



# 2002 ECONOMIC CENSUS

## MOTION PICTURE AND VIDEO EXHIBITION

OMB No. 0607-0887: Approval Expires 09/30/2004

**DUE DATE**  
**FEBRUARY 12, 2003**

**Mail** your completed form to:  
**U.S. CENSUS BUREAU**  
1201 East 10th Street  
Jeffersonville, IN 47134-0001

**Please read** the accompanying information sheet(s) before answering the questions.

**Need help or have questions about filling out this form?**

**Visit** our Web site at [www.census.gov/econhelp](http://www.census.gov/econhelp)

**Call** 1-800-233-6136, between 8:00 a.m. and 8:00 p.m., Eastern time, Monday through Friday.

**- OR -**

**Write** to the address above. Include your 11-digit Census File Number (CFN) printed in the mailing address.

IN-51202

**INFORMATION COPY  
DO NOT USE TO REPORT**

(Please correct any errors in this mailing address.)

**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 U.S. Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

- Use blue or black ink.
- Do not use pencil.
- Place an "X" inside the box.
- Please center numbers in their respective boxes. Examples:
- Do not put slashes through 0 or 7.

<input checked="" type="checkbox"/>	0	1	2	3	4	5	6	7	8	9
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The reporting unit for this form is an establishment. An **establishment** is generally a single physical location where business is conducted or where services or industrial operations are performed. For further clarification, see information sheet(s).

**1 MONTHS IN OPERATION**

Number of months in operation during 2002 (If none, mark "X" and go to 29.) . . . . . 0002

2002	
Number of months	

Mark "X" if None

**2 EMPLOYER IDENTIFICATION NUMBER**

Is the Employer Identification Number (EIN) shown in the mailing address the same as the one used for this establishment on its latest 2002 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021  Yes      0022  No - Enter current EIN (9 digits) → 0025

**3 PHYSICAL LOCATION**

**A. Is this establishment's physical location the same as shown in the mailing address? (P.O. box and rural route addresses are not physical locations.)**

0031  Yes

0032  No - Enter physical location →

0035 Number and street		
0036 City, town, village, etc.	0037 State	0038 ZIP Code

**B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?**

0041  Yes      0042  No      0043  No legal boundaries      0044  Do not know

**C. Type of municipality where this establishment is physically located**

0046  City, village, or borough      0047  Town or township      0048  Other or do not know



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HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

If a figure is \$1,025,628.79:

If a value is "0" (or less than \$500.00):

Mark "X" if None

Report

Report

2002		
\$ Mil.	Thou.	Dol.
1	0 2 6	

**4** SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Mark "X" if None

2002		
\$ Mil.	Thou.	Dol.

Operating receipts. . . . . 0100

**5** E-COMMERCE SALES, SHIPMENTS, RECEIPTS, OR REVENUE

**A.** Did this establishment have any e-commerce sales, receipts, and/or revenue in 2002? (E-commerce includes sales, receipts, and/or revenue from any transaction completed over an Internet, Extranet, Electronic Data Interchange (EDI) network, electronic mail, or other online system. Transactions are agreements between buyers and sellers to transfer ownership of, or rights to use, goods or services. Payment for these goods or services may or may not be made online. Please see the information sheet(s) for further clarification.)

0181  Yes - Go to line B

0182  No - Go to **6**

2002		
Estimates are acceptable		
\$ Mil.	Thou.	Dol.

**B.** E-commerce sales, receipts, and/or revenue of this establishment (Include e-commerce sales, receipts, and/or revenue in **4**. Exclude sales taxes.) . . . . . 0185

**6** EMPLOYMENT AND PAYROLL

**Include:**

- Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in **2**.

**Exclude:**

- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.
- Temporary staffing obtained from a staffing service.

For further clarification, see information sheet(s).

Mark "X" if None

2002	
Number	

**A.** Number of employees for pay period including March 12 . . . . . 0320

Mark "X" if None

2002		
\$ Mil.	Thou.	Dol.

**B.** Payroll before deductions (Exclude employer's cost for fringe benefits.)

1. Annual payroll . . . . . 0300

2. First quarter payroll (January-March, 2002). . . . . 0310



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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

**7** LEASED EMPLOYMENT AND PAYROLL

**A.** Did this establishment have any full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN?

**Exclude:**

- Temporary staffing obtained from a staffing service.
- Contractors, subcontractors, or independent contractors.
- Purchased or managed services, such as janitorial, guard, or landscape services.
- Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services.
- Employees already reported in **6**.

For further clarification, see information sheet(s).

0241  Yes - Go to line B

0242  No - Go to **13**

Mark "X" if None

2002		
Number		

**B.** Number of leased employees for pay period including March 12. . . . . 0370

**C.** Payroll for leased employees before deductions (Exclude employer's cost for fringe benefits.)

**1.** Annual payroll for leased employees . . . . . 0350

2002		
\$ Mil.	Thou.	Dol.

