U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU

TW-48560

2002 ECONOMIC CENSUS TRANSIT AND GROUND PASSENGER TRANSPORTATION

OMB No. 0607-0882: Approval Expires 07/31/2004

DUE DATE FEBRUARY 12, 2003

Mail your completed form to: **U.S. CENSUS BUREAU** 1201 East 10th Street Jeffersonville, IN 47134-0001

Please read the accompanying information sheet(s) before answering the questions.

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Call 1-800-233-6136, between 8:00 a.m. and 8:00 p.m., Eastern time, Monday through Friday.

- OR -

Write to the address above. Include your 11-digit Census File Number (CFN) printed in the TW-48560

INFORMATION COPY ONOT USE TO REPORT ONOT USE TO

maning address.	(Please correct any errors in	this mailir	ng add	ress.)					
that receive this question law, YOUR CENSUS RE	EQUIRED BY LAW. Title 13, United States Code, requalize to answer the questions and return the report to PORT IS CONFIDENTIAL. It may be seen only by peation and may be used only for statistical purposes. Figal process.	the U.S. ersons sw	Censu	ıs Bu o upl	ireau. nold th	By th ne con	e saı fider	me ntial	
 Use blue or black ink. 	• Please center numbers in their respective boxes.	Examples:							
Do not use pencil.Place an "X" inside the box.	Do not put slashes through 0 or 7.	×	0 1	2	3 4	5 6	5 7	8	9
The reporting unit for this where business is conductinformation sheet(s).	s form is an establishment. An establishment is generated or where services or industrial operations are perf	erally a si formed.	ingle _I For fu	phys rther	ical lo clarifi	cation ication	ı, see)	
1 MONTHS IN OPERATION				Mark if No			2002		
Number of months in ope	eration during 2002 (If none, mark "X" and go to �.) .				.	lumber	of m	onth	าร
EMPLOYER IDENTIFICATI Is the Employer Identificate establishment on its lates OO21 Yes OO22	ation Number (EIN) shown in the mailing address the set 2002 Internal Revenue Service Form 941, Employer's	same as t s Quarterl	he one	e use eral	ed for Tax Re	this eturn?			
	s physical location the same as shown in the mailing a oute addresses are not physical locations.) Outside the mailing and street	address?							
No - Enter phys location	ical→ 0036 City, town, village, etc.	0037 State	0038 Z	IP Co	ode	-	1	1 1	
B. Is this establishment p	physically located inside the legal boundaries of the ci	ty, town,	village	e, etc	o.?				
₀₀₄₁	□ No legal boundaries	0044		Do r	ot kno	ow			
C. Type of municipality v	where this establishment is physically located								
City village or	horough OMF Town or township	0040		Othe	r or d	o not	know	.,	

