

YOU ARE REQUIRED BY LAW (Title 13, United States Code) to complete this report form for the business identified in the mailing label and return it to the U.S. Census Bureau. By the same law, your report to the Census Bureau is confidential. It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. The law also provides that copies retained in your files are immune from legal process.



FORM **SBO-2**
(12-20-2002)

2002 SURVEY OF BUSINESS OWNERS AND SELF-EMPLOYED PERSONS

In correspondence or telephone calls pertaining to this report, please refer to the first 11 digits of the Identification Number (ID) shown in the label below.

SBO-2

DUE DATE:

30 days after receipt of form

Mail the completed form in the return envelope. If you did not receive a return envelope, mail to:

**U.S. Census Bureau
1201 East 10th Street
Jeffersonville, IN
47134-0001**

Need help or have questions about filling out this form?

Visit our web site at www.census.gov/csd/sbo

Call 1-800-233-6132,
8:00 a.m. to 8:00 p.m.,
Eastern time, Monday
through Friday,

- OR -

Write to the address above.

Please correct errors in name, address, and ZIP Code. ENTER street and number if not shown.

The **purpose** of this survey is to collect statistics on businesses and their individual owners. You received this form because you filed a 2002 IRS Form 1040 with a Schedule C, "Profit or Loss From Business."

Examples:

x 1 2

INSTRUCTIONS – Please read the accompanying information sheet(s) and complete the following questions for the self-employment activity or business activity of the person(s) or business named in the mailing label even if the business has been sold, reorganized, or discontinued.

- Use blue or black ink.
- Place an "X" inside the box.
- Center numbers in boxes.
- Do not put slashes through 0 or 7.

Print name of person completing this form

Telephone number (Include Area Code)

1 In 2002, which of the following described the ownership by the person(s) or business activity named in the mailing label? (*The term business refers to the self-employment or business activity for which you filed a 2002 IRS Form 1040 Schedule C, "Profit or Loss From Business."*) Mark **X** all that apply.

- Sole proprietorship or self-employed
- Husband and wife jointly owned business
- Independent contractor
- Estate or trust
- Other – Specify

2 Please list the **percentage of ownership** by the person(s) in 2002 and his or her **position title**. (*Position title refers to sole owner, co-owner, president, vice president, or other designation. If there is only one individual, enter the Percentage Owned as 100% and the Position Title as Sole Owner.*)

Percentage Position Title

Owner 1: %

Owner 2: %

3 In 2002, what was **Owner 1's** primary function(s) in this business? Mark **X** all that apply.

- Producing this business's goods/services
- Managing day-to-day operations
- Financial control with the authority to sign loans, leases, and contracts
- None of the above

4 In 2002, what was the average number of hours per week that **Owner 1** spent managing or working in this business?

- None 40 hours
- Less than 20 hours 41–59 hours
- 20–39 hours 60 hours or more

5 In 2002, did this business provide **Owner 1's** primary source of personal income?

- Yes No

6 In 2002, did **Owner 1** have a disability which prevented or limited the amount of time spent managing or working in this business?

- Yes No



7 a. Is **Owner 1** a veteran of any branch of the U.S. military service including the Coast Guard?
 Yes No – Go to **8**

b. (If Yes) Was **Owner 1** disabled as the result of injury incurred or aggravated during active military service?
 Yes No

8 What is the sex of **Owner 1**?
 Male Female

9 What was **Owner 1's** age as of December 31, 2002?
 Under 25 35–44 55–64
 25–34 45–54 65 or over

NOTE: Please answer BOTH questions **10** and **11**.

10 Is **Owner 1** Spanish/Hispanic/Latino? Mark **X** the "No" box if not Spanish/Hispanic/Latino.

- No
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, Other Spanish/Hispanic/Latino – Specify

11 What is **Owner 1's** race? Mark **X** one or more races to indicate what this person considers himself/herself to be.

- White
- Black, African American, or Negro
- American Indian or Alaska Native – Specify name of enrolled or principal tribe

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian – Specify

- Native Hawaiian
- Samoan
- Guamanian or Chamorro
- Other Pacific Islander – Specify

12 What was the highest degree or level of school **Owner 1** completed before establishing, purchasing or acquiring this business? Mark **X** ONE box only for the highest level completed or degree received.

- Less than high school graduate
- High school graduate – Diploma or GED
- Technical, trade, or vocational school
- Some college, but no degree
- Associate Degree
- Bachelor's Degree
- Master's, Doctorate, or Professional Degree

13 Was there more than 1 owner listed in **2** on page 1?
 Yes No – Go to **24** on page 4.

Please answer the following questions about **Owner 2** listed in **2** on page 1.

14 In 2002, what was **Owner 2's** primary function(s) in this business? Mark **X** all that apply.

- Producing this business's goods/services
- Managing day-to-day operations
- Financial control with the authority to sign loans, leases, and contracts
- None of the above

15 In 2002, what was the average number of hours per week that **Owner 2** spent managing or working in this business?

- None 40 hours
- Less than 20 hours 41–59 hours
- 20–39 hours 60 hours or more

16 In 2002, did this business provide **Owner 2's** primary source of personal income?

- Yes No

17 In 2002, did **Owner 2** have a disability which prevented or limited the amount of time spent managing or working in this business?

- Yes No

18 a. Is **Owner 2** a veteran of any branch of the U.S. military service including the Coast Guard?

