Enter day and time of next call, telephone number, notes, etc.</i> (6)	CASES REFERRED TO CREW LEADER <i>To be completed by supervisor</i> (7)		DATE CASE COMPLETED <i>Enter date only after you have answered all required questions and completed report form if required.</i> (8)	REMARKS (9)
				YES <i>Mark (X), then go to column (5)</i>	NO <i>Mark (X), interview, and then go to column (8)</i>			Date (a)	Action taken (b)		



U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FORM

MB-1

1992 ECONOMIC CENSUSES

SURVEY OF BUSINESS OWNERS AND SELF-EMPLOYED PERSONS

OMB No. 0607-0767: Approval Expires 04/30/95

DUE DATE: 30 DAYS AFTER RECEIPT OF FORM

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8 a.m. to 8 p.m., eastern time. Monday through Friday:
1-800-233-6136

Please read the instructions before answering the questions.

In correspondence pertaining to this report, please refer to this Census File Number (CFN)

MB-1

CENSUS USE

901	902	903	904

Please correct errors in name, address, and ZIP Code. ENTER street and number if not shown.

Dear Respondent:

The Census Bureau conducts an economic census every 5 years. The census provides our single most important measure of economic performance and basic information about your industry and geographic area for use by the business community and government agencies.

The 1992 Survey of Business Owners and Self-Employed Persons is part of the economic census. We made a concerted effort to lessen your reporting burden and, at the same time, meet the needs of the government and the public for information. On the back of this form are answers to the most frequently asked questions regarding this survey. Please read all instructions before completing the form.

Title 13, United States Code, requires your response to this survey. By the same law, your response is confidential. Only sworn Census Bureau employees will see your form, and the information will be used only for statistical purposes.

Thank you for your cooperation.

Sincerely,

Harry A. Scarr
Deputy Director
Bureau of the Census

NOTE — Be sure to make a copy of this form for your records.

• **INSTRUCTIONS — Please read** •

The purpose of this questionnaire is to collect information about the sex, race, and ethnic background of business owners in the United States for the year 1992. The business owner(s) must complete this questionnaire even if the business has since been sold, reorganized, or discontinued. (Complete this form only for the primary business owner; if a husband and wife own the business EQUALLY, complete for both owners.) Data provided by you will be used only for statistical purposes and will be kept strictly confidential. The race and ethnic categories described in items 3 and 4 have been established by the Office of Management and Budget to assure uniform reporting to all Federal agencies.

INDIVIDUAL PROPRIETORSHIP — An unincorporated business owned by an individual. The business may be the only occupation of an individual or the secondary activity of an individual who works for someone else.

SELF-EMPLOYED — Persons in professions such as lawyers or physicians, direct salespersons (party or door-to-door salespersons), other independent commission workers (insurance and real estate salespersons, etc.), independent contractors (truckers, private duty nurses, etc.) and investors.

IMPORTANT — How to Fill Out This Form

Please use a #2 black lead pencil. Most questions ask you to CHECK (✓) IN THE BOX, or to print the information. See **EXAMPLE** →

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

ITEM 1 — SCHEDULE C STATUS

Your selection in this survey was based on administrative records information which indicated that you claimed income from some business or self-employment activity in 1992. Please review your 1992 tax return and check the appropriate box below.

<input type="checkbox"/> I filed a Schedule C claiming business or self-employed income. Please SKIP to item 2 and complete the questionnaire.
<input type="checkbox"/> The business activity from the Schedule C was reorganized to another legal form of organization during 1992. NOTE — For the purposes of this survey, your business will still be included in the overall number of businesses active in 1992, but only as a part year activity. Please SKIP to item 2 and complete the questionnaire to reflect the business activity reported on your 1992 Schedule C.
<input type="checkbox"/> I filed a Schedule C for 1992, but the income claimed was from one of the following sources: interest or dividend income; beneficiary income from a trust; retirement plan payments (including IRAs); deferred wages; longevity payments; disability or workman's compensation income; or vacation or bonus payments from an employer for which you had to pay withholding taxes. This income is not within the scope of our survey. Please SKIP to item 5 and return the questionnaire.
<input type="checkbox"/> I did not file a Schedule C with my 1992 1040 tax return. Please SKIP to item 5 and return the questionnaire.

ITEM 2 — OWNERSHIP OF BUSINESS

If there are two names in the mailing address of this questionnaire, is this business owned EQUALLY by both parties?

<input type="checkbox"/> Yes — Complete items 3 and 4
<input type="checkbox"/> No — Complete item 3 for the primary business owner

If there is one name in the mailing address, COMPLETE item 3

ITEM 3 — PRIMARY OR 1ST LISTED BUSINESS OWNER

Complete items a, b, and c below for the primary (or only) business owner or self-employed person listed on the address label. If the business is owned EQUALLY by husband and wife, complete the items for the first person listed.

a. SEX →

<input type="checkbox"/> Male
<input type="checkbox"/> Female

It is important to answer BOTH questions b and c.

b. **SPANISH/HISPANIC/LATINO BACKGROUND OR ORIGIN** — Refers to a person of Mexican, Cuban, Puerto Rican, Hispanic Latin American, or other Spanish/Hispanic/Latino origin or culture, regardless of race.

<input type="checkbox"/> Non-Hispanic/Non-Latino/Non-Spanish
<input type="checkbox"/> Cuban
<input type="checkbox"/> Mexican/Mexican-American/Chicano
<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Hispanic Latin American (e.g., Panamanian, Peruvian, Venezuelan, Ecuadorian, Guatemalan, etc.) — Specify country ↴
31
<input type="checkbox"/> Spaniard (origin from Spain)
<input type="checkbox"/> Other Spanish/Hispanic/Latino origin or culture — Specify ↴
32

ITEM 3 — PRIMARY OR 1ST LISTED BUSINESS OWNER — Continued

c. RACE — *If you are of mixed racial background, choose the category with which you most closely identify.*

AFRICAN AMERICAN/BLACK/NEGRO — A person having origins (ancestry) in any of the Black racial groups of Africa or the Caribbean.

ASIAN OR PACIFIC ISLANDER — A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.

<input type="checkbox"/> Asian Indian (from the country India)	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino
<input type="checkbox"/> Japanese	<input type="checkbox"/> Hawaiian
<input type="checkbox"/> Korean	<input type="checkbox"/> Other Asian or Pacific Islander — Specify ↘

33

INDIAN (AMERICAN) OR ALASKA NATIVE — A person having origins (ancestry) in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

<input type="checkbox"/> Aleut	<input type="checkbox"/> Eskimo
<input type="checkbox"/> American Indian — Specify enrolled or principal tribe ↘	

34

WHITE — A person having origins (ancestry) in any of the original peoples of Europe, North Africa, or the Middle East.

OTHER — A person having origins in a racial group not listed above.

Other race — Specify ↘

35

ITEM 4 — 2ND LISTED BUSINESS OWNER

Complete items a, b, and c below for the 2nd person listed on the address label if the business is owned EQUALLY by husband and wife.

a. SEX →

Male
 Female

It is important to answer BOTH questions b and c.

ITEM 4 — 2ND LISTED BUSINESS OWNER — Continued

b. SPANISH/HISPANIC/LATINO BACKGROUND OR ORIGIN — Refers to a person of Mexican, Cuban, Puerto Rican, Hispanic Latin American, or other Spanish/Hispanic/Latino origin or culture, regardless of race.

Non-Hispanic/Non-Latino/Non-Spanish

Cuban

Mexican/Mexican-American/Chicano

Puerto Rican

Hispanic Latin American (e.g., Panamanian, Peruvian, Venezuelan, Ecuadorian, Guatemalan, etc.) — Specify country ↘

41

Spaniard (origin from Spain)

Other Spanish/Hispanic/Latino origin or culture — Specify ↘

42

c. RACE — *If you are of mixed racial background, choose the category with which you most closely identify.*

AFRICAN AMERICAN/BLACK/NEGRO — A person having origins (ancestry) in any of the Black racial groups of Africa or the Caribbean.

ASIAN OR PACIFIC ISLANDER — A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.

<input type="checkbox"/> Asian Indian (from the country India)	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino
<input type="checkbox"/> Japanese	<input type="checkbox"/> Hawaiian
<input type="checkbox"/> Korean	<input type="checkbox"/> Other Asian or Pacific Islander — Specify ↘

43

INDIAN (AMERICAN) OR ALASKA NATIVE — A person having origins (ancestry) in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

<input type="checkbox"/> Aleut	<input type="checkbox"/> Eskimo
<input type="checkbox"/> American Indian — Specify enrolled or principal tribe ↘	

44

WHITE — A person having origins (ancestry) in any of the original peoples of Europe, North Africa, or the Middle East.

OTHER — A person having origins in a racial group not listed above.

Other race — Specify ↘

45

QUESTIONS AND ANSWERS REGARDING THE 1992 SURVEY OF BUSINESS OWNERS AND SELF-EMPLOYED PERSONS

- **Why is this survey being taken?**

To help provide valuable economic data about businesses owned by minorities and women as well as comparable data for businesses owned by nonminorities. This survey is part of the economic census program, which the Census Bureau is required to conduct every 5 years by law (Title 13 of the United States Code). The Census Bureau combines data from this survey with data from the other economic censuses and presents them in the Survey of Minority-Owned Business Enterprises and Women-Owned Businesses publication series. The published data include number of firms, sales and receipts, paid employees, and annual payroll and are presented by geographic area, industry, firm size, and form of organization.

- **Who uses the survey data?**

Persons and institutions in both the public and private sectors extensively use these survey data. Accurate data regarding business ownership are critical to informed decision making by Federal, State, and local governments regarding business assistance programs. In addition, private companies and trade associations use the data to analyze industry trends; educators use them in teaching and research; and the media use them in news articles.

- **Why was I selected for this survey?**

You are part of a small sample of businesses and self-employed persons that we randomly selected to represent your type of business and geographic area. The use of a sample substantially limits the reporting burden on small businesses and reduces the survey cost; however, it also greatly increases the importance of receiving a report from each business selected.

- **What businesses are included in this survey?**

Businesses were eligible to be selected for this survey if they reported any business activity on the 1992 Internal Revenue Service tax Form 1040 (Schedule C), "Profit or Loss from Business" (Sole Proprietorship). Many self-employed individuals do not consider the activity reported on their Schedule C to be an actual business (for example, babysitter, sales representative, construction contractor, and so forth). Any activity reported on Form 1040 (Schedule C) meets the definition of a business for purposes of this survey.

- **Can I be paid for completing this report?**

No. The law (Title 13 of the United States Code) that directs the Census Bureau to conduct the economic census and requires firms to report does not authorize payment for completing census reports. In addition, no funds have been appropriated for this purpose.

- **Is each survey response kept confidential?**

Yes. By law, the Census Bureau cannot give individual responses to anyone (including government agencies) for any purpose. Survey responses are immune from legal action and exempt from the provisions of the Freedom of Information Act. Census Bureau publications summarize responses so that the confidentiality of respondents and their business activities is fully protected.

- **Why is the Census Bureau asking questions about the sex, race, and ethnicity of business owners?**

These business owner characteristics are important for assistance program officials, industry organizations, economic and social analysts, and entrepreneurs. They are important to understanding conditions of business success and failure, showing census-to-census changes in business performances, and comparing minority/nonminority- and women/men-owned businesses.

- **Who establishes the race and ethnic categories listed on this form?**

The racial and ethnic categories and definitions used in this survey are consistent with the Office of Management and Budget's Circular No. A-46, "Revised Race and Ethnic Standards for Federal Statistics and Administrative Reporting," issued May 12, 1977. These standards were developed by both the Executive Branch and Congress.

- **Why is the Census Bureau asking questions now about 1992?**

The complete sample for this survey cannot be selected until all tax records for 1992 are available. Use of these tax records delays the mailout of this survey, but allows us to reduce significantly the number of survey questions and the survey cost.

- **How can I get more information?**

Call 1-800-233-6136 Monday through Friday, 8 a.m. to 8 p.m. eastern time. Our telephone staff can answer survey questions as well as provide you with additional forms and instructions.

We estimate that it will take 10 minutes or less to complete this questionnaire. If you have any comments regarding these estimates or any other aspect of this survey, send them to the Associate Director for Administration, Paperwork Reduction Project 0607-0767, Room 3104, FB 3, Bureau of the Census, Washington, DC 20233; and to the Office of Management and Budget, Paperwork Reduction Project 0607-0767, Washington, DC 20503.

ITEM 5 — CERTIFICATION — Please print name of person responsible for completing this report.

Name	Telephone number (Include Area Code)
Signature	Date



1992 ECONOMIC CENSUSES SURVEY OF BUSINESS OWNERS

OMB No. 0607-0767: Approval Expires 04/30/95

**DUE DATE: 30 DAYS AFTER
RECEIPT OF FORM**

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

**BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001**

Toll-free assistance, 8 a.m. to 8 p.m.,
eastern time. Monday through Friday:
1-800-233-6136

*Please read the instructions before
answering the questions.*

In correspondence pertaining to this report,
please refer to this Census File Number (CFN)

MB-2

CENSUS USE

901	902	903	904
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Please correct errors in name, address, and ZIP Code. ENTER street and number if not shown.

Dear Respondent:

The Census Bureau conducts an economic census every 5 years. The census provides our single most important measure of economic performance and basic information about your industry and geographic area for use by the business community and government agencies.

The 1992 Survey of Business Owners is part of the economic census. We made a concerted effort to lessen your reporting burden and, at the same time, meet the needs of the government and the public for information. On the back of this form are answers to the most frequently asked questions regarding this survey. Please read all instructions before completing the form.

Title 13, United States Code, requires your response to this survey. By the same law, your response is confidential. Only sworn Census Bureau employees will see your form, and the information will be used only for statistical purposes.

Thank you for your cooperation.

Sincerely,

Harry A. Scarr
Deputy Director
Bureau of the Census

NOTE — Be sure to make a copy of this form for your records.

• **INSTRUCTIONS — Please read** •

The purpose of this questionnaire is to collect information about the sex, race, and ethnic background of business owners in the United States for the year 1992. The business owner(s) must complete this questionnaire even if the business has since been sold, reorganized, or discontinued. Data provided by you will be used only for statistical purposes and will be kept strictly confidential. The race and ethnic categories described in item 3 have been established by the Office of Management and Budget to assure uniform reporting to all Federal agencies.

IMPORTANT — How to Fill Out This Form

Please use a #2 black lead pencil. Most questions ask you to CHECK (✓) IN THE BOX, or to print the information. See EXAMPLE →

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

ITEM 1 — LIMITED PARTNERSHIP — A limited partnership is a partnership composed of at least one general partner and one or more limited partners.

Is your business a limited partnership? →

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

ITEM 2 — NUMBER OF PARTNERS

a. How many partners are there in your firm?

<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 100+
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	
<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11—35	
<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 36—100	

b. For limited partnerships, how many general partners are there in your firm?

<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 100+
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	
<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11—35	
<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 36—100	

ITEM 3 — DESCRIPTION OF PARTNERS

Complete items a, b, and c, checking (✓) the ONE box in each category which best describes the majority of partners in your firm. For limited partnerships, check (✓) the ONE box which best describes the general partner(s) in your firm. The ethnic and race categories described on page 3 have been established by the Office of Management and Budget to assure uniform reporting to all Federal agencies.

a. SEX →

<input type="checkbox"/> Male
<input type="checkbox"/> Female

ITEM 3 — DESCRIPTION OF PARTNERS — Continued

Complete items b and c, checking (✓) the ONE box in EACH category which best describes the majority of partners in your firm. For limited partnerships, check (✓) the ONE box in EACH category which best describes the general partner(s) in your firm.

b. SPANISH/HISPANIC/LATINO BACKGROUND OR ORIGIN — Refers to a person of Mexican, Cuban, Puerto Rican, Hispanic Latin American, or other Spanish/Hispanic/Latino origin or culture, regardless of race. Check (✓) ONE box only.

<input type="checkbox"/> Non-Hispanic/Non-Latino/Non-Spanish <input type="checkbox"/> Cuban <input type="checkbox"/> Mexican/Mexican-American/Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Hispanic Latin American (e.g., Panamanian, Peruvian, Venezuelan, Ecuadorian, Guatemalan, etc.) — Specify country ↴ <div style="border: 1px solid black; width: 200px; height: 20px; margin: 5px 0;">31</div> <input type="checkbox"/> Spaniard (origin from Spain) <input type="checkbox"/> Other Spanish/Hispanic/Latino origin or culture — Specify ↴ <div style="border: 1px solid black; width: 200px; height: 20px; margin: 5px 0;">32</div>

c. RACE — Check (✓) ONE box only.

