



1997 CENSUS OF SERVICE INDUSTRIES

MOTION PICTURE AND VIDEO EXHIBITION

OMB No. 0607-0834: Approval Expires 12/31/99

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-7802

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 2 No 3 No legal boundaries 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

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
Acceptable

Mil- lions (000) Thou- sands (000) Dol- lars (000)

1 126
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

031

b. First quarter (January-March)

Item 7. EMPLOYMENT

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

Number

032

Item 8. KIND OF BUSINESS OR ACTIVITY

Motion picture theater, except drive-in 7832001

Drive-in motion picture theater 7833001

Theater, except motion picture - Describe 7777776

Other kind of activity - Describe 7777777

SV

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 to the right.
 Please do **not** combine data for two or more receipts lines.
 Do not include anywhere on this report receipts from rental of stores or other real estate, or gross receipts from sales made by operators of concessions on these premises.
Line a – Amount received from the sale of admissions. **Do not** include State and local admission taxes.
Line b – Total receipts from refreshments stands and vending machines **owned** by this establishment, excluding sales tax. Receipts from electronic games owned by this establishment should be included on line d. This establishment's share of receipts from vending machines or concessions and electronic game machines owned by others and operated on these premises should be reported on line g.
Line d – Report amounts received from coin-operated amusement machines operated by this establishment.
Line e – Report total receipts from the rental of theater facilities for meetings, conferences, receptions, etc.
Line g – Report this establishment's share of receipts from concessions, vending machines or amusement machines operated by others at this establishment.

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

Sources of receipts	Census use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
	400	401			402
a. Admissions (do not include admission taxes)	5500				
b. Food and beverage sales					
(1) Sales of food and nonalcoholic beverages	8501				
(2) Sales of alcoholic beverages	8502				
c. Sales of other merchandise	8643				
d. Amusement machines operated by this establishment	5800				
e. Rental fees for the use of facilities such as theaters, stadiums, or arenas	5650				
f. Receipts received for screen advertising	7480				
g. This establishment's share of receipts from concessions or amusement machines not operated by this establishment	5670				
h. All other receipts – Describe if more than 10 percent of total receipts 076	8942				
i. TOTAL (Should equal item 5 if reporting in dollars)	8990				

Item 10. 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 11

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 10. 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	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			

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

Item 11. 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 _____