

FORM **MB-1**  
(5-19-98)U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS**1997 SURVEY OF BUSINESS OWNERS  
AND SELF-EMPLOYED PERSONS**In correspondence pertaining to this report,  
please refer to this Census File Number (CFN)**DUE DATE:**  
**30 days after receipt of form**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 mail to:****U.S. Department of Commerce  
Bureau of the Census  
1201 East 10th Street  
Jeffersonville, IN 47134-0001***For assistance, 8:30 a.m.  
to 7:00 p.m., eastern time.  
Monday through Friday:  
1-800-233-6132***MB-1***Please correct errors in name, address, and ZIP Code. ENTER street and number if not shown.***INSTRUCTIONS — PLEASE READ**

**The purpose of this questionnaire is to collect information about the gender, race, and ethnic background of business owners in the United States for the year 1997. The business owner(s) should complete this questionnaire even if the business has since been sold, reorganized, or discontinued.** Data provided by you will be used only for statistical purposes and will be kept strictly confidential. The race and ethnic categories have been established by the Office of Management and Budget to assure uniform reporting to all Federal agencies.

These data are needed to evaluate the extent and growth of business ownership in order to provide a framework for assessing and directing Federal, state, and local government business assistance programs. The Small Business Administration and the Minority Business Development Agency use these data when allocating resources for their business assistance programs. The data are also widely used by private firms and individuals to evaluate their own businesses and markets, by the media for news stories, and by researchers and academia for determining firm characteristics.

We estimate that it will take 10 minutes or less to complete this questionnaire. If you have any comments regarding these estimates or any other aspect of this survey, send them to the Associate Director for Administration/Controller, Attn: Paperwork Reduction Project 0607-0854, Room 3104, Federal Building 3, Bureau of the Census, Washington, DC 20233. You are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears at the top of this page.

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**PLEASE TURN THIS FORM OVER AND COMPLETE THE QUESTIONNAIRE**

PLEASE PRINT ALL ENTRIES IN BLACK OR BLUE INK

Please round percentages to the nearest whole number  
(Example: 33-1/3% should be reported as 33%).

1. Give the percent of ownership of this business by **gender of the owner(s)**. Percent of ownership should be based on the rights, claims, interests, or stock in the business.

% Male

% Female

% Stock publicly held or owned by other organizations –  
If greater than 50%, Skip to item 5

% **Total (Should add to 100%)**

2a. Are **any** of the owners of this business **Spanish/Hispanic/Latino?**

No, not Spanish/Hispanic/Latino – Skip to item 3

Yes – Please continue with item 2b

2b. Give the percent of ownership of this business by **Spanish/Hispanic/Latino origin of the owner(s)**.

% Cuban

% Mexican, Mexican Am., Chicano

% Puerto Rican

% Spaniard

% Hispanic Latin American – Specify (Please print)

% Other Spanish/Hispanic/Latino – Specify (Please print)

Continue with item 3

3. Give the percent of ownership of this business by **race of the owner(s)**. Each owner should identify with the one race he/she considers himself/herself to be.

% African Am./Black/Negro

% Amer. Indian or Alaska Native

% Asian Indian

% Chinese

% Filipino

% Japanese

% Korean

% Vietnamese

% Other Asian – Specify (Please print)

% Native Hawaiian

% Other Pacific Islander – Specify (Please print)

% White

% Some other race – Specify (Please print)

Continue with item 4

4. Mark (X) the **ONE** box that reflects the **number of owners of this business**.

1     6

2     7

3     8

4     9

5     10

More than 10 – Specify →

5. Did any of this business's receipts in 1997 result from business conducted with the Federal government?

Yes     No

Continue with item 6

Thank you for completing this form.  
Please return this report in the enclosed envelope to:

U.S. Department of Commerce  
Bureau of the Census  
1201 East 10th Street  
Jeffersonville, IN 47134-0001

6. CONTACT PERSON – Please print name of person responsible for completing this report.

FIRST NAME  MI  MONTH DAY YEAR TELEPHONE (Including area code)  -  -  Signature

LAST NAME