HOW TO REPORT If a figure is \$1,025,628.79: If a value is "0" (or less than \$500.00): SALES, SHIPMENTS, RECEIPTS, OR REVENUE Mark X SALES, SHIPMENTS, RECEIPTS, OR REVENUE A. Did this establishment have any e-commerce sales, receipts, and/or revenue in 2002? (E-commerce includes sales, commissions, rents, or fees collected from any transaction completed over an Internet, Extranet, Electronic Data Interchange (EDI) network, electronic mail, or other online system. Transactions are agreements between buyers and sellers to transfer ownership of, or rights to use, goods or services. Payment for these goods or services may may not be made online. Please see the information sheet(s) for further clarification.) 10181 Yes - Go to line B 10182 No - Go to B. E-commerce sales, receipts, and/or revenue of this establishment (Include e-commerce sales, receipts, and/or revenue in EMPLOYMENT AND PAYROLL Include: * Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in * Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN. * Temporary staffing obtained from a staffing service. For further clarification, see information sheet(s). A. Number of employees for pay period including March 12.				Mark "X"	1	200	02	
If a figure is \$1,025,628.79: If a value is "0" (or less than \$500.00): SALES, SHIPMENTS, RECEIPTS, OR REVENUE Mark "X'		Dollar figures should be rounded to thousands of dollars.			\$ Bil.	Mil.	Thou.	Do
SALES, SHIPMENTS, RECEIPTS, OR REVENUE Mark "X" 2002 SBit. Mil. Thou. D	DOLLAR		Report			1	0 2 6	
Operating revenue	PIGURES	If a value is "0" (or less than \$500.00):	Report	\boxtimes				
Operating revenue	SALES, SHIPMENT	S. RECEIPTS. OR REVENUE						
Deprating revenue	, -				¢ D:I		1	l D.
E-COMMERCE SALES, SHIPMENTS, RECEIPTS, OR REVENUE A. Did this establishment have any e-commerce sales, receipts, and/or revenue in 2002? (E-commerce includes sales, commissions, rents, or fees collected from any transaction completed over an Internet, Extranet, Electronic Data Interchange (EDI) network, electronic mail, or other online system. Transactions are agreements between buyers and sellers to transfer ownership of, or rights to use, goods or services. Payment for these goods or services may may not be made online. Please see the information sheet(s) for further clarification.) OIB1				11 110110	ф DII.	IVIII.	Tilou.	
A. Did this establishment have any e-commerce sales, receipts, and/or revenue in 2002? (E-commerce includes sales, commissions, rents, or fees collected from any transaction completed over an Internet, Extranet, Electronic Data Interchange (EDI) network, electronic mail, or other online system. Transactions are agreements between buyers and sellers to transfer ownership of, or rights to use, goods or services. Payment for these goods or services may may not be made online. Please see the information sheet(s) for further clarification.) 10181	Operating revenue		0100					
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EMPLOYMENT AND PAYROLL Include: Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in 9. Exclude: Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN. Temporary staffing obtained from a staffing service. For further clarification, see information sheet(s). Mark "X" 2002 Number Mark "X" 2002 if None Number B. Payroll before deductions (Exclude employer's cost for fringe benefits.) 1. Annual payroll	Interchange (EL and sellers to to may not be ma	OI) network, electronic mail, or other online stansfer ownership of, or rights to use, goods de online. Please see the information sheet(ystem. Transactio or services. Payn	ns are a nent for	greeme these g	nts betwe	en buyer.	s ay c
B. E-commerce sales, receipts, and/or revenue of this establishment (Include e-commerce sales, receipts, and/or revenue in . Exclude sales taxes.)	0181 — 163	do to line b					2002	
B. E-commerce sales, receipts, and/or revenue of this establishment (Include e-commerce sales, receipts, and/or revenue in . Exclude sales taxes.)	₀₁₈₂ No - 0	Go to 🕝				Estimates	are accep	tabl
EMPLOYMENT AND PAYROLL Include: • Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in ②. Exclude: • Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN. • Temporary staffing obtained from a staffing service. For further clarification, see information sheet(s). A. Number of employees for pay period including March 12						\$ Mil.		D
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B. Payroll before deductions (Exclude employer's cost for fringe benefits.) 1. Annual payroll	sales, receipts, EMPLOYMENT AN Include: Full- and part- Service Form (EIN) shown in Exclude: Full- or part-ti Temporary sta	and/or revenue in . Exclude sales taxes.). D PAYROLL time employees working at this establishme 941, Employer's Quarterly Federal Tax Return the mailing address or corrected in . me leased employees whose payroll was file affing obtained from a staffing service.	ent whose payroll v	vas repc	onted on bloyer la	dentificati npany's E rk "X"	on Numb IN. 2002	er
B. Payroll before deductions (Exclude employer's cost for fringe benefits.) if None \$ Mil. Thou. D 1. Annual payroll	sales, receipts, EMPLOYMENT AN Include: Full- and part- Service Form (EIN) shown in Exclude: Full- or part-ti Temporary sta	and/or revenue in . Exclude sales taxes.). D PAYROLL time employees working at this establishme 941, Employer's Quarterly Federal Tax Return the mailing address or corrected in . me leased employees whose payroll was file affing obtained from a staffing service.	ent whose payroll v	vas repc	onted on bloyer la	dentificati npany's E rk "X"	on Numb IN. 2002	er
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2. First quarter payroll (January-March, 2002)	sales, receipts, EMPLOYMENT AN Include: Full- and part- Service Form (EIN) shown in Exclude: Full- or part-ti Temporary sta For further clarificat A. Number of emp	D PAYROLL time employees working at this establishme 941, Employer's Quarterly Federal Tax Return the mailing address or corrected in 2. me leased employees whose payroll was file affing obtained from a staffing service. ation, see information sheet(s).	ent whose payroll v en, and filed under ed under an emplo	vas repo the Emp yee leas	orted on bloyer long con Mark "X"	npany's E	IN. 2002 Number	
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	sales, receipts, EMPLOYMENT AN Include: Full- and part- Service Form (EIN) shown in Exclude: Full- or part-ti Temporary sta For further clarificat A. Number of emp	D PAYROLL Time employees working at this establishme 941, Employer's Quarterly Federal Tax Return the mailing address or corrected in 2. The leased employees whose payroll was file affing obtained from a staffing service. Stion, see information sheet(s). Soloyees for pay period including March 12. Ideductions (Exclude employer's cost for fring old	ent whose payroll vent whose payroll vent whose payroll vent and filed under an emplo	vas repo the Emp yee leas	orted on oloyer land if I Mark "X" if None	npany's E	IN. 2002 Number	
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	sales, receipts, EMPLOYMENT AN Include: Full- and part- Service Form (EIN) shown in Exclude: Full- or part-ti Temporary sta For further clarificat A. Number of emp	D PAYROLL Time employees working at this establishme 941, Employer's Quarterly Federal Tax Return the mailing address or corrected in 2. The leased employees whose payroll was file affing obtained from a staffing service. Stion, see information sheet(s). Soloyees for pay period including March 12. Ideductions (Exclude employer's cost for fring old	ent whose payroll vent whose payroll vent whose payroll vent and filed under an emplo	vas repo the Emp yee leas	orted on oloyer land if I Mark "X" if None	npany's E	IN. 2002 Number	Do

