



# 2007 ECONOMIC CENSUS

## Building Inspection Services

**DUE DATE**  
**FEBRUARY 12, 2008**

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

PS-54113

**INFORMATION COPY  
DO NOT USE TO REPORT**

(Please correct any errors in this mailing address.)

**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](http://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.

**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 law, **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.
  - Do not use pencil or felt-tip pen.
  - Place an "X" inside the box.
  - Please center numbers in their respective boxes.
  - Do not put slashes through 0 or 7.
- Examples:  0 1 2 3 4 5 6 7 8 9

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).

**1** 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?

0021  Yes - Go to **2**      0022  No - Enter current EIN (9 digits) → 0025  -

**2** 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.)

0031  Yes - Go to line B

0032  No - Enter physical location →

0035 Number and street			
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  Yes      0042  No      0043  No legal boundaries      0044  Do not know

**C.** In what type of municipality is this establishment physically located? (Mark "X" only ONE box.)

0046  City, village, or borough      0047  Town or township      0048  Other      0024  Do not know

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**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.)

0011  In operation

0013  Temporarily or seasonally inactive

0014  Ceased operation - Give date at right

Month	Day	Year

0015  Sold or leased to another operator - Give date at right AND enter name and address of new owner or operator and Employer Identification Number (EIN) below

0018

0060 Name of new owner or operator		0061 EIN (9 digits)	
		-	
0062 Mailing address (Number and street, P.O. Box, etc.)			
0063 City, town, village, etc.	0064 State	0065 ZIP Code	
		-	

0016  Other - Specify 0815

**4 MONTHS IN OPERATION**

Mark "X" if None 2007 Number

Number of months in operation during 2007 (If none, mark "X" and go to 50.) 0002

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

If a figure is \$1,025,628.79:

If a value is "0" (or less than \$500.00):

Report

Report

Mark "X" if None

Mark "X" if None

2007			
\$ Bil.	Mil.	Thou.	Dol.
	1 0 2 6		

**5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE**

Operating receipts 0100

2007			
\$ Bil.	Mil.	Thou.	Dol.

**6 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 0320

2007	
Mark "X" if None	Number

B. Payroll before deductions (Exclude employer's cost for fringe benefits.)

Mark "X" if None

2007			
\$ Bil.	Mil.	Thou.	Dol.

1. Annual payroll 0300

2. First quarter payroll (January-March, 2007) 0310

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

8 - 13 Not Applicable.

19 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.)

Inspection and testing services

- 0700 541 350 00 1  Home or building inspection services
- 541 380 00 1  Testing laboratories, excluding veterinary and medical
- 541 940 00 2  Veterinary testing laboratories
- 541 380 00 9  Radon testing
- 541 380 00 2  Environmental testing services - Specify ↴

0701

- 531 320 00 3  Real estate appraisals
- 561 710 00 3  Exterminating and pest control services
- 777 541 04 2  Other inspection and testing services - Specify ↴

0701

Other kind of business or activity

- 541 940 00 1  Veterinary services
- 541 620 00 2  Environmental consulting services
- 777 541 04 3  Construction services - Specify ↴

0701

- 773 000 00 1  Other kind of business or activity - Specify ↴

0701

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**20 CLASS OF CUSTOMER**

Estimate the percentage of receipts (reported in 5) by class of customer. Include work performed "in-house" or by others.

		2007	
		Whole percent of receipts	
1.	Federal, state, and local governments, including public authorities (direct services only) . . . . .	3120	%
2.	Construction firms . . . . .	3122	%
3.	Architectural firms . . . . .	3123	%
4.	Engineering firms . . . . .	3124	%
5.	All other business firms and organizations (manufacturing, utilities, mining, shopping centers, office buildings, etc.) . . . . .	3125	%
6.	Not-for-profit organizations (Include religious organizations) . . . . .	3107	%
7.	Individuals (Include fees from individually owned businesses on lines 2, 3, 4, or 5 as appropriate.) . . . . .	3100	%
8.	<b>TOTAL</b> . . . . .		<b>1 0 0 %</b>

**21 SUPPORT SERVICES**

Was this establishment primarily engaged in providing management, administrative, or support services to other establishments of your enterprise (rather than for the general public or other business firms) in 2007?

0998  Yes

0999  No

**HOW TO REPORT PERCENTS**



If figure is **38.76%** of total sales:

**Report whole percents**

2007				
Estimates are acceptable. Report dollars OR percents.				
\$ Bil.	Mil.	Thou.	Dol.	Percent
				3 9

**22 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 visual examinations of the components forming a residential property, such as the structure; interior and exterior elements; heating, cooling, ventilation, and electrical systems; roofing; plumbing; insulation; and fireplaces and solid fuel burning appliances. This service usually includes a report to the client on any defects or deficiencies. Include estimates of the cost of remedial action, as well as an interview and record search related to the property under examination. Report inspection services related to new home construction on **line 3**.

**Line 2** - Report receipts from visual examinations of residential property, combined with assessing the level of activity and extent of damage caused by termites, fungi, or other wood-destroying pests. This service usually includes a report to the client on any defects or deficiencies, and may include estimates of the cost of remedial action, as well as an interview and record search related to the property under examination. Report pest inspection services when not combined with home inspection services on **line 7**.

**Line 5** - Report receipts from the detection of the presence of environmental hazards, such as lead-based paint, radon, asbestos, water or air contamination, carbon monoxide or carbon dioxide, etc.

**Line 6** - Report receipts from specific element, system, or site feature inspection services, when not undertaken as part of a standard property condition assessment.

CONTINUE WITH 2 ON PAGE 5

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

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

Description of sales, shipments, receipts, or revenue	Census use	2007					
		Estimates are acceptable. Report dollars OR percents.					
		\$ Bil.	Mil.	Thou.	Dol.	Percent	
0723	0720	0721				0722	
1. Home inspection services	38200						
2. Combined home and pest inspection services	38210						
3. New home construction inspection services	38220						
4. Commercial building inspection services	38230						
5. Environmental hazard detection services	38240						
6. Specific element inspection services							
a. Structural component inspection services	38251						
b. Electrical inspection services	38252						
c. Roofing inspection services	38253						
d. Other specific element inspection services - Specify ↴							
	38254						
e. Sum lines 6a through 6d	38250						
7. Pest inspection services	38260						
8. Other services related to building inspection - Specify ↴							
	38270						
9. Resale of merchandise - Specify ↴							
	39697						
10. All other operating receipts - Specify if more than 10 percent of total receipts ↴							
	39729						
11. TOTAL OPERATING RECEIPTS - Sum of lines should equal 5 if reporting in dollars	39850						1 0 0

**23** and **24** Not Applicable.

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**25** EXPORTED SERVICES

**NOTE** - An exported service is a product (e.g., service performed, license agreement) that is performed for, or sold or transferred to, 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). Include products provided to unaffiliated and affiliated foreign firms (e.g., foreign parent firms, subsidiaries, branches). Exclude products provided to domestic subsidiaries of foreign firms.

**A.** Did the receipts or revenue (reported in **5**) include any amounts for exported services?

0911  Yes - Go to line B

0912  No - Go to **30**

2007			
\$ Bil.	Mil.	Thou.	Dol.

**B.** Amount of receipts or revenue for exported services . . . . . 0914

**26-29** Not Applicable.

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

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

Is the time period covered by this report a calendar year?

Yes  No - Enter time period covered →

FROM	Month	Year	TO	Month	Year

Name of person to contact regarding this report

Title

Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-

Internet e-mail address

Date completed

Month	Day	Year

**Thank you for completing your 2007 ECONOMIC CENSUS form.**

**PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.**

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