



# 1997 ECONOMIC CENSUS

## JEWELRY, WATCHES, AND PRECIOUS STONES AND METALS

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

**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-5094

*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*

HM

|  |  |                         |                 |
|--|--|-------------------------|-----------------|
| <b>Item 7. OPERATING EXPENSES</b>  | Mil.   | Thou.                   | Dol.            |
| <b>Operating expenses for 1997</b> (Include payroll, but exclude cost of goods sold and interest expense)  | 040  |                         |                 |
| <b>Item 8. INVENTORIES</b>   |  |                         |                 |
| <b>a. Did you have inventories at the end of 1996 or 1997?</b>   |  |                         |                 |
| 180  | 1 <input type="checkbox"/> Yes – Complete the remainder of the item  |                         |                 |
|  | 2 <input type="checkbox"/> No – Skip to item 9   |                         |                 |
| <b>b. Were inventories of this establishment subject to the last-in, first-out (LIFO) method of valuation?</b>                                     |  |                         |                 |
| 185  | 1 <input type="checkbox"/> Yes – Use the sum of the LIFO amount plus the LIFO reserve for lines c and c(2) |                         |                 |
|  | 2 <input type="checkbox"/> 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)</b> Amount not subject to LIFO costing  | 181  |                         | 186             |
| <b>(2)</b> Amount subject to LIFO costing (gross)  | 182  |                         | 187             |
| <b>(a)</b> Amount of the LIFO reserve  | 183  |                         | 188             |
| <b>(b)</b> LIFO value of the line c(2) (net)   | 184  |                         | 189             |
| <i>NOTE – The sum of lines c(1) and c(2) should equal line c<br/>The sum of lines c(2a) and c(2b) should equal line c(2)</i>                       |  |                         |                 |
| <b>Item 9. TOTAL PURCHASES OF MERCHANDISE IN 1997</b>  |  | PURCHASES AT COST VALUE |                 |
|  |  | Bil.                    | Dol.            |
| <b>Purchases of merchandise for resale</b> (Net of returns, allowances, and trade and cash discounts; but including amounts allowed for trade-ins) |  | 160                     |                 |
| <i>NOTE – If purchases are greater than sales, please provide an explanation in the REMARKS section</i>  |  |                         |                 |
| <b>Item 10. SALES BY CLASS OF CUSTOMER</b>   |  | Whole percent of sales  |                 |
| <b>Report the percentage of this establishment's total sales in 1997 (item 4a) to each class of customer.</b>                                      |  | 141                     |                 |
| <b>a.</b> Export sales   |  | 142                     |                 |
| <b>b.</b> Restaurants, hotels, food services, and contract feeding   |  | 143                     |                 |
| <b>c.</b> Retailers and repair shops for resale or repair  |  | 144                     |                 |
| <b>d.</b> Other wholesale establishments for resale  |  | 145                     |                 |
| <b>e.</b> Industrial users for production (manufacturing and mining)   |  | 146                     |                 |
| <b>f.</b> Business users for consumption, not for resale   |  | 147                     |                 |
| <b>g.</b> Farmers (for farm use)   |  | 148                     |                 |
| <b>h.</b> Household consumers and individual users   |  | 149                     |                 |
| <b>i.</b> Builders and contractors   |  | 150                     |                 |
| <b>j.</b> Governmental bodies (Federal, State, and local)  |  |                         |                 |
| <b>k. TOTAL</b> (Sum of lines a through j should total 100%)   |  | <b>100%</b>             |                 |

