



1997 ECONOMIC CENSUS

MOTOR VEHICLE REPAIR AND MAINTENANCE

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-7503

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

Item 4. LEGAL FORM OF ORGANIZATION
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

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

Example: If a figure is \$1,125,628.79

Preferred report

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

Acceptable

| | | |
|---|-----|-----|
| 1 | 125 | 629 |
|---|-----|-----|

Item 5. DOLLAR VOLUME

OPERATING RECEIPTS of this establishment in 1997

| Mil. | Thou. | Dol. |
|------|-------|------|
| 010 | | |

Item 6. PAYROLL

Payroll in 1997, BEFORE DEDUCTIONS

a. Annual

| Mil. | Thou. | Dol. |
|------|-------|------|
| 030 | | |

b. First quarter (January-March)

| | | |
|-----|--|--|
| 031 | | |
|-----|--|--|

Item 7. EMPLOYMENT

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

Number

032

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.

General motor vehicle mechanical and electrical repair and maintenance 070
 General motor vehicle repair shop 7538001
 Diesel engine repair shop 7538002

Specialized motor vehicle mechanical and electrical repair and maintenance
 Exhaust system repair shop 7533001
 Transmission repair shop 7537001
 Radiator repair shop 7539201
 Brake, front-end, and wheel alignment shop 7539401
 Carburetor and fuel systems repair shop 7539701
 Tuneup shop 7539702
 Electrical repair shop 7539801
 Air-conditioning repair shop 7539901
 Other motor vehicle mechanical and electrical repair and maintenance services - Describe 7777773

Motor vehicle body, paint, and interior repair services
 Paint or body repair shop 7532301
 Van conversion services 7532401
 Upholstery and interior repair shop 7532501
 Glass replacement and repair shop 7536001

Other motor vehicle care and maintenance services
 Oil change and lubrication shop 7549101
 Carwash 7542001
 Towing, wrecker service 7549201
 Rustproofing, undercoating service 7549901
 Emissions testing service 7549902
 Tire retreading and recapping service 7534201
 Other tire repair service 7534101
 All other motor vehicle care and maintenance services - Describe 7777774

Other motor vehicle activity
 Gasoline service station 5541101
 New tire dealer 5531201
 Automotive supply store 5531101
 All other motor vehicle activity - Describe 7777775

Other repair and maintenance activity
 Industrial machines and equipment repair 7699031
 Stereo, television, VCR, and other consumer electronic equipment repair, except computer 7622101
 All other repair and maintenance - 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

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.

NOTE: Include work performed under service contracts on lines according to type of product repaired.

Line a(2) - Report receipts from van conversion services.
Line a(7) - Include receipts from aircraft, railroad, and ship repair.
Line a(8) - Include parts sold "over-the-counter." Do not include parts installed in repair work. Parts installed in repair work performed at this establishment should be reported as receipts for the type of repair work done.

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

| Sources of receipts | Cen-sus use | ESTIMATES are acceptable. Report dollars OR percents. | | | |
|---|-------------|---|-------|------|----------|
| | | Mil. | Thou. | Dol. | Per-cent |
| a. Receipts lines | 400 | 401 | | | 402 |
| (1) Motor vehicle mechanical and electrical repair and maintenance | | | | | |
| (a) Exhaust systems (e.g. mufflers) | 6601 | | | | |
| (b) Transmissions | 6602 | | | | |
| (c) Diesel engines | 6603 | | | | |
| (d) Gasoline engines | 6604 | | | | |
| (e) Radiator | 6605 | | | | |
| (f) Other | 6606 | | | | |
| (g) Total (Sum of lines (1) (a) through (1) (f)) | 6600 | | | | |
| (2) Motor vehicle body, paint, and interior repair | | | | | |
| (a) Body work | 6651 | | | | |
| (b) Painting | 6652 | | | | |
| (c) Upholstery and interior repair | 6653 | | | | |
| (d) Glass replacement and repair | 6654 | | | | |
| (e) Total (Sum of lines (2) (a) through (2) (d)) | 6650 | | | | |
| (3) Other motor vehicle care and maintenance | | | | | |
| (a) Carwash | 6801 | | | | |
| (b) Oil change and lube | 6802 | | | | |
| (c) Tire repair services, except retreading | 6803 | | | | |
| (d) Towing or storage | 6804 | | | | |
| (e) Other motor vehicle care services | 6805 | | | | |
| (4) Commercial and industrial machinery and equipment repair | 6850 | | | | |
| (5) Electrical and precision equipment repair | 6900 | | | | |
| (6) Personal and household goods repair | 6950 | | | | |
| (7) Other repair and maintenance - Describe 076 | 7000 | | | | |
| (8) Parts, equipment, and merchandise sales - Describe 077 | 8637 | | | | |
| (9) All other receipts - Describe if more than 10 percent of total receipts 078 | 8981 | | | | |
| (10) TOTAL (Should equal item 5 if reporting in dollars) | 8990 | | | | |

b. What percent of repair receipts for lines (1), (2), (3) (c), (4), (5), (6), and (7) are for:

| | Percent |
|---|---------|
| (1) Labor charges | 457 |
| (2) Parts installed in repair work | 458 |

Census File Number

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

Item 10. RECEIPTS, BY CLASS OF CLIENT
Estimate the percentage of receipts (reported in item 5) by class of client.

| | Report in whole percent of receipts |
|--|-------------------------------------|
| a. Individuals | 450 |
| b. Trade, farming, industrial, transportation, financial, and other business firms | 451 |
| c. Federal Government | 452 |
| d. State and local governments | 453 |
| e. All other | 454 |
| f. TOTAL | 100% |

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

Item 11. 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 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)

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?

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

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

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