



1997 ECONOMIC CENSUS

REAL ESTATE LESSORS

DUE DATE ▶ **FEBRUARY 12, 1998**

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 return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

FI-6501

Please read the accompanying instructions before answering the questions.

Census use

(Please correct any errors in name, address, and ZIP Code.)

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

If this questionnaire does not seem to apply to your business, complete it to the extent possible and explain in REMARKS section – this should fulfill your reporting requirements and will reduce followup correspondence.

Item 1. EMPLOYER IDENTIFICATION NUMBER
Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No – Report current EIN below

(9 digits) _____

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be **rounded to thousands** of dollars.
Example: If a figure is **\$1,125,628.79** • Preferred report

Mil-lions (000)	Thou-sands (000)	Dol-lars (000)
1	126	
1	125	629

Item 4. DOLLAR VOLUME OF REVENUE

See instruction sheet for general description. In addition, include revenue from:

- Gross rents from properties owned by this establishment and leased to others
- Net gains (losses) on sale of investment or rental property owned by this establishment
- Other investment income
- Gross sales of real property subdivided or buildings built for sale by this establishment
- Commissions and fees for managing, listing, selling, or renting property owned by others – **not** gross rents or gross sale price
- Commissions and fees received on behalf of, and paid to, sales agents and to other brokers
- Commissions and fees received from other brokers (co-brokerage fees)

Bil.	Mil.	Thou.	Dol.

Revenue in 1997

Item 5. PAYROLL

Do not include commissions paid to agents unless reported on IRS Form 941 for the EIN in label.

Mil. Thou. Dol.

030

Payroll in 1997, BEFORE DEDUCTIONS

a. Annual

031

b. First quarter (January–March)

Item 2. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 Yes 2 No – Report physical location below

Number and street

City, town, village, etc.

State

ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 2 No 3 No legal boundaries 4 Do not know boundaries

c. In what type of municipality is this establishment physically located?

- 096 1 City, village, or borough
 2 Town or township
 3 Other – Specify _____
 4 Do not know

d. In what county (e.g., Dade County) is this establishment physically located?

Item 3. OPERATIONAL STATUS

Number of months

a. How many months during 1997 was this establishment actively operated?

002

b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.

Note: Complete the remainder of this report for the period operated even if the establishment ceased operation during 1997.

- 001 1 In operation
 2 Temporarily or seasonally inactive
 3 Ceased operation – Give date at right
 4 Sold or leased to another operator – Give date at right AND enter name, etc., below

Figures only

Month Year

Name of new owner or operator

Number and street

City

State

ZIP Code

Item 6. EMPLOYMENT

Number

Number of paid employees for pay period including March 12, 1997 (Include both full- and part-time employees)

032

Exclude independent contractors. Include sales agents and other personnel if they were reported on IRS Form 941 for the EIN in label.

Item 7. LEGAL FORM OF ORGANIZATION

Mark (X) the **ONE** box which best describes this establishment during 1997.

- 003 1 Individual proprietorship
 2 Partnership
 5 Government – Specify _____
 0 Corporation
 0 Subchapter "S" corporation
 9 Other – Specify _____

CONTINUE WITH ITEM 8 ON PAGE 2

Item 8. KIND OF BUSINESS OR ACTIVITY

What was this establishment's PRINCIPAL kind of business or activity in 1997?

Mark (X) only ONE box.

Lessors of residential properties 070

- Lessor of apartment buildings (5 or more housing units per building) 6513001
- Lessor of apartment buildings (2 to 4 housing units per building) 6514002
- Lessor of retirement housing (5 or more housing units per building) 6513002
- Lessor of single-family houses, including townhouses 6514001
- Lessor of manufactured (mobile) home sites 6515001
- Operator of trailer park or recreational vehicle park, overnight or short-term site rentals 7033001
- Lessor of other residential buildings – Describe 6514003