Form TW-48560 Page 3

-Offil 144-48300	Page 3
If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.	
LEASED EMPLOYMENT AND PAYROLL	
A. Did this establishment have any full- or part-time leased employees whose p leasing company's EIN?	payroll was filed under an employee
Exclude:	
 Temporary staffing obtained from a staffing service. 	
 Contractors, subcontractors, or independent contractors. 	
 Purchased or managed services, such as janitorial, guard, or landscape se 	ervices.
 Professional or technical services purchased from another firm, such as s programming, engineering, or accounting services. 	software consulting, computer
 Employees already reported in 6. 	
For further clarification, see information sheet(s).	
O241 Yes - Go to line B	
₀₂₄₂	Mark "X" 2002 if None Number
B. Number of leased employees for pay period including March 12	0370
C. Payroll for leased employees before deductions (Exclude employer's cost for	2002
fringe benefits.)	\$ Mil. Thou. Dol.
1. Annual payroll for leased employees	0350
	Mark "X" 2002
	if None \$ Mil. Thou. Dol.
2. First quarter payroll for leased employees (January-March, 2002)	0360
3-17 Not Applicable.	
KIND OF BUSINESS Principal kind of business in 2002 (Mark "X" only ONE box.)	
Urban transit systems - regular routes and schedules within a metropo nonurban areas	litan area and its adjacent
0700 485 111 00 17 Mixed mode, including combination bus, subway, trolley	, etc.
485 112 00 16 Commuter rail	
485 113 00 15 Bus or motor vehicle	
485 119 00 19 Other transit - <i>Specify</i>	
0701	
Interurban and rural bus lines - regular routes and schedules, principal area and its adjacent nonurban areas	ly outside a single metropolitan
485 210 00 17 Bus carrier	
Charter bus service, except scenic and sightseeing	
485 510 10 12 Local	
485 510 20 10	
485 510 20 10 Interstate/interurban	

