



2007 ECONOMIC CENSUS

Puerto Rico - Accommodation Services

DUE DATE
FEBRUARY 12, 2008

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

IA-97172

**INFORMATION COPY
DO NOT USE TO REPORT**

(Please correct any errors in this mailing address.)

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

Need help or have questions about filling out this form?

Visit www.census.gov/econhelp

Call 1-800-233-6136, between 8:00 a.m. and 6:00 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.

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code and an Act of the Legislature of Puerto Rico No. 11 of March 27, 1950, require 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 laws, **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 ballpoint pen.
- Please center numbers in their respective boxes. Examples:

<input checked="" type="checkbox"/>	0	1	2	3	4	5	6	7	8	9
-------------------------------------	---	---	---	---	---	---	---	---	---	---
- Do not use pencil or felt-tip pen.
- Do not put slashes through 0 or 7.
- Place an "X" inside the box.

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 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 2007 Internal Revenue Service Form 941-PR, Employer's Quarterly Federal Tax Return?

0021 Yes - Go to **2** 0022 No - Enter current EIN (9 digits) →

0025		-	
------	--	---	--

2 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 or location description			
0036 City, town, etc.	0037 State, PR, etc.	0038 ZIP Code	

B. Municipio where this establishment is physically located

0049

97172019



3 OPERATIONAL STATUS

Which ONE of the following best describes this establishment's operational status at the end of 2007?
(Mark "X" only ONE box.)

0011	<input type="checkbox"/> In operation	0013	<input type="checkbox"/> Temporarily or seasonally inactive						
0014	<input type="checkbox"/> Ceased operation - Give date at right _____								
			<table border="1" style="width:100%; text-align:center"> <tr><th>Month</th><th>Day</th><th>Year</th></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	Month	Day	Year			
Month	Day	Year							
0015	<input type="checkbox"/> Sold or leased to another operator - Give date at right AND enter name and address of new owner or operator and Employer Identification Number (EIN) below ↴	0018	<table border="1" style="width:100%; text-align:center"> <tr><th>Month</th><th>Day</th><th>Year</th></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	Month	Day	Year			
Month	Day	Year							
0060 Name of new owner or operator		0061 EIN (9 digits)							
		-							
0062 Mailing address (Number and street, P.O. Box, etc.)									
0063 City, town, etc.		0064 State, PR, etc.	0065 ZIP Code						
		-							
0016	<input type="checkbox"/> Other status - Specify 0815 _____								

4 MONTHS IN OPERATION

Number of months in operation during 2007 (If none, mark "X" and go to 30.)	0002	<input type="checkbox"/>	Mark "X" if None	2007 Number

<p><i>HOW TO REPORT DOLLAR FIGURES</i></p>	Dollar figures should be rounded to thousands of dollars. If a figure is \$1,025,628.79 : Report → <input type="checkbox"/> If a value is "0" (or less than \$500.00): Report → <input checked="" type="checkbox"/>	Mark "X" if None	2007							
				<table border="1" style="width:100%; text-align:center"> <tr><th>\$ Mil.</th><th>Thou.</th><th>Dol.</th></tr> <tr><td>1</td><td>026</td><td></td></tr> </table>	\$ Mil.	Thou.	Dol.	1	026	
	\$ Mil.	Thou.	Dol.							
1	026									

5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Sales of merchandise and other operating receipts (Exclude sales taxes or other taxes collected.)	0100	<input type="checkbox"/>	Mark "X" if None	2007						
				<table border="1" style="width:100%; text-align:center"> <tr><th>\$ Mil.</th><th>Thou.</th><th>Dol.</th></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	\$ Mil.	Thou.	Dol.			
\$ Mil.	Thou.	Dol.								

6 E-COMMERCE SALES, SHIPMENTS, RECEIPTS, OR REVENUE

A. Were any of the sales, receipts, and/or revenue reported in 5 a result of e-commerce transactions? (E-commerce includes sales, receipts, and/or revenue from any transaction completed online. 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 sheets for further clarification.)

E-commerce transactions include:

- Internet
- E-mail
- Extranet
- Electronic Data Interchange (EDI)
- Other online systems

0181 Yes - Go to line B

0182 No - Go to 7

B. Percent of total sales, receipts, and/or revenue reported in 5 that are a result of e-commerce transactions. (Exclude sales taxes. Report whole percents. Estimates are acceptable.)

2007	
Whole percent of sales and receipts	%

97172027

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

7 EMPLOYMENT AND PAYROLL

Include:

- Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941-PR, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in ①.

For further clarification, see information sheets.

Mark "X" if None	2007		
	Number		

A. Number of paid employees for pay period including March 12 (Exclude proprietors and partners) 0320

Mark "X" if None	2007		
	\$ Mil.	Thou.	Dol.

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

1. Annual payroll for 2007 0300

2. First quarter payroll (January-March, 2007) 0310

8 - 13 Not Applicable.

14 RENTAL PAYMENTS

Exclude capital leases (leases with a contract to own at the end of the lease).

Mark "X" if None	2007		
	\$ Mil.	Thou.	Dol.

A. Rental or lease of machinery, equipment, and other items, excluding computer software 0552

B. Rental or lease of land, buildings, structures, store space, and offices 0551

15 Not Applicable.

16 SELECTED EXPENSES

Mark "X" if None	2007		
	\$ Mil.	Thou.	Dol.

