



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-8200

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 AND TAX STATUS

a. 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 - Mark (X) this box if this establishment is operated by or under the control of a government entity or a board of directors either appointed by such an entity or publicly elected.

0 Corporation - Mark (X) this box if you file a corporate Federal income tax form, including Form 990 series of returns.

9 Other - Specify

b. TAX STATUS

(1) Is this establishment operated on a not-for-profit basis?

005 1 Yes

2 No - Skip to item 5

(2) Was all or part of the income of this establishment or organization exempt from Federal income taxes under section 501 of the Internal Revenue Code?

004 1 Yes

2 No

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

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

Mil- lions (000) | Thou- sands (000) | Dol- lars (000)

1 | 126 |

1 | 125 | 629

• Preferred
Acceptable

Item 5. DOLLAR VOLUME

Mil. | Thou. | Dol.

If the answer to item 4b(2) was "Yes," skip to part b; otherwise, complete part a and skip to item 6.

a. OPERATING RECEIPTS of this (taxable) establishment in 1997

010

b. REVENUE AND EXPENSES of this (tax-exempt) establishment in 1997

010

(1) REVENUE

040

(2) EXPENSES (including payroll)

Item 6. PAYROLL

Mil. | Thou. | Dol.

Payroll in 1997, BEFORE DEDUCTIONS

030

a. Annual

031

b. First quarter (January-March)

SV

Item 7. EMPLOYMENT Number

Number of paid employees for pay period including March 12, 1997 032
(Include both full- and part-time employees)

Item 8. KIND OF ACTIVITY OR FACILITY
Mark (X) the ONE box which best describes this facility or its primary activity in 1997.

Business, computer, and management training (except colleges and universities) 070

Business, secretarial, or court reporting school 8244001

Computer training (except computer repair training) 8243201

Computer repair training 8243101

Professional and management development training (providing seminars or instruction for the enhancement of management skills) 8299101

Other business, computer, or management training – *Describe* 7777775

Technical and trade schools

Cosmetology or beauty school 7231301

Barber college or school 7241201

Apprenticeship training 8249301

Truck driving school 8249501

Flying lessons or instruction (except aviation schools) 8299201

Aviation school 8249201

Vocational rehabilitation services (e.g., sheltered workshops) 8331001

Other trade or technical school or instruction – *Describe* 8249101

Other schools and instruction

Dance school or studio providing instruction (including children's and professionals') 7911201

Art, drama, music, or other fine arts school 8299301

Sports or athletic instruction 7999911

Language school 8299401

Exam preparation (e.g., college board preparation instruction) 8299501

Tutoring 8299502

Automobile driving school 8299601

Child day care center (including those with preschool) 8351001

Preschool 8351002

Head start program 8351003

Elementary or secondary school 8211001

Junior college or community college (granting associate degrees or certificates) 8222001

College, university, or professional school (granting academic degrees) 8221001

All other schools and instruction – *Describe* 8299901

Educational support services

Libraries and archives 8231001

Educational consultant (evaluating and advising students and families on recommended course of study, choice of schools or colleges, financial aid, etc.) 8748101

Educational testing service 8748102

Educational curriculum development 8299801

Other education-related service – *Describe* 7777776

Other kind of business or activity – Describe 7777777

Item 9. SOURCES OF RECEIPTS OR REVENUE

Report receipts or revenue by source in dollar figures (see example for item 5).

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

NOTE – Both taxable and tax-exempt establishments should complete **all** applicable lines.

Line a(3) – Include amounts received from the sale of books and other instructional materials.

Line c – Report investment income, including interest and dividends. Do **not** include proceeds from the sale of investments and other assets.

Line d – Report revenues from sources not separately identified in lines b and c. Operating receipts (payments for services) should be reported on lines a(1) through a(4).

Sources of receipts or revenue	Cen- sus use	ESTIMATES are acceptable		
		Mil.	Thou.	Dol.
a. Amounts received from clients, students, and contract fees	400	401		
(1) Tuition, fees, and other payments from providing academic or technical instruction	4900			
(2) Sales of food and beverages	8500			
(3) Sales of other merchandise	8618			
(4) All other amounts received from providing services to clients, students, and others – <i>Describe if more than 10 percent of total receipts or revenue.</i>	8967			
(5) OPERATING RECEIPTS – For taxable establishments, sum of lines a(1) through a(4) should equal item 5a	8990			
b. Contributions, gifts, grants				
(1) Government	9000			
(2) Private	9050			
c. Investment income, including interest and dividends	9100			
d. All other revenue – <i>Describe if more than 10 percent of total receipts or revenue.</i>	9502			
e. TOTAL REVENUE – For tax-exempt establishments, sum of lines a(1) through a(4) and b through d should equal item 5b(1)	9990			

CONTINUE WITH ITEM 10 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 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.

Estimates are acceptable if book figures are not available.

	Name	Number and street	City	State	ZIP Code	Kind-of-business description	1997	Mil.	Thou.	Dol.
							Receipts or revenue			
1							081			
							082			
							Paid employees for pay period including March 12			
							083			
							Census use 088			
2							081			
							082			
							Paid employees for pay period including March 12			
							083			
							Census use 088			
3							081			
							082			
							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 – Print or type		
Telephone	Area code	Number	Extension	Title	
Signature of authorized person					Date

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS

SV