|   |                                 |
|---|---------------------------------|
| <b>Item 11. KIND OF BUSINESS AND SELLING CHARACTERISTICS</b>  |                                 |
| <b>a. Kind of business</b>  |                                 |
| <b>What was this establishment's PRINCIPAL kind of business in 1997? Mark (X) only ONE box.</b>       |                                 |
|   | 070                             |
| <b>(1)</b> Jewelry, watches, clocks, diamonds, precious stones, and silverware . . . . .              | 509410 <input type="checkbox"/> |
| <b>(2)</b> Precious metals (excluding precious metal ores). . . . .                                   | 509420 <input type="checkbox"/> |
| <b>(3)</b> Precious metal ores . . . . .  | 505220 <input type="checkbox"/> |
| <b>(4)</b> Other kind of business – Specify . . . . .   | 777777 <input type="checkbox"/> |
|   |                                 |
| <b>b. Selling characteristics</b>   |                                 |
| <b>(1) In what format did this establishment PRIMARILY sell in 1997? Mark (X) only ONE box.</b>       |                                 |
|   | 068                             |
| From physical displays of priced merchandise . . . . .  | 1 <input type="checkbox"/>      |
| From a counter (little or no display) . . . . .   | 2 <input type="checkbox"/>      |
| From a warehouse or office . . . . .  | 3 <input type="checkbox"/>      |
| Other – Describe . . . . .  | 4 <input type="checkbox"/>      |
|   |                                 |
| <b>(2) How did this establishment PRIMARILY attract new customers in 1997? Mark (X) only ONE box.</b> |                                 |
|   | 069                             |
| Location and store attractiveness . . . . .   | 1 <input type="checkbox"/>      |
| Advertising to the general public, including direct mail advertising. . . . .                         | 2 <input type="checkbox"/>      |
| Advertising to the trade or calls directly to customers . . . . .                                     | 3 <input type="checkbox"/>      |
| Other – Describe . . . . .  | 4 <input type="checkbox"/>      |
|   |                                 |
| <b>c. What percent of your sales are drop-shipped and do not enter this establishment?</b>            |                                 |
|   | Percent<br>111                  |
|   | %                               |
| <b>Item 12. TYPE OF OPERATION</b>   |                                 |
| <b>What was this establishment's PRINCIPAL type of operation in 1997? Mark (X) only ONE box.</b>      |                                 |
|   | 060                             |
| <b>a.</b> Own-brand importer and marketer . . . . .   | 14 <input type="checkbox"/>     |
| <b>b.</b> Merchant wholesaler (buying and selling on own account)                                     |                                 |
| <b>(1)</b> Importer . . . . .   | 12 <input type="checkbox"/>     |
| <b>(2)</b> Exporter . . . . .   | 13 <input type="checkbox"/>     |
| <b>(3)</b> Merchant wholesale distributor or jobber . . . . .   | 11 <input type="checkbox"/>     |
| <b>c.</b> Manufacturers' sales branches and offices . . . . .   | 20 <input type="checkbox"/>     |
| <b>d.</b> Agent, broker, and commission merchant  |                                 |
| <b>(1)</b> Auction company . . . . .  | 41 <input type="checkbox"/>     |
| <b>(2)</b> Broker (representing buyers and sellers) . . . . .   | 42 <input type="checkbox"/>     |
| <b>(3)</b> Commission merchant . . . . .  | 43 <input type="checkbox"/>     |
| <b>(4)</b> Import agent . . . . .   | 44 <input type="checkbox"/>     |
| <b>(5)</b> Export agent . . . . .   | 45 <input type="checkbox"/>     |
| <b>(6)</b> Manufacturers' agent . . . . .   | 46 <input type="checkbox"/>     |
| <b>e.</b> Other broker or agent – Specify type . . . . .  | 77 <input type="checkbox"/>     |
|   |                                 |

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)

