



1997 ECONOMIC CENSUS

SCIENTIFIC RESEARCH AND DEVELOPMENT 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-8703

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 - Specify
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

• Preferred
Acceptable

Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
1	126	
1	125	629

Item 5. DOLLAR VOLUME

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

030

Payroll in 1997, BEFORE DEDUCTIONS

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

SV

Item 8. KIND OF BUSINESS OR ACTIVITY

a. Mark (X) the ONE box which best describes this facility or its primary activity in 1997.

Research and development in the physical and engineering sciences 070

Physical and engineering research (on a fee or contract basis) 8731101

Physical and engineering research (primarily funded through contributions, gifts, and grants) 8733101

Manufacturer's research and development laboratory (providing support for company's own manufacturing establishments) – Specify primary product 2000002

Research and development in the life sciences (e.g., medicine, health, biology, agriculture)

Life science research (on a fee or contract basis) 8731201

Life science research organization (primarily funded through contributions, gifts, and grants) 8733201

Manufacturer's research and development laboratory (providing support for company's own manufacturing establishments) – Specify primary product 2000001

Research and development in the social sciences and humanities

Social science and humanities research (on a fee or contract basis) 8732101

Social science and humanities research (primarily funded through contributions, gifts, and grants) 8733301

Other services

Engineering design services 8711001

Testing laboratories (physical, chemical, or related testing, except medical or veterinary) 8734101

Market research or public opinion polling 8732201

Other business or 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 OR REVENUE

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

NOTE – Both taxable and tax-exempt establishments should complete all applicable lines. Include all amounts received whether or not work was subcontracted to others.

Sources of receipts or revenue	Census use	ESTIMATES are acceptable		
		Mil.	Thou.	Dol.
a. Amounts received on a fee or contract basis	400	401		
(1) Physical and engineering sciences				
(a) Chemistry and chemical engineering	1331			
(b) Computer science and electrical engineering	1332			
(c) Civil engineering	1333			
(d) Earth and environmental sciences	1334			
(e) Other physical and engineering sciences	1335			

Item 9. SOURCES OF RECEIPTS OR REVENUE – Continued

Sources of receipts or revenue	Census use	ESTIMATES are acceptable		
		Mil.	Thou.	Dol.
a. Amounts received on a fee or contract basis – Continued	400	401		
(2) Life sciences				
(a) Biology	1351			
(b) Medical sciences	1352			
(c) Agriculture, forestry, fisheries, and allied sciences	1353			
(d) Other life sciences	1354			
(3) Social sciences and humanities				
(a) Economics	1371			
(b) Psychology	1372			
(c) Education	1373			
(d) Other social science and humanities	1374			
(4) Market research and public opinion polling	1400			
b. Testing services (except medical and veterinary testing service)	2000			
c. Management consulting services	2250			
d. Sales of merchandise	8609			
e. All other receipts – Describe if more than 10 percent of total receipts or revenue				
076	8958			
f. OPERATING RECEIPTS – For taxable establishments, sum of lines a(1)(a) through e should equal item 5a	8990			
g. Contributions, gifts, or grants				
(1) Government	9000			
(2) Private	9050			
h. Investment income, including interest and dividends	9100			
i. All other revenue – Describe if more than 10 percent of total receipts or revenue				
077	9501			
j. TOTAL REVENUE – For tax-exempt establishments, sum of lines a(1)(a), through e and g through i should equal item 5b(1)	9990			

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
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?

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 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)

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.	
						1
	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 or revenue	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 or revenue	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 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 – *Print or type*

Title

Telephone Area code Number Extension

Signature of authorized person Date