<input type="checkbox"/> AFRICAN AMERICAN/BLACK/NEGRO — A person having origins (ancestry) in any of the Black racial groups of Africa or the Caribbean. ASIAN OR PACIFIC ISLANDER — A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. <input type="checkbox"/> Asian Indian (from the country India) <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Filipino <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other Asian or Pacific Islander — Specify ↴ <div style="border: 1px solid black; width: 200px; height: 20px; margin: 5px 0;">33</div> INDIAN (AMERICAN) OR ALASKA NATIVE — A person having origins (ancestry) in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition. <input type="checkbox"/> Aleut <input type="checkbox"/> Eskimo <input type="checkbox"/> American Indian — Specify enrolled or principal tribe ↴ <div style="border: 1px solid black; width: 200px; height: 20px; margin: 5px 0;">34</div> <input type="checkbox"/> WHITE — A person having origins (ancestry) in any of the original peoples of Europe, North Africa, or the Middle East. OTHER — A person having origins in a racial group not listed above. <input type="checkbox"/> Other race — Specify ↴ <div style="border: 1px solid black; width: 200px; height: 20px; margin: 5px 0;">35</div>

ITEM 4 — CERTIFICATION — Please print name of person responsible for completing this report.

Name		Telephone number (Include Area Code)	
Signature		Date	



1992 ECONOMIC CENSUSES SURVEY OF BUSINESS OWNERS

OMB No. 0607-0767: Approval Expires 04/30/95

**DUE DATE: 30 DAYS AFTER
RECEIPT OF FORM**

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*Please read the instructions before
answering the questions.*

In correspondence pertaining to this report,
please refer to this Census File Number (CFN)

MB-3

CENSUS USE

901	902	903	904

Please correct errors in name, address, and ZIP Code. ENTER street and number if not shown.

Dear Respondent:

The Census Bureau conducts an economic census every 5 years. The census provides our single most important measure of economic performance and basic information about your industry and geographic area for use by the business community and government agencies.

The 1992 Survey of Business Owners is part of the economic census. We made a concerted effort to lessen your reporting burden and, at the same time, meet the needs of the government and the public for information. On the back of this form are answers to the most frequently asked questions regarding this survey. Please read all instructions before completing the form.

Title 13, United States Code, requires your response to this survey. By the same law, your response is confidential. Only sworn Census Bureau employees will see your form, and the information will be used only for statistical purposes.

Thank you for your cooperation.

Sincerely,

Harry A. Scarr
Deputy Director
Bureau of the Census

NOTE — Be sure to make a copy of this form for your records.

• INSTRUCTIONS — Please read •

The purpose of this questionnaire is to collect information about the sex, race, and ethnic background of business owners in the United States for the year 1992. The business owner(s) must complete this questionnaire even if the business has since been sold, reorganized, or discontinued. Data provided by you will be used only for statistical purposes and will be kept strictly confidential. The race and ethnic categories described in item 2 have been established by the Office of Management and Budget to assure uniform reporting to all Federal agencies.

IMPORTANT — How to Fill Out This Form

*Please use a #2 black lead pencil. Most questions ask you to CHECK (✓) IN THE BOX, or to print the information. See **EXAMPLE** →*

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

ITEM 1 — NUMBER OF SHAREHOLDERS

How many shareholders were there in your firm as of December 31, 1992?

<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 100+
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	
<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11—35	
<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 36—100	

ITEM 2 — DESCRIPTION OF SHAREHOLDERS

Complete items a, b, and c below, checking (✓) the ONE box in each category which best describes the majority of shareholders in your firm as of December 31, 1992. The ethnic and race categories described below have been established by the Office of Management and Budget to assure uniform reporting to all Federal agencies.

a. SEX — Check (✓) ONE box.

<input type="checkbox"/> Male
<input type="checkbox"/> Female

b. SPANISH/HISPANIC/LATINO BACKGROUND OR ORIGIN — Refers to a person of Mexican, Cuban, Puerto Rican, Hispanic Latin American, or other Spanish/Hispanic/Latino origin or culture, regardless of race. *Check (✓) ONE box only.*

<input type="checkbox"/> Non-Hispanic/Non-Latino/Non-Spanish
<input type="checkbox"/> Cuban
<input type="checkbox"/> Mexican/Mexican-American/Chicano
<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Hispanic Latin American (e.g., Panamanian, Peruvian, Venezuelan, Ecuadorian, Guatemalan, etc.) — <i>Specify country</i> ↴
<input type="text" value="21"/>
<input type="checkbox"/> Spaniard (origin from Spain)
<input type="checkbox"/> Other Spanish/Hispanic/Latino origin or culture — <i>Specify</i> ↴
<input type="text" value="22"/>

ITEM 2 — DESCRIPTION OF SHAREHOLDERS — Continued

c. RACE — Check (✓) ONE box only.

AFRICAN AMERICAN/BLACK/NEGRO — A person having origins (ancestry) in any of the Black racial groups of Africa or the Caribbean.

ASIAN OR PACIFIC ISLANDER — A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.

- Asian Indian (from the country India)
- Chinese
- Japanese
- Korean
- Vietnamese
- Filipino
- Hawaiian
- Other Asian or Pacific Islander — *Specify* ↘

23

INDIAN (AMERICAN) OR ALASKA NATIVE — A person having origins (ancestry) in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

- Aleut
- Eskimo
- American Indian — *Specify enrolled or principal tribe* ↘

24

WHITE — A person having origins (ancestry) in any of the original peoples of Europe, North Africa, or the Middle East.

OTHER — A person having origins in a racial group not listed above.

- Other race — *Specify* ↘

25

ITEM 3 — STOCK OWNERSHIP

(as of December 31, 1992)

Responses to a and b may be the same for some corporations.

a. What percentage of your corporation's outstanding stock was owned by women?

- None
- 1%—24%
- 25%—49%
- 50%
- 51%—74%
- 75%—99%
- 100%

b. What percentage of your corporation's outstanding VOTING stock was owned by women?

- None
- 1%—24%
- 25%—49%
- 50%
- 51%—74%
- 75%—99%
- 100%

ITEM 4 — EXECUTIVE OFFICERS

(as of December 31, 1992)

What percentage of the Executive Officers of this corporation were women?

- None
- 1%—24%
- 25%—49%
- 50%
- 51%—74%
- 75%—99%
- 100%

ITEM 5 — BOARD OF DIRECTORS

(as of December 31, 1992)

What percentage of this corporation's Board of Directors were women?

- None
- 1%—24%
- 25%—49%
- 50%
- 51%—74%
- 75%—99%
- 100%

ITEM 6 — CERTIFICATION — Please print name of person responsible for completing this report.

Name	Telephone number (Include Area Code)
Signature	Date



1992 ECONOMIC CENSUSES SURVEY OF CORPORATE OWNERSHIP

OMB No. 0607-0765: Approval Expires 12/31/94

**DUE DATE: 30 DAYS AFTER
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Jeffersonville, IN 47134-0001**

Toll-free assistance, 8 a.m. to 8 p.m.,
eastern time. Monday through Friday:
1-800-233-6136

*Please read the instructions before
answering the questions.*

In correspondence pertaining to this report,
please refer to this Census File Number (CFN)

WB-1

CENSUS USE

901	902	903	904
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Please correct errors in name, address, and ZIP Code. ENTER street and number if not shown.

Dear Respondent:

The Census Bureau conducts an economic census every 5 years. The census provides our single most important measure of economic performance and basic information about your industry and geographic area for use by the business community and government agencies.

The 1992 Survey of Corporate Ownership is part of the economic census. We made a concerted effort to lessen your reporting burden and, at the same time, meet the needs of the government and the public for information. On the back of this form are answers to the most frequently asked questions regarding this survey. Please read all instructions before completing the form.

Title, 13, United States Code, requires your response to this survey. By the same law, your response is confidential. Only sworn Census Bureau employees will see your form, and the information will be used only for statistical purposes.

Thank you for your cooperation.

Sincerely,

Harry A. Scarr
Deputy Director
Bureau of the Census

NOTE — Be sure to make a copy of this form for your records.

• INSTRUCTIONS — Please read •

In 1988, Congress passed the Women's Business Ownership Act. This law recognized that uniform information on all corporations owned by women was not available. This act and the Census Bureau's commitment to close this data gap have led to this effort to collect information on all corporations owned and controlled by women. In compliance with that law, this report form includes questions about the extent of women's involvement as shareholders in corporations, as officers of corporations, and as members of the Board of Directors of corporations. There are also questions pertaining to the corporation itself.

discontinued since 1992. If the information as requested is not available, reasonable estimates are acceptable. An executive officer of the corporation should sign the certification area in item 7.

IMPORTANT — How to Fill Out This Form

Please use a #2 black lead pencil. Most questions ask you to CHECK (✓) IN THE BOX, or to print the information. See EXAMPLE

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

ITEM 1 — PUBLIC OWNERSHIP (as of December 31, 1992)

Was this firm a publicly traded corporation registered with the Securities and Exchange Commission? Publicly traded means that the corporation was listed and traded on a stock exchange.

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

ITEM 2 — NUMBER OF SHAREHOLDERS AND SHARES OF STOCK (as of December 31, 1992)

a. How many shareholders did this corporation have?

<input type="checkbox"/> None	<input type="checkbox"/> 5—9	<input type="checkbox"/> 20—35	<input type="checkbox"/> 50—99
<input type="checkbox"/> 1—4	<input type="checkbox"/> 10—19	<input type="checkbox"/> 36—49	<input type="checkbox"/> 100 or more

b. How many shares of stock were outstanding?

--

ITEM 3 — STOCK OWNERSHIP (as of December 31, 1992)

(Responses to a and b may be the same for some corporations.)

a. What percentage of your corporation's outstanding stock was owned by women?

<input type="checkbox"/> None	<input type="checkbox"/> 50%	<input type="checkbox"/> 100%
<input type="checkbox"/> 1%—24%	<input type="checkbox"/> 51%—74%	
<input type="checkbox"/> 25%—49%	<input type="checkbox"/> 75%—99%	

b. What percentage of your corporation's outstanding VOTING stock was owned by women?

<input type="checkbox"/> None	<input type="checkbox"/> 50%	<input type="checkbox"/> 100%
<input type="checkbox"/> 1%—24%	<input type="checkbox"/> 51%—74%	
<input type="checkbox"/> 25%—49%	<input type="checkbox"/> 75%—99%	

c. For publicly traded corporations that cannot answer items 3a or 3b (all others, please go to item 4) —

1. What percentage of your corporation's outstanding stock was reported on Form 10-K? (Form 10-K lists all individuals who own more than 5 percent of your corporation's outstanding stock.)

<input type="checkbox"/> None	<input type="checkbox"/> 50%	<input type="checkbox"/> 100%
<input type="checkbox"/> 1%—24%	<input type="checkbox"/> 51%—74%	
<input type="checkbox"/> 25%—49%	<input type="checkbox"/> 75%—99%	

2. What percentage of the outstanding stock accounted for on Form 10-K was owned by women?

<input type="checkbox"/> None	<input type="checkbox"/> 50%	<input type="checkbox"/> 100%
<input type="checkbox"/> 1%—24%	<input type="checkbox"/> 51%—74%	
<input type="checkbox"/> 25%—49%	<input type="checkbox"/> 75%—99%	

ITEM 4 — EXECUTIVE OFFICERS
(as of December 31, 1992)

a. Was this corporation's highest ranking executive officer a woman? A corporation's highest ranking executive may have titles such as Chief Executive Officer (CEO) or President.

Yes
 No

b. What percentage of the Executive Officers of this corporation were women?

None 50% 100%
 1%—24% 51%—74%
 25%—49% 75%—99%

c. What was the percentage of VOTING stock owned by women Executive Officers?

None 50% 100%
 1%—24% 51%—74%
 25%—49% 75%—99%

ITEM 5 — BOARD OF DIRECTORS
(as of December 31, 1992)

a. Did this corporation have a Board of Directors?

Yes
 No — *SKIP to item 6*

b. Was this corporation's Chairperson of the Board a woman?

Yes
 No

c. What percentage of this corporation's Board of Directors were women?

None 50% 100%
 1%—24% 51%—74%
 25%—49% 75%—99%

d. What was the percentage of VOTING stock owned by women Directors?

None 50% 100%
 1%—24% 51%—74%
 25%—49% 75%—99%

ITEM 6 — CORPORATE OWNERSHIP OR CONTROL (as of December 31, 1992)

Did another company own more than 50 percent of the voting stock of your corporation OR have the power to control the management and policies of your corporation?

No
 Yes — *Enter the following information on the owning or controlling company* ↗

Name of owning or controlling company	Parent address (Number and street, city, State, and ZIP Code)	Employer Identification Number of owning or controlling company

ITEM 7 — CERTIFICATION — *Please print name of person responsible for completing this report.*

Name	Telephone number (Include Area Code)
Signature	Date



1992 ECONOMIC CENSUSES

ENTERPRISE SUMMARY REPORT

OMB No. 0607-0748: Approval Expires 06/30/94

DUE DATE: FEBRUARY 15, 1993

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

For assistance, 8:00 a.m. to 5:00 p.m.,
eastern time, Monday through Friday:

1-301-763-1758

ES-9100

*Please read the instructions
before answering the
questions.*

Census use

901	902	903
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Please correct any errors in name, address, and ZIP Code.

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

IMPORTANT - This is an enterprise summary report

PURPOSE OF THIS FORM

- The purpose of this form is to obtain consolidated information for domestic activities of your enterprise, company, or firm.

WHAT IS AN ENTERPRISE?

- An enterprise is a business, service, or membership organization consisting of one or more establishments under common ownership or control. An establishment is a single physical location at which business is conducted.
- It includes all establishments of subsidiary companies, where there is more than 50 percent ownership, as well as establishments of firms which the enterprise has the power to direct or cause the direction of management and policies.
- An enterprise may vary in composition ranging from a single legal entity (e.g., corporation, partnership, etc.) to a complex family of legal entities under common ownership or control.
- For this report, the terms enterprise, company, and firm are used interchangeably.

WHAT SHOULD BE REPORTED?

- Report for all establishments operated by your company during 1992. Include all operating locations, and all other facilities such as warehouses, administrative offices, and sales offices owned or controlled by this enterprise and its subsidiaries.
- Include your enterprise's activities in all 50 states and the District of Columbia. Do not include activities in foreign countries or U.S. possessions such as Puerto Rico, Guam, etc., except for reporting foreign assets on line 34.
- Report consolidated information. Exclude domestic intra-enterprise transfers.
- Include all subsidiaries whether or not they are consolidated in your enterprise's books.
- Report for the 1992 calendar year. If calendar year records are not available, fiscal year reports for the period ending between October 31, 1992 and February 28, 1993 are acceptable. Be sure to complete every item. If book figures are not readily available, enter your best estimates. Enter "0" in items where appropriate.
- Generally Accepted Accounting Principles (GAAP) should be followed when filling out this form.

HOW TO REPORT DOLLAR FIGURES

Value figures may be reported in dollars or rounded to thousands.

Example: If a figure is **\$1,179,125,628**, report either

- **PREFERRED**
- Acceptable**

Bil- lions (000)	Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
1	179	126	
1	179	125	628

PENALTY FOR FAILURE TO REPORT

CONTINUE ON PAGE 2 →

Item A – SALES, OPERATING RECEIPTS, AND REVENUES DURING 1992

INCLUDE

- Sales, operating receipts, and revenues from taxable operations as well as total revenues from tax-exempt activities. Finance, Insurance, and Real Estate companies should include interest, dividends, commissions and rental income as part of revenues.
- The value of assets sold under a capital lease agreement
- Export transfers to your foreign subsidiaries

EXCLUDE

- Sales and other taxes collected and paid directly to government taxing agencies
- Domestic intra-enterprise transfers
- Sales by foreign subsidiaries
- Income from interest, except for Finance, Insurance, and Real Estate companies
- Other nonoperating income (e.g., royalties)

Bil.	Mil.	Thou.	Dol.
011			

1. Consolidated SALES, OPERATING RECEIPTS, AND REVENUE (net of taxes)

Item B – EMPLOYMENT AND PAYROLL DURING 1992

Include full and part-time employees and their pre-tax wages and salaries (gross earnings) as defined on Treasury Form 941, Employer’s Quarterly Federal Tax Return, and Circular E, Employer’s Tax Guide. Include salaried officers and executives of incorporated firms and payments made to them. Exclude proprietors or partners of unincorporated firms.

Number
032

2. Number of paid EMPLOYEES for the pay period including March 12, 1992

Report all employees including persons on paid sick leave, paid holidays, and paid vacations.

Payroll:

Report gross earnings paid to employees prior to such deductions as employee’s social security contributions, withholding taxes, group insurance premiums, union dues, and savings bonds. Gross earnings include all wages, salaries, commissions, dismissal pay, paid bonuses, vacation and sick leave pay, and the cash equivalent of compensation paid in kind. Include all employee contributions to any qualified pension plan, such as the 401(k) plan. Exclude employer’s costs for fringe benefits.

