



1997 ECONOMIC CENSUS EMPLOYMENT SERVICES

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

SV-7306

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 4. 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 - Mark (X) this box if you file a partnership Federal income tax form.
- 5 Government - Specify
- 0 Corporation - Mark (X) this box if you file a corporate Federal income tax form, including Subchapter S corporations.
- 9 Other - Specify

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?

HOW TO REPORT DOLLAR FIGURES	Dollar figures should be rounded to thousands of dollars.	Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
	Example: If a figure is \$1,125,628.79 report	1	126	
	• Preferred Acceptable	1	125	629

Item 5. DOLLAR VOLUME	Mil.	Thou.	Dol.
OPERATING RECEIPTS of this establishment in 1997	010		

Item 6. PAYROLL	Mil.	Thou.	Dol.
Payroll in 1997, BEFORE DEDUCTIONS	030		
a. Annual			
b. First quarter (January-March)	031		

Item 7. 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 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 Figures only

2 Temporarily or seasonally inactive Month Year

3 Ceased operation - Give date at right

4 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

CONTINUE WITH ITEM 8 ON PAGE 2

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Item 8. KIND OF BUSINESS OR ACTIVITY

a. Mark (X) the ONE box which best describes the business or activity that accounted for the MAJOR portion of this establishment's receipts in 1997.

Employment Placement Agencies 070

- Employment agency 7361101
- Executive search/consulting and placement service 7361201
- Employment registry 7361103
- Farm labor contractor 0761001
- Modeling service 7361102
- Casting bureaus (motion picture) 7819201
- Casting agencies (theatrical) 7922931

Temporary Help Services

- Nursing agency primarily providing nurses and other employees on a temporary basis to hospitals, doctor's offices, and other health care providers 7363105
- Home health care agency or visiting nurse association 8082001
- Temporary help supply service 7363101
- Temporary-to-permanent service 7363102
- Technical services (supplying temporary "technical" employees to a client's organization) 7363103
- Labor/manpower pool (except farm labor) 7363104

Employee Leasing Services

- Employee leasing service 7363301
- Professional employer organization 7363302

Other Employment Services

- Payroll accounting service 8721401
- Other type of help supply service or labor contractor – Describe service and type of employees 7777775

Other Services

- Supply of management and nonmanagement personnel to provide specific services to a client's organization (e.g., engineering service, security service, hotel operation) – Describe 7777776

- Other kind of activity – Describe 7777777

b. Was this establishment primarily engaged in providing management, administrative or support services to other establishments of the same company (rather than for the general public or other business firms) in 1997? 415 1 Yes 2 No

Item 9. SOURCES OF RECEIPTS – Continued

HOW TO REPORT PERCENTS	If figure is 38.76% of total sales: • Report whole percents Not acceptable	Cen- sus use	Mil.	Thou.	DoI.	Per- cent
						39
						38.76
		ESTIMATES are acceptable. Report dollars OR percents.				
			Mil.	Thou.	DoI.	Per- cent
Sources of receipts						
a. Employment placement fees or commissions		400	401			402
(1) Paid by employers		3951				
(2) Paid by applicants		3952				
b. Temporary help supply services		4000				
c. Employee leasing		4050				
d. Sales of merchandise – separate from services provided – Describe if this is largest source of receipts						
076		8615				
e. All other receipts – Describe if this is more than 10 percent of total receipts.						
077		8964				
f. TOTAL (Should equal item 5 if reporting in dollars)		8990				100%

Item 10. NUMBER OF EMPLOYEES LEASED

(To be completed by employee leasing establishments only)

In part a, report the number of employees included on the payroll of this establishment which were leased to client organizations. Report these employees according to the primary business or activity of the client organization. Estimates are acceptable.

In part b, include this establishment's own management and administrative personnel.

Number for the pay period including March 12

a. Leased employees by industry category of client:

(1) Agriculture, forestry, hunting and fishing

470

(2) Mining

471

(3) Construction

472

(4) Manufacturing

473

(5) Transportation

474

(6) Utilities (except waste management)

475

(7) Information services (e. g. publishing, motion pictures, sound recording, and communications)

476

477

(8) Wholesale trade

478

(9) Retail trade

479

(10) Accommodations (e.g. hotels and motels) and food service (e.g. restaurants)

480

(11) Finance and insurance

481

(12) Real estate and rental/leasing

482

(13) Professional, scientific, and technical services

483

(14) Administrative and support services (including waste management)

484

(15) Health and social services

485

(16) Educational services

486

(17) Arts, entertainment, and recreational services

486

ITEM 10 CONTINUED ON PAGE 3

Item 9. SOURCES OF RECEIPTS

Report receipts by source either in dollar figures (see example for item 5) or as percentages (in whole percents) of the total – see example below.

Please do **not** combine data for two or more receipts lines.

Line a – Gross billings from providing help supply on a temporary basis should be reported on line b.

Line b – Report gross billings from supplying temporary employees to client organizations.

Line c – Report gross billings from providing employee or staff leasing services. Include amounts billed to cover payroll and benefits paid to the leased employees as well as administrative and service fees.

Census File Number

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

Item 10. NUMBER OF EMPLOYEES LEASED – Continued

a. Leased employees by industry category of client – Continued	Number for the pay period including March 12
(18) Personal care and laundry services	487
(19) Repair services	488
(20) Other	489
b. Management and administrative employees of this establishment	490
c. TOTAL (Sum of lines a(1) through a(20) and line b should equal entry in item 7)	491

Item 11. 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 receipts reported in item 5 include any amounts received for exported services?

405 1 Yes – Amount →
2 No

Mil.	Thou.	Dol.
406		

Item 12. 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 13

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 12. 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

NOTE – Help supply service firms should report their permanent offices and **not** the location of each individual business to whom personnel are supplied.

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

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

Item 13. 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