

DUE DATE

U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

## WH-5045

**FEBRUARY 12, 1998** 

## 1997 ECONOMIC CENSUS **COMPUTER AND OFFICE EQUIPMENT**

OMB No. 0607-0825: Approval Expires 08/31/99

Percent

Number

Number

Dol.

WH-5045

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

Please read the accompanying instructions before answering the questions.

Census use

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	HOW TO REPORT DOLLAR	Dollar figures should to thousands of dol Example: If a figur is \$1,125,628,79	ple: If a figure		Mil- lions (000)	Thou- sands (000)	Dol- lars (000)						
latest 1997 Employer's Quarterly Federal Tax Return,	FIGURES		<ul> <li>Preferred</li> </ul>		1	126							
Treasury Form 941?	FIGURES	report	Acceptable		1	125	629						
094 1 ☐ Yes 2 ☐ No – Report current EIN below	Item 4.	DOLLAR VOLUME	OF	Bil.	Mil.	Thou.	Dol.						
,		BUSINESS		010									

(Please correct any errors in name, address, and ZIP Code.)

	(9 digits)			a.	Sales and operating receipts			 	
lte	m 2. PHYSICAL LOCATION				for 1997 (Include the gross selling value of business conducted for		 	 	
	Is this establishment's physical lotte address shown in the label? (Paddresses are not physical locations)  093 1 Yes 2 No - Report p	.O. box an	d rural route	b.	Did this establishment earn commissions for the sale of merchandise?	-	=	Go to l Skip to e	line c
				c. Gross selling value of bus		Bil.	Mil.	Thou.	Dol
	Number and street			۳.	conducted on a commission basis (Include in item 4a)	122	 	 	
	City, town, village, etc.	State	ZIP Code	d.	Commissions received (On transactions reported in item 4c)	123			
b. Is this establishment physically located inside the legal					NOTE - If this is the only establishme	ent of th	is firm s	skip to it	em 5
	boundaries of the city, town, villa	ge, etc.?						Doroont	

095 1 ☐ Yes 3 ☐ No legal boundaries 2 ☐ No 4 ☐ Do not know	e. Percent of products sold by this establishment manufactured or mined in the United States by your company or subsidiaries	124		%	
c. In what type of municipality is this establishment	f. Value of transfers to other	Mil.	Thou.	Dol.	
physically located?	establishments within your company (DO NOT include in	125		i	
096 1 ☐ City, village, or borough	item 4a)			1	
2 Town or township	Item 5. PAYROLL	Mil.	Thou.	Dol.	
3 Other - Specify	Payroll in 1997, BEFORE DEDUCTIONS	030	i i	İ	
4 □ Do not know	a. Annual			l	
d In what county /o.g. Dada County) is this catablishment		031			
d. In what county (e.g., Dade County) is this establishment physically located?	b. First quarter (January–March)				

Item 3. OPERATIONAL STATUS	Number of months
a. How many months during 1997 was this establishment actively operated?	002

D.	statu	iisnmei	it s			
	001	1 In operation	Figures only			
		2 Temporarily or seasonally inactive	Month	Year		
		3 Ceased operation – Give date at right				
		4 ☐ Sold or leased to another operator – Give date at right AND enter name, etc., below				

4 Sold or leased to another or Give date at right AND ente etc., below										
Name of new owner or operator										
Number and street										
C:t	Ctata	ZID Cada								

	Number of paid employees for pay period including March 12, 1997 (Include both full- and part-time employees)
b.	List the above employees by the

LIS	t the above employees by the	
em	ployee's primary function:	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

	(i.e., central administrative, accounting, research, etc.)	
		134
(4)	Manufacturing	
(5)	Other - Specify	135