Bil.	Mil.	Thou.	Dol.
031			

3. FIRST QUARTER payroll

030			
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4. TOTAL ANNUAL payroll

Item C – EMPLOYER’S COSTS FOR FRINGE BENEFITS DURING 1992 (SUPPLEMENTAL LABOR COSTS)

Bil.	Mil.	Thou.	Dol.
101			

5. Legally required programs

For example: Employer’s social security tax, unemployment tax, workmen’s compensation insurance, and state disability insurance programs.

102			
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6. Voluntary programs

For example: Premiums on life insurance, hospital and medical plans, union negotiated benefits; welfare plans; and stock purchase plans.

103			
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7. TOTAL FRINGE BENEFITS (SUM of lines 5 and 6)

Please enter your 11-digit Census File Number (CFN) from the address label on page 1

Item D – INVENTORIES

Report consolidated information concerning all of the inventories which are owned by your enterprise, and located within the United States. The SUM of the value of inventories of all domestic establishments of your enterprise should be approximately equal to the TOTAL value of inventories of your enterprise after adjusting for valuation differences.

INCLUDE

- Finished products; work in process; materials, supplies, fuels, etc., for resale or further fabrication
- Inventories in transit for which your enterprise has taken title

EXCLUDE

- Unsold real estate for resale held by Finance, Insurance, and Real Estate enterprises (Include on line 33)
- Inventories owned by others but held by your enterprise
- Items not held for resale, such as fixtures, equipment, and supplies

NOTE: Progress billings **should not** be deducted from the reported amounts.

8. Did this enterprise have inventories at the end of 1991? 200 1 YES
2 NO – SKIP to line 14

9. Total inventories at cost or market value for the year ending 1991, using generally accepted accounting principles. (For inventories at LIFO cost, use the SUM of the LIFO value PLUS the LIFO reserve.)

Bil.	Mil.	Thou.	Dol.
210			

10. Inventories reported on line 9 which are NOT subject to LIFO costing for the year ending 1991

240			
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11. Did this enterprise have inventories at LIFO cost at the end of 1991? 220 1 YES
2 NO – SKIP to line 14

12. Inventories which are subject to LIFO costing in 1991 (gross) (Report the SUM of LIFO value PLUS the LIFO reserve.)

230			
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13a. LIFO reserves associated with the inventories on line 12

Bil.	Mil.	Thou.	Dol.
232			

b. LIFO value of inventories reported on line 12 (net)

231			
-----	--	--	--

PLEASE VERIFY – SUM of lines 13a and 13b should equal line 12. SUM of lines 10 and 12 should equal line 9.

14. Did this enterprise have inventories at the end of 1992? 250 1 YES
2 NO – SKIP to Item E

15. Total inventories at cost or market value for the year ending 1992, using generally accepted accounting principles. (For inventories at LIFO cost, use the SUM of the LIFO value PLUS the LIFO reserve.)

Bil.	Mil.	Thou.	Dol.
260			

16. Inventories reported on line 15 which are NOT subject to LIFO costing for the year ending 1992

290			
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17. Did this enterprise have inventories at LIFO cost at the end of 1992? 270 1 YES
2 NO – SKIP to Item E

18. Inventories which are subject to LIFO costing in 1992 (gross) (Report the SUM of LIFO value PLUS the LIFO reserve.)

280			
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19a. LIFO reserves associated with the inventories on line 18

Bil.	Mil.	Thou.	Dol.
282			

b. LIFO value of inventories reported on line 18 (net)

281			
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PLEASE VERIFY – SUM of lines 19a and 19b should equal line 18. SUM of lines 16 and 18 should equal line 15.

Item E – DEPRECIABLE ASSETS AND CHANGES IN DEPRECIABLE ASSET ACCOUNTS DURING 1992

Report the gross cost of assets for which depreciation or amortization accounts are ordinarily maintained. Gross cost represents the acquisition cost to your enterprise.

INCLUDE

- Depreciable assets (buildings, structures, machinery, equipment, etc.) and amortizable assets (special tools, film, etc.) as reported in Item H
- Cost of depreciable assets owned by this enterprise, but rented or leased to others under an operating lease agreement
- Cost of all capitalized drilling and completion costs
- Cost of depreciable assets obtained through capital leases

EXCLUDE

- Cost of land and depletable assets such as timber and mineral rights, including producing or nonproducing leases, bonus payments, royalties and overriding mineral interests, and fee land (Include on line 33.)
- Current assets (inventories, cash, accounts receivable, real estate held for resale, etc.) and intangible assets (goodwill, patents, copyrights, etc.) (Include on line 33.)
- Cost of depreciable assets in foreign countries and U.S. possessions (Include on line 34.)
- Cost of depreciable assets leased to others under a capital lease agreement

20. DEPRECIABLE ASSETS, at the END OF 1991

Bil.	Mil.	Thou.	Dol.
301			

a. Buildings and structures (exclude land)

b. Machinery and equipment (include other depreciable assets, except land)

302			
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21. TOTAL DEPRECIABLE ASSETS, at the end of 1991
(SUM of lines 20a and 20b)

Bil.	Mil.	Thou.	Dol.
305			

22. TOTAL CAPITAL EXPENDITURES during 1992 including all costs that are capitalized to asset accounts and for which depreciation or amortization reserves are maintained (See Item H for further instructions)

333			
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23. OTHER ADDITIONS and acquisitions made (at fair market value) by your enterprise during 1992. If mergers and acquisitions are not treated as a "pooling of interests," enter the fair market value on this line

334			
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24. DEDUCTIONS from depreciable asset accounts for assets sold, retired, scrapped, destroyed, etc., during 1992

335	()
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25. DEPRECIABLE ASSETS, at the END OF 1992

Bil.	Mil.	Thou.	Dol.
351			

a. Buildings and structures (exclude land)

b. Machinery and equipment (include other depreciable assets, except land)

352			
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26. TOTAL DEPRECIABLE ASSETS, at the end of 1992
(SUM of lines 25a and 25b)

355			
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PLEASE RECONCILE – SUM of lines 21 through 23 MINUS line 24 should equal line 26. If not, explain in the remarks section.

Item F – CHANGES IN ACCUMULATED DEPRECIATION DURING 1992

INCLUDE

- Total depreciation and amortization for the assets included in lines 20 through 26
- Additions made to the accumulated depreciation and amortization accounts during 1992 for assets owned at the beginning of the year or acquired during the year

EXCLUDE

- Reserves for intangible assets
- Depreciation of assets held in foreign countries and U.S. possessions

27. ACCUMULATED DEPRECIATION AND AMORTIZATION at the end of 1991

Bil.	Mil.	Thou.	Dol.
451			

28. DEPRECIATION AND AMORTIZATION EXPENSE charged to income during 1992

452			
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29. OTHER ADDITIONS to the accumulated depreciation and amortization accounts during 1992

453			
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30. DEDUCTIONS from the accumulated depreciation and amortization accounts due to sales, retirements, renewals, and replacements during 1992

454	()
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31. ACCUMULATED DEPRECIATION AND AMORTIZATION at the end of 1992
(SUM of lines 27 through 29 MINUS line 30)

455			
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Item G – TOTAL ASSETS, AT THE END OF 1992

NOTE: Report total assets on a consolidated basis.

32. NET DEPRECIABLE ASSETS
(Should equal line 26 MINUS line 31)

Include only domestic assets.

Bil.	Mil.	Thou.	Dol.
501			

33. CURRENT AND OTHER ASSETS

502			
-----	--	--	--

INCLUDE

- Current and other domestic assets for which depreciation or amortization reserves are NOT maintained, such as inventories, cash, investments, accounts receivable, real estate held for resale, etc.
- Land, depletable and intangible assets such as timber, mineral rights, goodwill, patents, copyrights, etc. Report all other assets net of all reserves and allowances.

34. FOREIGN ASSETS

*Include all assets in foreign countries and U.S. possessions, regardless of type. Report **net** of all reserves, allowances, and accumulated depreciation.*

503			
-----	--	--	--

35. TOTAL ASSETS, at the end of 1992
(SUM of lines 32 through 34)

504			
-----	--	--	--

Item H – CAPITAL EXPENDITURES DURING 1992 (Excluding land and mineral rights)

INCLUDE

- All costs that are capitalized to asset accounts and for which depreciation or amortization reserves are maintained
- All assets obtained through a capital lease

EXCLUDE

- Cost of land and mineral rights, such as producing and nonproducing leases
- Cost of maintenance and repairs charged as current operating expenses
- Capital expenditures by subsidiaries in foreign countries and U.S. possessions

36. New buildings, structures, and additions to plant

Include new construction, major alterations, capitalized repairs, and improvement of buildings both completed and in progress but not completed at the end of 1992. Include expenditures for structures which, on completion, will be sold and leased back to your enterprise

Bil.	Mil.	Thou.	Dol.
405			

37. New machinery, equipment, and other capital expenditures

a. New automobiles, trucks, trailers, special purpose vehicles, etc., for highway use

Bil.	Mil.	Thou.	Dol.
401			

b. New computers and peripheral data processing equipment

402			
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c. All other expenditures for new machinery, equipment, and other capital expenditures
Include production machinery, office equipment, and special tools having useful life of more than one year. Report replacements as well as additions to capacity ...

403			
-----	--	--	--

38. TOTAL new machinery, equipment, and other capital expenditures (SUM of lines 37a through 37c)

404			
-----	--	--	--

39. USED plant and equipment acquired from others

406			
-----	--	--	--

40. Capitalized development and exploration of mineral properties
Include capitalized expenditures for oil and gas field and other mineral property explorations; for the drilling of oil, gas, dry, and service wells; and for tangible assets

407			
-----	--	--	--

41. TOTAL CAPITAL EXPENDITURES (SUM of lines 36, 38, 39, and 40)

410			
-----	--	--	--

PLEASE VERIFY – Line 41 should be the same as line 22. If not, explain in the remarks section.

Item I – RESEARCH AND DEVELOPMENT DURING 1992

Include all costs incurred by this enterprise during 1992 to support research and development activities (i.e., wages and salaries, direct materials costs, services and supporting costs, and an appropriate share of depreciation and overhead). Exclude research and development performed for others on a contract basis (Include on line 1).

Bil.	Mil.	Thou.	Dol.
514			

42. Did this enterprise perform research and development during 1992?

510 1 YES – Report amount
 2 NO

Item J – RENTAL PAYMENTS DURING 1992

Include payments made to others for use of buildings and structures (including land and office space), machinery and equipment. Exclude payments for assets obtained through a capital lease.

43. Did this enterprise make rental payments to others during 1992? 520 1 YES
2 NO – SKIP to Item K

Bil.	Mil.	Thou.	Dol.
521			

44. Rental payments for use of buildings and structures

522			
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45. Rental payments for use of machinery, equipment, and other items

525			
-----	--	--	--

46. TOTAL RENTAL PAYMENTS (SUM of lines 44 and 45)

Item K – ROYALTY PAYMENTS DURING 1992

47. Did this enterprise make royalty payments during 1992? *Include payments to unaffiliated organizations or individuals for the use of intangible property rights including patents, trademarks, copyrights, use of natural resources, etc.* 530 1 YES – Report amount →
2 NO

Bil.	Mil.	Thou.	Dol.
531			

Item L – ADVERTISING SERVICES DURING 1992

48. Did this enterprise purchase advertising during 1992? *Include services from others including payments for printing, media coverage, and other services and materials.* 540 1 YES – Report amount →
2 NO

Bil.	Mil.	Thou.	Dol.
541			

REMARKS – Please use this space for any explanations that may be essential in understanding your reported data.

750

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

Name of person to contact regarding this report – <i>Print or type</i>				Period covered by this report		FROM: 960	Mo.	Year	TO: 961	Mo.	Year
951	Area code	Number	Extension	Signature of authorized person					Date		
Telephone →											

We estimate that it will take 3 hours or less to complete this questionnaire. If you have any comments regarding these estimates or any other aspect of this survey, send them to the Associate Director for Management Services, Paperwork Reduction Project 0607-0748, Room 2027, Bureau of the Census, Washington, DC 20233; and to the Office of Management and Budget, Paperwork Project, 0607-0748, Washington, DC 20503.



U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FORM
ES-9200

1992 ECONOMIC CENSUSES AUXILIARY ESTABLISHMENT REPORT

OMB No. 0607-0749: Approval Expires 06/30/94

DUE DATE: FEBRUARY 15, 1993

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

For assistance, 8:00 a.m. to 5:00 p.m., eastern time, Monday through Friday:

1-301-763-1758

ES-9200

Please read the instructions before answering the questions.

Census use

901	902	903	904
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(Please correct any errors in name, address, and ZIP Code.)

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

IMPORTANT — Please read GENERAL INSTRUCTIONS

Who should report?

- All auxiliary establishments which operated during any part of 1992.

What is an auxiliary establishment?

- An establishment primarily engaged in performing management, supervision, general administrative functions, and supporting services for other establishments of the same enterprise, rather than for the general public or other business firms.

Examples of auxiliary establishments: Central offices, corporate offices, regional offices, accounting offices; research, development, and testing laboratories; central repair shops; warehouses; computer centers; etc.

What should you report?

- Report only for the activities of this auxiliary establishment. EXCLUDE all operating activities which produce goods or services reported on another 1992 Economic Censuses report form (i.e., manufacturing, selling, etc.).

- If book figures are not readily available, carefully prepared estimates for data items are acceptable for statistical purposes.

- Be sure to complete every item. Enter "0" in items where appropriate.

What is an enterprise?

- An enterprise is a business, service, or membership organization consisting of one or more establishments under common ownership or control.

What is an establishment?

- An establishment is a single physical location where business is conducted or where services or industrial operations are performed.

Item 1 – EMPLOYER IDENTIFICATION NUMBER Is the Employer Identification (EI) Number shown in the label the same as the one used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No – Report current EI No. below ↘

(9 digits)

Item 3 – OPERATIONAL STATUS

a. How many months during 1992 did this firm or organization actively operate this establishment?

Number of months
002

b. Mark (X) the ONE box which best describes this establishment at the end of 1992.

- 001 1 In operation
- 2 Temporarily or seasonally inactive
- 3 Ceased operation – Give date →
- 4 Sold or leased to another operator – Give date at right AND enter name, etc., below ↘

Figures only		
Month	Day	Year

Item 2 – PHYSICAL LOCATION OF ESTABLISHMENT

Answer items a, b, c, and d

NOTE: P.O. boxes or rural routes are not physical locations.

a. Same as shown in mailing label. If different, indicate change.

Number and street

City, town, village, etc.

State

ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 3 No legal boundaries
2 No 4 Do not know

c. Type of municipality where physically located?

096 1 City, village, or borough
2 Town or township
3 Other or don't know

d. Name of county where physically located?

Name of new owner or operator

Number and street

City

State

ZIP Code

PENALTY FOR FAILURE TO REPORT

CONTINUE ON PAGE 2

Item 4 – EMPLOYMENT BY FUNCTION

List both full-and part-time employees as defined on Treasury Form 941, Employer's Quarterly Federal Tax Return, and Circular E, Employer's Tax Guide at this auxiliary location, by each employee's primary function.

- Exclude**
- Employees working in or from other establishments, even though paid from this location
 - Proprietors or partners if an unincorporated firm

a. Employment by function for pay period including March 12, 1992. (Where records do not provide actual employee counts in terms of the functions listed, estimates of the approximate number in each are acceptable. Those performing a variety of functions should be reported in their primary activity during the pay period.)

	Number
(1) Administrative and managerial employees (include employees engaged in office and clerical work, except sales support)	033
(2) Research, development, and testing employees	034
(3) Warehousing employees	035
(4) Trucking employees	036
(5) Communications employees (including telephone and telecommunications)	037
(6) Repair service employees	038
(7) Electronic data processing employees (include programming and systems design)	039
(8) Sales employees selling directly to customers from this location and sales support employees directly supporting the sales personnel	040
042	041
(9) Other employees – Specify	032

b. TOTAL March 12 employment – Sum of lines (1) through (9)

HOW TO REPORT DOLLAR FIGURES



Value figures may be reported in dollars or rounded to thousands.

