



U.S. DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

FORM
FI-6505

1997 ECONOMIC CENSUS
RENTAL AND LEASING OF MACHINERY AND EQUIPMENT

OMB No. 0607-0834: Approval Expires 12/31/99

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:

FI-6505

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

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** report **1 126** (Preferred) or **1 125 629** (Acceptable)

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

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 4. DOLLAR VOLUME OF REVENUE

- Report revenue derived during 1997 from rentals and operating leases.
- Report interest from capital, finance, and full payout leases if you hold the leases.
- Report the fair sales value of merchandise marketed by your firm in 1997 under capital, finance, or full payout leases, if you do **not** hold the leases.
- Do **not** include revenue from sales of used equipment previously rented or leased to customers.

Bil.	Mil.	Thou.	Dol.
010			

Revenue in 1997

Item 5. PAYROLL
Payroll in 1997, BEFORE DEDUCTIONS

a. Annual

Mil.	Thou.	Dol.
030		

b. First quarter (January–March)

031		
-----	--	--

Item 6. EMPLOYMENT

Number

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

032

Item 3. OPERATIONAL STATUS
a. How many months during 1997 was this establishment actively operated?

Number of months
 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 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.

070

Rental and/or leasing

Consumer electronics and appliances 7359051
 Party supplies 7359072
 Video tapes and disks 7841002
 Residential furniture 7359071
 Home health furniture and equipment 7352021

General rental center (wide range of items and equipment) 7359061
 Other consumer goods - Describe 7359073

Computers and computer peripheral equipment 7377001
 Office machines, **except** computers 7359031
 Office furniture 7359032
 Medical machinery and equipment 7352011
 Motion picture equipment 7819401
 Theatrical equipment 7922921
 Oil and gas field equipment 7359021

Heavy construction and earthmoving equipment **with** operators 7353201
 Heavy construction and earthmoving equipment **without** operators 7353101

Industrial equipment, except oil/gas field and heavy construction/earthmoving equipment 7359041
 Railroad cars 4741001
 Aircraft without pilots (noncharter) 7359011

Commercial vessel or barge rental or leasing, without crew 4499300

Renting passenger cars (including passenger vans and sport utility vehicles) without drivers on a short-term basis 7514001
 Leasing passenger cars (including passenger vans and sport utility vehicles) without drivers 7515001

Renting trucks, truck tractors, truck trailers, and semitrailers without drivers on a short-term basis 7513101
 Leasing trucks, truck tractors, truck trailers, and semitrailers without drivers 7513201

Other automotive equipment (including trailers and motor homes) 7519003
 Other rental and/or leasing - Describe 7777771

Third party financing of equipment leases 6159912
Other kind of business or activity - Describe 7777771

Item 9. SOURCES OF REVENUE - Continued						
Sources of revenue	Cen-sus use	Bil.	Mil.	Thou.	Dol.	Per-cent
1. Rental and/or leasing - Continued	850	851				852
d. Heavy equipment used for construction, mining, and forestry						
(1) With operators	2584					
(2) Without operators	2585					
e. Computers and computer peripheral equipment	2586					
f. Furniture, except residential	2587					
g. Office machinery and equipment, except computers and furniture	2588					
h. Medical equipment	2589					
i. Motion picture and theatrical equipment	2591					
j. Other commercial and industrial machinery and equipment without operators, e.g., manufacturing, metalworking, telecommunications, and agricultural - Describe if this is the largest source of revenue						
<input type="text"/>						
k. Sum of lines 1a through 1j	2599					
2. Rental and/or leasing of passenger cars and other automotive equipment without drivers	2500					
3. Rental and/or leasing of consumer goods, except automotive						
a. Consumer appliances	2611					
b. Consumer electronics	2612					
c. Video tapes and disks	2621					
d. Home health furniture and equipment	2624					
e. Residential furniture	2625					
f. Party supplies	2626					
g. Other consumer goods rental and/or leasing, except automotive - Describe if this is the largest source of revenue						
<input type="text"/>						
h. Sum of lines 3a through 3g	2629					
4. Interest from lease financing receivables (financing leases)	2701					

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.

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

Sources of revenue	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.				
		Bil.	Mil.	Thou.	Dol.	Per-cent
1. Rental and/or leasing of commercial and industrial machinery and equipment	850	851				852
a. Aircraft without pilots (noncharter)	2581					
b. Railroad cars	2582					
c. Commercial ships and barges without crew	2583					

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	Bil.	Mil.	Thou.	Dol.	Per-cent
5. Repair and maintenance services (Include labor charges and parts) – Describe if this is the largest source of revenue	850	851				852
	2710					
6. Sales of merchandise (Do not include revenue from sale of used equipment previously rented or leased to customers) – Describe if this is largest source of revenue						
	2720					
7. Other revenue – Describe						
078	9810					
8. TOTAL (Should equal item 4 if reporting in dollars)	9990					100%

Item 10. SPECIAL INQUIRIES

a. Revenue, by class of client
Estimate percentage of total operating revenue (reported in item 4) by class of client.

	Report in whole percents
(1) Individuals	982
(2) Federal, State, and local governments	983
(3) All other	984
(4) TOTAL	100%

b. Exported services

NOTE – An exported service is a service performed for 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). Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.) are included. Services provided to domestic subsidiaries of foreign firms are excluded.

Did the revenue reported in item 4 include any amounts received for exported services?

	Mil.	Thou.	Dol.
970 1 <input type="checkbox"/> Yes – Amount →	971		
2 <input type="checkbox"/> No			

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?

Enter name, address, and EIN of the owning or controlling company

- 097 1 Yes →
- 2 No

EIN (9 digits)

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

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

- 098 1 Yes →
- 2 No

EIN (9 digits)

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

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?

If more than one, provide the **physical location** address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

Estimates are acceptable if book figures are not available.

Number	1997				
	Mil.	Thou.	Dol.		
079					
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			
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			

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 – Print or type		
Title		
Telephone	Area code	Number Extension
Signature of authorized person		Date