



1997 ECONOMIC CENSUS

ACCOUNTING, TAX PREPARATION, BOOKKEEPING, AND PAYROLL 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-8702

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
002 _____

a. How many months during 1997 was this establishment actively operated?

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

CONTINUE WITH ITEM 8 ON PAGE 2

SV

Item 8. KIND OF BUSINESS OR ACTIVITY
a. Mark (X) the ONE box which best describes this establishment in 1997. 070

Offices of accountants

Office of certified public accountants (CPAs) . . . 8721101

Office of accountants, except certified public accountants (CPAs) 8721201

Tax return preparation, bookkeeping, billing, and payroll services

Tax return preparation services 7291001

Bookkeeping services 8721202

Billing services 8721203

Payroll services 8721401

Theatrical and film talent payment services 7819701

Other kind of activity

Data processing services 7374001

Computer systems design consultants 7379111

Administrative and general management consulting services 8742101

Other consulting services – Describe 7777776

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

Sources of receipts	Census use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
c. Other services – Continued	400	401			402
(4) Public relations services	0100				
(5) Custom computer programming services	0950				
(6) Computer systems design services	1000				
(7) Computer services, except programming, systems design, and computer facilities management – Describe 076	1100				
(8) Data processing services	1200				
(9) Social sciences and humanities research and development	1370				
d. Sales of merchandise – Describe if this is largest source of receipts 077	8608				
e. All other receipts – Describe if more than 10 percent of total receipts 078	8957				
f. TOTAL (Should equal item 5 if reporting in dollars)	8990				100%

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 – Include receipts for preparing preadjusted trial balances (clients have own bookkeeper) and periodic financial statements for clients. Auditing services include examining, reporting, analyzing, and confirming clients' existing accounting records. Include reimbursement of expenses incurred for clients.

Line b(2) – Include receipts for preparing trial balances, journals, ledgers, payrolls, etc.

Line c(1) – Include receipts for providing advice on tax matters. If advice is provided as part of the preparation of tax returns, enter amount on line b(1).

Line c(2) – Include receipts for providing strategic and organizational planning, financial planning and budgeting, and other management consulting services. Receipts for tax consulting should be included on line c(1).

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	Census use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
a. Accounting and auditing services	400	401			402
(1) Tax return preparation services	2100				
(2) Bookkeeping services	2151				
(3) Billing services	2152				
(4) Payroll accounting services	2153				
b. Tax return preparation, bookkeeping, billing, and payroll services					
(1) Tax consulting	2154				
(2) Management consulting	2200				
(3) Management and administrative services	2250				
c. Other services					
(1) Tax consulting	2300				
(2) Management consulting					
(3) Management and administrative services					

Item 10. PERSONNEL AND PAYROLL, BY OCCUPATION

Lines a(1) and a(2) – Include accountants who are members of professional corporations. Report proprietors and partners of unincorporated firms on line b.

Line a(2) – Include licensed, registered, and public accountants, and accounting practitioners who are **not** certified by the State.

Line b – Report the number of proprietors or partners **not** considered employees of the firm for Federal tax purposes.

Occupation (include proprietors and partners on line b only)	Personnel for pay period including March 12, 1997 (number)	Annual payroll		
		Mil.	Thou.	Dol.
a. Type of employee	583	588		
(1) Certified public accountants (employees of firm)				
(2) Public accountants not certified (employees of firm)	584	589		
(3) Management consultants and other nonaccounting professional staff	585	590		
(4) All others (including clerical and other support staff)	586	591		
(5) TOTAL (Sum of lines a(1) through a(4) should equal entries in items 6a and 7)	587	592		
b. Active proprietors or partners at this location (unincorporated practices only). For businesses operating at more than one location, report proprietor or partners at the location where they spend most of their working time.	460			

Census File Number

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

Item 11. RECEIPTS, BY CLASS OF CLIENT	Report in whole percents
<i>Estimate the percentage of receipts (reported in item 5) by class of client.</i>	
	450
a. Individuals	451
b. Trade, farming, industrial, transportation, financial, and other business firms	452
c. Federal Government	453
d. State and local governments (including public authorities)	454
e. All other	
f. TOTAL	100%

Item 12. 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?	Mil.	Thou.	Dol.
405 <input type="checkbox"/> Yes - Amount →	406		
<input type="checkbox"/> No			

Item 13. 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 14

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

097 Yes →
 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 Yes →
 No

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

EIN (9 digits)

Item 13. 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

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.

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.

Name	1997	Mil.	Thou.	Dol.
Number and street	Receipts	081		
City State ZIP Code	Annual payroll	082		
1 Kind-of-business description	Paid employees for pay period including March 12			
	083			
	Census use 088			
Name	1997	Mil.	Thou.	Dol.
Number and street	Receipts	081		
City State ZIP Code	Annual payroll	082		
2 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 14. 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