Example: If a figure is \$1,125,628, report either



• Preferred
Acceptable

Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
1	126	
1	125	628

Item 5 – PAYROLL IN 1992, BEFORE DEDUCTIONS

Report total payroll of all employees as defined on Treasury Form 941 and Circular E, Employer's Tax Guide

- Include**
- Gross earnings paid to employees prior to such deductions as:
 - Employee's Social Security contributions
 - Withholding taxes
 - Group insurance premiums
 - Union dues
 - Savings bonds
 - All wages and salaries including:
 - Commissions and paid bonuses
 - Dismissal pay
 - Vacation and sick pay
 - Cash equivalent of compensation paid in kind
 - Employee contributions to any qualified pension plan, such as the 401(k) plan
 - Salaries of officers if a corporation
- Exclude**
- Payments to proprietors or partners if an unincorporated concern
 - Employer's cost for fringe benefits

	Mil.	Thou.	Dot.
a. TOTAL ANNUAL PAYROLL	030		
b. FIRST QUARTER PAYROLL	031		

Item 6 – EMPLOYER'S COST FOR FRINGE BENEFITS IN 1992 (Supplemental Labor Costs)

- LEGALLY REQUIRED** – For example:
- Employer's Social Security tax
 - Unemployment tax
 - Workmen's compensation insurance
 - State disability insurance programs
- VOLUNTARY PROGRAMS** – For example:
- Union negotiated benefits
 - Life insurance premiums
 - Pension plans and welfare plans
 - Insurance premiums on hospital and medical plans
 - Stock purchase plans

a. Legally required programs including Social Security	101		
b. Voluntary programs	102		
c. TOTAL fringe benefits – Sum of lines a and b	103		

Item 7 – PRINCIPAL ACTIVITY OF THIS ESTABLISHMENT

a. Does this establishment perform management, general administrative, or other supporting services PRIMARILY for establishments of your enterprise rather than for other business firms or for the general public? ("Enterprise" refers to the parent firm and all its establishments and subsidiaries under common ownership or control.)

151

1 YES – Mark (X) the box which best describes the major activity of **this establishment** →

2 No – If "No" describe the primary activity of this establishment, then SKIP to Item 9.

153

- 1 Centralized administration
- 2 Research, development, and testing
- 3 Warehousing
- 4 Electronic data processing
- 5 Trucking
- 6 Communications
- 7 Repair services
- 8 Selling
- 9 Other – Specify ↙
- 152

b. Is this establishment the corporate headquarters, executive office or head office for your entire enterprise?

154 1 YES – SKIP to Item 8

2 NO

c. Does this establishment perform these management and administrative functions or support services for ALL establishments of your enterprise?

155 1 YES – SKIP to Item 8

2 NO

d. Does this establishment perform these management and administrative functions or services for a SINGLE operating establishment which is located at the same physical location as shown in the address label?

156 1 YES

2 NO

FORM **ES-9200**

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Enter the 11-digit
CENSUS FILE NUMBER
as shown on this report
(See label on page 1)

**1992 ECONOMIC CENSUSES
AUXILIARY ESTABLISHMENT REPORT**

Item 8 – PRINCIPAL BUSINESS OR ACTIVITY OF THE OPERATING ESTABLISHMENTS SERVICED

a. Mark (X) the ONE box which BEST describes the MAJOR kind of business or industrial activity of the operating establishments of your enterprise that are managed or serviced by the auxiliary referred to in the label.

- | | | |
|-----|--|--|
| 157 | <input type="checkbox"/> Mineral extraction, production, or exploration | 5 <input type="checkbox"/> Wholesale trade (including manufacturers' sales branches) |
| | 2 <input type="checkbox"/> Construction (including general contracting, subcontracting, and land subdividing and developing) | 6 <input type="checkbox"/> Retail trade |
| | 3 <input type="checkbox"/> Manufacturing (including publishing and printing) | 7 <input type="checkbox"/> Finance, Insurance, and Real Estate |
| | 4 <input type="checkbox"/> Transportation, Communications, Electric, Gas, and Sanitary Services | 8 <input type="checkbox"/> Service industries |
| | | 9 <input type="checkbox"/> Other – Specify <u>7</u> |

b. List in order of importance, the principal kinds of merchandise sold, products produced, types of services rendered, or construction activities performed by the operating establishments that are managed or serviced by the auxiliary listed in the address label. For each line, also indicate the percent of total sales or receipts that each line represents.

Source of sales or receipts		Percent of total sales or receipts
159 (1)	160	%
161 (2)	162	%
163 (3)	164	%

CENSUS USE ONLY 801

Item 9 – BILLINGS TO OTHER ESTABLISHMENTS OF YOUR ENTERPRISE IN 1992

Report billings to all other establishments of your enterprise during 1992

- Include**
- All merchandise billed by this establishment in 1992
 - All billings, whether or not the merchandise was shipped directly by the supplier or shipped from this establishment
- Exclude**
- Sales to establishments of other enterprises, and franchise sales
 - Purchases made directly by your enterprise's individual establishments

Did this establishment have billings to other establishments of your enterprise during 1992?		Mil.	Thou.	Dol.
600	1 <input type="checkbox"/> YES – Report amount billed	601		
	2 <input type="checkbox"/> NO			

Item 10 – SALES, OPERATING RECEIPTS, AND REVENUES TO CUSTOMERS OUTSIDE YOUR ENTERPRISE IN 1992

Report all sales, operating receipts, and revenues made by this establishment during 1992 to customers outside your enterprise. EXCLUDE sales taxes and other taxes collected.

- Include**
- Merchandise sales, operating receipts, and revenues for services and other business receipts
 - Export transfers to foreign subsidiaries of your enterprise
 - Cost of research and development for the Federal Government or for other enterprises on contract, as reported in Item 11
 - Franchise sales
 - Income from interest, dividends, commissions, and rental income (Finance, Insurance, and Real Estate only)
- Exclude**
- Intra-enterprise transfers to other domestic establishments of your enterprise
 - Sales to outside customers made by other establishments of your enterprise even though billed centrally by this establishment
 - Sales and/or manufacturer's shipments already reported on other Census forms
 - Nonoperating income

a. Did this establishment have sales, operating receipts, or revenues of products or services to customers outside your enterprise during 1992?		011		
010	1 <input type="checkbox"/> YES – Report sales, operating receipts, and revenues			
	2 <input type="checkbox"/> NO – SKIP to Item 11			
b. Of the total sales, operating receipts, and revenues reported in line a, report the approximate percent of receipts from –		Whole percents		
(1) Mineral extraction, production, or exploration	012			%
(2) Construction (including general contracting, subcontracting, and land subdividing and developing)	013			%
(3) Manufacturing (including publishing and printing)	014			%
(4) Transportation, Communications, Electric, Gas, and Sanitary Services	015			%
(5) Wholesale trade (including manufacturers' sales branches)	016			%
(6) Retail trade	017			%
(7) Finance, Insurance, and Real Estate	018			%
(8) Service Industries	019			%
(9) Other – Specify	020			%
	021			%

Item 11 – COST OF RESEARCH AND DEVELOPMENT IN 1992

Report all costs incurred at this establishment during 1992 to support research and development activities (i.e., wages and salaries, direct materials costs, services and supporting costs, and an appropriate share of depreciation and overhead).

If this establishment performed research and development for the Federal Government or for other enterprises on contract during 1992, include the total amount charged for such work performed. Also, report such receipts in Item 10.

a. Did this establishment perform research and development during 1992?		510		
	1 <input type="checkbox"/> YES – Go to b			
	2 <input type="checkbox"/> NO – SKIP to Item 12			
b. Source of funds for research and development performed		Mil.	Thou.	Dol.
(1) Federal Government contracts and subcontracts	511			
(2) Nonfederal sources outside your enterprise (other enterprises, local governments, etc.)	512			
(3) Other establishments of your enterprise	513			
(4) TOTAL cost of research and development – Sum of lines (1) through (3)	514			

CONTINUE ON PAGE 4

Item 12 – CAPITAL EXPENDITURES DURING 1992 (EXCLUDING LAND AND MINERAL RIGHTS)

Capital expenditures refer to all costs that are capitalized to the fixed asset accounts and for which depreciation or amortization reserves are maintained. Include all items obtained through a capital lease.

Include

- **Line b(1)(a)** – New vehicles purchased for highway use including passenger automobiles, trucks, commercial cars and buses, truck tractors and trailers, and special purpose vehicles
- **Line b(1)(c)** – Other new machinery and equipment including office machines and fixtures, furniture, warehouse lifts, and similar equipment. Report replacements as well as additions to capacity. Include vehicles whose primary use is off highway
- **Line b(2)** – New construction, major alterations, capitalized repairs and improvement of buildings, other fixed structures, and site improvements (such as roads, parking lots, fences, utilities)
- Expenditures for structures which, on completion, are to be sold and leased back to you
- The cost of all improvements and new construction which were in progress, but had not been completed at the end of 1992
- Equipment that is an integral or permanent part of a building or structure
- **Line b(3)** – Total expenditures for old or existing plants and for secondhand equipment acquired from others. Include machinery or equipment transferred from other plants of your enterprise at approximate market value.

Exclude

- Cost of land and mineral rights
- Cost of maintenance and repairs charged as current operating expense
- Capital expenditures made by outside owners of property rented or leased to this establishment
- Capital expenditures made by this establishment for other locations of your enterprise

a. Did this establishment have capital expenditures during 1992? 400

1 Yes – Go to b
2 No – SKIP to Item 13

	Mil.	Thou.	Dol.
b. Type of capital expenditures	401		
(1) New machinery and equipment			
(a) New automobiles, trucks, trailers, special purpose vehicles, etc., for highway use	402		
(b) New computers and peripheral data processing equipment	403		
(c) All other expenditures for new machinery equipment	404		
(d) TOTAL new machinery and equipment – Sum of lines (a) through (c)	405		
(2) New buildings, structures, and additions to plant	406		
(3) Used plant and used equipment acquired from others	410		
(4) TOTAL capital expenditures – Sum of lines (1)(d), (2), and (3)			

Item 13 – DEPRECIABLE ASSETS (EXCLUDE LAND)

Report the gross cost of depreciable assets of this establishment for which depreciation or amortization accounts are ordinarily maintained. Gross cost represents the acquisition cost to this establishment of such depreciable assets. The cost of assets should include all types of items for which capital expenditures are reported. (See instructions for Item 12.)

Include

- Cost of improvements and new construction that were in progress but not completed at the end of 1992
- Cost of depreciable assets owned by this establishment, but rented or leased to others under an operating lease agreement
- Cost of depreciable assets obtained through capital leases

Exclude

- Cost of land and depletable assets (timber and mineral rights)
- Current assets (inventories, cash, accounts receivable, etc.) and intangible assets (goodwill, patents, copyrights, etc.)
- Cost of depreciable assets at other locations for which this establishment maintains records

a. Did this establishment have depreciable assets at the end of the specified year?

	End of 1991	End of 1992
300	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ↘	350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ↘
If "No" for both years, SKIP to Item 14		

	Mil.	Thou.	Dol.	Mil.	Thou.	Dol.
b. Gross cost of depreciable assets	301			351		
(1) Buildings and structures (exclude land)	302			352		
(2) Machinery and equipment	305			355		
(3) TOTAL – Sum of lines (1) and (2)						

Item 14 – DEPRECIATION CHARGES DURING 1992

Report additions made to accumulated depreciation and amortization accounts during 1992 for assets owned at the beginning of the year or acquired during the year.

Did this establishment have depreciation expense during 1992? 450

1 Yes – Report depreciation charged to income during 1992 →
2 No

	Mil.	Thou.	Dol.
452			

Item 15 – RENTAL PAYMENTS IN 1992

Include

- Payments (or equivalent charges) made to other enterprises for the use of buildings (including land and office space), structures, machinery, and equipment. (See Item 12 instructions for breakout of buildings and structures from machinery and equipment.)

Exclude

- Payments made by this establishment to the parent enterprise or any of its subsidiaries. The value of such enterprise-owned assets should be reported as if actually owned by this establishment in Item 13.
- Capital leases (should be reported as assets)
- Rental payments made by this establishment for plant and equipment at other establishments of your enterprise

Did this establishment make rental payments during 1992? 520

1 Yes – Report rental payments →
2 No

	Mil.	Thou.	Dol.
a. Buildings and structures	521		
b. Machinery and equipment	522		
c. TOTAL – Sum of lines a and b	525		

**1992 ECONOMIC CENSUSES
AUXILIARY ESTABLISHMENT REPORT**

Item 16 – SELECTED PURCHASED SERVICES IN 1992

Report the cost of purchased services by this establishment during 1992. Include the total amount actually paid or payable to other enterprises. Do not include the cost of services performed by employees at this location, purchased by other establishments of your company, or included as a part of normal rental payments.

		Mil.	Thou.	Dol.
<p>a. Did this establishment purchase electricity in 1992?</p> <p>Exclude • The value of electricity generated and used at this establishment</p>	<p>610</p> <p>1 <input type="checkbox"/> YES – Report cost of purchased electricity during 1992</p> <p>2 <input type="checkbox"/> NO</p>	611		
<p>b. Did this establishment purchase fuels in 1992?</p> <p>Include • Coal, coke, natural and manufactured gas, fuel oil, liquified petroleum gas, gasoline, etc.</p> <p>Exclude • Gasoline and fuel purchased for highway vehicles</p>	<p>620</p> <p>1 <input type="checkbox"/> YES – Report cost of purchased fuel in 1992</p> <p>2 <input type="checkbox"/> NO</p>	621		
<p>c. Did this establishment purchase communication services in 1992?</p> <p>Include • Payments for telephone, telegraph, data transmission, telex, ticker tape, phototransmission, facsimile (FAX), and all related services</p>	<p>630</p> <p>1 <input type="checkbox"/> YES – Report cost of purchased communication services in 1992</p> <p>2 <input type="checkbox"/> NO</p>	631		
<p>d. Did this establishment purchase repair services for buildings and structures in 1992?</p> <p>Include • All noncapitalized repairs to buildings and structures (such as painting, roof repair, etc.)</p> <p>NOTE: Report the cost of purchased repair services for equipment that is an integral or permanent part of a building or structure as repairs for buildings and structures, not as machinery and equipment.</p> <p>Exclude • Capitalized building or structure improvements for which depreciation or amortization accounts are ordinarily maintained</p>	<p>640</p> <p>1 <input type="checkbox"/> YES – Report cost of purchased repair services for buildings and structures in 1992</p> <p>2 <input type="checkbox"/> NO</p>	641		
<p>e. Did this establishment purchase repair services for machinery and equipment in 1992?</p> <p>Include • All noncapitalized repairs to machinery and equipment (such as motor vehicles, other machinery and equipment repair, etc.)</p> <p>Exclude • Capitalized machinery and equipment improvements for which depreciation or amortization accounts are ordinarily maintained</p>	<p>650</p> <p>1 <input type="checkbox"/> YES – Report cost of purchased repair services for machinery and equipment in 1992</p> <p>2 <input type="checkbox"/> NO</p>	651		
<p>f. Did this establishment purchase contracted labor services in 1992?</p> <p>Contract employees are employees who are not on your payroll but are supplied through a contract with another company to perform specific jobs (e.g., temporary help, security, janitorial, clerical, etc.). Your company provides day-to-day supervision.</p>	<p>660</p> <p>1 <input type="checkbox"/> YES – Report cost of purchased contracted labor services in 1992</p> <p>2 <input type="checkbox"/> NO</p>	661		
<p>g. Did this establishment purchase accounting and bookkeeping services in 1992?</p>	<p>670</p> <p>1 <input type="checkbox"/> YES – Report cost of purchased accounting and bookkeeping services in 1992</p> <p>2 <input type="checkbox"/> NO</p>	671		
<p>h. Did this establishment purchase legal services in 1992?</p>	<p>680</p> <p>1 <input type="checkbox"/> YES – Report cost of purchased legal services in 1992</p> <p>2 <input type="checkbox"/> NO</p>	681		
<p>i. Did this establishment purchase refuse removal services in 1992?</p>	<p>690</p> <p>1 <input type="checkbox"/> YES – Report cost of purchased refuse removal services in 1992</p> <p>2 <input type="checkbox"/> NO</p>	691		
<p>j. Did this establishment purchase data processing services in 1992?</p>	<p>700</p> <p>1 <input type="checkbox"/> YES – Report cost of purchased data processing services in 1992</p> <p>2 <input type="checkbox"/> NO</p>	701		

CONTINUE ON PAGE 6

<p>Item 17 – INVENTORIES</p> <p>The Census inventory inquiries are designed to collect information concerning all of the inventories owned by each enterprise and which are located within the United States.</p> <p>Inventories of multiestablishment enterprises should be reported by the establishment that is responsible for the inventories even if these inventories are held at a separate location. In this way, all inventories are accounted for on a nonduplicated basis. The sum of the value of inventories of all establishments of an enterprise should be approximately equal to the enterprise's total value of inventories after adjusting for valuation differences.</p> <p>For lines a through e, report only those inventories that are attributable to this establishment's operations. Report such inventories as if this establishment owns them. Do not include inventories located at this establishment which are the responsibility of other establishments of your enterprise.</p> <p>Include</p> <ul style="list-style-type: none"> • Finished products • Work in process • Materials, supplies, fuels, etc., which are for resale or for further fabrication • Inventories in transit for which this auxiliary has responsibility <p>Exclude</p> <ul style="list-style-type: none"> • Inventories owned by others but held by this auxiliary • Items not held for resale, such as fixtures, equipment, and supplies <p>NOTE: Sum of lines d(1) and d(2) should equal total inventories on line b and sum of lines e(1) and e(2) should equal the amount of line d(2)</p>	<p>a. Did this establishment have inventories at the end of the year specified?</p>	<p>End of 1991</p>	<p>End of 1992</p>				
	200	1 <input type="checkbox"/> YES 2 <input checked="" type="checkbox"/> NO ↘	250	1 <input type="checkbox"/> YES 2 <input checked="" type="checkbox"/> NO ↘	<p><i>If "No" for both years, SKIP to Item 18, Certification</i></p>		
	<p>b. Report inventories at cost or market value using generally accepted accounting methods. (For inventories at LIFO cost, use the sum of the LIFO amount plus the LIFO reserve when completing lines b through d) Should equal sum of lines d(1) and d(2)</p>	Mil.	Thou.	Dol.	Mil.	Thou.	Dol.
	210				260		
	220	1 <input type="checkbox"/> YES – Complete Items d and e	270	1 <input type="checkbox"/> YES – Complete Items d and e	<p><i>If "No" for both years, SKIP to Item 18, Certification</i></p>		
	240				290		
	<p>d. (1) Total inventories reported on line b which are not subject to LIFO costing.</p>	230			280		
	<p>(2) Total inventories reported on line b which are subject to LIFO costing (gross) – Should equal sum of lines e(1) and e(2)</p>	232			282		
<p>e. (1) LIFO reserve associated with the inventories reported on line d(2)</p>	231			281			
<p>(2) LIFO value of inventories reported on line d(2) (net)</p>							

REMARKS – Please use this space for any explanations that may be essential in understanding your reported data.

