



# 1997 ECONOMIC CENSUS

## REPAIR AND MAINTENANCE 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-7600**

*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

**Item 4. LEGAL FORM OF ORGANIZATION**  
**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

**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 5. DOLLAR VOLUME**

**OPERATING RECEIPTS** of this establishment in 1997

Mil. Thou. Dol.

010

**Item 6. PAYROLL**

**Payroll in 1997, BEFORE DEDUCTIONS**

**a. Annual**

030

**b. First quarter (January–March)**

031

**Item 7. EMPLOYMENT**

Number

032

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

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.

- Commercial and industrial machinery and equipment repair and maintenance** 070
- Industrial machines and equipment repair . . . . .  7699031
  - Farm machinery and equipment repair . . . . .  7699032
  - Armature rewinding and repair shops, except by remanufacture . . . . .  7694101
  - Armature rewinding by remanufacture . . . . .  7694201
  - Commercial refrigeration equipment repair . . . . .  7623101
  - Ship scaling . . . . .  7699921
  - Other commercial and industrial machinery and equipment repair and maintenance - Describe . . . . .  7777773

- Electronic and precision equipment repair and maintenance**
- Stereo, television, VCR, and other consumer electronic equipment repair, except computer . . . . .  7622101
  - Electrical business and office machine repair, except computer . . . . .  7629101
  - Typewriter repair . . . . .  7699041
  - Computer maintenance and repair . . . . .  7378001
  - Telephone set repair . . . . .  7629201
  - Telecommunications equipment repair . . . . .  7622201
  - Electrical measuring instrument repair and calibration, including medical equipment . . . . .  7629301
  - Dental and lab instrument repair . . . . .  7699051
  - Other electronic and precision equipment repair and maintenance - Describe . . . . .  7777774

- Personal and household goods repair and maintenance**
- Lawnmower and other small engine repair . . . . .  7699201
  - Sharpening and repair of knives, saws, and other tools . . . . .  7699202
  - Electric appliance and washing machine repair . . . . .  7629401
  - Electric tool and other household equipment repair. . . . .  7629501
  - Gas appliance and other nonelectronic equipment repair . . . . .  7699061
  - Refrigeration and air-conditioning service and repair, except commercial . . . . .  7623201
  - Garment alteration or repair services . . . . .  7219101
  - Reupholstery, furniture repair, and refinishing . . . . .  7641001
  - Sewer and septic tank cleaning services . . . . .  7699311
  - Drain cleaning (except plumbing repair) . . . . .  7699321
  - Furnace, duct, chimney, and gutter cleaning . . . . .  7699021
  - Gunsmith or gun repair shop . . . . .  7699991
  - Watch, clock, and jewelry repair . . . . .  7631001
  - Taxidermist . . . . .  7699992
  - Shoe repair shop . . . . .  7251001
  - Leather goods and luggage repair . . . . .  7699081
  - Locksmith . . . . .  7699911
  - Key duplicating . . . . .  7699993
  - Welding repair . . . . .  7692001
  - Boat repair . . . . .  3732101
  - Marina or boat yard (incidental repair only) . . . . .  4493001
  - Motorcycle repair . . . . .  7699994
  - Bicycle repair . . . . .  7699995
  - Car and truck engine repair or rebuilding (except on a factory basis) . . . . .  7538003
  - Other personal and household goods repair and maintenance - Describe . . . . .  7777775

- Rebuilding or remanufacturing equipment or parts on a factory basis - Describe** . . . . .  7777776

**Item 8. KIND OF BUSINESS OR ACTIVITY - Continued**

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 percents) of the total - see example below.

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

**NOTE:** Include work performed under service contracts on lines according to type of product repaired.

**Line a(7) -** Include receipts from aircraft, railroad, and ship repair.

**Line a(8) -** Report only parts sold "over the counter." Do not include parts installed in repair work. Parts installed in repair work performed at this establishment should be reported as receipts for the type of repair work done.

<b>HOW TO REPORT PERCENTS</b>	If figure is <b>38.76%</b> 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
<b>a. Receipts lines</b>	400	401			402
(1) Commercial and industrial machinery and equipment repair	6850				
(2) Electronic and precision equipment repair					
(a) Computer and data processing equipment repair	6901				
(b) Communications equipment repair	6902				
(c) Consumer electronics repair (e.g., radio, television, VCR)	6903				
(d) Other electronic and precision repair	6904				
(3) Personal and household goods repair					
(a) Home and garden equipment repair	6951				
(b) Appliance repair	6952				
(c) Garment alterations and repair	6953				
(d) Shoe and leather goods repair	6954				
(e) Other personal and household goods repair	6955				
(4) Motor vehicle mechanical and electrical repair and maintenance	6600				
(5) Motor vehicle body, paint, and interior repair	6650				
(6) Other motor vehicle care and maintenance (including oil change and lube, towing, and storage receipts)	6800				
(7) Other repair and maintenance - Describe 076	7000				
(8) Equipment and merchandise sales - Describe if largest source of receipts 077	8638				

ITEM 9 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 9. SOURCES OF RECEIPTS – Continued**

Sources of receipts	Census use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
(9) Rental and leasing of goods and equipment	400 8550	401			402
(10) All other receipts – Describe if more than 10 percent of total receipts 078	8982				
(11) TOTAL (Should equal item 5 if reporting in dollars)	8990				100%

**b. What percent of repair receipts for lines (1), (2), (3), (4), (5), (6), and (7) are for:**

	Percent
(1) Labor charges	457
(2) Parts installed in repair work	458

**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 10. RECEIPTS, BY CLASS OF CLIENT**

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

	Report in whole percent of receipts
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
<b>f. TOTAL</b>	<b>100%</b>

**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.

Name	1997	Mil.	Thou.	Dol.
Receipts	081			
Annual payroll	082			
Paid employees for pay period including March 12				
083				
<b>Census use</b> 088				

  

Name	1997	Mil.	Thou.	Dol.
Receipts	081			
Annual payroll	082			
Paid employees for pay period including March 12				
083				
<b>Census use</b> 088				

**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?**

405 1  Yes – Amount →  
2  No

Mil.	Thou.	Dol.
406		

**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.

<b>Period covered by this report</b>	FROM: Mo. Year	TO: Mo. Year	Name of person to contact regarding this report – Print or type	
Telephone	Area code	Number	Extension	Title
Signature of authorized person				Date

SV