



1997 ECONOMIC CENSUS

SECURITY AND INVESTIGATIVE 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-7308

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.

Example: If a figure is \$1,125,628.79 report

• Preferred
Acceptable

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

031

b. First quarter (January-March)

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

Investigation Services

Detective agency 7381111

Investigative service 7381112

Guard and Armored Car Services

Security guard service 7381121

Body guard service 7381122

Protective service 7381123

Guard dog service 7381124

Armored car service 7381201

Security Systems Services

Security systems service: installation, maintenance, and/or monitoring (e.g., fire and burglar alarm systems) 7382001

Locksmith services

Locksmith 7699911

Lock repair/installation 7699912

Key duplication (without repair/installation) 7699993

Other Services

Repossession and recovery service 7389181

Safety consulting 8748401

Other security and investigative service - Describe 7777776

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Other kind of activity - Describe 7777777

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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 - Continued

Sources of receipts	Census use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
d. Sales of merchandise, over-the-counter or separate from services provided - Describe if this is the largest source of receipts. 076	400	401			402
	8616				
e. All other receipts - Describe if more than 10 percent of total receipts. 077					
	8965				
f. Total (Should equal item 5 if reporting in dollars)	8990				100%

Item 10. RECEIPTS, BY CLASS OF CLIENT Report in whole percent of receipts

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

a. Individuals	450
b. Trade, farming, industrial, transportation, financial, and other business firms	451
c. Federal Government	452
d. State and local governments	453
e. All other	454
f. 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 → 2 <input type="checkbox"/> No	406		

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 a(4) - Report receipts from installation, monitoring, and maintaining security systems. Include receipts from the sale or lease of systems which this establishment monitors and maintains. Report other sales on line d.

Line a(5) - Report receipts from installing, repairing, rebuilding, servicing, and adjusting locking devices, safes, vaults, or safe deposit boxes. Receipts from key duplicating should be reported on line b.

Sources of receipts	Census use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
a. Security and investigative services	400	401			402
(1) Investigative and detective services	3151				
(2) Guard services	3152				
(3) Armored car services	3153				
(4) Security systems services (e.g., fire, burglar)	3154				
(5) Locksmith services	3155				
b. Key duplicating	4150				
c. Repossession/recovery fees	3050				

Item 12. 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 13

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)

ITEM 12 CONTINUED ON PAGE 3

Census File Number

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

Item 12. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION – Continued

Number

079

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?

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

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

Item 13. 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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