**2.** First quarter payroll for leased employees (January-March, 2002) . . . . . 0360

Mark "X" if None

2002		
\$ Mil.	Thou.	Dol.

**8-17** Not Applicable.

**18** KIND OF BUSINESS OR ACTIVITY

Principal kind of business or activity in 2002  
(Mark "X" only ONE box.)

0700 512 131 00 14  Motion picture theater, excluding drive-in

512 132 00 13  Drive-in motion picture theater

512 131 00 22  Film festival exhibitors

711 110 20 B1  Theaters, live theatrical productions

711 120 00 56  Dance theaters, live productions

777 512 02 10  Other theater, excluding motion picture - Specify ↴

0701

773 000 00 28  Other kind of business or activity - Specify ↴

0701

**19-21** Not Applicable.



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<b>HOW TO REPORT PERCENTS</b>		2002			
		Estimates are acceptable. Report dollars OR percents.			
		\$ Mil.	Thou.	Dol.	Percent
If figure is <b>38.76%</b> of total sales:		<b>Report whole percents</b>		3	9

**22** DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE  
*(Report receipts by source either as a dollar figure or as a whole percent of total receipts (reported in 4). See HOW TO REPORT DOLLAR FIGURES on page 2 and HOW TO REPORT PERCENTS above. Do not combine data for two or more receipts lines.)*

**Do not include anywhere on this report, receipts from rental of stores or other real estate, or gross receipts from sales of concessions not operated by this establishment.**

- Line 1** - Amount received from the sale of admissions. Do not include state and local admission taxes.
- Line 2** - Total receipts from refreshment stands and vending machines owned by this establishment, excluding sales tax. Receipts from electronic games owned by this establishment should be included on **line 4**. This establishment's share of receipts from vending machines or concessions and electronic game machines owned by others and operated on these premises should be reported on **line 7**.
- Line 4** - Report amounts received from coin-operated amusement machines operated by this establishment. This establishment's share of receipts from vending machines or concessions and electronic game machines owned by others and operated on these premises should be reported on **line 7**.
- Line 5** - Report total receipts from the rental of theater facilities for meetings, conferences, receptions, etc.
- Line 7** - Report this establishment's share of receipts from concessions, vending machines, or amusement machines operated by others at this establishment.

Description of sales, shipments, receipts, or revenue		Cen- sus use	2002			
			Estimates are acceptable. Report dollars OR percents.			
			\$ Mil.	Thou.	Dol.	Percent
0723		0720	0721	0722		
<b>1.</b> Admissions of feature film exhibition, excluding admission taxes . . . . .	30500					
<b>2.</b> Sales of food and beverages						
<b>a.</b> Sales of food and nonalcoholic beverages . . . . .	39201					
<b>b.</b> Sales of alcoholic beverages . . . . .	39202					
<b>c. Sum lines 2a and 2b</b> . . . . .	39200					
<b>3.</b> Sales of other merchandise . . . . .	39037					
<b>4.</b> Amusement machines operated by this establishment . . . . .	30560					
<b>5.</b> Rental fees for the use of facilities, including stadiums, arenas, or theaters . . .	30550					
<b>6.</b> Receipts received for screen advertising . . . . .	32080					
<b>7.</b> This establishment's share of receipts from concessions or amusement machines not operated by this establishment . . . . .	30580					
<b>8.</b> All other receipts - <i>Specify if more than 10 percent of total receipts</i> ↴						
	39529					
<b>9. TOTAL RECEIPTS - Sum of lines should equal 4 if reporting in dollars</b>	39690				1 0 0	

**23-28** Not Applicable.



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**If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.**

**29 OPERATIONAL STATUS**

Activity that best describes this establishment's status at the end of 2002  
(Mark "X" only ONE box.)

0011 <input type="checkbox"/> In operation	0014 <input type="checkbox"/> Ceased operation - Give date at right →	0018	Month	Day	Year
0013 <input type="checkbox"/> Temporarily or seasonally inactive	0015 <input type="checkbox"/> Sold or leased to another operator - Give date at right AND enter new name and mailing address below ↴				

0060 Name of new owner or operator	0061 Employer Identification Number				
	Enter EIN of new owner (9 digits) →			-	
0062 Mailing address (number and street, P.O. Box, etc.)					
0063 City, town, village, etc.	0064 State	0065 ZIP Code			
				-	

Remarks (Please use this space for any explanations that may be essential in understanding your reported data.)

**30 CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.**

Is the time period covered by this report a calendar year?

0078 <input type="checkbox"/> Yes	0079 <input type="checkbox"/> No - Enter time period covered →	FROM	Month	Year	TO	Month	Year
		0070			0071		

0072 Name of person to contact regarding this report	0073 Title

Telephone	Area code	Number	Extension	Fax	Area code	Number
0074		-		0075		-

0076 Internet e-mail address	Date completed	Month	Day	Year
	0069			

**Thank you for completing your 2002 Economic Census form.**  
**PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.**

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