



1997 ECONOMIC CENSUS

TRAVEL ARRANGEMENT AND RESERVATION SERVICES

OMB No. 0607-0827: Approval Expires 10/31/99

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

SV-7305

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	
	• Preferred Acceptable	1	125	629

Item 5. DOLLAR VOLUME

OPERATING RECEIPTS of this establishment in 1997

Travel agents, ticket offices/agencies, and reservation systems should include COMMISSIONS or fees, not gross sales. Tour operators should include the DIFFERENCE between the selling price of their tours and the amount paid to suppliers.

Convention, visitor and tourist information bureaus should report total revenue, including contributions, gifts, and grants.

	Mil.	Thou.	Dol.
010			

Item 6. PAYROLL

Payroll in 1997, BEFORE DEDUCTIONS

a. Annual

b. First quarter (January-March)

	Mil.	Thou.	Dol.
030			
031			

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

Item 7. EMPLOYMENT Number

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

032

CONTINUE WITH ITEM 8 ON PAGE 2

SV

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.

Travel agencies and tour operators 070

- Travel agencies 4724001
- Tour operators (assembling tour packages and selling directly to travelers or through travel agencies) 4725002

Other travel arrangement and reservation services

- Ticket agencies, independent:
 - Transportation (airline, railroad, bus, etc) 4729022
 - Theatrical 7922951
 - Sports, amusement, and recreation 7999081
- Reservation systems:
 - Airline 4729021
 - Hotels and restaurants 7389041
 - Convention and visitor bureaus 7389061
 - Tourist information bureau 7389062
 - Automobile clubs 8699501
 - Other membership travel club 8699502
 - Arrangement of carpools and vanpools 4729011
- Other travel arrangement and reservation service – Describe 7777776

Transportation services

- Limousine or auto rental **with** drivers 4119201
- Bus charter service:
 - Local 4141001
 - Interstate/interurban charter service 4142001
- Sightseeing bus 4119101
- Excursion or sightseeing boat, including charter 4489011
- Sightseeing airplane or helicopter service 4522031
- Scenic railroads for amusement, cable lifts, aerial tramway, or hot air balloon rides 7999951
- Freight forwarding service 4731104
- Shipping agent or broker 4731217
- Other service in arranging transportation of freight/cargo 4731212

Other kind of activity – Describe 7777777

b. Was this establishment primarily engaged in providing management, administrative or support services to other establishments of the same company (rather than for the general public or other business firms) in 1997? 415

- 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 percentages) of the total – see example below.

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

Line a(1) – a(7) – Include commissions and fees from the sale of passenger transportation, cruises, lodging, car rentals, packaged tours, and theater, amusement, or sporting tickets. **Line a(6)** – Report the DIFFERENCE between the selling price of tours (wholesale or retail) and the amount paid to suppliers.

Line b – Report transaction fees/receipts from providing reservation services to airlines, hotels, restaurants, etc.

Line d – Report appropriations or tax receipts received to support convention, visitor, and tourist information bureaus.

Line e – Include all other travel-related receipts such as commissions from sale of travel insurance, travelers' checks, etc. Independent ticket agencies should report commission from the sale of tickets on lines **a(1)–a(7)**.

Item 9. SOURCES OF RECEIPTS – Continued

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. Commissions and fees from the sale of passenger transportation, lodging, and other travel services	400	401			402
(1) Airline tickets	3801				
(2) Water transportation	3802				
(3) Railroad	3803				
(4) Lodging	3804				
(5) Rental cars	3805				
(6) Packaged tours	3806				
(7) Theater, amusement, and sporting events	3807				
b. Fees from reservation services	3850				
c. Membership dues and fees	3450				
d. Appropriations or tax receipts (supporting convention, visitor, and tourist information bureaus)	3500				
e. Other travel related services	3900				
f. Sales of merchandise, separate from services provided – Describe if this is largest source of receipts. 076	8614				
g. All other receipts – Describe if more than 10 percent of total receipts. 077	8963				
h. TOTAL (Should equal item 5 if reporting in dollars)	8990				100%

Item 10. RECEIPTS, BY CLASS OF CLIENT

Estimate the percentage of receipts (reported in item 5) by class of client.

	Report in whole percents of receipts
a. Individuals	430
b. Travel agencies and other resellers	431
c. Trade, farming, industrial, transportation, financial, and other business firms	432
d. Federal Government	433
e. State and local governments	434
f. All other	435
g. TOTAL	100%

Item 11. 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.

Did the receipts reported in item 5 include any amounts received for exported services?	Mil.	Thou.	Dol.
405 1 <input type="checkbox"/> Yes – Amount →	406		
2 <input type="checkbox"/> No			

Census File Number

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

Item 12. EXPENSES OF CONVENTION, VISITOR, AND TOURIST INFORMATION BUREAUS

Report total operating expenses, including payroll, interest, rent, depreciation, taxes, and other overhead. Exclude capital expenditures, funds invested, and losses from the sale of assets.

Expenses in 1997 →

Mil.	Thou.	Dol.
040		

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

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 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.

Estimates are acceptable if book figures are not available.

1	Name	1997	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

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

2	Name	1997	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

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

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