750

Item 18. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report	960 FROM: Mo. Year	961 TO: Mo. Year	Name of person to contact regarding this report – <i>Print or type</i>		
951 Telephone →	Area code	Number	Extension	950 Title	
Signature of authorized person					Date

We estimate that it will take 1 hour or less to complete this questionnaire. If you have any comments regarding these estimates or any other aspect of this survey, send them to the Associate Director for Management Services, Paperwork Reduction Project 0607-0749, Room 2027, Bureau of the Census, Washington, DC 20233; and to the Office of Management and Budget, Paperwork Project, 0607-0749, Washington, DC 20503.



**1992 ECONOMIC CENSUS
CHARACTERISTICS OF BUSINESS OWNERS SURVEY
SOLE PROPRIETORSHIP**

OMB No. 0640-0022: Approval Expires 08/31/96

Notice — Response to this inquiry is required by law (Title 13, U.S. Code). By the same law, your report to the Census Bureau is **confidential**. It may be seen only by sworn Census employees and may be used only for statistical purposes. The law also provides that copies retained in your files are immune from legal process.

In correspondence pertaining to this report, please refer to this Census File Number (CFN)

CBO-1

**DUE DATE: 15 DAYS AFTER
RECEIPT OF FORM**

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right.

Toll-free assistance, 8 a.m. to 5 p.m., eastern time. Monday through Friday:
1-800-354-7271

Please read the instructions below before answering the questions.

Please correct errors in name, address, and ZIP Code. ENTER street and number if not shown.

INSTRUCTIONS — Please Read

The purpose of this questionnaire is to collect information about the characteristics of self-employed persons, business owners, and their business activities.

The term business in the following questions refers to the self-employment or business activity for which you filed one of the following IRS tax forms in 1992:

- a. Form 1040 WITH a Schedule C, "Profit or Loss From Business" (Sole Proprietorship)
- b. Form 1040 WITH a Schedule C-EZ, "Net Profit From a Business" (Sole Proprietorship)

Examples of a person who should complete this questionnaire:

- A sole proprietor
- An independent salesperson
- An independent agent or commission worker
- An independent contractor
- A statutory employee

The questions apply to business activities during all or part of calendar years 1992 and 1994 and must be completed even if the business has since been sold, reorganized, or discontinued or you are no longer self-employed.

If the information requested is not available, your best estimate is acceptable.

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.

Data provided by you will be used only for statistical purposes and will be kept strictly confidential.

IMPORTANT — How to Fill Out This Form

Please use a #2 black lead pencil. Most questions ask you to mark IN THE BOX, or to print the information. See **EXAMPLE** →

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

1a. Do you still own the same business, referred to in the above mailing label, that you owned in 1992?

<input type="checkbox"/> Yes — SKIP to question 2a
<input type="checkbox"/> No

b. What year did your ownership end?

<input type="checkbox"/> 1992	<input type="checkbox"/> 1994
<input type="checkbox"/> 1993	<input type="checkbox"/> 1995

c. Mark the item below which best describes the change in ownership and complete the questionnaire for the business you owned in 1992.

<input type="checkbox"/> Sold
<input type="checkbox"/> Transferred ownership/gift
<input type="checkbox"/> Business no longer exists

2a. Is the business you owned in 1992 still operating?

<input type="checkbox"/> Yes — SKIP to question 3
<input type="checkbox"/> No
<input type="checkbox"/> Don't know — SKIP to question 3

b. What year did the operations discontinue?

<input type="checkbox"/> 1992	<input type="checkbox"/> 1994
<input type="checkbox"/> 1993	<input type="checkbox"/> 1995

c. Which item below best describes the status of this business at the time the decision was made to cease operations?

<input type="checkbox"/> Successful — SKIP to question 3
<input type="checkbox"/> Unsuccessful

2d. Why was this business unsuccessful?

Mark all that apply.

- Inadequate cash flow or low sales
- Lack of access to business loans/credit
- Lack of access to personal loans/credit
- Other — Specify

3. What is your gender?

- Male
- Female

4a. What was your age as of December 31, 1992?

- | | |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Under 25 | <input type="checkbox"/> 45—54 |
| <input type="checkbox"/> 25—34 | <input type="checkbox"/> 55—64 |
| <input type="checkbox"/> 35—44 | <input type="checkbox"/> 65 or over |

b. Were you born in the United States?

- Yes
- No

5. What was your marital status —

On the date that you started/acquired this business?

- Never married
- Married
- Divorced/separated
- Widowed

As of December 31, 1992?

- Never married
- Married
- Divorced/separated
- Widowed

6a. What was your veteran status as of December 31, 1992?

- Not a veteran — SKIP to question 7
- Less than 6 months active duty — SKIP to question 6c
- 6 months or more active duty — Complete questions 6b and 6c

b. Was any of your active duty served during the Vietnam-era (i.e., any service between August 5, 1964 and May 7, 1975)?

- Yes
- No

c. Are you a disabled veteran?

- Yes
- No

7. Did you have health insurance from any source —

During 1992?

- Yes, through spouse's insurer
- Yes, through this business's insurer
- Yes, through another business's insurer
- Yes, through trade association's insurer
- Yes, through some other source
- No

During 1994?

- Yes, through spouse's insurer
- Yes, through this business's insurer
- Yes, through another business's insurer
- Yes, through trade association's insurer
- Yes, through some other source
- No

8a. How much schooling had you completed when you started/acquired this business? Mark ONE box only for the highest level completed or degree received.

- Less than 9th grade
- Some high school, but no diploma
- High school graduate — DIPLOMA or EQUIVALENT DIPLOMA (GED)
- Technical, trade, or vocational school
- Some college, but no degree
- Associate Degree
- Bachelor's Degree
- Master's Degree
- Professional School or Doctorate

b. If you attended college or other school beyond high school, what was your area of concentration?

- Architecture/Engineering
- Biological/Medical Science
- Business
- Computer Science
- Construction Trade/Industrial Arts
- Law and Legal Studies
- Liberal Arts/General Studies
- Mathematics
- Military Technologies
- Other college
- Other vocational

Continue with question 9a on page 3

9a. Prior to beginning/acquiring this business, had any of your close relatives ever owned a business OR been self-employed? (Close relatives refer to spouses, parents/guardians, brothers, sisters, or immediate family.)

- Yes
 No — SKIP to question 10a

b. If " Yes," did you work for any of these relatives?

- Yes
 No

10a. How many years of work experience did you have prior to starting/acquiring this business?

- None (did not work) — SKIP to question 11
 Less than 2 years
 2—5 years
 6—9 years
 10—19 years
 20 years or more

b. How many of those years did you work in a managerial capacity?

- None
 Less than 2 years
 2—5 years
 6—9 years
 10—19 years
 20 years or more
 Not sure

c. How many of those years were you an owner of another business?

- None
 Less than 2 years
 2—5 years
 6—9 years
 10—19 years
 20 years or more
 Not sure

d. Did you previously work for a business whose goods/service(s) were similar to those provided by this business?

- Yes
 No

11. What was YOUR total personal income — (Do not include income from spouse or other family members.)

For the year of 1992?
 Mark ONE box only.

- Less than \$5,000
 \$5,000—\$9,999
 \$10,000—\$14,999
 \$15,000—\$24,999
 \$25,000—\$34,999
 \$35,000—\$49,999
 \$50,000—\$74,999
 \$75,000—\$99,999
 \$100,000—\$149,999
 \$150,000 or more

For the year of 1994?
 Mark ONE box only.

- Less than \$5,000
 \$5,000—\$9,999
 \$10,000—\$14,999
 \$15,000—\$24,999
 \$25,000—\$34,999
 \$35,000—\$49,999
 \$50,000—\$74,999
 \$75,000—\$99,999
 \$100,000—\$149,999
 \$150,000 or more

12. What year was this business established?

- Before 1970
 1970—1979
 1980—1985
 1986—1988
 1989
 1990
 1991
 1992

13a. When did you acquire ownership of this business?

- Before 1970
 1970—1979
 1980—1985
 1986—1988
 1989
 1990
 1991
 1992

b. How did you acquire ownership of this business?

- Founded
 Received transfer of ownership/gift
 Purchased
 Inherited
 Other — Specify ↴

Continue with question 13c on page 4

13c. Which of the following most closely matches your reason for becoming an owner in this business?

Mark ONE box only.

- To have a primary source of income
- To have a secondary source of income
- To have work which conforms to my health limitations
- To have work not available elsewhere in the job market
- To have more freedom to meet family responsibilities
- To bring a new idea to the marketplace
- To advance in my profession
- To be my own boss
- Other — Specify

14a. What was the total amount of capital required to start/acquire this business? (Capital includes assets and money that were your own, that were given to you, and that you borrowed.)

- None — SKIP to question 15a
- Less than \$5,000
- \$5,000—\$9,999
- \$10,000—\$24,999
- \$25,000—\$49,999
- \$50,000—\$99,999
- \$100,000—\$249,999
- \$250,000—\$999,999
- \$1,000,000 or more

b. What percent of the total capital, by means of business and personal loans, did you borrow to start/acquire ownership of this business?

- | | |
|--|----------------------------------|
| <input type="checkbox"/> None — SKIP to question 14d | <input type="checkbox"/> 25%—49% |
| <input type="checkbox"/> Less than 10% | <input type="checkbox"/> 50%—74% |
| <input type="checkbox"/> 10%—24% | <input type="checkbox"/> 75%—99% |
| | <input type="checkbox"/> 100% |

c. What was the source(s) from which you received the money you borrowed? Mark all that apply.

- Business loan from banking or commercial lending institution
- Government-guaranteed business loan from banking or commercial lending institution
- Business loan from Federal, State or local government
- Business loan from investment company/profit or nonprofit private source
- Business loan from previous owner
- Business trade credit from supplier
- Other business loan
- Personal loan using your home mortgage/equity line of credit
- Personal credit card
- Personal loan from spouse
- Personal loan from family
- Other personal loan

14d. What was the source(s) of this business's non-borrowed capital? Mark all that apply.

- None — 100% borrowed capital
- Use of personal/family physical assets (building, motor vehicle, equipment, etc.)
- Proceeds from the sale of personal assets
- Personal/family savings
- Other — Specify

e. What measure(s) did you take if this business was producing inadequate cash flow or low sales after your initial investment of start-up/acquisition capital? Mark all that apply.

- Did not occur — SKIP to question 15a
- Relied upon own income from other business/job
- Invested additional capital
- Delayed payment to suppliers
- Received help from family
- Other — Specify

15a. How many weeks did you spend managing or working in this business —

During 1992?

- None
- Less than 12 weeks
- 12—23 weeks
- 24—35 weeks
- 36—47 weeks
- 48 weeks or more

During 1994?

- None
- Less than 12 weeks
- 12—23 weeks
- 24—35 weeks
- 36—47 weeks
- 48 weeks or more

b. What was the average number of hours per week you spent managing or working in this business —

During 1992?

- None
- Less than 10 hours
- 10—19 hours
- 20—29 hours
- 30—39 hours
- 40 hours
- 41—49 hours
- 50—59 hours
- 60 hours or more

During 1994?

- None
- Less than 10 hours
- 10—19 hours
- 20—29 hours
- 30—39 hours
- 40 hours
- 41—49 hours
- 50—59 hours
- 60 hours or more

Continue with question 16 on page 5

16. Did you receive any grants, management training, or technical assistance in the start-up or operation of this business from any of the following sources? Mark all that apply.

- No assistance received
- Federal government
- State and/or local government
- College or university
- Other business/franchisor
- Other — *Specify*

17a. What was this business's total sales/gross receipts —

For the Year of 1992?
Mark ONE box only.

- Less than \$5,000
- \$5,000—\$9,999
- \$10,000—\$24,999
- \$25,000—\$49,999
- \$50,000—\$99,999
- \$100,000—\$199,999
- \$200,000—\$249,999
- \$250,000—\$499,999
- \$500,000—\$999,999
- \$1,000,000 or more

For the Year of 1994?
Mark ONE box only.

- Less than \$5,000
- \$5,000—\$9,999
- \$10,000—\$24,999
- \$25,000—\$49,999
- \$50,000—\$99,999
- \$100,000—\$199,999
- \$200,000—\$249,999
- \$250,000—\$499,999
- \$500,000—\$999,999
- \$1,000,000 or more

b. Check any of the following categories if they accounted for 10% or more of this business's total sales of goods/services —

During 1992.

- Federal government
- State government
- Local government (including school districts, transportation authorities, etc.)
- Other business and/or corporations
- Individuals
- All others

During 1994.

- Federal government
- State government
- Local government (including school districts, transportation authorities, etc.)
- Other business and/or corporations
- Individuals
- All others

17c. Which geographic area(s) best describes the marketplace where this business's goods/services were sold — Mark all that apply.

During 1992?

- Neighborhood
- City/county
- Regional (adjoining counties and/or states)
- National
- International

During 1994?

- Neighborhood
- City/county
- Regional (adjoining counties and/or states)
- National
- International

d. What percent of the customers served by this business were WHITE and NOT of HISPANIC origin —

During 1992?

- Less than 10%
- 10%—24%
- 25%—49%
- 50%—74%
- 75% or more
- Don't know

During 1994?

- Less than 10%
- 10%—24%
- 25%—49%
- 50%—74%
- 75% or more
- Don't know

18a. What was this business's net profit (or net loss) BEFORE taxes as reported on your tax return — (Net profit or loss is defined as total sales/gross receipts minus total expenses.)

For the Year of 1992? Mark ONE box only.

- | NET PROFIT | NET LOSS |
|---|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> Less than \$10,000 |
| <input type="checkbox"/> \$10,000—\$24,999 | <input type="checkbox"/> \$10,000—\$24,999 |
| <input type="checkbox"/> \$25,000—\$99,999 | <input type="checkbox"/> \$25,000—\$99,999 |
| <input type="checkbox"/> \$100,000 or more | <input type="checkbox"/> \$100,000 or more |

For the Year of 1994? Mark ONE box only.

- | NET PROFIT | NET LOSS |
|---|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> Less than \$10,000 |
| <input type="checkbox"/> \$10,000—\$24,999 | <input type="checkbox"/> \$10,000—\$24,999 |
| <input type="checkbox"/> \$25,000—\$99,999 | <input type="checkbox"/> \$25,000—\$99,999 |
| <input type="checkbox"/> \$100,000 or more | <input type="checkbox"/> \$100,000 or more |

Continue with question 18b on page 6

18b. What percent of your total personal income was produced as a result of this business —
 (DO NOT include income from spouse or other family member.)

For the Year of 1992? Mark ONE box only.

- None
- Less than 10%
- 10%—24%
- 25%—49%
- 50%—74%
- 75%—99%
- 100%

For the Year of 1994? Mark ONE box only.

- None
- Less than 10%
- 10%—24%
- 25%—49%
- 50%—74%
- 75%—99%
- 100%

c. What was the impact of the following issues upon the profitability of this business —

During 1992? Mark ONE box for each of lines I—VIII.

	Strong positive impact	Minor positive impact	Neutral	Minor negative impact	Strong negative impact	Not applicable	Don't know
I. Health insurance costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Credit market conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. IRS regulations or penalties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. Environmental regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. The Americans with Disabilities Act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VI. The Occupational Safety and Health Act (OSHA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VII. Lack of financial capital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VIII. Crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During 1994? Mark ONE box for each of lines I—VIII.

