



# 1997 ECONOMIC CENSUS

## PHOTOGRAPHIC AND COMMERCIAL EQUIPMENT

**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-5043**

*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

**HOW TO REPORT DOLLAR FIGURES**

Dollar figures should be rounded to thousands of dollars.  
**Example:** If a figure is \$1,125,628.79 report **1 126**  
• Preferred  
Acceptable

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

**Item 4. DOLLAR VOLUME OF BUSINESS**

Bil. Mil. Thou. Dol.

010

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

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

121

1  Yes - Go to line c  
2  No - Skip to line e

**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)

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**  
**Payroll in 1997, BEFORE DEDUCTIONS**

Mil. Thou. Dol.

030

**a. Annual**

031

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

**Item 6. EMPLOYMENT**

Number

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

032

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

Number

131

(1) Selling

(2) Sales support (including office and clerical, warehousing, customer service, maintenance employees, and drivers)

132

(3) Supporting functions of other establishments in your company (i.e., central administrative, accounting, research, etc.)

133

(4) Manufacturing

134

(5) Other - Specify

135

*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.
<b>c. Total inventories</b>	046			047		
<b>(1) Amount not subject to LIFO costing</b>	181			186		
<b>(2) Amount subject to LIFO costing (gross)</b>	182			187		
<b>(a) Amount of the LIFO reserve</b>	183			188		
<b>(b) LIFO value of the line c(2) (net)</b>	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.  
**Purchases of merchandise for resale** (Net of returns, allowances, and trade and cash discounts; but including amounts allowed for trade-ins)  
 160

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

**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.**

070

(1) Photographic equipment and supplies . . . . .  504300  
 (2) Commercial equipment  
 (a) Restaurant and hotel equipment and supplies . . . . .  504610  
 (b) Store machines and equipment . . . . .  504620  
 (3) 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  
 • Report whole percents → **39**  
 Not acceptable → **38.76**

Commodity lines	Census use	ESTIMATES are acceptable. Report dollars OR percents.				
		Bil.	Mil.	Thou.	Dol.	Per-cent
<b>1.</b> Photographic equipment and supplies (excluding video)	100	101				102
<b>a.</b> Still picture photographic equipment	0811					
<b>b.</b> Motion picture photographic equipment	0812					
<b>c.</b> Photographic film	0813					
<b>d.</b> Developing supplies (excluding film)	0814					
<b>e.</b> Other photographic equipment and supplies	0815					
<b>f. Total</b> (Sum of lines 1a through 1e)	0800					
<b>2.</b> Restaurant and hotel equipment and supplies	0960					
<b>3.</b> Store machines and equipment						
<b>a.</b> Vending machines	0971					
<b>b.</b> Other store machines and equipment	0972					
<b>c. Total</b> (Sum of lines 3a and 3b)	0970					
<b>4.</b> Office and business furniture	0420					
<b>5.</b> Kitchen utensils, mirrors, lamps, and picture frames	0540					
<b>6.</b> Office equipment (exclude computers)	0900					
<b>7.</b> New computer equipment	0920					
<b>8.</b> Used computer equipment	0930					
<b>9.</b> Computer software (packaged)	0950					
<b>10.</b> Optical and ophthalmic goods	1030					
<b>11.</b> Electrical appliances, household	1500					
<b>12.</b> Electronic parts and equipment, except communication	1600					
<b>13.</b> Plumbing and heating equipment and supplies (hydronics)	1800					

**Item 13. COMMODITY LINES – Continued**

Commodity lines	Census use	ESTIMATES are acceptable. Report dollars OR percents.				
		Bil.	Mil.	Thou.	Dol.	Per-cent
<b>14.</b> Refrigeration equipment and supplies	2000					
<b>15.</b> Welding supplies (excluding gases)	2440					
<b>16.</b> Custodial (janitors') equipment and supplies	2520					
<b>17.</b> Laundry and dry-cleaning equipment and supplies	2530					
<b>18.</b> Stationery, office supplies and greeting cards	3300					
<b>19.</b> Industrial and personal services paper and plastics	3400					
<b>20.</b> Chemicals and allied products (excluding agricultural, plastics, gases and petroleum)	5330					
<b>21.</b> Miscellaneous commodities – <i>Specify</i>						
<b>a.</b> 076	9811					
<b>b.</b> 077	9812					
<b>c.</b> 078	9813					
<b>22.</b> Rental and operating lease receipts	9940					
<b>23.</b> Service receipts and labor charges (including installed parts)						
<b>a.</b> Labor charges for repair work	9701					
<b>b.</b> Parts installed in repair work	9702					
<b>c.</b> Other service receipts and labor charges – <i>Specify</i>	9703					
<b>d. Total</b> (Sum of lines 23a through 23c)	9700					
<b>24.</b> Receipts for installing equipment	9740					
<b>25. TOTAL</b> (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)

**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
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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.

	Name	Number and street	City	State	ZIP Code	1997	Mil.	Thou.	Dol.
						Sales	Annual payroll	Paid employees for pay period including March 12	
1	Kind-of-business description								
	Type of operation (choose from item 12)								
2	Kind-of-business description								
	Type of operation (choose from item 12)								
3	Kind-of-business description								
	Type of operation (choose from item 12)								

**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.

<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