U.S. DEPARTMENT OF COMMERCE bureau of the census

## FORM

RT-5906

1997 ECONOMIC CENSUS OFFICE SUPPLY, STATIONERY, AND GIFT STORES

OMB No. 0607-0826: Approval Expires 08/31/99

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
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. 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 addresses are not physical locations)
$093 \quad 1 \square$ 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?
$096 \quad 1 \square$ City, village, or borough
$2 \square$ Town or township
$3 \square$ Other - Specify
$4 \square$ 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.

$\square$ In operation $\square$ Temporarily or seasonally inactive
$3 \square$ Ceased operation - Give date at right
$4 \square$ Sold or leased to another operator Give date at right AND enter name, etc., below
Name of new owner or operator

## Number and street

| City | State | ZIP Code |
| :--- | :--- | :--- |



PENALTY FOR FAILURE TO REPORT


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

Item 10. MERCHANDISE LINES - Continued

Merchandise lines (nclude paper towels, toilet tissue, wraps, bags, foils, etc. Report stationery and computer paper on line 4.)
23. Photographic equipment and supplies (Report photofinishing on line 39e)
24. Women's, juniors', and misses' wear (Report girls' and infants and toddler footwear on line 27)
25. Men's wear (Report boys' 25. Men's wear (Report boys
wear on line 26 and footwear on line 27)
26. Children's wear (Include boys' (sizes 2 to 7 and 8 to 20), girls' (sizes 4 to $6 x$ and 7 to 14), and infants' and toddlers' clothing and accessories. Report footwear on line 27.)
27. Footwear (include accessories)
28. Curtains, draperies, blinds slipcovers, bed and table coverings
29. Hardware, tools, and plumbing and electrical supplies
30. Sewing and knitting
materials and supplies
31. Drugs, health aids, beauty aids
32. Sporting goods
33. Lawn, garden, and farm equipment and supplies; cut flowers; plants and shrubs; fertilizers; etc.
34. Collectibles (items which are old, but less than 100 years old, and limited in supply)
35. Art goods (Include original pictures and sculptures. Report reproductions on line 9b.)


Census File Number

Item 10. MERCHANDISE LINES - Continued

| Merchandise lines | Census use | ESTIMATES are acceptable. Report dollars OR percents. |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Mil. |  | Dol. | Percent |
| 39. All nonmerchandise receipts (include receipts from rentals, storage, and other services provided to customers) EXCLUDING SALES AND OTHER TAXES <br> a. Printing or engraving to order | 9938 |  |  |  |  |
| b. Other labor charges | 9906 |  | , |  |  |
| c. Parts installed in repair | 9907 |  | $\begin{array}{ll}1 & 1 \\ 1 & 1 \\ 1 & 1 \\ 1 & 1\end{array}$ |  |  |
| d. Value of service contracts | 9943 |  | 1 1 |  |  |
| e. All other nonmerchandise receipts (include receipts from customers for rental or lease of equipment, photofinishing, etc.) | 9979 |  | 1 |  |  |
| f. Sum of lines 39a through 39e | 9900 |  | 1 |  |  |
| 40. TOTAL (Should equal item 4 if reporting in dollars) | 9990 |  | 1 |  | 100\% |

Item 11. SPECIAL INQUIRIES
Did sales of used or secondhand merchandise (including antiques and collectibles) account for more than 75 percent of the sales and receipts (item 4) of this establishment in 1997?

$$
\begin{aligned}
& 248 \quad 1 \square \mathrm{Yes} \\
& 2 \square \mathrm{No}
\end{aligned}
$$

Item 12. Not applicable to this report
Item 13. LEGAL FORM OF ORGANIZATION
Which of the following best describes this establishment's legal form of organization during 1997? Mark (X) only ONE box.
$003 \quad 1 \square$ Individual owner (sole proprietorship)
$2 \square$ Partnership
$3 \square$ Cooperative association (taxable)
$4 \square$ Cooperative association (tax-exempt)
$5 \square$ Government - Specify
$0 \square$ Corporation (Do not mark if any form of cooperative association)
$9 \square$ Other - Specify

Item 14. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION
a. Is the FIRST DIGIT of your Census File Number (shown
in the address label immediately after "CFN") a zero?
$1 \square$ Yes - Complete this item
$2 \square$ No - Skip to item 15
b. Is this company
owned or
controlled by another company?
$097 \quad 1 \quad$ Yes $\longrightarrow$

$$
2 \text { ПNo }
$$

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

$$
098 \quad 1 \square \text { Yes } \longrightarrow
$$

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

EIN (9 digits)
Enter name, address, and EIN of the owned or controlled company

$$
2 \square \mathrm{No}
$$



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.