	Strong positive impact	Minor positive impact	Neutral	Minor negative impact	Strong negative impact	Not applicable	Don't know
I. Health insurance costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Credit market conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. IRS regulations or penalties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. Environmental regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. The Americans with Disabilities Act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VI. The Occupational Safety and Health Act (OSHA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VII. Lack of financial capital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VIII. Crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19a. Did this business have any paid employees in 1992 or 1994?

- Yes — Continue with question 19b on page 7
- No — SKIP to question 20 on page 7

Continue on page 7

19b. What was this business's total employment —

During the pay period including March 12, 1992?

- No employees
- 1—4 employees
- 5—9 employees
- 10—19 employees
- 20—49 employees
- 50—99 employees
- 100 employees or more

During the pay period including March 12, 1994?

- No employees
- 1—4 employees
- 5—9 employees
- 10—19 employees
- 20—49 employees
- 50—99 employees
- 100 employees or more

c. Approximately what percent of this business's employees were WOMEN —

During the pay period including March 12, 1992?

- No women employees
- Less than 10%
- 10%—24%
- 25%—49%
- 50%—74%
- 75% or more
- Don't know

During the pay period including March 12, 1994?

- No women employees
- Less than 10%
- 10%—24%
- 25%—49%
- 50%—74%
- 75% or more
- Don't know

d. Approximately what percent of this business's employees (men and women) were WHITE and NOT of HISPANIC origin —

During the pay period including March 12, 1992?

- Less than 10%
- 10%—24%
- 25%—49%
- 50%—74%
- 75% or more
- Don't know

During the pay period including March 12, 1994?

- Less than 10%
- 10%—24%
- 25%—49%
- 50%—74%
- 75% or more
- Don't know

e. Did this business offer any retirement plan (profit sharing, employee stock ownership, pension, including 401(K), annuity, Keogh, SEP, etc.) to its employees —

During 1992?

- Yes
- No

During 1994?

- Yes
- No

f. Did this business offer any health plan to its employees in either 1992 or 1994?

- Yes, both in 1992 and 1994 — *SKIP to question 20*
- Yes, in 1992 only
- Yes, in 1994 only
- No, not in 1992 or 1994

19g. What was the main reason this business did not offer any health plan to its employees —

During 1992? Mark ONE box only.

- Costs/premiums were too high-priced
- Rejected by health insurers
- Dropped by this business's health insurer
- Not needed to attract or retain employees
- High full-/part-time employee turnover
- Administrative burden
- Not desired by employees
- Don't know
- Other — *Specify* _____

During 1994? Mark ONE box only.

- Costs/premiums were too high-priced
- Rejected by health insurers
- Dropped by this business's health insurer
- Not needed to attract or retain employees
- High full-/part-time employee turnover
- Administrative burden
- Not desired by employees
- Don't know
- Other — *Specify* _____

20. Was this business a franchise —

During 1992?

- Yes
- No

During 1994?

- Yes
- No

21a. Was this business operated primarily from or in a home — Mark ONE box in each time period.

When first established?

- Yes
- No
- Don't know

During 1992?

- Yes
- No

During 1994?

- Yes
- No

If you answered " No" to all three parts of question 21a, SKIP to question 21c on page 8.

Continue with question 21b on page 8

21b. During any of these time periods, which best describes the primary business use of this home?

Mark ONE box only.

- To produce goods/services on the premises
- To do clerical work (goods/services produced off the premises)
- To telecommute (outside employment doing office work at home)

c. Does the ZIP Code, referred to in the mailing label on page 1, indicate this business's actual physical location in 1992?

- Yes
- No — Please supply ZIP Code ↗

22. In which language(s) can this business conduct its transactions? Mark all that apply.

- | | | |
|----------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Hindi (Urdu) | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Italian | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> English | <input type="checkbox"/> Japanese | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> French | <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> German | <input type="checkbox"/> Polish | <input type="checkbox"/> Other — Specify |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Portuguese | |

23a. Were any of this business's total sales accounted for by exports outside the United States in 1992 or 1994?

- No — SKIP to question 24a on page 9
- Yes, only during 1992
- Yes, only during 1994
- Yes, during 1992 and 1994

Continue with question 23b



23b. What percent of this business's total sales were accounted for by exports outside the United States —

For the Year of 1992?
Mark ONE box only.

- Less than 1%
- 1%—9%
- 10%—24%
- 25%—49%
- 50%—74%
- 75%—99%
- 100%
- Don't know

For the Year of 1994?
Mark ONE box only.

- Less than 1%
- 1%—9%
- 10%—24%
- 25%—49%
- 50%—74%
- 75%—99%
- 100%
- Don't know

c. Check any of the following markets if they were the destination for 10% or more of this business's total exports —

During 1992.

- Africa
- Asia
- Australia/Oceania
- Canada
- Caribbean/Central America
- Europe
- Japan
- Mexico
- Middle East
- South America

During 1994.

- Africa
- Asia
- Australia/Oceania
- Canada
- Caribbean/Central America
- Europe
- Japan
- Mexico
- Middle East
- South America

Continue with question 23d



23d. Were any of the following agencies helpful in starting or increasing this business's exports?

Mark ONE box for each of lines I—VIII.

	Yes	No	Not contacted
I. International Trade Administration, U.S. Department of Commerce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Small Business Development Centers, Small Business Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. Minority Business Development Agency, U.S. Department of Commerce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. Export-Import Bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. State export promotion agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VI. Banking or commercial lending institutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VII. Accounting/consulting firms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VIII. Other — Specify ↗	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23e. How long had this business been involved in exporting before December 31, 1992?

Less than 1 year
 1—5 years
 6—10 years
 More than 10 years

24a. Is this business planning on starting or increasing its exports in the near future?

Yes
 No

b. Are the following issues important to this business's ability to export?

Mark ONE box for each of lines I—IX.

	Very important	Somewhat important	Not important	Not applicable	Don't know
I. Export financing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Information on export opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. Foreign trade restrictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. U.S. trade restrictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. Competition in the foreign market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VI. Price of this business's exports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VII. Dollar exchange rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VIII. Local environmental restrictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IX. Other — <i>Specify</i> ↗	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continue with question 24c

24c. Will this business's exports increase substantially as a result of the North American Free Trade Agreement —

To Canada?	To Mexico?
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No

d. Will this business relocate some of its production facilities as a result of the North American Free Trade Agreement —

To Canada?	To Mexico?
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No

PLEASE READ →

Please read

- If this business **had no paid employees** in either 1992 or 1994, please **SKIP to the Certification Box** at the bottom of page 11 of this report form.
- If there **were paid employees** in either 1992 or 1994, please **CONTINUE on page 10**.

The following questions relate to family or medical leave taken by employees. In this context, the terms "family leave" and "medical leave" have the same meaning as under the federal Family and Medical Leave Act (FMLA) of 1993 — a law that requires covered employers to provide unpaid, job-protected leave to employees (a) for their own serious health condition, including pregnancy and childbirth ("medical leave") and (b) to care for a newborn, newly-placed adopted or foster child, or seriously ill child, spouse, or parent ("family leave").

25. Is your business covered by the federal Family and Medical Leave Act (FMLA) of 1993?

- Yes
- No
- Have not heard of law
- Not sure whether law applies to my business

26. Did this business have 50 or more employees (including full-time and part-time employees, and those on leave of absence) on its payroll for 20 or more calendar workweeks —

- | During 1992? | During 1994? |
|------------------------------|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No | <input type="checkbox"/> No |

27. Approximately, what percentage of your total number of employees worked at least 1,250 hours per year —

- | During 1992? | During 1994? |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> 0% | <input type="checkbox"/> 0% |
| <input type="checkbox"/> Less than 1% | <input type="checkbox"/> Less than 1% |
| <input type="checkbox"/> 1%—4% | <input type="checkbox"/> 1%—4% |
| <input type="checkbox"/> 5%—9% | <input type="checkbox"/> 5%—9% |
| <input type="checkbox"/> 10%—24% | <input type="checkbox"/> 10%—24% |
| <input type="checkbox"/> 25%—49% | <input type="checkbox"/> 25%—49% |
| <input type="checkbox"/> 50%—74% | <input type="checkbox"/> 50%—74% |
| <input type="checkbox"/> 75%—100% | <input type="checkbox"/> 75%—100% |

28a. Did any employee of this business take family or medical leave —

- | During 1992? | During 1994? |
|------------------------------|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No | <input type="checkbox"/> No |

If you marked " No" for both years, SKIP to question 29 on page 11.

28b. How many employees took family or medical leave —

- | During 1992? | During 1994? |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 1—4 | <input type="checkbox"/> 1—4 |
| <input type="checkbox"/> 5—9 | <input type="checkbox"/> 5—9 |
| <input type="checkbox"/> 10—19 | <input type="checkbox"/> 10—19 |
| <input type="checkbox"/> 20—34 | <input type="checkbox"/> 20—34 |
| <input type="checkbox"/> 35—49 | <input type="checkbox"/> 35—49 |
| <input type="checkbox"/> 50—99 | <input type="checkbox"/> 50—99 |
| <input type="checkbox"/> 100—499 | <input type="checkbox"/> 100—499 |
| <input type="checkbox"/> 500 or more | <input type="checkbox"/> 500 or more |

c. Approximately, what percentage of the employees who took family or medical leave in either year were male —

- | During 1992? | During 1994? |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> 0% | <input type="checkbox"/> 0% |
| <input type="checkbox"/> Less than 1% | <input type="checkbox"/> Less than 1% |
| <input type="checkbox"/> 1%—4% | <input type="checkbox"/> 1%—4% |
| <input type="checkbox"/> 5%—9% | <input type="checkbox"/> 5%—9% |
| <input type="checkbox"/> 10%—24% | <input type="checkbox"/> 10%—24% |
| <input type="checkbox"/> 25%—49% | <input type="checkbox"/> 25%—49% |
| <input type="checkbox"/> 50%—74% | <input type="checkbox"/> 50%—74% |
| <input type="checkbox"/> 75%—100% | <input type="checkbox"/> 75%—100% |

d. What was the typical length, in weeks, of family or medical leave taken by an employee —

- | During 1992? | During 1994? |
|---|---|
| <input type="checkbox"/> Less than 1 week | <input type="checkbox"/> Less than 1 week |
| <input type="checkbox"/> 1 week | <input type="checkbox"/> 1 week |
| <input type="checkbox"/> 2 weeks | <input type="checkbox"/> 2 weeks |
| <input type="checkbox"/> 3—4 weeks | <input type="checkbox"/> 3—4 weeks |
| <input type="checkbox"/> 5—7 weeks | <input type="checkbox"/> 5—7 weeks |
| <input type="checkbox"/> 8—12 weeks | <input type="checkbox"/> 8—12 weeks |
| <input type="checkbox"/> More than 12 weeks | <input type="checkbox"/> More than 12 weeks |

Continue with question 29 on page 11

29. Was it necessary for this business to change its following leave policies and practices to comply with the federal Family and Medical Leave Act (FMLA) of 1993?

Mark ONE box for each of lines I—V.

	Yes	No
I. Leave by mothers to care for newborn child	<input type="checkbox"/>	<input type="checkbox"/>
II. Leave by fathers to care for newborn child	<input type="checkbox"/>	<input type="checkbox"/>
III. Leave for newly-placed adopted or foster child	<input type="checkbox"/>	<input type="checkbox"/>
IV. Leave for own serious health condition, including childbirth	<input type="checkbox"/>	<input type="checkbox"/>
V. Leave for care of seriously ill child, spouse, or parent	<input type="checkbox"/>	<input type="checkbox"/>

If you answered " No" to each of lines I—V, SKIP to the Certification Box at the bottom of this page; otherwise CONTINUE with question 30a.

30a. Did the changes in leave policies or practices required by the federal Family and Medical Leave Act (FMLA) of 1993 impose any NEW costs on this business in 1994?

Mark ONE box for each of lines I—IV.

	No	Less than \$5,000	\$5,000 — \$9,999	\$10,000 or more
I. Administrative costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Continuation of benefits (health plan, etc.) during leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. Hiring/training costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. Other costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Approximately, what percentage of 1994 annual payroll (as reported on line 1 of IRS Form W-3), including costs for salaries, bonuses, and this business's share of taxable employee benefits, does the above cost associated with the federal Family and Medical Leave Act (FMLA) of 1993 represent?

<input type="checkbox"/> 0%	<input type="checkbox"/> 5%—9%
<input type="checkbox"/> Less than 1%	<input type="checkbox"/> 10%—14%
<input type="checkbox"/> 1%—4%	<input type="checkbox"/> 15% or more

31. Have the changes in leave policies or practices required by the federal Family and Medical Leave Act (FMLA) of 1993 had any of the following effects on employees of this business?

Mark ONE box for each of lines I—V.

	Reduced	No noticeable effect	Increased
I. Unscheduled absences not related to family and medical leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Employee turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. Employee productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. Employee morale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. Employees' ability to handle family needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks

CERTIFICATION — Please print name of person responsible for completing this report.

Name	Telephone number (Include Area Code)
Signature	Date

QUESTIONS AND ANSWERS REGARDING THE 1992 CHARACTERISTICS OF BUSINESS OWNERS SURVEY

Why is this survey being taken?

To provide valuable data for comparing selected economic, demographic, and sociological characteristics of business owners, self-employed persons, and their businesses. This survey is part of the economic census program, which the Census Bureau is required to conduct every 5 years by law (Title 13 of the United States Code). The Census Bureau combines data from this survey with data from the 1992 Economic Census and presents them in the Characteristics of Business Owners publication. The published data describe business owners and self-employed persons, including their education, capital requirements, owner's work experience, workforce characteristics, and business characteristics.

Who uses the survey data?

Persons and institutions in both the public and private sectors extensively use these survey data. Accurate data regarding business ownership are critical to informed decision making by Federal, State, and local governments regarding business assistance programs. In addition, private companies and trade associations use the data to analyze trends; educators use them in teaching and research; and the media use them in news articles.

Why was I selected for this survey?

You are part of a small sample of business owners that we randomly selected to represent your type of business and geographic area. The use of a sample substantially limits the reporting burden on small businesses and reduces the survey cost; however, it also greatly increases the importance of receiving a report from each business selected.

What businesses are included in this survey?

Businesses were eligible to be selected for this survey if they reported any business activity on the 1992 Internal Revenue Service tax Form 1040, Schedule C, "Profit or Loss From Business" (Sole Proprietorship) or Schedule C-EZ, "Net Profit From a Business" (Sole Proprietorship).

Can I be paid for completing this report?

No. The law (Title 13 of the United States Code) that directs the Census Bureau to conduct the economic census and requires firms to report does not authorize payment for completing census reports. In addition, no funds have been appropriated for this purpose.

Is each survey response kept confidential?

Yes. By law, the Census Bureau cannot give individual responses to anyone (including government agencies) for any purpose. Survey responses are immune from legal action and exempt from the provisions of the Freedom of Information Act. Census Bureau publications summarize responses so that the confidentiality of respondents and their business activities is fully protected.

Why is the Census Bureau asking questions about 1992 and 1994?

The complete sample for this survey cannot be selected until all collected data from the 1992 Economic Census are available. Use of these data delays the mailout of this survey, but allows us to reduce significantly the number of survey questions and the survey cost. To determine the viability of businesses in existence in 1992 and to improve the timeliness of the Characteristics of Business Owners publication, business owners are being asked about their 1994 economic activities.

How can I get more information?

Call 1-800-354-7271 Monday through Friday, 8 a.m. to 5 p.m. eastern time. Our telephone staff can answer survey questions as well as provide you with additional forms and instructions.

Please send the questionnaire in the preaddressed return envelope. If you did not receive a return envelope, send the questionnaire to the Bureau of the Census, 1201 East 10th Street, Jeffersonville, IN 47134-0001.

We estimate it will take 30 minutes or less to complete this questionnaire. If you have any comments regarding these estimates or any other aspect of this survey, send them to the Associate Director for Administration, Paperwork Reduction Project 0640-0022, Room 3104, FB 3, Bureau of the Census, Washington, DC 20233; and to the Office of Management and Budget, Paperwork Reduction Project 0640-0022, Washington, DC 20503.



U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FORM

CBO-2

1992 ECONOMIC CENSUS CHARACTERISTICS OF BUSINESS OWNERS SURVEY PARTNERSHIP OR SUBCHAPTER S CORPORATION — BUSINESS CHARACTERISTICS

In correspondence pertaining to this report,
please refer to this Census File Number (CFN)

CBO-2

OMB No. 0640-0022; Approval Expires 08/31/96

DUE DATE: 15 DAYS AFTER RECEIPT OF FORM

Notice — Response to this inquiry is required by law (Title 13, U.S. Code). By the same law, your report to the Census Bureau is confidential. It may be seen only by sworn Census employees and may be used only for statistical purposes. The law also provides that copies retained in your files are immune from legal process.

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right.

