



1997 ECONOMIC CENSUS

SERVICE ESTABLISHMENT EQUIPMENT AND SUPPLIES

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-5087

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.

a. Annual

030

b. First quarter (January-March)

031

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

(1) Selling

131

(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

HM

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) Service establishment equipment 070
 (a) Beauty and barber equipment and supplies 508719
 (b) Custodial (janitorial equipment and supplies) 508720
 (c) Laundry and dry-cleaning equipment and supplies 508730
 (d) Other service establishment equipment and supplies 508790
 (2) 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						Item 13. COMMODITY LINES – Continued							
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)						ESTIMATES are acceptable. Report dollars OR percents.							
HOW TO REPORT PERCENTS	If figure is 38.76% of total sales	Bil.	Mil.	Thou.	Dol.	Percent	Commodity lines	Census use	Bil.	Mil.	Thou.	Dol.	Percent
		ESTIMATES are acceptable. Report dollars OR percents.											
	• Report whole percents					39							
	Not acceptable					38.76							
							14. Printing and writing paper	3200					
							15. General-purpose industrial machinery, equipment, and parts	2320					
							16. Abrasives, strapping, tape, inks, and mechanical rubber goods	2460					
							17. Floor coverings	0530					
							18. Copper and brass	1200					
							19. Piece goods, knit and woven	3600					
							20. Flat iron and steel products	1120					
							21. Iron and steel wire and wire products	1140					
							22. Iron and steel pipe and tubing	1150					
							23. Plastics materials and basic shapes	5300					
							24. Wigs, yarns, and leather products	6150					
							25. Miscellaneous commodities – Specify						
							076						
							a.	9811					
							077						
							b.	9812					
							078						
							c.	9813					
							26. Rental and operating lease receipts	9940					
							27. 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						
							d. Total (Sum of lines 27a through 27c)	9703					
							d. Total (Sum of lines 27a through 27c)	9700					
							28. Receipts for installing equipment	9740					
							29. TOTAL (Should equal item 4a if reporting in dollars)	9990					100%

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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.

		1997	Mil.	Thou.	Dol.
1	Name		081		
	Number and street	Sales			
	City State ZIP Code	Annual payroll	082		
1	Kind-of-business description	Paid employees for pay period including March 12			
	Type of operation (choose from item 12)	083			
		Census use	088		
		Census use	089		
2	Name		081		
	Number and street	Sales			
	City State ZIP Code	Annual payroll	082		
2	Kind-of-business description	Paid employees for pay period including March 12			
	Type of operation (choose from item 12)	083			
		Census use	088		
		Census use	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		
Telephone	Area code	Number	Extension	Title	
Signature of authorized person					Date