



# 1997 ECONOMIC CENSUS

## MISCELLANEOUS BUSINESSES AND PROFESSIONS

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

**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-8900**

*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 AND TAX STATUS**  
**a. 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 Form 990 series of returns.  
9  Other - Specify

**b. TAX STATUS**  
**(1) Is this establishment operated on a not-for-profit basis?**

005 1  Yes  
2  No - Skip to item 5

**(2) Was all or part of the income of this establishment or organization exempt from Federal income taxes under section 501 of the Internal Revenue Code?**

004 1  Yes  
2  No

**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)
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1	126	
1	125	629

**Item 5. DOLLAR VOLUME**

If the answer to item 4b(2) was "Yes," skip to part b; otherwise, complete part a and skip to item 6.

**a. OPERATING RECEIPTS** of this (taxable) establishment in 1997

010

**b. REVENUE AND EXPENSES** of this (tax-exempt) establishment in 1997

010

**(1) REVENUE**

040

**(2) EXPENSES** (including payroll)

**Item 6. PAYROLL**

Mil. Thou. Dol.

**Payroll in 1997, BEFORE DEDUCTIONS**

030

**a. Annual**

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

**SV**

**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 or revenue in 1997.

**Professional services (except medical)**

070

- Architectural services . . . . .  8712001
- Engineering services . . . . .  8711001
- Office of certified public accountants (CPA's) . . . . .  8721101
- Office of accountants, except certified public accountants (CPA's) . . . . .  8721201
- Tax preparation service . . . . .  7291001
- Bookkeeping or billing service . . . . .  8721202
- Scientific and related consulting, except environmental and actuarial . . . . .  8999112
- Actuarial consulting . . . . .  8999121
- Environmental consulting . . . . .  8999201
- Other consulting service . . . . .  7777771
- Other profession . . . . .  7777772

**Arts and entertainment related services**

- Author, composer, or writer . . . . .  8999301
- Artist or artist's studio, **except** commercial . . . . .  8999302
- Record producer (contracting with musical artists and arranging and financing the production of original master recordings) . . . . .  8999931
- Music publishing, except sheet music and music books . . . . .  8999941
- Integrated record production/distribution (primarily engaged in releasing, promoting, and distributing sound recordings) . . . . .  8999951
- Other arts or entertainment service . . . . .  7777773

**Accommodations**

- Bed and breakfast inn with 25 guestrooms or more . . . . .  7011701
- Bed and breakfast inn with less than 25 guestrooms . . . . .  7011901
- Hotel with 25 or more guestrooms, except casino hotel . . . . .  7011601
- Casino hotel . . . . .  7011501
- Hotel with less than 25 guestrooms . . . . .  7011801
- Motel . . . . .  7011311
- Motor hotel . . . . .  7011401
- Other type of accommodations . . . . .  7777774

**Health practitioners**

- Physician(s), except mental health specialists (practitioner(s) having **M.D.** degree and engaged in the practice of general or specialized medicine and/or surgery) . . . . .  8011012
- Physician(s), except mental health specialists (practitioner(s) having **D.O.** degree and engaged in the practice of general or specialized medicine and/or surgery) . . . . .  8031011
- Psychiatrist(s) or other mental health physician(s) having **M.D.** degree . . . . .  8011022
- Psychiatrist(s) or other mental health physician(s) having **D.O.** degree . . . . .  8031021
- Mental health practitioner(s) (including psychiatric social workers, clinical psychologists, and psychotherapists NOT having **M.D.** or **D.O.** degree) . . . . .  8049101
- Dentist(s) or other specialty dental practitioner(s) having D.M.D., D.D.S., or D.D.Sc. degree (including orthodontists, endodontists, oral and maxillofacial surgeons, etc.) . . . . .  8021001
- Optometrist(s) . . . . .  8042001
- Physical or occupational therapist(s) . . . . .  8049201
- Other health practitioner . . . . .  7777775

**Medical facilities and other medical services**

- HMO medical clinic (operated by the provider of a prepaid medical plan) . . . . .  8011031
- Ambulatory surgical or urgent care center . . . . .  8011043
- Diagnostic imaging center (providing a variety of imaging services such as x-ray, sonogram, and magnetic resonance imaging) . . . . .  8071201
- Medical laboratory (providing professional analytic or diagnostic services to the medical profession, or to the patient on prescription of a physician) . . . . .  8071101
- Home health care agency (including visiting nurse association) . . . . .  8082001

**Item 8. KIND OF BUSINESS OR ACTIVITY – Continued**

**Medical facilities and other medical services – Continued**

070

- Other home health service (including home infusion, inhalation, or perfusion therapy) . . . . .  8082004
- Medical equipment rental or leasing, except home health furniture and equipment . . . . .  7352011
- Home health furniture and equipment rental and leasing . . . . .  7352021
- Other medical facility or service . . . . .  7777776

**Retail trade** (selling goods to household consumers) . . . . .  5200000

**Wholesale trade**

- Selling goods to which you have title . . . . .  5100001
- Selling as agent or broker for other firms (including **manufacturers' representatives**) . . . . .  5100002

**Publishing** (including publishers with printing facilities) – Describe product(s) published in part b . . . . .  2700001

**Printing and allied industries (excluding publishing)** – Describe type of printing used and primary product(s) printed in part b . . . . .  2700002

**Other business or activity – Describe** . . . . .  7777777

b. Describe the principal product (or line of products) sold or service provided.

**Item 9. 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 10

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 9 CONTINUED ON PAGE 3

Census File Number

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

**Item 9.** OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION – Continued

Number

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

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

**Item 10.** CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

<b>Period covered by this report</b>	FROM: Mo.   Year	TO: Mo.   Year	Name of person to contact regarding this report – <i>Print or type</i>			
Telephone	Area code	Number	Extension	Title		
Signature of authorized person						Date

**PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS**

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