Toll-free assistance, 8 a.m. to 5 p.m., eastern
time. Monday through Friday: 1-800-354-7271

Please correct errors in name, address, and ZIP Code. ENTER street and number if not shown.

INSTRUCTIONS — Please Read

The purpose of this questionnaire is to collect information about the characteristics of self-employed persons, business owners, and their business activities.

The term business in the following questions refers to the self-employment or business activity for which you filed one of the following IRS tax forms in 1992:

- a. Form 1065, "U.S. Partnership Return of Income"
- b. Form 1120S, "U.S. Income Tax Return for an S Corporation"

Examples of a business enterprise that should complete this questionnaire:

- A partnership, limited partnership, syndicate, group, pool, joint venture, or similar unincorporated business that was not a trust, estate, or sole proprietorship in 1992.
- A corporation that elected to be an S corporation by filing Form 2553, "Election by a Small Business Corporation;" the IRS accepted the election; and the election remained in effect during 1992.

The questions apply to business activities during all or part of calendar years 1992 and 1994 and must be completed even if the business has since been sold, reorganized, or discontinued or you are no longer self-employed.

If the information requested is not available, your best estimate is acceptable.

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.

Data provided by you will be used only for statistical purposes and will be kept strictly confidential.

IMPORTANT — How to Fill Out This Form

Please use a #2 black lead pencil. Most questions ask you to mark IN THE BOX, or to print the information. See **EXAMPLE** →

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--

PLEASE OPEN THIS BOOKLET AND BEGIN THE SURVEY WITH QUESTION 1.

1a. Is the business that was in existence in 1992, referred to in the mailing label on page 1, still operating?

- Yes — SKIP to question 2
- No
- Don't know — SKIP to question 2

b. What year did the operations discontinue?

- 1992 1994
- 1993 1995

c. Which item below best describes the status of this business at the time the decision was made to cease operations?

- Successful — SKIP to question 2
- Unsuccessful

d. Why was this business unsuccessful?

Mark all that apply.

- Inadequate cash flow or low sales
- Lack of access to business loans/credit
- Other — Specify ↴

2. What year was this business established?

- Before 1970 1989
- 1970—1979 1990
- 1980—1985 1991
- 1986—1988 1992

3a. What was the total amount of capital required to start/acquire this business? (Capital includes assets and money that were required of owners as well as those that the business borrowed.)

- None — SKIP to question 4 on page 3
- Less than \$5,000
- \$5,000—\$9,999
- \$10,000—\$24,999
- \$25,000—\$49,999
- \$50,000—\$99,999
- \$100,000—\$249,999
- \$250,000—\$999,999
- \$1,000,000 or more

b. What percent of the total capital, by means of business loans, was borrowed for this business's start-up/acquisition?

- None — SKIP to question 3d
- Less than 10%
- 10%—24%
- 25%—49%
- 50%—74%
- 75%—99%
- 100%

c. What was the source(s) from which this business received the money it borrowed?

Mark all that apply.

- Business loan from banking or commercial lending institution
- Government-guaranteed business loan from banking or commercial lending institution
- Business loan from Federal, State, or local government
- Business loan from investment company/profit or nonprofit private source
- Business loan from previous owner
- Business trade credit from supplier
- Other business loan

d. What was the source(s) of this business's non-borrowed capital?

Mark all that apply.

- None — 100% borrowed capital
- Use of partnership's/subchapter S corporation's business assets (building, motor vehicle, equipment, etc.)
- Proceeds from the sale of partnership's/subchapter S corporation's business assets
- Partnership's/subchapter S corporation's cash
- Other — Specify ↴

e. What measure(s) did this business take if it was producing inadequate cash flow or low sales after its initial investment of start-up/acquisition capital?

Mark all that apply.

- Did not occur — SKIP to question 4 on page 3
- Operated using existing cash reserves
- Invested additional capital
- Delayed payment to suppliers
- Other — Specify ↴

Continue with question 4 on page 3

4. Did this business receive any grants, management training, or technical assistance in its start-up or operation from any of the following sources?

Mark all that apply.

- No assistance received
- Federal government
- State and/or local government
- College or university
- Other business/franchisor
- Other — Specify

5a. What was this business's total sales/gross receipts —

For the year of 1992?

Mark ONE box only.

- Less than \$5,000
- \$5,000—\$9,999
- \$10,000—\$24,999
- \$25,000—\$49,999
- \$50,000—\$99,999
- \$100,000—\$199,999
- \$200,000—\$249,999
- \$250,000—\$499,999
- \$500,000—\$999,999
- \$1,000,000 or more

For the year of 1994?

Mark ONE box only.

- Less than \$5,000
- \$5,000—\$9,999
- \$10,000—\$24,999
- \$25,000—\$49,999
- \$50,000—\$99,999
- \$100,000—\$199,999
- \$200,000—\$249,999
- \$250,000—\$499,999
- \$500,000—\$999,999
- \$1,000,000 or more

b. Check any of the following categories if they accounted for 10% or more of this business's total sales of goods/services —

During 1992?

- Federal government
- State government
- Local government (including school districts, transportation authorities, etc.)
- Other businesses and/or corporations
- Individuals
- All others

During 1994?

- Federal government
- State government
- Local government (including school districts, transportation authorities, etc.)
- Other businesses and/or corporations
- Individuals
- All others

5c. Which geographic area(s) best describes the marketplace where this business's goods/services were sold —

During 1992?

Mark all that apply.

- Neighborhood
- City/county
- Regional (adjoining counties and/or states)
- National
- International

During 1994?

Mark all that apply.

- Neighborhood
- City/county
- Regional (adjoining counties and/or states)
- National
- International

d. What percent of the customers served by this business were WHITE and NOT of HISPANIC origin —

During 1992?

- Less than 10%
- 10%—24%
- 25%—49%
- 50%—74%
- 75% or more
- Don't know

During 1994?

- Less than 10%
- 10%—24%
- 25%—49%
- 50%—74%
- 75% or more
- Don't know

6a. What was this business's net profit (OR net loss) BEFORE taxes (as reported on its tax return) — (Net profit or net loss is defined as total sales/gross receipts minus total expenses.)

For the year of 1992? Mark ONE box only.

NET PROFIT

- Less than \$10,000
- \$10,000—\$24,999
- \$25,000—\$99,999
- \$100,000 or more

NET LOSS

- Less than \$10,000
- \$10,000—\$24,999
- \$25,000—\$99,999
- \$100,000 or more

For the year of 1994? Mark ONE box only.

NET PROFIT

- Less than \$10,000
- \$10,000—\$24,999
- \$25,000—\$99,999
- \$100,000 or more

NET LOSS

- Less than \$10,000
- \$10,000—\$24,999
- \$25,000—\$99,999
- \$100,000 or more

Continue with question 6b on page 4

6b. What was the impact of the following issues upon the profitability of this business —

During 1992? Mark ONE box for each of lines I—VIII.

	Strong positive impact	Minor positive impact	Neutral	Minor negative impact	Strong negative impact	Not applicable	Don't know
I. Health insurance costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Credit market conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. IRS regulations or penalties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. Environmental regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. The Americans with Disabilities Act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VI. The Occupational Safety and Health Act (OSHA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VII. Lack of financial capital			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VIII. Crime			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During 1994? Mark ONE box for each of lines I—VIII.

	Strong positive impact	Minor positive impact	Neutral	Minor negative impact	Strong negative impact	Not applicable	Don't know
I. Health insurance costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Credit market conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. IRS regulations or penalties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. Environmental regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. The Americans with Disabilities Act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VI. The Occupational Safety and Health Act (OSHA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VII. Lack of financial capital			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VIII. Crime			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7a. Did this business have any paid employees in 1992 or 1994?

- Yes
 No — SKIP to question 8 on page 5

b. What was this business's total employment —

During the pay period including March 12, 1992?

- No employees
 1—4 employees
 5—9 employees
 10—19 employees
 20—49 employees
 50—99 employees
 100 employees or more

During the pay period including March 12, 1994?

- No employees
 1—4 employees
 5—9 employees
 10—19 employees
 20—49 employees
 50—99 employees
 100 employees or more

Continue with question 7c

7c. Approximately what percent of this business's employees were WOMEN —

During the pay period including March 12, 1992?

- No women employees
 Less than 10%
 10%—24%
 25%—49%
 50%—74%
 75% or more
 Don't know

During the pay period including March 12, 1994?

- No women employees
 Less than 10%
 10%—24%
 25%—49%
 50%—74%
 75% or more
 Don't know

Continue with question 7d on page 5

7d. Approximately what percent of this business's employees (men and women) were WHITE and NOT of HISPANIC origin —

During the pay period including March 12, 1992?

- Less than 10%
- 10%—24%
- 25%—49%
- 50%—74%
- 75% or more
- Don't know

During the pay period including March 12, 1994?

- Less than 10%
- 10%—24%
- 25%—49%
- 50%—74%
- 75% or more
- Don't know

e. Did this business offer any retirement plan (profit sharing, employee stock ownership, pension, including 401(k), annuity, Keogh, SEP, etc.) to its employees —

During 1992?

- Yes
- No

During 1994?

- Yes
- No

f. Did this business offer any health plan to its employees in either 1992 or 1994?

- Yes, both in 1992 and 1994 — *SKIP to question 8*
- Yes, in 1992 only
- Yes, in 1994 only
- No, not in 1992 or 1994

g. What was the main reason this business did not offer any health plan to its employees —

During 1992?

Mark ONE box only.

- Costs/premiums were too high-priced
- Rejected by health insurers
- Dropped by this business's health insurer
- Not needed to attract or retain employees
- High full-/part-time employee turnover
- Administrative burden
- Not desired by employees
- Don't know
- Other — *Specify* ↘

Continue with question 7g →

7g. Continued

During 1994?

Mark ONE box only.

- Costs/premiums were too high-priced
- Rejected by health insurers
- Dropped by this business's health insurer
- Not needed to attract or retain employees
- High full-/part-time employee turnover
- Administrative burden
- Not desired by employees
- Don't know
- Other — *Specify* ↘

8. Was more than 50% of this business owned or controlled by close relatives — (Close relatives refer to spouses, parents/guardians, brothers, sisters, or immediate family.)

During 1992?

- Yes
- No

During 1994?

- Yes
- No

9. Was this business a franchise —

During 1992?

- Yes
- No

During 1994?

- Yes
- No

10a. Was this business operated primarily from or in a home —

When first established?

- Yes
- No
- Don't know

During 1992?

- Yes
- No

During 1994?

- Yes
- No

If you answered " No" to all three questions, SKIP to question 10c on page 6.

Continue with question 10b on page 6

10b. During any of these time periods, which best describes the primary business use of this home?

Mark ONE box only.

- To produce goods/services on the premises
- To do clerical work (goods/services produced off the premises)
- To telecommute (outside employment doing office work at home)

c. Does the ZIP Code, referred to in the mailing label on page 1, indicate this business's actual physical location in 1992?

- Yes
- No — Please supply ZIP Code ↘

11. In which language(s) can this business conduct its transactions?

Mark all that apply.

- Arabic
- Chinese
- English
- French
- German
- Greek
- Hindi (Urdu)
- Italian
- Japanese
- Korean
- Polish
- Portuguese
- Russian
- Spanish
- Tagalog
- Vietnamese
- Other — Specify ↘

Continue with question 12a →

12a. Were any of this business's total sales accounted for by exports outside the United States in 1992 or 1994?

- No — SKIP to question 13a on page 7
- Yes, only during 1992
- Yes, only during 1994
- Yes, during 1992 and 1994

b. What percent of this business's total sales were accounted for by exports outside the United States —

For the year 1992?

Mark ONE box only.

- Less than 1%
- 1%—9%
- 10%—24%
- 25%—49%
- 50%—74%
- 75%—99%
- 100%
- Don't know

For the year 1994?

Mark ONE box only.

- Less than 1%
- 1%—9%
- 10%—24%
- 25%—49%
- 50%—74%
- 75%—99%
- 100%
- Don't know

c. Check any of the following markets if they were the destination for 10% or more of this business's total exports —

During 1992.

- Africa
- Asia
- Australia/Oceania
- Canada
- Caribbean/Central America
- Europe
- Japan
- Mexico
- Middle East
- South America

During 1994.

- Africa
- Asia
- Australia/Oceania
- Canada
- Caribbean/Central America
- Europe
- Japan
- Mexico
- Middle East
- South America

Continue with question 12d on page 7

12d. Were any of the following agencies helpful in starting or increasing this business's exports?

Mark ONE box for each of lines I—VIII.

	Yes	No	Not contacted
I. International Trade Administration, U.S. Department of Commerce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Small Business Development Centers, Small Business Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. Minority Business Development Agency, U.S. Department of Commerce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. Export-Import Bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. State export promotion agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VI. Banking or commercial lending institutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VII. Accounting/consulting firms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VIII. Other — <i>Specify</i> ↗	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

e. How long had this business been involved in exporting before December 31, 1992?

Less than 1 year

1—5 years

6—10 years

More than 10 years

13a. Is this business planning on starting or increasing its exports in the near future?

Yes

No

b. Are the following issues important to this business's ability to export?

Mark ONE box for each of lines I—IX.

	Very important	Somewhat important	Not important	Not applicable	Don't know
I. Export financing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Information on export opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. Foreign trade restrictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. U.S. trade restrictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. Competition in the foreign market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VI. Price of this business's exports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VII. Dollar exchange rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VIII. Local environmental restrictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IX. Other — <i>Specify</i> ↗	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continue with question 13c on page 8

13c. Will this business's exports increase substantially as a result of the North American Free Trade Agreement —

To Canada?	To Mexico?
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No

d. Will this business relocate some of its production facilities as a result of the North American Free Trade Agreement —

To Canada?	To Mexico?
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No

Please read

- If this business **had no paid employees** in either 1992 or 1994, please **SKIP to the Certification Box** on page 10 of this report form.
- If there **were paid employees** in either 1992 or 1994, please **CONTINUE with question 14.**

The following questions relate to family or medical leave taken by employees. In this context, the terms "family leave" and "medical leave" have the same meaning as under the federal Family and Medical Leave Act (FMLA) of 1993 — a law that requires covered employers to provide unpaid, job-protected leave to employees (a) for their own serious health condition, including pregnancy and childbirth ("medical leave") and (b) to care for a newborn, newly-placed adopted or foster child, or seriously ill child, spouse, or parent ("family leave").

14. Is your business covered by the federal Family and Medical Leave Act (FMLA) of 1993?

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Have not heard of law
<input type="checkbox"/> Not sure whether law applies to my business

15. Did this business have 50 or more employees (including full-time and part-time employees, and those on leave of absence) on its payroll for 20 or more calendar workweeks —

During 1992?	During 1994?
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No

16. Approximately, what percentage of your total number of employees worked at least 1,250 hours per year —

During 1992?	During 1994?
<input type="checkbox"/> 0%	<input type="checkbox"/> 0%
<input type="checkbox"/> Less than 1%	<input type="checkbox"/> Less than 1%
<input type="checkbox"/> 1%—4%	<input type="checkbox"/> 1%—4%
<input type="checkbox"/> 5%—9%	<input type="checkbox"/> 5%—9%
<input type="checkbox"/> 10%—24%	<input type="checkbox"/> 10%—24%
<input type="checkbox"/> 25%—49%	<input type="checkbox"/> 25%—49%
<input type="checkbox"/> 50%—74%	<input type="checkbox"/> 50%—74%
<input type="checkbox"/> 75%—100%	<input type="checkbox"/> 75%—100%

17a. Did any employee of this business take family or medical leave —

During 1992?	During 1994?
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No

If you marked " No" for both years, SKIP to question 18 on page 9.

b. How many employees took family or medical leave —

During 1992?	During 1994?
<input type="checkbox"/> 1—4	<input type="checkbox"/> 1—4
<input type="checkbox"/> 5—9	<input type="checkbox"/> 5—9
<input type="checkbox"/> 10—19	<input type="checkbox"/> 10—19
<input type="checkbox"/> 20—34	<input type="checkbox"/> 20—34
<input type="checkbox"/> 35—49	<input type="checkbox"/> 35—49
<input type="checkbox"/> 50—99	<input type="checkbox"/> 50—99
<input type="checkbox"/> 100—499	<input type="checkbox"/> 100—499
<input type="checkbox"/> 500 or more	<input type="checkbox"/> 500 or more

c. Approximately, what percentage of the employees who took family or medical leave in either year were male —

During 1992?	During 1994?
<input type="checkbox"/> 0%	<input type="checkbox"/> 0%
<input type="checkbox"/> Less than 1%	<input type="checkbox"/> Less than 1%
<input type="checkbox"/> 1%—4%	<input type="checkbox"/> 1%—4%
<input type="checkbox"/> 5%—9%	<input type="checkbox"/> 5%—9%
<input type="checkbox"/> 10%—24%	<input type="checkbox"/> 10%—24%
<input type="checkbox"/> 25%—49%	<input type="checkbox"/> 25%—49%
<input type="checkbox"/> 50%—74%	<input type="checkbox"/> 50%—74%
<input type="checkbox"/> 75%—100%	<input type="checkbox"/> 75%—100%

Continue with question 17d on page 9

17d. What was the typical length, in weeks, of family or medical leave taken by an employee —

During 1992?	During 1994?
<input type="checkbox"/> Less than 1 week	<input type="checkbox"/> Less than 1 week
<input type="checkbox"/> 1 week	<input type="checkbox"/> 1 week
<input type="checkbox"/> 2 weeks	<input type="checkbox"/> 2 weeks
<input type="checkbox"/> 3—4 weeks	<input type="checkbox"/> 3—4 weeks
<input type="checkbox"/> 5—7 weeks	<input type="checkbox"/> 5—7 weeks
<input type="checkbox"/> 8—12 weeks	<input type="checkbox"/> 8—12 weeks
<input type="checkbox"/> More than 12 weeks	<input type="checkbox"/> More than 12 weeks

18. Was it necessary for this business to change its following leave policies and practices to comply with the federal Family and Medical Leave Act (FMLA) of 1993?

