U.S. DEPARTMENT OF COMMERCE bureau of the census

## FORM

RT-5501

## 1997 ECONOMIC CENSUS

 motor Vehicle dealersIf you have questions about completing this report, please call or write the Census Bureau. In 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
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.


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 the address shown in the label? (P.
$093 \quad 1 \square$ Yes $\quad 2 \square$ 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 | $1 \square$ Yes | $3 \square$ No legal boundaries |
| :--- | :--- | :--- |
|  | $2 \square$ No | $4 \square$ Do not know |

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

$$
096 \quad 1 \square \text { City, village, or borough }
$$

$2 \square$ Town or township
$3 \square$ Other - Specify

$$
4 \square \text { Do not know }
$$

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


| Dollar figures should be rounded to thousands of dollars. <br> Example: If a figure | Millions (000) | Thousands (000) | Dollars (000) |
| :---: | :---: | :---: | :---: |
| DOLLAR ${ }^{\text {is } \mathbf{\$ 1 , 1 2 5 , 6 2 8 . 7 9}} \bullet$ Preferred | 1 | 126 |  |
| Acceptable | 1 | 125 | 629 |
| Item 4. DOLLAR VOLUME OF BUSINESS <br> Sales of merchandise and other operating receipts for 1997 (Exclude sales or other taxes collected) | Mil. | Thou. | Dol. |
|  | 010 |  |  |
| Item 5. PAYROLL <br> Payroll in 1997, BEFORE DEDUCTIONS <br> a. Annual | Mil. | Thou. | Dol. |
|  | 030 |  |  |
|  |  |  |  |
| b. First quarter (January-March) | 031 |  |  |
|  |  |  |  |
|  |  |  |  |
| Item 6. EMPLOYMENT <br> Number of paid employees for pay period including March 12, 1997 (Include both fulland part-time employees) | Number |  |  |
|  | 032 |  |  |
|  |  |  |  |
| Item 7. KIND OF BUSINESS AND SELLING CHAR <br> a. Kind of business <br> What was this establishment's PRINCIPAL kind of business in 1997? Mark ( $X$ ) only ONE box. | ARAC | ERISTIC |  |
|  | $\mathbf{L}_{V}$ | 070 |  |
| Motor vehicle dealer (new and used) |  |  | 11001 |
| Motor vehicle dealer (used only) |  | $\square 5$ | 521001 |
| New tire dealer |  | $\square 5$ | 531201 |
| Auto supply store |  |  | 531101 |
| Used automobile parts dealer |  | $\square$ | 015001 |
| Automotive scrap dealer |  |  | 093121 |
| Gasoline station |  | $\square 5$ | 541101 |
| Truck stop |  |  | 541201 |
| Recreational vehicle dealer |  | $\square$ | 561001 |
| Utility trailer dealer |  |  | 599001 |
| Boat dealer |  | $\square 5$ | 551001 |
| Motorcycle dealer |  |  | 571001 |
| Light truck and cargo van dealer |  |  | 012131 |
| Paint or body repair shop |  |  | 532301 |
| Passenger car rental |  |  | 514001 |
| Passenger car leasing |  | $\square$ | 515001 |
| Automotive repair, specialized - Describe |  |  | 530001 |
| Automotive repair, general |  |  | 538001 |
| Other kind of business - Describe |  |  | 777777 |
| ITEM 7 CONTINUED ON PAGE 2 |  |  |  |

PENALTY FOR FAILURE TO REPORT


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

Item 10. MERCHANDISE LINES - Continued

| Merchandise lines | $\begin{array}{\|l} \text { Cen- } \\ \text { sus } \\ \text { use } \end{array}$ | ESTIMATES are acceptable. Report dollars OR percents. |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  |  | Mil. I Thou. |  | Percent |
| 8. All nonmerchandise receipts EXCLUDING SALES AND OTHER TAXES (Include rentals, storage, and other services provided to customers. Report receipts from the rental of automobiles or trucks on line 8a, and the fair sales value of leased motor vehicles on line 1.) <br> a. Rental of automobiles or trucks | 9919 |  |  |  |
| b. Value of service contracts | 9943 | i |  |  |
| c. Labor charges to customers for work performed by this establishment | 9916 | $\begin{aligned} & 1 \\ & 1 \\ & 1 \\ & 1 \end{aligned}$ |  |  |
| d. Labor charges to insurance companies for work performed by this establishment | 9931 | $\begin{aligned} & 1 \\ & 1 \\ & 1 \\ & 1 \end{aligned}$ |  |  |
| e. Labor charges for warranty and extended contract work by this establishment | 9947 | $\begin{aligned} & 1 \\ & 1 \\ & 1 \\ & 1 \end{aligned}$ |  |  |
| f. Parts installed in repair and charged directly to customers | 9949 | $\begin{aligned} & \text { । } \\ & \text { । } \\ & \text { \| } \end{aligned}$ |  |  |
| g. Parts installed in repair and charged to insurance companies | 9958 | $\begin{aligned} & 1 \\ & 1 \\ & 1 \\ & \text { i } \end{aligned}$ |  |  |
| h. Parts installed in repair and covered by warranty or extended service contract | 9971 | $\begin{aligned} & \text { \| } \\ & \text { \| } \end{aligned}$ |  |  |
| i. Parts sold internally and installed in repair | 9973 | 1 |  |  |
| j. Commissions received for the sale of credit life insurance and the arrangement of financing | 9944 | $\begin{aligned} & 1 \\ & 1 \\ & 1 \\ & 1 \end{aligned}$ |  |  |
| k. All other nonmerchandise receipts | 9974 | $\begin{aligned} & \text { । } \end{aligned}$ |  |  |
| I. Sum of lines 8a through 8k | 9900 | $\begin{aligned} & 1 \\ & 1 \\ & 1 \end{aligned}$ |  |  |
| 9. TOTAL (Should equal item 4 if reporting in dollars) | 9990 | I |  | 100\% |

## Item 11. SPECIAL INQUIRIES

a. Did this establishment lease motor vehicles during 1997?

$$
\begin{array}{ll}
272 \quad & 1 \square \text { Yes -Complete } b \\
& 2 \square \text { No - Skip to item } 13
\end{array}
$$

b. What was the fair sales value of leased motor vehicles (as included in item 10) for this establishment during 1997? (Report in thousands of dollars)

Item 14. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION - Continued
b. Is this company Enter name, address, and EIN of the owned or controlled by another company?
$0971 \square$ Yes $\longrightarrow$
$2 \square$ No
EIN (9 digits)
c. Does this company Enter name, address, and EIN of the owned or own or control any
other company or
companies?
$0981 \square$ Yes $\longrightarrow$
$2 \square$ No
EIN (9 digits)
d. How many establishments operated under the Employer Identification Number 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.


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

Item 15. CERTIFICATION - This report is substantially accurate
and has been prepared in accordance with instructions.

| Period covered <br> by this report | FROM: Mo. , Yor | 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 |  |

