



U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FORM  
**RT-5912**

# 1997 ECONOMIC CENSUS

## HEATING FUEL DEALERS

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

RT

**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:

RT-5912

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 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)

**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 3  No legal boundaries  
2  No 4  Do not know

**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.**

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

**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-ions (000) | Thou-sands (000) | Dol-lars (000)

1 | 126 |

1 | 125 | 629

**Item 4. DOLLAR VOLUME OF BUSINESS**

**Sales of merchandise and other operating receipts for 1997** (Exclude sales or other taxes collected)

Mil. | Thou. | Dol.

010 | | |

**Item 5. PAYROLL**

**Payroll in 1997, BEFORE DEDUCTIONS**

Mil. | Thou. | Dol.

030 | | |

**a. Annual**

031 | | |

**b. First quarter (January-March)**

**Item 6. EMPLOYMENT** Number

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

032 | | |

**Item 7. KIND OF BUSINESS**

**What was this establishment's PRINCIPAL kind of business in 1997? Mark (X) only ONE box.**

070

Heating/fuel oil dealer (selling for end use)  5983001

Liquefied petroleum (LP) gas dealer (selling for end use)  5984001

Liquefied petroleum (LP) bulk station or terminal (selling for resale)  5171291

Coal dealer  5989001

Wood dealer (for heating)  5989002

Ice dealer  5999923

Gasoline station  5541101

Plumbing, heating, and/or air-conditioning contractor  1711011

Other kind of business - Describe  7777777

**PENALTY FOR FAILURE TO REPORT**

**CONTINUE ON PAGE 2**

<b>Item 8.</b> Not applicable to this report						<b>Item 10.</b> MERCHANDISE LINES – Continued					
<b>Item 9.</b> CLASS OF CUSTOMER Report the percentage of this establishment's total sales in 1997 (item 4) to each class of customer.			Whole percent of sales			ESTIMATES are acceptable. Report dollars OR percents.					
a. General public (household consumers and individuals)			237			7. Lawn, garden, and farm equipment and supplies; cut flowers; plants and shrubs; fertilizers; etc.					
b. Other, including retailers; wholesalers; institutional, industrial, commercial, professional, and farm users (for use in farm production); and government			239								
<b>Item 10.</b> MERCHANDISE LINES Report sales for each merchandise line sold by this establishment, either as a dollar figure or as a whole percent of total sales. (See HOW TO REPORT DOLLAR FIGURES on page 1 and HOW TO REPORT PERCENTS below)						8. Hardware, tools, and plumbing and electrical supplies					
HOW TO REPORT PERCENTS						If figure is 38.76% of total sales: • Report whole percents → 39 Not acceptable → 38.76					
Merchandise lines						ESTIMATES are acceptable. Report dollars OR percents.					
						9. Major household appliances (include refrigerators, ranges, microwave ovens, room air-conditioners, etc.)					
1. Household fuels (oil, LP gas, wood, coal)						10. Groceries and other food items for human consumption off the premises					
a. LP gas (bulk and bottled)						11. Tobacco products and accessories (exclude sales from vending machines operated by others)					
b. Kerosene						12. Ice					
c. No. 2 distillate fuel oil						13. All other merchandise (Report receipts for services on line 14)					
d. Other distillate fuel oil (nos. 1 and 4)						Specify principal lines and estimated sales below					
e. Residual fuel oil (nos. 5 and 6)						076					
f. Coal						a.					
g. Wood						077					
h. Other household fuels						b.					
i. Sum of lines 1a through 1h						078					
2. Automotive fuels						c.					
3. Automotive lubricants (oil, greases, etc.)						14. All nonmerchandise receipts (include receipts from rentals, storage, and other services provided to customers) EXCLUDING SALES AND OTHER TAXES					
4. Automotive tires, batteries, parts, accessories						a. Labor charges for work performed by this establishment (include receipts from heater repair, installation, etc.)					
5. Cars, trucks, motorcycles, and other powered vehicles						b. All other nonmerchandise receipts (include receipts from customers for parts installed in repair and charges for delivery, storage, etc.)					
6. Dimensional lumber and other building/structural materials and supplies						c. Sum of lines 14a and 14b					
a. Heating and HVAC units, ductwork, heating stoves (wood, kerosene, oil), and prefabricated fireplaces (Report stand-alone air-conditioners on line 9)						15. TOTAL (Should equal item 4 if reporting in dollars)					
b. All other building/structural materials and supplies						9990					
c. Sum of lines 6a and 6b						100%					
						<b>Item 11.</b> SPECIAL INQUIRIES					
						a. What was the estimated amount of excise taxes on items such as gasoline, liquor, and tobacco sold by this establishment in 1997?					
						b. Are excise taxes included in item 4, sales and receipts, on page 1?					
						Item 12. Not applicable to this report					

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

Census File Number

**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  1 Individual owner (sole proprietorship)
- 2 Partnership
- 3 Cooperative association (taxable)
- 4 Cooperative association (tax-exempt)
- 5 Government - Specify \_\_\_\_\_
- 0 Corporation (Do not mark if any form of cooperative association)
- 9 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 Yes - Complete this item
- 2 No - Skip to item 15

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

- 097  1 Yes →
- 2 No

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

EIN (9 digits)

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

- 098  1 Yes →
- 2 No

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

EIN (9 digits)

**Item 14. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION - Continued**

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?

Number  
079

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.

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

  

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

  

3	Name	1997	Mil.	Thou.	Dol.
	Number and street				
	City State ZIP Code				
	Kind-of-business description				
		Annual payroll	082		
		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 15. 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		
Telephone	Area code	Number	Extension	Title	
Signature of authorized person					Date

RT