48560031

		Page
18 KIND OF BUSINE	SS - C	Continued
Scenic and sig	jhtse	eing transportation
⁰⁷⁰⁰ 487 110 10 12		Sightseeing bus excursions
487 110 20 10		Horse-drawn cabs or carriages, for hire
487 990 20 15		Aerial tramway and cable lift, scenic or sightseeing
487 110 30 18		Scenic railroad or steam train
Other passeng	jer tr	ansportation
485 410 10 13		School bus service
485 410 20 11		Employee bus service
485 310 00 24		Taxi service by automobile or van
485 999 10 12		Scheduled airport shuttle services
485 320 00 14		Limousine or luxury sedan with drivers, except scheduled airport shuttle and taxi service
485 991 00 12		Special needs transportation, including paratransit, senior citizen, nonemergency medical, handicapped, etc.
621 910 00 10		Ambulance or rescue service, including air ambulance
485 999 20 10		Other passenger transportation, including car pool and vanpools - Specify
0701		
Other arrange	ment	of passenger transportation not operated by a transportation company
561 510 00 12		Travel agencies
561 520 00 28		Tour operators
Other transpo	rtatic	n-related activities
488 490 10 10		Terminal or maintenance facility, except those for exclusive use of company-operated vehicles
777 480 00 10		Motor freight carrier - Specify
0701		
Other busines	e acti	vities
774 000 00 18		Other kind of business or activity - Specify
774 000 00 18		Other kind of business of activity - Specify
0701		



If no	ot shown, please enter your 11-digit Census File nber (CFN) from the mailing address.						
					2002		
	HOW TO				es are acce ollars OR p	•	
	REPORT PERCENTS		\$ Bil.	Mil.	Thou.	Dol.	Percent
	If figure is 38.76% of total sales:	percents					3 9
22	DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE (Report sources of operating revenue for this establishment, either a operating revenue (reported in ②). See HOW TO REPORT DOLLAR PERCENTS above. Do not combine data for two or more lines.)	as a dollar FIGURES d	figure or	r as a who 2 and HO	ole percen W TO REF	t of to PORT	otal
		Cen	_	Cation at	2002	mtabla	
	Description of sales, shipments, receipts, or revenue	sus			es are acce ollars OR p	•	
0723		0720	\$ Bil.	Mil.	Thou.	Dol.	Percent 0722
1.	Transit passenger services a. Commuter rail service						0722
	b. Bus or other motor vehicle service	41010)				
	c. Subway or light rail service	4102	0				
	d. Other passenger service, including streetcars and trolley operation	ons 4103		i i			
2.	Interurban and rural bus service	4104	0				
3.	Charter bus service						
	a. Local	4105	0				
	b. Interstate/interurban	4106	0				
4.	School bus service or other motor vehicle						
	a. For public schools	4107	0				
	b. For private and parochial schools	4108	ס				
5.	Scenic and sightseeing transportation						
	a. Sightseeing bus excursions	4109	0				
	b. Horse-drawn cabs or carriages	4110					
	c. Aerial tramway and cable lift, scenic or sightseeing						
	d. Scenic railroad or steam train						
6.	Employee bus service	4113	0				
7.	Taxi service by automobile or van (Report revenue from owning and leasing taxicabs to individual drivers for a fee on line 8.)	d 4114)				
8.	Rental or leasing of taxicabs to drivers	4115	0				
9.	Scheduled airport shuttle services	4116	0				
10.	Limousine or luxury sedan with drivers	41170					
	CONTINUE WITH ② ON PA	GE 6					

orm	TW-48560											Page
22	DETAIL OF SALES, SHIPMENTS, RECEIPTS, OF	R REV	ENUE - C	ontin	ued							
										2002		
						Cen-					ceptable	
	Description of sales, shipments, receipts	, or re	venue			use		1			Percent	
							\$ Bil.	Mi	il.	Thou	. Dol.	Percen
0723						0720	0721					0722
11.	Special needs transportation service, including citizen, non-emergency medical, handicapped,	para etc.	transit, se	enior		41180						
12.	Ambulance or rescue service, except by air					41190						
13.	Other passenger transportation					41200						
14.	Repair and maintenance of vehicles not owned	by y	our comp	oany		41210			-			
15.	Freight, baggage, and mail handling					41220			-			
16.	Advertising					41230						
17.	Sales of merchandise											
	a. Fuels and lubricants					43100						
	b. Food and beverages					43150						
	c. Sales of other merchandise					43750						
18.	All other operating revenue - Specify											
						49810						
19.	Total (Should equal @ if reporting in dollars.)					49990						1 0
23-	25 Not Applicable.											
26	SPECIAL INQUIRIES REVENUE - GENERATING EQUIPMENT											
							nber of	vehicle	s T			
	Inventories of revenue generating equipment - December 31, 2002	Cen- sus use	Ow	/ned		Cen- sus use	Lea	ased		Cen- sus use	То	tal
	1. Vans	4001		+ +		4011		+ +		4021		
	2. Small buses (less than 35 seats)	4002		-		4012	-			4022		
	3. Large buses (35 seats or more)	4003				4013		-		4023		
	4. Taxicabs	4004				4014				4024		
	5. Limousines	4005				4015				4025		
	6. Other - Specify											

Not Applicable.

