



1997 ECONOMIC CENSUS

FURNITURE AND HOMEFURNISHINGS

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

WH-5020

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 town 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 _____

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.
Example: If a figure is \$1,125,628.79
• Preferred report
• Acceptable

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

Item 4. DOLLAR VOLUME OF BUSINESS

a. Sales and operating receipts for 1997 (Include the gross selling value of business conducted for others)

Bil.	Mil.	Thou.	Dol.
010			

b. Did this establishment earn commissions for the sale of merchandise?

121	1 <input type="checkbox"/> Yes - Go to line c	2 <input type="checkbox"/> No - Skip to line e	
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c. Gross selling value of business conducted on a commission basis (Include in item 4a)

Bil.	Mil.	Thou.	Dol.
122			

d. Commissions received (On transactions reported in item 4c)

Bil.	Mil.	Thou.	Dol.
123			

NOTE - If this is the only establishment of this firm skip to item 5

e. Percent of products sold by this establishment manufactured or mined in the United States by your company or subsidiaries

Percent
124 _____ %

f. Value of transfers to other establishments within your company (DO NOT include in item 4a)

Mil.	Thou.	Dol.
125		

Item 5. PAYROLL Mil. Thou. Dol.

a. Annual Payroll in 1997, BEFORE DEDUCTIONS

030		
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b. First quarter (January-March)

031		
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Item 6. EMPLOYMENT Number

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

032	
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b. List the above employees by the employee's primary function:

Number
131
(1) Selling
132
(2) Sales support (including office and clerical, warehousing, customer service, maintenance employees, and drivers)
133
(3) Supporting functions of other establishments in your company (i.e., central administrative, accounting, research, etc.)
134
(4) Manufacturing
135
(5) Other - Specify _____

NOTE - The sum of lines 1 through 5 should equal total employment

Item 7. OPERATING EXPENSES Mil. Thou. Dol.
 040
Operating expenses for 1997 (Include payroll, but exclude cost of goods sold and interest expense)

Item 8. INVENTORIES

a. Did you have inventories at the end of 1996 or 1997?

180 1 Yes – Complete the remainder of the item
 2 No – Skip to item 9

b. Were inventories of this establishment subject to the last-in, first-out (LIFO) method of valuation?

185 1 Yes – Use the sum of the LIFO amount plus the LIFO reserve for lines c and c(2)
 2 No – Complete only line c

	End of 1997			End of 1996		
	Mil.	Thou.	Dol.	Mil.	Thou.	Dol.
c. Total inventories	046			047		
(1) Amount not subject to LIFO costing	181			186		
(2) Amount subject to LIFO costing (gross)	182			187		
(a) Amount of the LIFO reserve	183			188		
(b) LIFO value of the line c(2) (net)	184			189		

NOTE – The sum of lines c(1) and c(2) should equal line c
 The sum of lines c(2a) and c(2b) should equal line c(2)

Item 9. TOTAL PURCHASES OF MERCHANDISE IN 1997 PURCHASES AT COST VALUE Bil. Mil. Thou. Dol.
 160
Purchases of merchandise for resale (Net of returns, allowances, and trade and cash discounts; but including amounts allowed for trade-ins)

NOTE – If purchases are greater than sales, please provide an explanation in the REMARKS section

Item 10. SALES BY CLASS OF CUSTOMER Whole percent of sales
Report the percentage of this establishment's total sales in 1997 (item 4a) to each class of customer.

a. Export sales 141

b. Restaurants, hotels, food services, and contract feeding 142

c. Retailers and repair shops for resale or repair 143

d. Other wholesale establishments for resale 144

e. Industrial users for production (manufacturing and mining) 145

f. Business users for consumption, not for resale 146

g. Farmers (for farm use) 147

h. Household consumers and individual users 148

i. Builders and contractors 149

j. Governmental bodies (Federal, State, and local) 150

k. **TOTAL** (Sum of lines a through j should total 100%) **100%**

Item 11. KIND OF BUSINESS AND SELLING CHARACTERISTICS

a. Kind of business
What was this establishment's PRINCIPAL kind of business in 1997? Mark (X) only ONE box.

(1) Furniture 070
 (a) Household and lawn furniture 502110
 (b) Office and business furniture (including church pews and school desks) 502129

(2) Homefurnishings
 (a) Household china, glassware, and crockery 502310
 (b) Linens, domestics, curtains, and draperies 502320
 (c) Floor coverings (including carpet pads) 502339
 (d) Other homefurnishings 502390

(3) Carpet installation service 175200

(4) Office equipment, except furniture 504400

(5) Other kind of business – Specify 777777

b. Selling characteristics

(1) **In what format did this establishment PRIMARILY sell in 1997? Mark (X) only ONE box.** 068

From physical displays of priced merchandise 1
 From a counter (little or no display) 2
 From a warehouse or office 3
 Other – Describe 4

(2) **How did this establishment PRIMARILY attract new customers in 1997? Mark (X) only ONE box.** 069

Location and store attractiveness 1
 Advertising to the general public, including direct mail advertising 2
 Advertising to the trade or calls directly to customers 3
 Other – Describe 4

c. What percent of your sales are drop-shipped and do not enter this establishment? Percent 111 %