**NOTE –** The sum of lines 1 through 5 should equal total employment **CONTINUE ON PAGE 2** 

Item 7. OPERATING EX	(PENSE	S		Mil.	Thou.	Dol.	Item 11. KIND OF BUSINESS AND SELLING CHARACTERISTICS
Operating expenses for 1997 (Include payroll, but exclude cost of goods sold and interest expense)							a. Kind of business  What was this establishment's PRINCIPAL kind of business in 1997? Mark (X) only
b. Equipment leased to operating lease in 19		firms u	nder				ONE box.
(1) Did this establishment (in 1997)					Yes -	- See	(1) Computer equipment and software (include selling of purchased equipment and software sold as an integrated system)
rent or lease to firms, other than your own, new equipment manufactured in the United States						item 14	(a) Computer and peripheral equipment sold
by the parent company?					No		(b) Computer and peripheral equipment sold
(2) Report the commercial value of new rental equipment acquired in 1997					Thou.	Dol.	for end use
and leased out un lease	nder an	operat	ing		İ	i	(c) Computer software (packaged)
Item 8. INVENTORIES  a. Did you have invent	orios s	t the on	nd of 1	006 or	10077		(e) Software publishing (development and
180 1 Yes – Con							marketing of packaged software
2 ☐ No – Skip t	to item s	9					(3) Office supplies
b. Were inventories of							(4) Systems integrators (engaged in the development or modification of software and the
the last-in, first-out	(LIFO) I	metnoa	or vai	uation	•		"bundling" of software with computers and peripheral equipment to create an integrated
185 1 ☐ Yes – <i>Use</i>	the sun	n of the lines c a	LIFO an	nount p	lus the l	LIFO	system designed for specific applications)
2 □ No – Com							(5) Other kind of business – Specify
		nd of 19		F	nd of 19	196	-
	Mil.	Thou.	Dol.	Mil.	Thou.	Dol.	
	046	i I	i i	047	i I	į	
<b>c.</b> Total inventories		i 			i 	i	b. Selling characteristics
(1) Amount not	181	 	 	186	I I	 	(1) In what format did this establishment PRIMARILY sell in 1997? Mark (X) only ONE
subject to LIFO costing					 		box. 068
(2) Amount subject to LIFO costing	182	 	 	187	 	 	From physical displays of priced merchandise 1 From a counter (little or no display) 2
(gross)	100	 	 	100	 		From a warehouse or office
(a) Amount of the	183	 	 	188	I I	 	Other – <i>Describe</i> 4
LIFO reserve	184	 		189	 	<u> </u>	
<b>(b)</b> LIFO value of the line c(2)	184	 	l I	189	I I	 	
(net)		<u> </u>			<u> </u>		(2) How did this establishment PRIMARILY attract new customers in 1997? Mark (X)
<b>NOTE</b> – The su					•		only ONE box.
line su line c(2		nes c(2a)	) and c(.	2b) sno	ula equa	aı	Location and store attractiveness 1
Item 9. TOTAL PURCH					T COST	1	Advertising to the general public, including direct mail advertising
MERCHANDISE  Purchases of merchandis	se for re	esale	Bil. 160	Mil.	Thou.	Dol.	Advertising to the trade or calls directly to customers
(Net of returns, allowances, and cash discounts; but inc	luding	de			i I	į	Other – <i>Describe</i>
amounts allowed for trade- <b>NOTE</b> – If purchases are	greater	than sal	es, plea	ise prov	ride an	i	
explanation in th	e REMA	ARKS sed	ction				
Item 10. SALES BY CL. Report the percentage	of this		MER		of sales		c. To be completed by establishments involved in
establishment's total s (item 4a) to each class				141			SYSTEMS INTEGRATION:
a. Export sales							Where was the equipment included in the systems which you sold during 1997 manufactured and assembled? Mark ALL that apply
<b>b.</b> Restaurants, hotels, fo contract feeding	od serv	ices, and	d	142			Manufactured Assembled
<b>c.</b> Retailers and repair sh	ops for	resale o	or	143			(1) At this location
repair							- (2) At other locations of this company
d. Other wholesale establishments for resale							(a) Inside the U.S 215 1 2 2
e. Industrial users for pro (manufacturing and m		1		145			( <b>b</b> ) Outside the U.S 216 1 2
				146			(3) By another company or do not know
g. Farmers (for farm use)	)			147			MANUFACTURED: Making computers and other equipment from parts that this company built or
h. Household consumers users	and in	dividual		148			fabricated.  ASSEMBLED: Making computers and other equipment
i. Builders and contracto	irs			149			from parts that were purchased. Do not consider linking computers to peripheral devices, networks; etc. as "assembly."
j. Governmental bodies		I, State,		150			d. What percent of your sales are Percent
and local)							drop-shipped and do not enter this establishment?
k. TOTAL (Sum of lines a through j					100%	%	

