## DUE DATE FEBRUARY 12, 2008

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.

Need help or have questions about filling out this form?

Visit www.census.gov/econhelp
Call 1-800-233-6136, between 8:00 a.m. and 6:00 p.m., Eastern time, Monday through Friday.

- OR -

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

AE-71304

## DO NOT USE TO REPORT

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 U.S. Census Bureau. By the same Iaw, YOUR CENSUS REPORT 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. Further, copies retained in respondents' files are immune from legal process.

- Use blue or black ballpoint pen. • Please center numbers in their respective boxes. Examples:
- Do not use pencil or felt-tip pen. - Do not put slashes through 0 or 7
- Place an "X" inside the box.

The reporting unit for this form is an establishment. An establishment is generally a single physical location where business is conducted or where services or industrial operations are performed. For further clarification, see information sheet(s).

## EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) shown in the mailing address the same as the one used for this establishment on its latest 2007 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021Yes - Go to 20022No - Enter current EIN (9 digits) $\qquad$ $\rightarrow 0025$

PHYSICAL LOCATION
A. Is this establishment's physical location the same as shown in the mailing address?
(P.O. Box and rural route addresses are not physical locations.)

0031Yes - Go to line B
$0032 \quad \square$ $\square$ 0035 Number and street
$\square$ Yes - Go to line B
No - Enter $\longrightarrow$
physical
location


| 0036 City, town, village, etc. | 0037 State | 0038 ZIP Code |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  | - |  |

B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.? (Mark "X" only ONE box.)
$0041 \square$ Yes $\quad 0042 \square$ No $\quad 0043 \square$ No legal boundaries $0044 \square$ Do not know
C. In what type of municipality is this establishment physically located? (Mark "X" only ONE box.)

City, village, or borough
$0047 \quad \square$ Town or township
0048Other
0024
Do not know
(3) OPERATIONAL STATUS

Which ONE of the following best describes this establishment's operational status at the end of 2007?
(Mark "X" only ONE box.)


| 0060 Name of new owner or operator | 0061 EIN (9 digits) |  |
| :--- | :--- | :--- |
|  |  | - |
| 0062 Mailing address (Number and street, P O. Box, etc.) |  |  |

0062 Mailing address (Number and street, P.O. Box, etc.)

| 0063 City, town, village, etc. | 0064 State | 0065 ZIP Code |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  | - |  |

0016
Other - Specify $\qquad$
MONTHS IN OPERATION
Mark "X" 2007
if None Number
Number of months in operation during 2007 (If none, mark "X" and go to 30.)


Not Applicable.
7 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 1.


## Exclude:

- Temporary staffing obtained from a staffing service.
- Contractors, subcontractors, or independent contractors.
- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.
- Purchased or managed services, such as janitorial, guard, or landscape services.
- Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services.

For further clarification, see information sheet(s).
A. Number of employees for pay period including March 12 .
B. Payroll before deductions (Exclude employer's cost for fringe benefits.)

1. Annual payroll
2. First quarter payroll (January-March, 2007)


## If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

Not Applicable.
KIND OF BUSINESS OR ACTIVITY
Which ONE of the following best describes this establishment's principal kind of business or activity in 2007? (Mark "X" only ONE box.)

## Gaming operations

$713210001 \quad \square$ Casinos (featuring table wagering games along with other gambling activities) without guestrooms for lodging
$721120001 \quad \square$ Casino hotel (gambling) with guestrooms for lodging
$713290102 \quad \square$ Slot machine parlors (e.g., slots, video poker)
$713290101 \quad \square$ Slot machine operators - operation of coin-operated gaming devices (e.g., slots, video poker) located in other establishments' facilities
$713290201 \quad \square$ Bingo parlors or halls, card rooms, or off-track betting parlors
$722410004 \quad \square$ Bars with limited gaming operations (e.g., video poker, keno, pull tabs, etc.)
$722110006 \quad \square$ Restaurant with limited gaming operations (e.g., video poker, keno, pull tabs, etc.)
$777713012 \quad \square$ Charitable gaming activities operated by a membership advocacy or social service organization Specify this organization
$713290202 \quad \square$ Other gambling (gaming) operations - Specify $\rceil$

0701

## Other kind of business or activity

773000002
Other kind of business or activity - Specify
and 21 Not Applicable.

| HOW TO |
| :--- |
| HEPORT <br> RERCENTS <br> PERCE |

DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE
(Report receipts by source either as a dollar figure or as a whole percent of total receipts (reported in (5). See HOW TO REPORT DOLLAR FIGURES on page 2 and HOW TO REPORT PERCENTS above. Do not combine data for two or more receipts lines.)
Line 1 - Report receipts from wagers on table games in which the bettor plays against people, rather than machines.
Table games may use mechanical devices, such as terminals, for placing bets, but there is always a live dealer or similar person present who controls the operation of the game.

