



1997 ECONOMIC CENSUS

MISCELLANEOUS RENTAL AND LEASING

DUE DATE ▶ **FEBRUARY 12, 1998**

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

FI-6506

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 followup correspondence.

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 1 Yes 2 No – Report current EIN 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** report

• Preferred
Acceptable

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

Item 4. DOLLAR VOLUME OF REVENUE

Bil. Mil. Thou. Dol.

010

Revenue in 1997

Item 5. PAYROLL

Mil. Thou. Dol.

030

Payroll in 1997, 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, 1997
(Include both full- and part-time employees)

Item 7. LEGAL FORM OF ORGANIZATION

Mark (X) the **ONE** box which best describes this establishment during 1997.

- 003 1 Individual proprietorship
 2 Partnership
 5 Government – Specify _____
 0 Corporation
 0 Subchapter "S" 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 boundaries

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 (e.g., Dade County) is this establishment physically located?

Item 3. OPERATIONAL STATUS Number of months

a. How many months during 1997 was this establishment actively operated?

002

b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.

Note: Complete the remainder of this report for the period operated even if the establishment ceased operation during 1997.

- 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 WITH ITEM 8 ON PAGE 2

Item 8. KIND OF BUSINESS OR ACTIVITY
What was this establishment's PRINCIPAL kind of business or activity in 1997?
 Mark (X) only ONE box.

Video tape rental store (renting prerecorded video tapes, cassettes, or disks) 070 7841001

Video tape store (selling prerecorded video tapes) 5735201

Formal wear and costume rental 7299802

Wardrobe rental (theatrical) 7819302

Motion picture equipment rental 7819401

Recreational goods and equipment rental (canoes, pleasure boats, beach chairs, bicycles, mopeds, skis, etc.) 7999073

Locker rental, except cold storage 7299911

Other kind of business or activity - Describe 7777777

Item 9. SOURCES OF REVENUE
Report sources of revenue for this establishment either as dollar figures or as whole percents 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 sales:	Mil.	Thou.	Dol.	Per-cent
	• Report whole percents				39
	Not acceptable				38.76

Sources of revenue	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.				
		Bil.	Mil.	Thou.	Dol.	Per-cent
1. Rental and/or leasing	850	851				852
a. Rental of prerecorded video tapes, cassettes, or disks	2621					
b. Rental of video cassette recorders, video cameras, televisions, and other video equipment	2622					
c. Formal wear and costume rental	2618					
d. Wardrobe rental (theatrical)	2619					
e. Recreational goods and equipment rental (boats, beach chairs, bicycles, skis, etc.)	2623					
f. Other rental and/or leasing - Describe 076	2629					
g. Sum of lines 1a through 1f	2600					
2. Sales of merchandise						
a. Previously rented video tapes, cassettes, or disks	2721					
b. New prerecorded video tapes, cassettes, or disks. (Report audio tapes and disks on line 2d)	2722					
c. Video cassette recorders, video cameras, televisions, and other video equipment	2723					
d. Other merchandise - Describe if this is the largest source of revenue 077	2729					
e. Sum of lines 2a through 2d	2720					
3. Other revenue - Describe 078	9810					
4. TOTAL (Should equal item 4 if reporting in dollars)	9990					100%

Item 10. SPECIAL INQUIRIES (Not applicable to this form)

Item 11. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION
a. Is the FIRST DIGIT of your Census File Number (CFN) (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 EIN of the owning or controlling company

097 1 Yes →
 2 No

EIN (9 digits)

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

098 1 Yes →
 2 No

EIN (9 digits)

d. How many establishments operated under the Employer Identification Number (EIN) shown in the label (or as corrected in item 1) AT THE END of 1997? 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	1997	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			

2	Name	1997	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			

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 - Print or type

Title

Telephone Area code Number Extension

Signature of authorized person Date