



**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

**UT-4500**

*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.

If this questionnaire does not seem to apply to your business, complete it to the extent possible and explain in REMARKS section - this should fulfill your reporting requirements and will reduce follow-up correspondence.

**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) \_\_\_\_\_

**HOW TO REPORT DOLLAR FIGURES**

Dollar figures should be **rounded to thousands** of dollars.

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

• Preferred

Acceptable

Mil- lions (000)	Thou- sands (000)	
1	126	
1	125	629

**Item 4. DOLLAR VOLUME OF BUSINESS**

Mil.	Thou.	Dol.
010		

**Operating revenue in 1997**

**Item 5. PAYROLL**

Mil.	Thou.	Dol.
030		

**Payroll in 1997, BEFORE DEDUCTIONS**

**a. Annual**

031		
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**b. First quarter (January-March)**

**Item 6. EMPLOYMENT**

Number
032

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

**Item 7. 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  
 5  Governmental - Specify \_\_\_\_\_  
 0  Corporation  
 0  Subchapter "S" corporation  
 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 2  No 3  No legal boundaries 4  Do not know boundaries

**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.**

**Note:** Complete the remainder of this report (for the period operated) even if the establishment ceased operation during 1997.

- 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

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

**What was this establishment's PRINCIPAL kind of business or activity in 1997?**

Mark (X) only ONE box.

**Scheduled air transportation**

070

Passenger carrier (including commuter) . . . . .  4512011

Freight carrier . . . . .  4512021

**Courier service (including delivery of parcels weighing 100 pounds or less)**

Air courier service . . . . .  4513001

Courier service (except by air)

Local . . . . .  4215102

Intercity . . . . .  4215202

**Nonscheduled air transportation**

Charter passenger service (including air taxi) . . . . .  4522011

Charter freight . . . . .  4522021

Sightseeing airplane or helicopter . . . . .  4522031

Air ambulance . . . . .  4522041

Variety of specialized flying services (performing **more** than one specialized flying service, e.g., crop dusting, aerial forest fire fighting, aerial advertising and photography, aviation clubs, aerial surveying) – *List specialized flying services provided:* . . . . .  4522091

**Airport and aircraft services**

Airport operation and terminal services (including fixed base operators (FBO's), airfreight handling, hangar operations, airport terminal services, aircraft storage, airports and flying fields, etc.) . . . . .  4581021

Aircraft maintenance and repair . . . . .  4581091

Aircraft fueling service . . . . .  5172001

Flight instruction or school . . . . .  8299201

Other airport and aircraft transportation services – *Describe* . . . . .  4581092

**Arrangement of transportation for passengers**

Travel agency . . . . .  4724004

**Arrangement of transportation for freight and cargo**

Freight forwarding . . . . .  4731107

Shipping agent or broker . . . . .  4731216

**Other kind of business or activity – Describe**

. . . . .  7777777

**Item 9. SOURCES OF REVENUE**

Please read instructions below before completing this item.

**Report sources of revenue for this establishment either as dollar figures or as whole percents of total operating revenue.** (See **HOW TO REPORT DOLLAR FIGURES** on page 1 and **HOW TO REPORT PERCENTS** below)

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

Sources of revenue	Census use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
<b>1. Passenger revenue</b>	700	701			702
<b>a. Scheduled</b>	<b>5000</b>				
<b>b. Charter</b>	<b>5010</b>				
<b>c. Sightseeing</b>	<b>5020</b>				
<b>d. Other passenger revenue</b>	<b>5030</b>				
<b>2. Freight revenue (including air courier service)</b>					
<b>a. Domestic air freight</b>	<b>5040</b>				
<b>b. International air freight</b>	<b>5050</b>				
<b>c. Domestic air mail</b>	<b>5060</b>				
<b>d. International air mail</b>	<b>5070</b>				
<b>3. Air ambulance</b>	<b>5080</b>				
<b>4. Airport and aircraft services</b>					
<b>a. Ramp service, parking, tie down, and storage fees</b>	<b>5090</b>				
<b>b. Aircraft rental or leasing</b>	<b>5100</b>				
<b>c. Aircraft maintenance and repair</b>	<b>5110</b>				
<b>d. Flight training and instruction</b>	<b>5120</b>				
<b>e. Other airport or aircraft services</b>	<b>5130</b>				
<b>5. Other specialized flying services (e.g., crop dusting, aerial forest fire fighting, aerial advertising and photography, aviation clubs, aerial surveying)</b>	<b>5140</b>				
<b>6. Sales of merchandise</b>					
<b>a. Fuels and lubricants</b>	<b>3100</b>				
<b>b. New and used aircraft</b>	<b>3300</b>				
<b>c. Aircraft parts and supplies</b>	<b>3350</b>				
<b>d. Sales of other merchandise</b>	<b>3750</b>				
<b>7. All other operating revenue – Describe</b>					
076					
	<b>9810</b>				
<b>8. TOTAL (Should equal item 4 if reporting in dollars)</b>	<b>9990</b>				<b>100%</b>

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

Census File Number

Item 10. Not applicable to this report.

Item 11. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION - Continued

Item 11. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (CFN) (shown in the address label immediately after CFN) a zero?

- 1  Yes - Complete this item
- 2  No - Skip to item 12

d. How many establishments operated under the EIN 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.

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)

1	Name	1997	Mil.	Thou.	Dol.
	Number and street	Revenue	081		
	City State ZIP Code	Annual payroll	082		
	Kind-of-business description	Paid employees for pay period including March 12			

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

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

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		
Telephone	Area code	Number	Extension	Title	
Signature of authorized person					Date

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