A. Communication services (Include telephone, pager, data transmission, fax, and related service contracts.) 0402

B. Computer services (Include data processing and software.) 0398

C. Office supplies 0399

D. Purchased maintenance and repair of machinery and equipment 0401

E. Purchased maintenance and repair of buildings, structures, offices, and their integral parts (elevators, etc.) 0400

17 and 18 Not Applicable.

19 KIND OF BUSINESS

Which ONE of the following best describes this establishment's principal kind of business in 2007? (Mark "X" only ONE box.)

- 0700 721 120 00 2 Hotel with casino
- 721 110 00 7 Hotel (except with casino) or motel
- 721 190 00 1 Other traveler accommodation including tourist villa, or parador
- 721 211 00 3 Travel trailer park, recreational vehicle park, or campground except residential
- 721 214 00 5 Sporting, recreation, or vacation camp (except campground)
- 721 310 00 8 Rooming and boarding house including lodging house operated by membership organization

CONTINUE WITH ① ON PAGE 4

CONTINUE ON PAGE 4

97172035



19 KIND OF BUSINESS - Continued

- 0700 531 110 00 4 Apartment building operator
- 813 990 00 1 Property owners' or tenants' association
- 813 410 00 2 Bar or restaurant operated by social or fraternal organization for members
- 722 110 00 1 Full-service restaurant, patrons order through waiter/waitress service and pay after eating
- 722 211 00 2 Limited-service restaurant, patrons pay before eating; including delivery-only locations
- 722 212 00 3 Cafeteria
- 722 213 70 5 Refreshment place selling snacks and nonalcoholic beverages
- 722 310 00 9 Food service contractors
- 722 320 00 1 Caterer for banquets, weddings, etc.
- 722 330 00 1 Mobile food service, including ice cream, snacks, sandwiches, and meals distributed from trucks, carts, or other vehicles
- 722 410 00 1 Bar, tavern, pub, or other drinking place, selling alcoholic beverages for consumption on premises
- 772 000 00 1 Other kind of business - *Specify*

0701

20 and 21 Not Applicable.

HOW TO REPORT PERCENTS



If figure is **38.76%** of total sales:

Report whole percents

2007			
Estimates are acceptable. Report dollars OR percents.			
\$ Mil.	Thou.	Dol.	Percent
			39

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 5). 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.

Description of sales, shipments, receipts, or revenue	Cen- sus use	2007			
		Estimates are acceptable. Report dollars OR percents.			
		\$ Mil.	Thou.	Dol.	Percent
0723	0720	0721			0722
1. Guestroom or unit rentals, EXCLUDING OCCUPANCY TAXES (If meals are included as a room package, estimate the percentage for meals on line 3.)	20010				
2. Casino receipts	20040				
3. Meals, unpackaged snacks, sandwiches, unpackaged ice cream and yogurt, bakery items, and nonalcoholic beverages generally served for immediate consumption	20120				
4. Alcoholic drinks served at this establishment	20130				
5. Packaged liquor, wine, and beer	20140				
6. All other merchandise	29810				

CONTINUE WITH **22** ON PAGE 5

97172043

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

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

Description of sales, shipments, receipts, or revenue	Census use	2007			
		Estimates are acceptable. Report dollars OR percents.			
		\$ Mil.	Thou.	Dol.	Percent
0723	0720	0721			0722
7. All other nonmerchandise receipts, including receipts from rental of conference/convention meeting rooms, ballrooms, and other public rooms; storage, other services provided to customers, and receipts OTHER than from customers EXCLUDING SALES AND OTHER TAXES	29980				
8. TOTAL (Should equal 5 if reporting in dollars.)	29990				1 0 0

23-25 Not Applicable.

26 SPECIAL INQUIRIES

A. NUMBER AND TYPE OF ACCOMMODATIONS

1. Number of rooms, units, or quarters primarily rented as transient as of December 31, 2007 (Consists of the number which can be rented as single units. Suites of rooms which cannot be subdivided should be counted as a single unit.) 2402

2007
Number as of December 31

2. Were more than half of guestroom or unit rental receipts from transient guests?

2921 Yes

2922 No

B. PUERTO RICO TOURIST INCENTIVE ACT

Did this establishment operate under the Puerto Rico Tourist Incentive Act?

2931 Yes

2932 No

97172050



27 LEGAL FORM OF ORGANIZATION

A. Legal form of organization that best describes this establishment at the end of 2007 (Mark "X" only ONE box.)

- 0691 Individual proprietorship
- 0692 Partnership
- 0693 Cooperative organization
- 0694 Corporation (Do not mark if any form of cooperative association.) - Go to line B
- 0696 Other - Specify ↴

0806

B. If a corporation:

Type of corporation (Mark "X" only ONE box.)

- 8913 Private corporation (nonprofit)
- 8911 Private corporation (for-profit)
- 8912 Public corporation

28 and 29 Not Applicable.

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?

- Yes No - Enter time period covered →

FROM	Month	Year	TO	Month	Year

Name of person to contact regarding this report	Title

Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-

Internet e-mail address	Date completed	Month	Day	Year

Thank you for completing your 2007 ECONOMIC CENSUS form.
PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.

97172068