Mark ONE box for each of lines I—V.

	Yes	No
I. Leave by mothers to care for newborn child	<input type="checkbox"/>	<input type="checkbox"/>
II. Leave by fathers to care for newborn child	<input type="checkbox"/>	<input type="checkbox"/>
III. Leave for newly-placed adopted or foster child	<input type="checkbox"/>	<input type="checkbox"/>
IV. Leave for own serious health condition, including childbirth	<input type="checkbox"/>	<input type="checkbox"/>
V. Leave for care of seriously ill child, spouse, or parent	<input type="checkbox"/>	<input type="checkbox"/>

If you answered " No" to each of lines I—V, SKIP to the Certification box on page 10; otherwise, please continue with question 19a.

19a. Did the changes in leave policies or practices required by the federal Family and Medical Leave Act (FMLA) of 1993 impose any NEW costs on this business in 1994?

Mark ONE box for each of lines I—IV.

	No	Less than \$5,000	\$5,000 — \$9,999	\$10,000 or more
I. Administrative costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Continuation of benefits (health plan, etc.) during leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. Hiring/training costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. Other costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Approximately, what percentage of 1994 annual payroll (as reported on line 1 of IRS Form W-3), including costs for salaries, bonuses, and this business's share of taxable employee benefits does the above cost associated with the federal Family and Medical Leave Act (FMLA) of 1993 represent?

<input type="checkbox"/> 0%
<input type="checkbox"/> Less than 1%
<input type="checkbox"/> 1%—4%
<input type="checkbox"/> 5%—9%
<input type="checkbox"/> 10%—14%
<input type="checkbox"/> 15% or more

Continue with question 20 on page 10

20. Have the changes in leave policies or practices required by the federal Family and Medical Leave Act (FMLA) of 1993 had any of the following effects on employees of this business?

Mark ONE box for each of lines I—V.

	Reduced	No noticeable effect	Increased
I. Unscheduled absences not related to family and medical leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Employee turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. Employee productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. Employee morale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. Employees' ability to handle family needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks

Please send the questionnaire in the preaddressed return envelope. If you did not receive a return envelope, send the questionnaire to the Bureau of the Census, 1201 East 10th Street, Jeffersonville, IN 47134-0001.

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.

CERTIFICATION — Please print name of person responsible for completing this report.

Name

Telephone number (Include Area Code)

Signature

Date

QUESTIONS AND ANSWERS REGARDING THE 1992 CHARACTERISTICS OF BUSINESS OWNERS SURVEY

Why is this survey being taken?

To provide valuable data for comparing selected economic, demographic, and sociological characteristics of business owners, self-employed persons, and their businesses. This survey is part of the economic census program, which the Census Bureau is required to conduct every 5 years by law (Title 13 of the United States Code). The Census Bureau combines data from this survey with data from the 1992 Economic Census and presents them in the Characteristics of Business Owners publication. The published data describe business owners and self-employed persons, including their education, capital requirements, owner's work experience, workforce characteristics, and business characteristics.

Who uses the survey data?

Persons and institutions in both the public and private sectors extensively use these survey data. Accurate data regarding business ownership are critical to informed decision making by Federal, State, and local governments regarding business assistance programs. In addition, private companies and trade associations use the data to analyze trends; educators use them in teaching and research; and the media use them in news articles.

Why was I selected for this survey?

You are part of a small sample of businesses that we randomly selected to represent your type of business and geographic area. The use of a sample substantially limits the reporting burden on small businesses and reduces the survey cost; however, it also greatly increases the importance of receiving a report from each business selected.

What businesses are included in this survey?

Businesses were eligible to be selected for this survey if they reported any business activity on the 1992 Internal Revenue Service tax form 1065, "U.S. Partnership Return of Income," or form 1120S, "U.S. Income Tax Return for an S Corporation". To survey its owner characteristics, each selected business is being asked to distribute respectively the Characteristics of Business Owner Survey Form CBO-3 to those partners or shareholders who received a 1992 IRS form 1065, Schedule K-1, "Partner's Share of Income, Credits, Deductions, etc." or form 1120S, Schedule K-1, "Shareholder's Share of Income, Credits, Deductions, etc.".

Can I be paid for completing this report?

No. The law (Title 13 of the United States Code) that directs the Census Bureau to conduct the economic census and requires firms to report does not authorize payment for completing census reports. In addition, no funds have been appropriated for this purpose.

Is each survey response kept confidential?

Yes. By law, the Census Bureau cannot give individual responses to anyone (including government agencies) for any purpose. Survey responses are immune from legal action and exempt from the provisions of the Freedom of Information Act. Census Bureau publications summarize responses so that the confidentiality of respondents and their business activities is fully protected.

Why is the Census Bureau asking questions about 1992 and 1994?

The complete sample for this survey cannot be selected until all collected data from the 1992 Economic Census are available. Use of these data delays the mailout of this survey, but allows us to reduce significantly the number of survey questions and the survey cost. To determine the viability of businesses in existence in 1992 and to improve the timeliness of the Characteristics of Business Owners publication, business owners are being asked about their 1994 economic activities.

How can I get more information?

Call 1-800-354-7271 Monday through Friday, 8 a.m. to 5 p.m. eastern time. Our telephone staff can answer survey questions as well as provide you with additional forms and instructions.

We estimate it will take 30 minutes or less to complete this questionnaire. If you have any comments regarding these estimates or any other aspect of this survey, send them to the Associate Director for Administration, Paperwork Reduction Project 0640-0022, Room 3104, FB 3, Bureau of the Census, Washington, DC 20233; and to the Office of Management and Budget, Paperwork Reduction Project 0640-0022, Washington, DC 20503.



U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FORM
CBO-3

**1992 ECONOMIC CENSUS
CHARACTERISTICS OF BUSINESS OWNERS SURVEY
PARTNERSHIP OR SUBCHAPTER S CORPORATION - OWNER CHARACTERISTICS**

In correspondence pertaining to this report,
please refer to this Census File Number (CFN)

OMB No. 0640-0022; Approval Expires 08/31/96

CBO-3

DUE DATE: 15 DAYS AFTER RECEIPT OF FORM

Notice — Response to this inquiry is required by law (Title 13, U.S. Code). By the same law, your report to the Census Bureau is **confidential**. It may be seen only by sworn Census employees and may be used only for statistical purposes. The law also provides that copies retained in your files are immune from legal process.

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right.

Toll-free assistance, 8 a.m. to 5 p.m., eastern time. Monday through Friday: 1-800-354-7271

Please correct errors in name, address, and ZIP Code. ENTER street and number if not shown.

INSTRUCTIONS — Please Read

The purpose of this questionnaire is to collect information about the characteristics of self-employed persons, business owners, and their business activities. The term business in the following questions refers to the self-employment or business activity for which you filed one of the following IRS tax forms in 1992:

- a. Schedule K-1 (Form 1065) "Partner's Share of Income, Credits, Deductions, etc.", or
 - b. Schedule K-1 (Form 1120S) "Shareholder's Share of Income, Credits, Deductions, etc."
- Examples of a person, considered a business owner, who should complete this questionnaire:

- A member in a partnership, limited partnership, syndicate, group, pool, joint venture or similar unincorporated business that was not a trust, estate, or sole proprietorship in 1992.
- A shareholder in a corporation that elected to be an S corporation by filing Form 2553, "Election by a Small Business Corporation", the IRS accepted the election, and the election remained in effect during 1992.

The questions apply to business activities during all or part of calendar years 1992 and 1994 and must be completed even if the business has since been sold, reorganized, or discontinued or you are no longer self-employed. For a child who is a shareholder, the child's parent or guardian must complete the questions for the child.

If the information requested is not available, your best estimate is acceptable.

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.

Data provided by you will be used only for statistical purposes and will be kept strictly confidential.

IMPORTANT — How to Fill Out This Form

Please use a #2 black lead pencil. Most questions ask you to mark IN THE BOX, or to print the information. See **EXAMPLE**

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--

PLEASE TURN THIS BOOKLET OVER AND BEGIN THE SURVEY WITH QUESTION 1a.

Please read the instructions on page 1 of this booklet and BEGIN the survey with question 1a below.

1a. Do you still share ownership in the same business, referred to in the mailing label on page 1, that you owned in 1992?

Yes — SKIP to question 2 No

b. What year did your ownership end?

1992 1994
 1993 1995

c. Mark the item below which best describes the change in ownership and complete the questionnaire for the business you owned in 1992.

Sold
 Transferred ownership/gift
 Business no longer exists

2. What is your gender?

Male Female

3a. What was your age as of December 31, 1992?

Under 25 45—54
 25—34 55—64
 35—44 65 or older

b. Were you born in the United States?

Yes No

4. What was your marital status —

On the date that you started/ acquired ownership or your portion of the ownership of this business?

Never married Divorced/separated
 Married Widowed

As of December 31, 1992?

Never married Divorced/separated
 Married Widowed

5a. What was your veteran status as of December 31, 1992?

Not a veteran — SKIP to question 6
 Less than 6 months active duty — SKIP to question 5c
 6 months or more active duty — Complete questions 5b and 5c

b. Was any of your active duty served during the Vietnam-era (i.e., any service between August 5, 1964 and May 7, 1975)?

Yes No

c. Are you a disabled veteran?

Yes No

6. Did you have health insurance from any source —

During 1992?

Yes, through spouse's insurer
 Yes, through this business's insurer
 Yes, through another business's insurer
 Yes, through trade association's insurer
 Yes, through some other source
 No

During 1994?

Yes, through spouse's insurer
 Yes, through this business's insurer
 Yes, through another business's insurer
 Yes, through trade association's insurer
 Yes, through some other source
 No

7a. How much schooling had you completed when you started/acquired your portion of this business?

Mark ONE box for the highest level completed or degree received.

Less than 9th grade Some college, but no degree
 Some high school, but no diploma Associate Degree
 High school graduate — DIPLOMA or EQUIVALENT DIPLOMA (GED) Bachelor's Degree
 Technical, trade, or vocational school Master's Degree
 Professional School or Doctorate

b. If you attended college or other school beyond high school, what was your area of concentration?

Architecture/Engineering Liberal Arts/General Studies
 Biological/Medical Science Mathematics
 Business Military Technologies
 Computer Science Other college
 Construction Trade/Industrial Arts Other vocational
 Law and Legal Studies

8a. Prior to beginning/acquiring this business, had any of your close relatives ever owned a business OR been self-employed? (Close relatives refer to spouses, parents/guardians, brothers, sisters, or immediate family.)

Yes No — SKIP to question 9a

b. If "Yes", did you work for any of these relatives?

Yes No

9a. How many years of work experience did you have prior to starting/acquiring your portion of this business?

None (did not work) — SKIP to question 10a
 Less than 2 years
 2—5 years
 6—9 years
 10—19 years
 20 years or more

b. How many of those years did you work in a managerial capacity?

None
 Less than 2 years
 2—5 years
 6—9 years
 10—19 years
 20 years or more
 Not sure

c. How many of those years were you an owner of another business?

None
 Less than 2 years
 2—5 years
 6—9 years
 10—19 years
 20 years or more
 Not sure

d. Did you previously work for a business whose goods/service(s) were similar to those provided by this business?

Yes No

10a. What was YOUR total personal income — (Do NOT include income from spouse or other family members.)

For the year of 1992? Mark ONE box only.

Less than \$5,000
 \$5,000—\$9,999
 \$10,000—\$14,999
 \$15,000—\$24,999
 \$25,000—\$34,999
 \$35,000—\$49,999
 \$50,000—\$74,999
 \$75,000—\$99,999
 \$100,000—\$149,999
 \$150,000 or more

For the year of 1994? Mark ONE box only.

Less than \$5,000
 \$5,000—\$9,999
 \$10,000—\$14,999
 \$15,000—\$24,999
 \$25,000—\$34,999
 \$35,000—\$49,999
 \$50,000—\$74,999
 \$75,000—\$99,999
 \$100,000—\$149,999
 \$150,000 or more

10b. What percent of your total personal income was produced as a result of this business —

For the year of 1992?

None
 Less than 10%
 10%—24%
 25%—49%
 50%—74%
 75%—99%
 100%

For the year of 1994?

None
 Less than 10%
 10%—24%
 25%—49%
 50%—74%
 75%—99%
 100%

11a. When did you acquire the ownership or your portion of the ownership in this business?

Before 1970
 1970—1979
 1980—1985
 1986—1988
 1989
 1990
 1991
 1992

b. How did you acquire ownership in this business?

Founded
 Purchased
 Inherited
 Received transfer of ownership/gift
 Other — Specify

c. Which of the following most closely matches your reason for becoming an owner in this business?

Mark ONE box only.

To have a primary source of income
 To have a secondary source of income
 To have work which conforms to my health limitations
 To have work not available elsewhere in the job market
 To have more freedom to meet family responsibilities
 To bring a new idea to the marketplace
 To advance in my profession
 To be my own boss
 Other — Specify

12a. What was the total amount of capital required to start/acquire your portion of the ownership in this business? (Capital includes assets and money that were your own, that were given to you, and that you borrowed.)

None — SKIP to question 13a on page 4
 Less than \$5,000
 \$5,000—\$9,999
 \$10,000—\$24,999
 \$25,000—\$49,999
 \$50,000—\$99,999
 \$100,000—\$249,999
 \$250,000—\$999,999
 \$1,000,000 or more

Continue with question 12b on page 4

Continue with question 10b

12b. What percent of the total capital, by means of personal loans, did you borrow to start/acquire your portion of the ownership of this business?

- None — SKIP to question 12d 25%—49% 100%
- Less than 10% 50%—74%
- 10%—24% 75%—99%

c. What was the source(s) from which you received the money you borrowed?
Mark all that apply.

- Personal loan using your home mortgage/equity line of credit Personal loan from family
- Personal credit card Other personal loan
- Personal loan from spouse

d. What was the source(s) of your non-borrowed capital? Mark all that apply.

- None — 100% borrowed capital Personal/family savings
- Use of personal/family physical assets (building, motor vehicle, equipment, etc.) Other — Specify
- Proceeds from the sale of personal assets

e. What measure(s) did you take if this business was producing inadequate cash flow or low sales after your initial investment of start-up/acquisition capital? Mark all that apply.

- Did not occur — SKIP to question 13a Received help from family
- Relied upon own income from other business/job Other — Specify
- Invested additional capital

13a. How many weeks did you spend managing or working in this business —

- During 1992?**
- None 24—35 weeks
 - Less than 12 weeks 36—47 weeks
 - 12—23 weeks 48 weeks or more

- During 1994?**
- None 24—35 weeks
 - Less than 12 weeks 36—47 weeks
 - 12—23 weeks 48 weeks or more

Continue with question 13b

b. What was the average number of hours per week you spent managing or working in this business —

- During 1992?**
- None 40 hours
 - Less than 10 hours 41—49 hours
 - 10—19 hours 50—59 hours
 - 20—29 hours 60 hours or more
 - 30—39 hours

- During 1994?**
- None 40 hours
 - Less than 10 hours 41—49 hours
 - 10—19 hours 50—59 hours
 - 20—29 hours 60 hours or more
 - 30—39 hours

14. Did you receive any grants, management training, or technical assistance in the start-up or operation of this business from any of the following sources? Mark all that apply.

- No assistance received Other business/franchisor
- Federal government Other — Specify
- State and/or local government
- College or university

Remarks

PLEASE DETACH LETTER ALONG PERFORMANCE BEFORE MAILING.
Send the questionnaire in the preaddressed return envelope. If you did not receive a return envelope, send the questionnaire to the Bureau of the Census, 1201 East 10th Street, Jeffersonville, IN 47134-0001.

CERTIFICATION — Please print name of person responsible for completing this report.

Name _____ Telephone number (Include Area Code) _____
Signature _____ Date _____