

U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

FORM

SV-8702

## **1997 ECONOMIC CENSUS**

ACCOUNTING, TAX PREPARATION, BOOKKEEPING, AND PAYROLL SERVICES

OMB No. 0607-0827: Approval Expires 10/31/99

SV-8702

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

Please read the accompanying instructions before answering the questions.

Census use

(Please correct any errors	in name,	address,	and ZIP	Code
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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.

Ite	m 1. EMPLOYER IDENTIFICATION NU	MBER		Item 4. LE	EGAL FORM OF ORGANIZATION						
lat	the Employer Identification Number el the same as the one used for this est 1997 Employer's Quarterly Feder easury Form 941?	establis	hment on its	Which of the following best describes this establishment's legal form of organization during 1997?  Mark (X) only ONE box.							
	094 1 Yes 2 No – Report cui	rrent EIN	below	003 1 Individual owner (sole proprietorship)							
			20.01.								
	(9 digits)			2 ☐ Partnership – Mark (X) this box if you file a partnership Federal income tax form.							
	m 2. PHYSICAL LOCATION	ation the			Government – Specify	61.		_			
a.	Is this establishment's physical loca the address shown in the label? (P.C addresses are not physical locations)			0	Corporation – Mark (X) this box if y corporate Federal income tax form Subchapter S corporations.	, includ	a ing				
	093 1 ☐ Yes 2 ☐ No – Report ph	ysical loc	ation below	9 🗆	Other – Specify		_				
	Number and street			HOW TO REPORT	Dollar figures should be <b>rounded</b> to <b>thousands</b> of dollars.	Mil- lions (000)	Thou- sands (000)	Dol- lars (000)			
	City, town, village, etc.	State	ZIP Code	DOLLAR	Example: If a figure is \$1,125,628.79 • Preferred	1	126	(000)			
				FIGURES	report Acceptable	1	125	629			
b.	Is this establishment physically loca boundaries of the city, town, village	ated insi e, etc.?	de the legal	Item 5. D	OLLAR VOLUME	Mil.	Thou.	Dol.			
	1 Yes 3 No legal bound 2 No 4 Do not know	laries		OPERATING RECEIPTS of this establishment in 1997							
				Item 6. P.	AYROLL		Thou.	Dol.			
c.	In what type of municipality is this physically located?	establisl	Payroll in	1997, BEFORE DEDUCTIONS	030	i					
				a. Annual			 				
	1 ☐ City, village, or borough Town or township					031					
	3 Other – Specify			b. First qu	arter (January–March)		 				
	4 Do not know			Item 7. E	MPLOYMENT		Number	r			
d.	In what county (e.g., Dade County) is a physically located?	this esta	blishment	period incl (Include bot	paid employees for pay uding March 12, 1997 h full- and part-time	032					
	- 00504710414 0747110	1	Number of months	employees)							
	m 3. OPERATIONAL STATUS  How many months during 1997 was this establishment actively operated	00									
b.	Which of the following best describe status at the end of 1997? Mark (X) of										
	001 1 In operation		Figures only								
	2 Temporarily or seasonally in		Month Year								
	3 Ceased operation – Give dat				CONTINUE WITH ITEM 8 ON PA	GF 2					
	4 Sold or leased to another op Give date at right AND enter etc., below		CONTINUE WITH ITEM 8 ON PAGE 2								
	Name of new owner or operator										
	Number and street										

Item 9. SOURCES OF RECEIPTS — Continued

lte	em 8. KIND OF BUSINESS OR	ACTIV	ΊΤΥ				Iter	<b>n 9.</b> SOURCES OF REC	EIPTS -	— Con				
a.	Mark (X) the ONE box which be establishment in 1997.	st desc	cribes th	nis						Cen-	ESTIM Report	ATES a	re acce <sub>l</sub> OR pe	otable.
Offices of accountants							Sources of receipts		sus				Per-	
	Office of certified public accou	ıntants	(CPAs)		□ 87	21101						Thou.	Dol.	cent
Office of accountants, except certified public accountants (CPAs)						21201	с. С	Other services – Continue	:d	400	401			402
Tax return preparation, bookkeeping, billing, and payroll services								(4) Public relations servi	ces	0100		İ		
	Tax return preparation service	s			□ 72	91001		(5) Custom computer programming service	es	0950				
	Bookkeeping services Billing services					21202 21203		(6) Computer systems do services	esign	1000				
	Payroll services				□ 87	21401		(7) Computer services, except programming	,					
	Theatrical and film talent payr	nent s	ervices		78	319701		systems design, and computer facilities						
	Other kind of activity  Data processing services				□ <b>7</b> 2	374001		management – <i>Descr</i>	Tibe					
	Computer systems design cor				=	374001				1100		ĺ		
	Administrative and general m consulting services	anagei	ment		□ 87	42101		(8) Data processing serv	ices	1200				
	Other consulting services – De	escribe			77	777776		(9) Social sciences and humanities research	and					
							_	development	anu	1370				
	Other kind of activity – <i>Descri</i> l	be			□ 77	דדדדי	E	Sales of merchandise – Describe if this is largest						
	,							source of receipts				į		
b.	Was this establishment prima	arilv e	engage	d						8608				
	in providing management, ac or support services to other	lminis	strative	_	1 🗆 Y			All other receipts – Descrii f more than 10 percent	be					
	establishments of the same (rather than for the general p business firms) in 1997?	compa	or othe	er	2 🗌 N	0	C	of total receipts						
lte	em 9. SOURCES OF RECEIPTS						·	078				İ		
	eport receipts by source either in das percentages (in whole percents									8957				
	ease do <b>not</b> combine data for two	•				JIOW.	f. <sub>1</sub>	rotal (Should equal ite	em 5					
			11 4	and a first of	lances (	clients		if reporting in do	ollars)	8990				100%
<b>Li</b>	<b>ne a</b> – Include receipts for prepartive own bookkeeper) and periodic	ing pre	adjusted al staten	nents for	clients.						D) / O O O	LIDATIC		100%
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Census File Number

Item 13.

Name

Citv

Number and street

Kind-of-business description

Report in whole percents

100%

450

451

452

453

454

OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION – Continued

of 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.

**NOTE** – Temporary or special purpose offices of accounting, auditing, and bookkeeping services should not be considered separate locations for purposes of this report. Data for such locations should be included with the controlling main or branch location.

State | ZIP Code

1997

Receipts

Annual

payroll

CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions

Number

Year

TO:

Mo.

Date

Extension

Year

Mo.

Area code

Name of person to contact regarding this report - Print or type

Census 088

Mil.

082

Paid employees for pay period including March 12

How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1997?

Page 3

Number

079

Thou.

Dol.

Title

Telephone

Item 14.

Period covered by this report FROM:

Signature of authorized person

1 Yes 2 No

EIN (9 digits)

**Form SV-8702** 

a. Individuals

e. All other

f. TOTAL

c. Federal Government

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

NOTE - An exported service is a service performed for a customer or

Item 11. RECEIPTS, BY CLASS OF CLIENT

**b.** Trade, farming, industrial, transportation, financial, and other business firms

**d.** State and local governments (including public authorities)

Item 12. EXPORTED SERVICES

Estimate the percentage of receipts (reported in item 5) by class of client.