Item 12. TYPE OF OPERATION
What was this establishment's PRINCIPAL type of operation in 1997? Mark (X) only ONE box. 060

a. Own-brand importer and marketer 14

b. Merchant wholesaler (buying and selling on own account)
 (1) Importer 12
 (2) Exporter 13
 (3) Merchant wholesale distributor or jobber. 11

c. Manufacturers' sales branches and offices 20

d. Agent, broker, and commission merchant
 (1) Auction company 41
 (2) Broker (representing buyers and sellers) 42
 (3) Commission merchant 43
 (4) Import agent 44
 (5) Export agent 45
 (6) Manufacturers' agent 46

e. Other broker or agent – Specify type 77

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

Census File Number

Item 13. COMMODITY LINES

Report sales by commodity group either as a dollar figure or as a whole percent of total sales (Include the value of merchandise marketed under capital, finance, or full payout leases and rental receipts derived from merchandise under operating leases)

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

Commodity lines	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.				
		Bil.	Mil.	Thou.	Dol.	Per-cent
1. Household and lawn furniture	100	101				102
a. Upholstered furniture	0411					
b. Sleep furniture and equipment	0412					
c. Lawn and outdoor furniture	0413					
d. Other furniture (including sleep sofas)	0414					
e. Total (Sum of lines 1a through 1d)	0400					
2. Office and business furniture						
a. New office furniture (wooden and metal)	0421					
b. New store and restaurant furniture	0422					
c. New public furniture (theater seats, church pews, park benches, and school desks)	0423					
d. Used office and business furniture	0424					
e. Total (Sum of lines 2a through 2d)	0420					
3. Household china, glassware, crockery, and plastic housewares (Report disposable plastic utensils on line 20)	0500					
4. Linens, domestics, curtains, and draperies						
a. Bedspreads, blankets, and bedding	0521					
b. Curtains and draperies	0522					
c. Shades and blinds	0523					
d. Towels and washcloths	0524					
e. Other linens and domestics	0525					
f. Total (Sum of lines 4a through 4e)	0520					
5. Flooring and floor coverings						
a. Soft-surface (textile) floor coverings and accessories (including carpets, rugs, and pads)	0531					
b. Hardwood flooring	0532					
c. Other hard-surface floor coverings and accessories (including tile and sheet goods)	0533					
d. Total (Sum of lines 5a through 5c)	0530					

Item 13. COMMODITY LINES – Continued

Commodity lines	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.				
		Bil.	Mil.	Thou.	Dol.	Per-cent
6. Other homefurnishings						
a. Metal flatware and kitchen utensils (Report plated ware and silverware on line 17, cutlery on line 12)	0541					
b. Mirrors, lamps, and picture frames	0542					
c. Homefurnishings, n.e.c.	0543					
d. Total (Sum of lines 6a through 6c)	0540					
7. Roofing, siding, and insulation materials	0720					
8. Wire fences, manufactured (mobile) homes, building and construction paper and prefabricated buildings and structural assemblies	0740					
9. Office equipment (exclude computers)	0900					
10. Restaurant and hotel equipment and supplies	0960					
11. Electrical appliances, household	1500					
12. Hardware	1700					
13. General-purpose industrial machinery, equipment, and parts	2320					
14. Abrasives, strapping, tape, inks, and mechanical rubber goods	2460					
15. Sporting and recreational goods and supplies	2700					
16. Toys and hobby goods and supplies	2800					
17. Jewelry, diamonds, gem stones, and watches	3000					
18. Printing and writing paper	3200					
19. Stationery, office supplies and greeting cards	3300					
20. Industrial and personal service paper and plastics (including disposable plastic utensils)	3400					
21. Drugs, pharmaceuticals, cosmetics, and toiletries	3500					
22. Piece goods, knit and woven	3600					
23. Men's and boys' wear	3800					
24. Women's and children's wear	3900					
25. Plastics materials and basic shapes	5300					
26. Chemicals and allied products (excluding agricultural, plastics, gases and petroleum)	5330					

ITEM 13 CONTINUED ON PAGE 4

CONTINUE ON PAGE 4

Item 13. COMMODITY LINES – Continued						
Commodity lines	Cen- sus use	ESTIMATES are acceptable. Report dollars OR percents.				Per- cent
		Bil.	Mil.	Thou.	Dol.	
27. Paint, paint supplies, and wallpaper	6000					
28. Art materials (including novelties and souvenirs)	6120					
29. Wigs, yarns, and leather products	6150					
30. Miscellaneous commodities – Specify						
076						
a. _____	9811					
077						
b. _____	9812					
078						
c. _____	9813					
31. Rental and operating lease receipts	9940					
32. Service receipts and labor charges (including installed parts)						
a. Labor charges for repair work	9701					
b. Parts installed in repair work	9702					
c. Other service receipts and labor charges – Specify _____	9703					
d. Total (Sum of lines 32a through 32c)	9700					
33. TOTAL (Should equal item 4a if reporting in dollars)	9990					100%

Item 14. 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
 3 Cooperative association (taxable)
 4 Cooperative association (tax-exempt)
 5 Government – Specify _____
 0 Corporation (Do not mark if any form of cooperative association)
 9 Other – Specify _____

Item 15. 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 16

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 15. 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	Sales	081		
City State ZIP Code	Annual payroll	082		
Kind-of-business description	Paid employees for pay period including March 12			
Type of operation (choose from item 12)	083			
	Cen- sus use	088		
		089		

2

Name	1997	Mil.	Thou.	Dol.
Number and street	Sales	081		
City State ZIP Code	Annual payroll	082		
Kind-of-business description	Paid employees for pay period including March 12			
Type of operation (choose from item 12)	083			
	Cen- sus use	088		
		089		

3

Name	1997	Mil.	Thou.	Dol.
Number and street	Sales	081		
City State ZIP Code	Annual payroll	082		
Kind-of-business description	Paid employees for pay period including March 12			
Type of operation (choose from item 12)	083			
	Cen- sus use	088		
		089		

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

Item 16. 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