



1997 ECONOMIC CENSUS

LAUNDRY SERVICES

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

SV-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 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 4. 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 - Mark (X) this box if you file a partnership Federal income tax form.
- 5 Government - Specify
- 0 Corporation - Mark (X) this box if you file a corporate Federal income tax form, including Subchapter S corporations.
- 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 (e.g., Dade County) is this establishment physically located?

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

Item 5. DOLLAR VOLUME
OPERATING RECEIPTS of this establishment in 1997

Mil.	Thou.	Dol.
010		

Item 6. PAYROLL
Payroll in 1997, BEFORE DEDUCTIONS

Mil.	Thou.	Dol.
030		

a. Annual
b. First quarter (January-March)

031		
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Item 7. EMPLOYMENT
Number of paid employees for pay period including March 12, 1997
(Include both full- and part-time employees)

Number
032

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

CONTINUE WITH ITEM 8 ON PAGE 2

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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 1997.

070

Coin-operated (or other self-service) laundry and/or drycleaning "store" 7215101

Coin-operated laundry washing machine route (apartments, dormitories, etc.) 7215201

Drycleaning plant (except rug cleaning) 7216001

Power laundry (family or commercial) 7211001

Linen supply service 7213001

Industrial laundry service 7218001

Diaper service 7219301

Rug, carpet, and upholstery cleaning service 7217001

Pressing or valet shop (laundry or cleaning done by others) 7212001

Retail agent (including "bobtailers") for laundries and drycleaners (work done by others) 7212002

Laundry, except commercial power and coin-operated (hand, Chinese, or French laundries) 7219401

Garment alteration or repair services 7219101

Shoe repair shop or shoeshine parlor 7251001

Custom tailor 5699211

Other kind of activity – Describe 7777777

b. Is laundry work (other than finish work) done at this location? 462
1 Yes
2 No

c. Is drycleaning work (other than finish work) done at this location? 463
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.

Line d – Include receipts for power, hand, Chinese, and French laundries.

Line e – Include receipts for cleaning and supply (e.g. rental) of linen supply and industrial laundry garments.

Line g – 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 i.

NOTE – Receipts from wholesale work (for press shops, other laundries, "bobtailers," etc.) should be reported on lines c(2), and d(2) below.

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	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
a. Coin-operated laundry and/or drycleaning operations	400	401			402
(1) Washer receipts	6051				
(2) Dryer receipts	6052				
(3) Drycleaning machine receipts	6053				
b. Coin-operated laundry washing machine route (apartments, etc.) operations	6100				

Sources of receipts	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
c. Drycleaning work (except coin-operated, industrial, linen supply, and rug)	400	401			402
(1) For direct consumers (including commercial drycleaning)	6151				
(2) For resellers (press shops, other drycleaners and laundries, "bobtailers," etc.)	6152				
d. Laundry work (except coin-operated, industrial, and linen supply)					
(1) For direct consumers (including commercial laundry work)	6201				
(2) For resellers (press shops, other drycleaners and laundries, "bobtailers," etc.)	6202				
e. Cleaning and rental of:					
(1) Linen supply garments (gowns, coats, aprons, etc.)	6251				
(2) Linen supply flatwork and full dry linens	6252				
(3) Industrial garments (uniforms, gloves, etc.) except those for "clean room" operations	6301				
(4) Industrial "clean room" garments	6302				
(5) Industrial wiping cloths	6303				
(6) Industrial/commercial mats (launderable or unlaunderable)	6304				
(7) Industrial/commercial mops, cloths, and miscellaneous dust control items	6305				
(8) Diapers	6350				
f. Rug/carpet and upholstery cleaning:					
(1) In plant	3601				
(2) On customers' premises	3602				
g. Garment alterations and repair	6953				
h. Shoe and leather goods repair	6954				
i. Sales of disposables and other merchandise – Describe					
076	8635				
j. All other receipts – Describe if more than 10 percent of total receipts					
077	8978				
k. TOTAL (Should equal item 5 if reporting in dollars)	8990				

Census File Number

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

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 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

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.

	Name	Number and street	City	State	ZIP Code	1997	Number			
							Mil.	Thou.	Dol.	
1						Receipts	081			
						Annual payroll	082			
	Kind-of-business description						Paid employees for pay period including March 12			
							083			
							Census use ⁰⁸⁸			
2						Receipts	081			
						Annual payroll	082			
	Kind-of-business description						Paid employees for pay period including March 12			
							083			
							Census use ⁰⁸⁸			
3						Receipts	081			
						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

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