Line 2 - Report receipts from electronic and mechanical gambling machines (e.g., slot machines, video lottery terminals, coin-operated gambling machines). Exclude gambling conducted over the Internet. Report table games that use terminals to allow gamblers to enter their bets on the appropriate detail lines under line 1, keno games that operate as a lottery on the appropriate detail lines under line 5, and hosting gambling machines for a fee or commission on line 7.

## DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

Line 3 - Report receipts from pari-mutuel wagers on future, uncertain events, such as races and sporting events. The house pools the bets of all gamblers, takes a commission, and then distributes the remaining money to the winners. Exclude gambling conducted over the Internet. Report receipts from lotteries, even if tied to sporting events, on the appropriate detail lines under line 5.

Line 4 - Report receipts from providing access to and making/taking wagers on sporting and other events where there is an uncertain outcome. Include gambling where the establishment sets the odds or line, and the player bets against the house (e.g., wagering on football, baseball, basketball, and hockey, and bookmaking for events, such as political elections).

Line 5 - Report receipts from providing access to and making/taking wagers on games of chance that sell tokens, such as a ticket, some of which will win a prize. Include lottery receipts in which the gambler can pick a particular set of numbers, or have a set randomly selected, to be entered in a future drawing. Include receipts from instant-win tickets, break-apart tickets, scratch-and-win tickets, keno games, bingo games, and raffles. Include receipts from lottery tickets on the Internet, as long as the drawing is held at a later time. Report receipts from the sale of lottery tickets for a fee or commission on line 6.
Line 6 - Report receipts from the sale of games of chance tickets for others (e.g., instant lotteries, traditional lotteries, lottos) for a fee or commission (i.e., lottery agents).
Line 7 - Report receipts from providing a location for the placement of coin-operated gambling machines, such as slot machines and video lottery terminals, for a fee or commission paid by the owners or lessors of the machines. Exclude receipts from providing a location for the placement of coin-operated non-gambling machines (e.g., vending machines, video games, and children's mechanical rides). Report receipts from operating coin-operated gambling machines on line 2.

Description of sales, shipments, receipts, or revenue

1. Table wagering games
a. Table wagering games, played against the house
b. Table wagering games, played against other bettors
c. Sum lines 1a and 1b
2. Gambling machines
3. Pari-mutuel sports gambling
a. On the event premises
b. Away from the event premises
c. Sum lines 3a and 3b
4. Sports and other bookmaking
5. Lotteries
a. Instant lotteries
b. Lottos
c. Other Iotteries
d. Sum lines 5a through 5c
6. Sale of tickets to lotteries and other games of chance to gamblers, for a fee or commission
7. Hosting of coin-operated gambling machines
8. Admissions to live performing arts performances

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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

Description of sales, shipments, receipts, or revenue
9. Room or unit accommodation for travelers
10. Meals and beverages, prepared and served or dispensed, for immediate consumption
a. Meals and non-alcoholic beverages
b. Alcoholic beverages
c. Sum lines 10a and 10b
11. Resale of merchandise
12. All other operating receipts - Specify if more than 10 percent of total receipts 7
13. TOTAL OPERATING RECEIPTS - Sum of lines should equal 5 if reporting in dollars

| $\left\|\begin{array}{c} \text { Cen- } \\ \text { sus } \\ \text { use } \end{array}\right\|$ | 2007 |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Estimates are acceptable. Report dollars OR percents. |  |  |  |  |
|  | $\begin{aligned} & \hline \$ \text { Bil. } \\ & \hline 0721 \end{aligned}$ | Mil. | Thou. | Dol. | $$ |
| 39430 |  |  |  |  |  |
| 39461 |  |  |  |  |  |
| 39462 |  |  |  |  |  |
| 39460 |  |  |  |  |  |
| 39676 |  |  |  |  |  |
| 39766 |  |  |  |  |  |
| 39850 |  |  |  |  | 100 |

Not Applicable.

## SPECIAL INQUIRIES

FRANCHISE
Was this establishment operating under a trademark authorized by a franchisor in 2007?
(Mark "X" only ONE box.)
$0237 \quad \square$Yes - franchisee owned establishment

0238Yes - franchisor owned establishment

0239No

Not Applicable.

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

CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.