Form TW-48560 Page 7

Nur	ot sho nber (6	wn, please enter your 11-digit Census File CFN) from the mailing address.			
28	ESTA	BLISHMENT ACTIVITIES			
	со	dicate activities that were performed by this establishment or were impany during 2002. Mark "X" ALL that apply.)	e performed for the	his establishmen	t by another
		Decident Decidence of	This activity was performed by this establishment	This activity was performed for this establishment by another company	This activity was not provided by this establishment
	1.	Product Development			
		a. Product design/engineering	0921	0941	0961
		b. Materials fabrication/processing/assembly/blending	0922	0942	0962
	2.	Order Fulfillment			
		a. Bundling or kitting (combining multiple items into a prepackaged product)	0923	0943	0963
		b. Pick and pack (taking goods from inventory and packaging them to fill orders)	0924	0944	0964
		c. Warehousing	0925	0945	0965
		d. Breaking bulk (reducing large shipments into smaller portions for customers)	0926	0946	0966
		e. Local delivery (within a city, town, or other local area, including adjoining towns and suburban areas)	0927	0947	0967
		f. Long distance delivery (beyond local areas and commercial zones)	0928	0948	0968
		g. Less than truckload	0929	0949	0969
	3.	Other Services			
		a. Customs brokerage (providing the services of a licensed customs broker)	0930	0950	0970
		b. Logistics consulting (providing advice and expertise)	0931	0951	0971
		c. Processing of returned merchandise	0932	0952	0972
	B. Du	uring 2002 did this establishment:			
		Manage inventory owned by this establishment AND held at this	location?	₀₉₃₆	₀₉₃₇ No
	2.	Manage inventory owned by this establishment BUT held at a cu location?		₀₉₅₆	₀₉₅₇
	3.	Manage inventory owned by another company BUT held at this I	ocation?	₀₉₇₆	₀₉₇₇
	4.	Manage inventory owned by another company AND held somew at this location?	here other than	₀₉₉₄	₀₉₉₅ No

	-48560							
	RATIONAL STATUS							
Activ	vity that best describes th	is establishment's	status at the end of	2002				
	rk "X" only ONE box.)							
					0018	Month	Day	Year
0011	☐ In operation	0014 Ceased	operation - Give da	te at right	• 0018	WIOTILIT	Day	Teal
	n	П						
0013	Temporarily or	0015 ☐ Sold or	leased to another o	perator ——				
	seasonally inactive	- GIVe C	date at right AND en and mailing address	ter new helow 7				
		name a	na maning address	below /				
	0060 Name of new owner of	or operator	0061 F	mployer Identifica	tion Number			
				Enter EIN of new				
				owner (9 digits)		-		
	0062 Mailing address (num	ber and street, P.O.	Box, etc.)			•		
	0063 City, town, village, etc	.		0064 \$	State 0065 ZIF	Code		
							_	
marks	(Please use this space for	r any explanations	; that may be essent	ial in understand	ling your re _l	ported d	ata.)	
	·	, ,	·					
CER	TIFICATION - This report	is substantially ac	curate and was prep	ared in accordar	nce with the	instruct	ions.	
				ared in accordar	nce with the	instruct	ions.	
	TIFICATION - This report			ared in accordar				Year
he time	e period covered by this r	eport a calendar y	/ear?		ar	N	ions.	Year
he time	e period covered by this r		vear? povered → FROM	Month Ye	ar	-O		Year
he time	e period covered by this r	eport a calendar y	/ear?	Month Ye	ar	N		Year
he time	e period covered by this r	report a calendar y	vear? povered → FROM	Month Ye	ar	-O		Year
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PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.