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

| Commodity lines  | Census use  | ESTIMATES are acceptable. Report dollars OR percents. |      |       |      |         |
|--|-------------|---|------|-------|------|---------|
|  |             | Bil.  | Mil. | Thou. | Dol. | Percent |
| <b>1. Jewelry, diamonds, gem stones, and watches</b>   | 100         | 101   |      |       |      | 102     |
| <b>a. Diamonds and diamond jewelry (where lapidary work was <b>not</b> performed at this location)</b>   | <b>3011</b> |   |      |       |      |         |
| <b>b. Gem stone and pearl jewelry (where lapidary work was <b>not</b> performed at this location)</b>  | <b>3012</b> |   |      |       |      |         |
| <b>c. Diamonds, diamond jewelry, gem stones, and pearl jewelry (where lapidary work <b>was</b> performed at this location)</b>   | <b>3013</b> |   |      |       |      |         |
| <b>d. Watches, clocks, and watch movements and cases</b>   | <b>3014</b> |   |      |       |      |         |
| <b>e. Karat gold jewelry (rings, necklaces, etc.)</b>  | <b>3015</b> |   |      |       |      |         |
| <b>f. Other jewelry, silverware, and plated ware (including jewelry where gem stones are less than 50% of value, gold filled sterling, and costume jewelry and medallions)</b> | <b>3016</b> |   |      |       |      |         |
| <b>g. Total (Sum of lines 1a through 1f)</b>   | <b>3000</b> |   |      |       |      |         |
| <b>2. Precious metals--gold, silver, and platinum (including precious metal coins)</b>   | <b>3030</b> |   |      |       |      |         |
| <b>3. Copper and brass</b>   | <b>1200</b> |   |      |       |      |         |
| <b>4. Aluminum shapes, forms, etc.</b>   | <b>1220</b> |   |      |       |      |         |
| <b>5. Minerals and ores (excluding coal, precious stones, and crude oil)</b>   | <b>1320</b> |   |      |       |      |         |
| <b>6. Electrical appliances, household</b>   | <b>1500</b> |   |      |       |      |         |
| <b>7. Art materials (including novelties and souvenirs)</b>  | <b>6120</b> |   |      |       |      |         |
| <b>8. Household china, glassware, crockery, and plastic</b>  | <b>0500</b> |   |      |       |      |         |
| <b>9. Kitchen utensils, lamps, mirrors, and picture frames</b>   | <b>0540</b> |   |      |       |      |         |
| <b>10. Nonferrous metal scrap</b>  | <b>2920</b> |   |      |       |      |         |
| <b>11. Drugs, pharmaceuticals, cosmetics, and toiletries</b>   | <b>3500</b> |   |      |       |      |         |
| <b>12. Women's and children's wear</b>   | <b>3900</b> |   |      |       |      |         |

**Item 13. COMMODITY LINES – Continued**

| Commodity lines   | Census use  | ESTIMATES are acceptable. Report dollars OR percents. |      |       |      |             |
|---|-------------|---|------|-------|------|-------------|
|   |             | Bil.  | Mil. | Thou. | Dol. | Percent     |
| <b>13. Miscellaneous commodities – Specify</b>                            |             |   |      |       |      |             |
| <b>a.</b> 076   | <b>9811</b> |   |      |       |      |             |
| <b>b.</b> 077   | <b>9812</b> |   |      |       |      |             |
| <b>c.</b> 078   | <b>9813</b> |   |      |       |      |             |
| <b>14. Rental and operating lease receipts</b>                            | <b>9940</b> |   |      |       |      |             |
| <b>15. Service receipts and labor charges (including installed parts)</b> | <b>9700</b> |   |      |       |      |             |
| <b>16. TOTAL (Should equal item 4a if reporting in dollars)</b>           | <b>9990</b> |   |      |       |      | <b>100%</b> |

**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?**

Enter name, address, and EIN of the owned or controlled company

- 098 1  Yes →
- 2  No

EIN (9 digits) \_\_\_\_\_

ITEM 15 CONTINUED ON PAGE 4

**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?**

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.

Number  
079

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

  

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

  

| 3 | Name                                    | 1997   | Mil.  | Thou. | Dol. |
|---|---|--|-------|-------|------|
|   |   | Number and street                                | Sales | 081   |      |
|   | City                                    | Annual payroll                                   | 082   |       |      |
|   | State                                   | Paid employees for pay period including March 12 |       |       |      |
|   | ZIP Code                                | 083  |       |       |      |
|   | Kind-of-business description            | Census use                                       | 088   |       |      |
|   | Type of operation (choose from item 12) |  | 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.

|                                      |                  |                |  |       |      |
|--------------------------------------|------------------|----------------|--|-------|------|
| <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 |