

**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**MB-2**

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.*

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. Please report this information for the person(s) owning the majority of the rights, claims, interests, or stock in this business. 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.



0083

PLEASE TURN THIS FORM OVER AND COMPLETE THE QUESTIONNAIRE

PLEASE PRINT ALL ENTRIES IN BLACK OR BLUE INK

1. Mark (X) the **ONE** box that best describes the **gender of the primary owner(s)** of this business. Primary owners are those persons owning 51 percent or more of the rights, claims, interests, or stock in the business.

- 50/50 Male/Female – Equal percent of ownership
- Male
- Female

Please answer items 2, 3, 4, and 5. It is important to complete all items.

Stock publicly held or owned by other organizations. If ownership by race and gender is not available – SKIP to item 5. **Otherwise please answer items 2, 3, 4, and 5. It is important to complete all items.**

2. Is the **primary owner(s)** of this business of **Spanish/ Hispanic/ Latino origin**? Mark (X) "No" box if **not** Spanish/Hispanic/ Latino.

- No, not Spanish/Hispanic/Latino
- Yes, Cuban
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Spaniard
- Yes, Hispanic Latin American – Specify ↘ (Please print)

Yes, Other Spanish/Hispanic/Latino – Specify ↘ (Please print)

Continue with item 3 ↗

3. Mark (X) the **ONE** box that describes the **race of the primary owner(s)** of this business. Primary owners not of a single race should select 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 _____

_____-_____-____

_____-_____-____