- Real estate investment trust (REIT) 6798012

Lessors of nonresidential properties

- Lessor of office/professional buildings 6512101
- Lessor of shopping center, retail shops – property operation only 6512301
- Lessor of hotel or motel buildings – property ownership and leasing 6512914
- Lessor of industrial buildings 6512201
- Lessor of piers, docks, and associated buildings and facilities 6512913
- Lessor of self-service storage or miniwarehouses 4225201
- Lessor of other nonresidential buildings – Describe 6512915

- Lessor of other real property – Describe 6519001

- Real estate investment trust (REIT) 6798012

Other real estate

- Real estate agent or broker – residential 6531104
- Real estate agent or broker – nonresidential 6531202
- Property manager – residential real estate 6531304
- Property manager – nonresidential real estate 6531412
- Cemetery manager 6531422
- Real estate appraiser 6531602
- Subdividing and preparing your land into lots intended for sale 6552001
- Construction of building on land owned by you, intended for rent or lease – Describe type of building 6512916

- Other kind of business or activity – Describe 7777777

Item 9. SOURCES OF REVENUE

Report sources of revenue for this establishment either as dollar figures or as whole percents of total revenue. (See HOW TO REPORT DOLLAR FIGURES on page 1 and HOW TO REPORT PERCENTS, below) **Do NOT combine data for two or more lines.**

SPECIAL INSTRUCTIONS

(See also the general instructions accompanying this form)

Line 1 – Gross rents should include all charges billed to tenants throughout the year. Include any costs billed (in accordance with the rental agreement) as additional charges to your tenants, such as building improvements, parking, repairs, utilities, etc.

Line 6 – Include gains (losses) on sale of investment property which had been rented or leased out by this establishment prior to being sold, whether or not built by you.

Exclude gains (losses) on –

- Sale of new buildings built by you – report gross sale of these properties on line 11, page 3.
- Sale of machinery, equipment, vehicles, and other assets not pertaining to real estate.

Line 11 – Report here all other sources of revenue; for example, swimming pool guest fees and party room rental.

HOW TO REPORT PERCENTS	If figure is 38.76% of total sales:	Mil.	Thou.	Dol.	Per-cent
	• Report whole percents	→ 39			
	Not acceptable	→ 38.76			

Sources of revenue	Census use	ESTIMATES are acceptable. Report dollars OR percents.				
		Bil.	Mil.	Thou.	Dol.	Per-cent
1. Gross rents from real properties owned by this establishment	850	851				852
a. Apartments with 5 or more housing units per building	2001					
b. Other residential properties	2002					
c. Manufactured (mobile) home sites	2003					
d. Office/professional buildings	2004					
e. Retail and shopping center properties	2005					
f. Industrial buildings	2006					
g. Self-service storage/miniwarehouses	2007					
h. Other nonresidential buildings	2008					
i. All other real property	2009					
j. Sum of lines 1a through 1i	2000					
2. Receipts (commissions) from operators of concessions and coin-operated machines operated by others on your premises	2410					
3. Hotel operation: rental of guestrooms and units to transients	2400					
4. Revenue from construction, remodeling, and repair work done for others. Exclude revenue from work done for other establishments of this firm.	2430					
5. Interest income	2700					
6. Net gains (losses) from sales of real property owned by this establishment for investment, rent, or lease	2440					
7. Other investment income (net)	2450					

ITEM 9 CONTINUED ON PAGE 3

If not shown, please enter your 11-digit Census File Number from the address label on page 1.

Census File Number

Item 9. SOURCES OF REVENUE – Continued

Sources of revenue	Census use	ESTIMATES are acceptable. Report dollars OR percents.				
		Bil.	Mil.	Thou.	Dol.	Per-cent
8. Real estate brokerage fees and commissions for listing, sales, and rental	850	851				852
a. Residential property sales	2101					
b. Residential property rental	2102					
c. Nonresidential property sales	2103					
d. Nonresidential property rental	2104					
e. Land sales and rental	2105					
f. Sum of lines 8a through 8e	2100					
9. Property management fees	2200					
10. Real estate appraisal fees	2270					
11. Other revenue – Specify 076	9810					
12. TOTAL (Should equal item 4 on page 1 if reporting in dollars)	9990					100%