- Yes No – Go to **19**

b. (If Yes) Was **Owner 2** disabled as the result of injury incurred or aggravated during active military service?

- Yes No

19 What is the sex of **Owner 2**?

- Male Female

20 What was **Owner 2's** age as of December 31, 2002?

- Under 25 35–44 55–64
- 25–34 45–54 65 or over



NOTE: Please answer BOTH questions **21** and **22**.

21 Is **Owner 2 Spanish/Hispanic/Latino**? Mark the "No" box if not Spanish/Hispanic/Latino.

- No
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, Other Spanish/Hispanic/Latino – Specify

22 What is **Owner 2's** race? Mark one or more races to indicate what this person considers himself/herself to be.

- White
- Black, African American, or Negro
- American Indian or Alaska Native – Specify name of enrolled or principal tribe

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian – Specify

- Native Hawaiian
- Samoan
- Guamanian or Chamorro
- Other Pacific Islander – Specify

23 What was the highest degree or level of school **Owner 2** completed before establishing, purchasing or acquiring this business? Mark ONE box only for the highest level completed or degree received.

- Less than high school graduate
- High school graduate – Diploma or GED
- Technical, trade, or vocational school
- Some college, but no degree
- Associate Degree
- Bachelor's Degree
- Master's, Doctorate, or Professional Degree

Please answer the following questions about the self-employment activity or business activity of the person(s) or business named in the mailing label on page 1.

24 a. In what year was this business originally established?

Year Don't know

b. When did the owner(s) listed in **2** on page 1 originally establish, purchase or acquire this business? If different years, select the earliest.

Before 1980 1997 2000
 1980–1989 1998 2001
 1990–1996 1999 2002

25 During 2002, was this business operated primarily from somebody's home?

Yes No

26 During 2002, was this business owned exclusively by members of the same family? (Family refers to spouses, parents/guardians, brothers, sisters, or close relatives.)

- Yes – Owned by husband and wife
- Yes – Owned by close relatives, other than spouses
- No – Owned by persons not in the same family
- No – Only one owner

27 During 2002, was this business operated as a franchise?

Yes No

28 What was the source(s) of capital used to start or acquire this business? Mark all that apply.

- Personal/family savings of owner(s)
- Personal/family assets other than savings of owner(s)
- Personal/business credit card of owner(s)
- Business loan from federal, state or local government
- Government-guaranteed business loan from a bank or financial institution
- Business loan from a bank or financial institution
- Outside investor
- None needed

Please continue on Page 4.



- 29** During 2002, were any of the following sources used to finance expansion or capital improvements for this business? *Mark X all that apply.*
- Personal/family savings of owner(s)
 - Personal/family assets other than savings of owner(s)
 - Personal/business credit card of owner(s)
 - Business loan from federal, state or local government
 - Government-guaranteed business loan from a bank or financial institution
 - Business loan from a bank or financial institution
 - Outside investor
 - None needed

- 30** Which of the following types of customers accounted for 10% or more of this business's total sales of goods/services during 2002? *Mark X all that apply.*
- Federal government
 - State and local government (including school districts, transportation authorities, etc.)
 - Export sales of goods/services
 - Other businesses and/or organizations (excluding export sales)
 - Household consumers and individual users (excluding export sales)
 - All others

- 31** During 2002, were any of the following types of workers used by this business?
- | | Yes | No |
|---|--------------------------|--------------------------|
| Full- and part-time paid employees reported on this business's IRS Form 941 | <input type="checkbox"/> | <input type="checkbox"/> |
| Paid day laborers | <input type="checkbox"/> | <input type="checkbox"/> |
| Temporary staffing obtained from a temporary help service | <input type="checkbox"/> | <input type="checkbox"/> |
| Leased employees from a leasing service or a professional employer organization . . . | <input type="checkbox"/> | <input type="checkbox"/> |
| Contractors, subcontractors, independent contractors or outside consultants | <input type="checkbox"/> | <input type="checkbox"/> |

- 32** Which of the following characteristics describe your self-employment or business activity during 2002? *Mark X all that apply.*
- Operated less than 40 hours per week on average
 - Operated less than 12 months
 - Hobby which generated income
 - Seasonal business (for example, firework sales or tax preparer)
 - Supplemental source of income
 - Husband/wife jointly owned but operated primarily by husband
 - Husband/wife jointly owned but operated primarily by wife
 - Operated occasionally (for example, consultant, event organizer, guest speaker, or musician)
 - Used electronic medium as a primary tool for conducting business (for example, selling from a website or finding customers)
 - None of the above

33 Since 2002, has this business expanded in any of the following ways? Yes No

Increased types of products sold or services rendered to customers	<input type="checkbox"/>	<input type="checkbox"/>
Increased number of employees	<input type="checkbox"/>	<input type="checkbox"/>
Increased number of locations	<input type="checkbox"/>	<input type="checkbox"/>
Increased hours of operation	<input type="checkbox"/>	<input type="checkbox"/>

- 34 a.** Is this business currently in operation?
 Yes No – Go to **34 b**

- b.** (If No) Were the operations ceased for any of the reasons listed below? *Mark X all that apply.*
- Owner(s) retired
 - Owner(s) deceased
 - Operated for a specific or one-time event
 - Inadequate cash flow or low sales
 - Lack of access to business loans/credit
 - Lack of access to personal loans/credit
 - Started another business
 - Sold this business
 - Other – *Specify* ↴

