



FORM
NC-9926
(1997)

1997 ECONOMIC CENSUS CLASSIFICATION REPORT

OMB No. 0607-0843: Approval Expires 12/31/98

An Office of Management and Budget (OMB) control number is printed in the upper right corner of this form. If OMB number is not shown on this questionnaire, this survey is invalid. We estimate that it will take 5 minutes to complete this questionnaire. If you have any comments regarding these estimates or other aspects of this survey, send them to the Associate Director for Administration, Attn: Paperwork Reduction Project 0607-0000, Room 3104, FB-3, Bureau of the Census, Washington, DC 20233-3600.

**DUE DATE: 30 DAYS AFTER
RECEIPT OF FORM**

Return your completed form to:

**BUREAU OF THE CENSUS
1201 East Tenth Street
Jeffersonville, IN 47132-0001**

FROM THE DIRECTOR
BUREAU OF THE CENSUS

We need to put firms like yours into the right industry for the 1997 Economic Census. Economic data are essential to business and government decision making, and reliable data for your business require accurate industry classifications.

Please complete the back of this form and return it within 30 days. We recognize that providing this information is a burden and have worked hard to minimize it. Since the form requests no operating data, it should only take a few minutes to complete.

Your response is required by law (Title 13, United States Code). By the same law, your response is confidential. Only sworn Census Bureau employees will see your form, and we will use it only for statistical purposes.

Thank you in advance for your cooperation.

Sincerely,

A handwritten signature in cursive script that reads "Martha Farnsworth Riche".

Martha Farnsworth Riche

P.S. Learn more about the 1997 Economic Census on the Internet – <http://www.census.gov>

Item 1. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) shown in the label the SAME as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 Yes
 No – Report current (9 digits) EIN →

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Item 2. PHYSICAL LOCATION – (Answer a through 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.?

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

095 Yes No legal boundaries 096 City, village, or borough Other — Specify _____
 No Do not know Town or township Do not know

d. In what county is this establishment 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 Manufacturing Other – Specify activity _____

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

Item 4. 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			