



1997 ECONOMIC CENSUS

MANUFACTURED (MOBILE) HOME DEALERS

OMB No. 0607-0826: Approval Expires 08/31/99

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

RT-5205

RT

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 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)

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 (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.

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

Sales of merchandise and other operating receipts for 1997 (Exclude sales or other taxes collected)

Mil. Thou. Dol.

010

Item 5. PAYROLL

Payroll in 1997, BEFORE DEDUCTIONS

Mil. Thou. Dol.

030

a. Annual

031

b. First quarter (January-March)

Item 6. EMPLOYMENT

Number

Number of paid employees for pay period including March 12, 1997 (Include both full- and part-time employees)

032

Item 7. KIND OF BUSINESS AND SELLING CHARACTERISTICS

a. Kind of business

What was this establishment's PRINCIPAL kind of business in 1997? Mark (X) only ONE box.

070

Manufactured (mobile) home dealer 5271001

Mobile home dealer 5271002

Modular home dealer 5271003

Manufactured home parts and supplies dealer 5271004

Recreational vehicle dealer (travel trailers, camping trailers, van conversions, motor homes, truck campers, etc.) 5561002

Manufactured (mobile) home community 6515002

Other kind of business - Describe 7777777

ITEM 7 CONTINUED ON PAGE 2

Item 7. KIND OF BUSINESS AND SELLING CHARACTERISTICS – Continued

b. Selling characteristics

1. In what format did this establishment PRIMARILY sell in 1997? Mark (X) only ONE box.

068

From physical displays of priced merchandise . . . 1

From a counter (little or no display) 2

From a warehouse or office 3

Other – Describe 4

2. How did this establishment PRIMARILY attract new customers in 1997? Mark (X) only ONE box.

069

Location and store attractiveness 1

Advertising to the general public, including direct mail advertising 2

Advertising to the trade or calls directly to customers 3

Other – Describe 4

Item 8. Not applicable to this report

Item 9. CLASS OF CUSTOMER Whole percent of sales

Report the percentage of this establishment's total sales in 1997 (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.	Percent
	• 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. Manufactured (mobile) homes	230	231			232
a. New single-section manufactured (mobile) homes, less than 14 feet wide	0681				
b. New single-section manufactured (mobile) homes, 14 feet wide	0682				
c. New single-section manufactured (mobile) homes, greater than 14 feet wide	0683				
d. New multisection manufactured (mobile) homes, two sections	0684				
e. New multisection manufactured (mobile) homes, three or more sections	0685				
f. Other new manufactured (mobile) homes and parts and accessories	0686				
g. Used single-section manufactured (mobile) homes	0687				
h. Used multisection manufactured (mobile) homes	0688				
i. Sum of lines 1a through 1h	0680				

Merchandise lines	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
2. Recreational vehicles (include camping trailers, travel trailers, truck campers, motor homes, van conversions, parts and accessories)	0580				
3. Cars, trucks, motorcycles, and other powered vehicles	0700				
4. Major household appliances (include refrigerators, ranges, microwave ovens, room air-conditioners, etc.)	0300				
5. Furniture, sleep equipment	0340				
6. Dimensional lumber and other building/structural materials and supplies (Report paint and sundries on line 7)	0640				
7. All other merchandise (Report receipts for services on line 8)	9810				
<i>Specify principal lines and estimated sales below</i>					
076	a.				9811
077	b.				9812
078	c.				9813
8. All nonmerchandise receipts (include receipts from rentals, storage, and other services provided to customers) EXCLUDING SALES AND OTHER TAXES					
a. Rental of space and/or mobile homes (residential) (Report rental of space for recreational vehicles and trailers on line 8b)	9932				
b. All other nonmerchandise receipts (include receipts for parts installed in repair, charges for delivery, repair, maintenance, storage, installation, construction, and service contracts, etc.)	9975				
c. Sum of lines 8a and 8b	9900				
9. TOTAL (Should equal item 4 if reporting in dollars)	9990				100%

Item 11. Not applicable to this report

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 1997? 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 _____

If not shown, please enter your 11-digit Census File Number from the address label on page 1

Census File Number

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 EIN of the owning or controlling company

EIN (9 digits)

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

- 098 1 Yes →
- 2 No

Enter name, address, and EIN of the owned or controlled company

EIN (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 1997?

Number	079
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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	Number and street	City	State	ZIP Code	1997	Mil.	Thou.	Dol.
						Sales	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	Sales	081		
						Annual payroll	082		
						Paid employees for pay period including March 12			
						083			
Census use ⁰⁸⁸									
3	Name	Number and street	City	State	ZIP Code	Sales	081		
						Annual payroll	082		
						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