



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-8100

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
Which of the following best describes this establishment's legal form of organization during 1997?

Mark (X) only ONE box.

- 003 1 Sole practitioner (including individual practitioner in a group practice filing sole proprietorship Federal income tax return)
- 2 Partnership (including association or other form of group practice filing partnership Federal income tax return)
- 0 Professional service organization or association (formed under State professional association or corporation statutes, and filing corporation Federal income tax return)
- 0 Corporation (including legal aid society)
- 5 Government - Specify
- 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** • Preferred report **1 126**
Acceptable **1 125 629**

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

NOTE - Legal aid societies 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 7. EMPLOYMENT

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

Number
032

CONTINUE WITH ITEM 8 ON PAGE 2

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Item 8. KIND OF ACTIVITY OR OPERATION

a. Mark (X) the ONE box which best describes the activity or operation that accounted for the MAJOR portion of this establishment's receipts in 1997.

Law partnership or professional corporation/association, or individual lawyer or attorney engaged in private practice 070 8111101

Legal aid society (or other nonprofit legal service) 8111301

Patent agent 7389141

Notary public 7389142

Paralegal service 7389143

Trustee in bankruptcy 7389144

Title abstract or real estate settlement office 6541001

Other - 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. RECEIPTS, BY SOURCE AND CLASS OF CLIENT

Legal aid societies should not report this item.

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.

Lines a(1) through a(4) - Include on the appropriate line all receipts from the practice of law, including reimbursement of expenses incurred for clients.

Line b - Individual lawyers who are organized as professional service corporations/associations and who are members of law partnerships should report distributions from these partnerships on this line. Fees for legal services provided directly to clients should be reported on line a.

Line c - Include receipts from legal related services but **not** from the practice of law.

Line d - Include commissions for the management or sale of real estate, insurance, etc.

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	Census use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
a. Receipts, fees, or revenue from the practice of law by class of client	400	401			402
(1) Individuals (including estates)					
(a) Fees received from real estate settlement services	1611				
(b) All other fees received	1612				
(c) Sum of a(1) (a) and a(1) (b)	1610				
(2) Trade, farming, industrial, transportation, financial, and other business firms	1620				
(3) Government (Federal, State, and local, including public authorities)	1630				
(4) Other (e.g., nonprofit organizations, foreign governments, etc.)	1640				
b. Distributions from law partnerships to professional corporations/associations	1650				
c. Other legal services - Describe	076				1700
d. All other receipts or revenue - Describe if more than 10 percent of total receipts	077				8955
e. TOTAL (Should equal item 5 if reporting in dollars)	8990				100%

Item 10. PERSONNEL AND PAYROLL, BY OCCUPATION

Include personnel who perform a variety of functions (secretaries, etc.) on the one line which best describes the primary nature of their work.

Line a(1) - Lawyers who are members of a professional service corporation should be included here.

Line b - Only proprietors and partners **not** considered employees of the firm for Federal tax purposes should be included here.

Occupation (include proprietors and partners on line b only)	Personnel for pay period including March 12, 1997 (number)	Annual payroll		
		Mil.	Thou.	Dol.
a. Type of employee	557	562		
(1) Associate lawyers (employees of firm)				
(2) Paraprofessionals (law clerks, legal assistants, investigators, etc.)	558	563		
(3) Managers and other nonlegal professional staff	559	564		
(4) All other (stenographers, bookkeepers, etc.)	560	565		
(5) TOTAL (Sum of lines a(1) through a(4) above should equal entries in items 6a and 7)	561	566		
b. Active proprietors or partners at this location (unincorporated operations only)	460			

For law firms operating at more than one location, report proprietors or partners at the location where they spend most of their working time.

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

Item 12. EXPENSES OF LEGAL AID SOCIETIES

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		

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 establishment owned or controlled by another entity?

097 1 Yes →

2 No

Enter name, address, and EIN of the owning or controlling entity

EIN (9 digits)

c. Does this establishment own or control any other entity or entities?

098 1 Yes →

2 No

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

EIN (9 digits)

ITEM 13 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 13. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION – Continued

Number

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? (Include all law offices and any other facilities operated under the same EIN.)

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 – Temporary or special purpose offices of law firms should **not** be considered separate establishments for purposes of this report. Data for such locations should be included with the controlling main or branch location.

Legal aid societies should report total revenue, including contributions, gifts, and grants, in the spaces provided for "Receipts."

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				
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				
3	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				

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

Item 14. 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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