Form WH-5045		Page
	Census File Number	,

If not shown, please enter from the address label on			it Cens	us File	Numbe	r		Cens	us File Number						
Item 12. TYPE OF OPERAT		PRINICI	ΡΔΙ				lter	n 13	3. COMMODITY LINE	S – C	ccontal	eptable.			
type of operation in 1997? Mark (X) only ONE box.						Commodity lines			Cen- sus use	Re	port do	ollars OF	R percei	Per-	
a. Own-brand importer and r     b. Merchant wholesaler (buy own account)					□ 14		9.		ctrical appliances,	1500		<u> </u> 	 	   	cent
(1) Importer					☐ 12 ☐ 13		10.	equ	ctronic parts and ipment, except			     			
(3) Merchant wholesale di c. Manufacturers' sales brand d. Agent, broker, and commi	ches a	nd offic	es		☐ 11 ☐ 20		11.	Cor	nmunication	1600		 	 		
(1) Auction company (2) Broker (representing b					☐ 41 ☐ 42		12	sup	ipment and oplies	1650		 	 		
(3) Commission merchant (4) Import agent					43 44 45			ind equ	ustrial machinery, lipment, and parts	2320		 	 		
(5) Export agent (6) Manufacturers' agent					46		13.	pap	nting and writing per	3200		 			
e. Other broker or agent – Sp	pecity :	type .			□ 77		14.		tionery, office plies, and greeting ds	3300		   	   		
Item 13. COMMODITY LIN							15.	ser	ustrial and personal vice paper and stics	3400		! 	 		
Report sales by commodit a whole percent of total sa marketed under capital, finan receipts derived from mercha	ales (Ir ice, or	nclude t full pay	the valu out leas	ie of mei ses and	rchandis rental	o <b>r as</b> se	16.	Che	emicals and allied ducts (excluding icultural, plastics,			<del> </del> 			
HOW TO If figure is <b>38.76</b> total sales		Bil.	· T	Thou.	T	Per-	17.	Cus	es, and petroleum)	5330		 <del> </del>	 		
PERCENTS • Report whole per Not acceptable -	ercents -		1	-	<b>—</b>	<b>39</b> 38.76	18.	spe	signed to customer cifications) ccellaneous	9960			i !		
Commodity lines	Cen-			ES are a		ole.			omodities – Specify			 	     	 	
commonty intes	use	Bil.	l Mil.	Thou.	Dol.	Per- cent		a.	077	9811		    	<u> </u> 		
1. New computer equipment	100	101	l l	l I	I I	102		b.	078	9812		 	 		
a. Computers	0921		 	 	1		10	c.	tel and an author	9813		1	 		
<b>b.</b> Computer storage devices	0922		 	<u> </u>			19.	leas	ntal and operating se receipts			 	i I	 	
c. Computer printers	0923		 	 	 				Computer rental and leasing receipts	9941		 	 		
d. Other computer peripheral equipment	0924		 	<u> </u> 	 			ı	Photocopying machine rental	9942		 	 		
e. Total (Sum of lines 1a through 1d)	0920		 <del> </del>	 <del> </del>					Other office machine rental	9943		 	 	 	
2. Used computer equipment	0930		<u>i</u>	<u>i</u>	l			d.	Other rental receipts	9944		 	 		
3. Computer software (packaged) 4. Office equipment	0950		 	 	 			е. '	<b>Total</b> (Sum of lines 19a through 19d)	9940		 	   	 	
Typewriters and dedicated word processors	0911			 	 		20.	lab	vice receipts and or charges (including called parts)			 	 	 	
<b>b.</b> Calculators and accounting machines	0912		<del> </del>	 	 				Labor charges for repair work	9701		   			
c. Copying machines and equipment	0913		   	 	 				Parts installed in repair work	9702		   	   	 	
d. Dictating, transcribing, and recording machines	0914								Other service receipts and labor charges – Specify			 	 	 	
e. Mailing, letter handling, and addressing machines	0915				 					9703		 	 		
f. Total (Sum of lines 4a through 4e)	0900		     	 	l I		21		Total (Sum of lines 20a through 20c)	9700		 	 		
5. Office and business furniture	0420		<del> </del> 	<del> </del>   				con	tracts	9720		1 <u> </u> 	 		
6. Photographic equipment and			-   	 	l		22.		eipts for installing iipment	9740		 			
supplies (excluding video)  7. Store machines and	0800		 	 	 		23.	sys	es of integrated tems which you wrote nodified software for	9930		 			
equipment	0970		 	 			24.	TO	TAL (Should equal item 4a if				   		
8. Electrical apparatus and equipment	1400		1	1					reporting in dollars)	9990		[	i I		100%

