



2002 ECONOMIC CENSUS LEGAL SERVICES

FORM
PS-54101

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

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.

PS-54101

**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



54101019

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):

Report

Report

Mark "X" if None

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

4 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Mark "X" if None

Operating receipts (Legal aid societies should report total revenue, including contributions, gifts, and grants.) 0100

2002		
\$ Mil.	Thou.	Dol.

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



54101027

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.)

Offices of lawyers

- 0700 541 110 10 16 Law partnership or professional corporation/association, or individual lawyer or attorney engaged in private practice
- 541 110 20 14 Legal aid societies and similar legal services

All other legal services

- 541 199 00 12 Patent agent services
- 541 199 00 20 Notary public services
- 541 199 00 38 Paralegal services
- 523 991 90 29 Trustee in bankruptcy
- 541 191 00 10 Title abstract or settlement offices

Other kinds of activities

773 000 00 10 Other kind of business or activity - Specify ↴

0701



54101035

19-21 Not Applicable.

HOW TO REPORT PERCENTS	2002			
	Estimates are acceptable. Report dollars OR percents.			
	\$ Mil.	Thou.	Dol.	Percent
				3 9

If figure is **38.76%** of total sales: **Report whole percents**

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.)

Legal aid societies should not report this item.

Line 1a, 1b, 1c and 1d - Include on the appropriate line all receipts from the practice of law, including reimbursement of expenses incurred for clients.

Line 2 - Individual lawyers who are organized as professional service corporations/associations and who are members of law partnerships should report distributions from these partnerships on this line. Fees for legal services provided directly to clients should be reported on the appropriate line.

Line 3 - Include receipts from legal related services but not from the practice of law.

Line 4 - Include commissions for the management or sale of real estate, insurance, etc.

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
1. Receipts, fees, or revenue from the practice of law by class of client					
a. Individuals, including estates					
(1) Fees received from real estate settlement services	34001				
(2) All other fees received	34002				
(3) Sum lines 1a(1) and 1a(2)	34000				
b. Trade, farming, industrial, transportation, financial, and other business firms	34010				
c. Government -Federal, State, and local, including public authorities	34020				
d. Other, including nonprofit organizations, foreign governments, etc.	34030				
2. Distributions from law partnerships to professional corporations/associations .	34040				
3. Other legal services - <i>Specify</i> ↴					
	34050				
4. All other operating receipts - <i>Specify if more than 10 percent of total receipts or revenue</i> ↴					
	39538				
5. TOTAL OPERATING RECEIPTS - Sum of lines should equal 4 if reporting in dollars	39690				1 0 0

23-24 Not Applicable.



54101043

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

25 EXPORTED SERVICES

NOTE - An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located **outside** the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions). Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.) are included. Services provided to domestic subsidiaries of foreign firms are excluded.

A. Did the receipts or revenue (reported in **4**) include any amounts for exported services?

0911 Yes - Go to line B

0912 No

2002		
\$ Mil.	Thou.	Dol.

B. Amount of receipts or revenue for exported services 0914

26 SPECIAL INQUIRIES

A. SUPPORT SERVICES

Was this establishment primarily engaged in providing management, administrative, or support services to other establishments of the same company (rather than for the general public or other business firms) in 2002?

0998 Yes

0999 No

B. PERSONNEL AND PAYROLL BY OCCUPATION

Enter employment and payroll reported on IRS Form 941, Employer's Quarterly Federal Tax Return, by occupation. The total of column 1 should equal the amount reported in **6**, line A. The total of column 2 should equal the amount reported in **6**, line B1.

Enter personnel who perform a variety of functions (secretaries, etc.) on the **one** line which best describes the **primary** nature of their work.

Line 1 - Lawyers who are members of a professional service corporation should be included here. The proprietor or partners **not** considered employees of the firm for federal tax purposes should be included in part D, PROPRIETORS AND PARTNERS OF UNINCORPORATED BUSINESSES.

Occupation	2002					
	Cen- sus use	Personnel for pay period including March 12 (number)	Cen- sus use	Annual Payroll		
				\$ Mil.	Thou.	Dol.
1. Associate lawyers (employees of firm)	3231		3301			
2. Paraprofessionals (law clerks, legal assistants, investigators, etc.)	3232		3302			
3. Managers and other nonlegal professional staff	3233		3317			
4. All other (stenographers, bookkeepers, etc.)	3234		3316			
5. TOTAL (Sum of lines 1 through 4 should equal 6 , line A for column 1 and 6 , line B1 for column 2).	3200		3300			

CONTINUE WITH **26** ON PAGE 6

54101050

26 SPECIAL INQUIRIES - Continued

C. LEASED PERSONNEL AND PAYROLL BY OCCUPATION

Enter employment and payroll for leased employees whose payroll is filed under an employee leasing company's EIN by occupation. The total of column 1 should equal the amount reported in **7**, line B. The total of column 2 should equal the amount reported in **7**, line C1.

Enter personnel who perform a variety of functions (secretaries, etc.) on the **one** line which best describes the **primary** nature of their work.

	Cen- sus use	Number of leased employees for pay period including March 12, 2002	Cen- sus use	Annual payroll of leased employees		
				\$ Mil.	Thou.	Dol.
1. Lawyers	3453		3493			
2. Paraprofessionals (law clerks, legal assistants, investigators, etc.)	3454		3484			
3. Managers and other nonlegal professional staff	3464		3494			
4. All other (stenographers, bookkeepers, etc.)	3467		3497			
5. TOTAL (Sum of lines 1 through 4 should equal 7 , line B for column 1 and 7 , line C1 for column 2)	3450		3480			

D. PROPRIETORS AND PARTNERS OF UNINCORPORATED BUSINESSES

Unincorporated businesses should report each proprietor or partner **not** considered employees for federal tax purposes at this location. For businesses operating at more than one location, report the proprietor or partners at the location where they spend most of their working time.

	Mark "X" if None	2002
		Number for the pay period including March 12
Active proprietor or partners at this location	<input type="checkbox"/>	3260

E. EXPENSES OF LEGAL AID SOCIETIES

Total operating expenses, including payroll, interest, rent, depreciation, taxes, and other overhead (Exclude capital expenditures, funds invested, and losses from the sale of assets.)	2002		
	\$ Mil.	Thou.	Dol.
			3520

27-28 Not Applicable.

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	



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

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 Yes 0079 No - Enter time period covered →

FROM 0070	Month	Year	TO 0071	Month	Year

0072 Name of person to contact regarding this report	0073 Title

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

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

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



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