

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-1**
(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-1

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.

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.

Examples:

x 12

- 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 of the business activity named in the mailing label? Mark **X** all that apply.

- Alaska Native Regional or Village Corporation
- American Indian tribal entity
- Foreign-owned
- Limited Liability Company (LLC)
- Membership/cooperative
- Nonprofit
- Owned by another organization
- Partnership or Limited Liability Partnership (LLP)
- Privately held corporation
- Publicly held corporation
- Other – Specify

2 In 2002, did any individual own 10% or more of the rights, claims, interests, or stock in this business?

- Yes – Go to **3**
- No – Go to **36** on Page 4.

3 For those individuals owning the largest percentages in the business in 2002, please list the **percentage owned** by each person and his or her **position title(s)**. If more than 3 persons owned the business equally, select any 3.

	Percentage	Position Title
Owner 1:	<input type="text"/> %	<input type="text"/>
Owner 2:	<input type="text"/> %	<input type="text"/>
Owner 3:	<input type="text"/> %	<input type="text"/>

4 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

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

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



6 In 2002, did this business provide **Owner 1's** primary source of personal income?
 Yes No

7 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

8 a. Is **Owner 1** a veteran of any branch of the U.S. military service including the Coast Guard?
 Yes No – Go to **9**

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

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

10 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 **11** and **12**.

11 Is **Owner 1 Spanish/Hispanic/Latino?** Mark **X** the "No" box if not Spanish/Hispanic/Latino.
 No Yes, Cuban
 Yes, Mexican, Mexican American, Chicano Yes, Other Spanish/Hispanic/Latino – Specify **↘**
 Yes, Puerto Rican

12 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 Korean
 Chinese Vietnamese
 Filipino Other Asian – Specify **↘**
 Japanese

Native Hawaiian Guamanian or Chamorro
 Samoan Other Pacific Islander – Specify **↘**

13 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

14 Was there more than **1** owner listed in **3** on page 1?
 Yes No – Go to **36** on page 4.

Please answer the following questions about Owner 2 listed in 3 on page 1.

15 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

16 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

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

- Yes No

18 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

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

- Yes No – Go to **20**

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

- Yes No

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

- Male Female



- 21** 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 **22** and **23**.

- 22** Is **Owner 2 Spanish/Hispanic/Latino?** Mark **X** the "No" box if not Spanish/Hispanic/Latino.
- No Yes, Cuban
 Yes, Mexican, Mexican American, Chicano Yes, Other Spanish/Hispanic/Latino - Specify ↘
 Yes, Puerto Rican

- 23** What is **Owner 2'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 Korean
 Chinese Vietnamese
 Filipino Other Asian - Specify ↘
 Japanese

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

- 24** What was the highest degree or level of school **Owner 2** 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

- 25** Were there more than **2** owners listed in **3** on page 1?
- Yes No - Go to **36** on page 4.

Please answer the following questions about **Owner 3** listed in **3** on page 1.

- 26** In 2002, what was **Owner 3'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

- 27** In 2002, what was the average number of hours per week that **Owner 3** spent managing or working in this business?
- None 40 hours
 Less than 20 hours 41-59 hours
 20-39 hours 60 hours or more

- 28** In 2002, did this business provide **Owner 3's** primary source of personal income?
- Yes No

- 29** In 2002, did **Owner 3** have a disability which prevented or limited the amount of time spent managing or working in this business?
- Yes No

- 30 a.** Is **Owner 3** a veteran of any branch of the U.S. military service including the Coast Guard?
- Yes No - Go to **31**

- b.** (If Yes) Was **Owner 3** disabled as the result of injury incurred or aggravated during active military service?
- Yes No

- 31** What is the sex of **Owner 3**?
- Male Female

- 32** What was **Owner 3'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 **33** and **34**.

- 33** Is **Owner 3 Spanish/Hispanic/Latino?** Mark **X** the "No" box if not Spanish/Hispanic/Latino.
- No Yes, Cuban
 Yes, Mexican, Mexican American, Chicano Yes, Other Spanish/Hispanic/Latino - Specify ↘
 Yes, Puerto Rican



34 What is **Owner 3'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 ↴

35 What was the highest degree or level of school **Owner 3** 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

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.

36 In what year was this business originally established?

Year Don't know

37 When was the business originally established, purchased or acquired by the owner(s) listed in **3** on page 1? *If different years, select the earliest. If no owners listed, go to **38**.*

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

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

- Yes
- No

39 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
- No
- Only one owner

40 During 2002, was this business operated as a franchise?
 Yes No

41 What was the source(s) of capital used to start or acquire 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

42 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

43 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

44 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"/>