Item 14. LEGAL FORM OF ORGANIZATION			Ite	em 15.	OWNERSHIP, OPERATION –	CONTR	ROL, AND I	LOCATIC	ONS OF		
Which of the following best describes this establishment's legal form of organization during 1997? Mark (X) only ONE box.  1 Individual owner (sole proprietorship) 2 Partnership			d.	the En in the THE E	nany establish nployer Identi label (or as co ND of 1997? e than one, prov nformation indi	ficatio prrecte	on Numbe ed in item	r showi 1) AT	0	Num	
3 ☐ Cooperative association (taxable) 4 ☐ Cooperative association (tax-exempt)				headqı	ntormation indi jarters location ns. If more rooi	should	d be first, f	ollowed	by all o	ther	
5 Government – <i>Specify</i>				format	in REMARKS o	r on a	separate s	heet of p	paper.		
0 ☐ Corporation (Do not mark if any form of			L		ates are accep	table	ii book iig				
cooperative association)				Name			1997	Mil. 081	Thou.	Dol.	
9 🗌 Other – Specify				Numbe	er and street	reet		Sales	082		
Item 15. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION			1	City		State	ZIP Code	Annual payroll		 	
a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?			1	Kind-o	f-business desc	ription		Paid period	employ l includi	ees for	pay ch 12
1 🔲 Yes – Complete this item								083			
2 ☐ No – Skip to item 16				T	:		:t 10\		088		
b. Is this company owned or controlled by another company?	Enter name, address, and EIN of the owning or controlling company			Type of operation (choose from item 12)			Cen- sus use	089			
				Name				1997	Mil. 081	Thou.	Dol.
097 1				Number and street			Sales				
	EIN (9 digits)			City		State	ZIP Code	Annual payroll	082		
c. Does this company own or control any	Enter name, address, or controlled compan	and EIN of the owned	2	Kind of	f business dose	rintion			employ l includi		
other company or companies?			_	Kind-of-business description				period including March 12			<u>-</u>
098 1 ☐ Yes — <b>→</b>									088		
2 No				Type of operation (choose from item		n item 12)	Cen- sus	089			
	EIN (9 digits)							use	003		
Item 16. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.  Period covered Road Mo. Year Mo. Year Name of person to contact regarding this report – Print or type											
Period covered by this report	M: Year	TO: Mo. Year	INa	rne of p	erson to contac	ι regar	aing this r	eport – <i>I</i>	rint or	гуре	
Telephone Area co	de Number	Extension	Titl	le							
Signature of authorized p	person	<u> </u>						Date			