Item 10. SPECIAL INQUIRIES

CONSTRUCTION ACTIVITY

1. Was THIS ESTABLISHMENT involved in new construction, additions, alterations, reconstruction, land subdividing or development, or maintenance and repair during 1997? ⁹⁵⁵ 1 Yes 2 No – Skip to item 11

- New construction – Includes the complete, original erection of structures and essential service facilities and the initial installation of integral equipment such as elevators and plumbing, heating, and air-conditioning supplies and equipment.
- Additions, alterations, or reconstruction – Includes construction activity making structural changes to existing facilities. Generally, this type of activity is considered a capital investment in the property.
- Maintenance and repair – Includes construction done for the purpose of upkeep of property rather than additional investment in the property.

2. Report the expenditures incurred for this construction activity during 1997. Include labor, materials, and overheads. Include land improvement, but exclude value of land and value of machinery and equipment not an integral part of a structure.

	Mil.	Thou.	Dol.
956			

3. Of the expenditures reported in (2), what percent involved

	Percent
957	
a. Residential buildings	
958	
b. Nonresidential buildings	
959	
c. Subdividing/developing lots	
960	
d. Other – Describe	
e. TOTAL	100%

Item 10. SPECIAL INQUIRIES – Continued
CONSTRUCTION ACTIVITY – Continued

	Percent
4. Of the expenditures reported in (2), what percent involved	961
a. New construction	
b. Additions, alterations, or reconstruction	962
c. Maintenance and repair	963
d. TOTAL	100%
5. What percent of the new construction work reported in (4a) is intended for	964
a. Rent or lease	
b. Sale	965
c. Own use	966
d. Other – Describe	967
e. TOTAL	100%
6. What percent of the total expenditures reported in (2) represents work done by your own employees as opposed to work done by contractors or other hired labor?	968

Item 11. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (CFN) (shown in the address label immediately after CFN) a zero?

- 1 Yes – Complete this item
2 No – Skip to item 12

b. Is this company owned or controlled by another company?

- 097 1 Yes →
2 No

c. Does this company own or control any other company or companies?

- 098 1 Yes →
2 No

EIN (9 digits)

Enter name, address, and EIN of the owned or controlled company

EIN (9 digits)

ITEM 11 CONTINUED ON PAGE 4

Item 11. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION – Continued

Number

d. How many establishments operated under the Employer Identification Number (EIN) shown in the label (or as corrected in item 1) AT THE END of 1997?

079

Note – Lessors (owner-operators) should include as separate establishments all locations where an office is maintained and employees of this firm work on a regular basis.

Property management firms should report permanent offices (e.g. headquarters, branch offices, regional offices, locations from which property managers work), not necessarily locations of all properties managed.

If more than one, provide the physical location address and other information indicated below for each establishment. For locations which are not considered separate establishments, report the information with the establishment from which the location is managed. The headquarters location should be listed on line 1, followed by other locations. If book figures are not available, estimates are acceptable. If you need additional space, continue with the same format in REMARKS (or attach a separate sheet).

1	Name			1997	Mil.	Thou.	Dol.
	Number and street			Revenue	081		
	City	State	ZIP Code	Annual payroll	082		
	Kind-of-business description			Paid employees for pay period including March 12			
				083			
			Census use ⁰⁸⁸				
2	Name			1997	Mil.	Thou.	Dol.
	Number and street			Revenue	081		
	City	State	ZIP Code	Annual payroll	082		
	Kind-of-business description			Paid employees for pay period including March 12			
				083			
			Census use ⁰⁸⁸				
3	Name			1997	Mil.	Thou.	Dol.
	Number and street			Revenue	081		
	City	State	ZIP Code	Annual payroll	082		
	Kind-of-business description			Paid employees for pay period including March 12			
				083			
			Census use ⁰⁸⁸				

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

Item 12. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report	FROM: Mo. Year	TO: Mo. Year	Name of person to contact regarding this report – <i>Print or type</i>			
Telephone	Area code	Number	Extension	Title		
Signature of authorized person						Date