



# 2007 ECONOMIC CENSUS

## Personal Care Services

**DUE DATE**  
**FEBRUARY 12, 2008**

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

OS-81201

**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](http://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, 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 ballpoint pen.
  - Do not use pencil or felt-tip pen.
  - Place an "X" inside the box.
  - Please center numbers in their respective boxes.
  - Do not put slashes through 0 or 7.
- Examples:  0 1 2 3 4 5 6 7 8 9

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, 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 - Go to line B

0032  No - Enter physical location →

0035 Number and street			
0036 City, town, village, etc.		0037 State	0038 ZIP Code
<input type="text"/>		<input type="text"/>	<input type="text"/>

**B.** Is this establishment physically located inside the legal boundaries of the city, town, village, etc.? (Mark "X" only ONE box.)

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

**C.** In what type of municipality is this establishment physically located? (Mark "X" only ONE box.)

0046  City, village, or borough      0047  Town or township      0048  Other      0024  Do not know

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**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  In operation

0013  Temporarily or seasonally inactive

0014  Ceased operation - Give date at right

Month	Day	Year

0015  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

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

0016  Other - Specify

0815

**4 MONTHS IN OPERATION**

Mark "X" if None 2007 Number

Number of months in operation during 2007 (If none, mark "X" and go to 50.) . . . . . 0002

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

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

Report

Mark "X" if None

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

Report

2007			
\$ Bil.	Mil.	Thou.	Dol.
	1 0 2 6		

**5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE**

Mark "X" if None

Operating receipts (Beauty shops and barber shops should include rents from leased stations/booths.) . . . . . 0100

2007			
\$ Bil.	Mil.	Thou.	Dol.

**6 Not Applicable.**

**7 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 1.

**Exclude:**

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

For further clarification, see information sheet(s).

Mark "X" if None

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

2007	
Number	

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

Mark "X" if None

1. Annual payroll . . . . . 0300

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

2007			
\$ Bil.	Mil.	Thou.	Dol.

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

8 - 13 Not Applicable.

**19** KIND OF BUSINESS OR ACTIVITY

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

**Barber, beautician, and nail care services**

- 0700 812 111 00 1  Barber shop
- 812 112 00 1  Beauty shop
- 812 112 00 4  Day spa, including hair service
- 812 199 00 7  Day spa, excluding hair service
- 812 112 00 2  Unisex hair shop, including combined beauty/barber shop
- 812 112 00 6  Skin care (i.e., esthetician) service
- 812 112 00 3  Facial salon
- 812 113 00 1  Nail salon
- 611 511 00 1  Cosmetology or beauty schools
- 611 511 00 2  Barber colleges or schools

**Other personal care and appearance services**

- 812 191 00 1  Diet or weight reducing centers, excluding physical fitness facilities
- 713 940 90 5  Physical fitness, strength development, or weight training center
- 812 199 00 2  Tanning salon
- 812 199 00 1  Massage salon
- 621 399 00 C  Massage therapist(s), NCTMB (Nationally Certified in Therapeutic Massage and Bodywork)
- 812 199 00 3  Sauna, steam bath, or Turkish bath
- 812 199 00 4  Electrolysis service
- 812 199 00 5  Tattoo parlor
- 812 199 00 6  Hair replacement services, excluding services performed by a physician
- 777 812 01 1  Other personal care and appearance service - Specify ↴

0701

**Other kind of business or activity**

- 624 410 00 1  Child day care services, including those with preschool
- 812 990 10 1  Bail bonding
- 812 990 20 1  Dating service
- 773 000 00 2  Other kind of business or activity - Specify ↴

0701

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**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.				
\$ Bil.	Mil.	Thou.	Dol.	Percent
				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 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.)

**Line 1** - Report receipts from the cutting, trimming, layering, texture modification, coloring, tinting, and styling of hair. May include shampooing and blow drying.

**Line 6** - Report receipts from providing modification of the body by tanning, application of tattoos, removal of tattoos, piercing, and other body modification services. Exclude medical or surgical procedures for body modification.

**Line 9** - Report receipts from providing non-medical services to assist clients in attaining or maintaining a desired weight, or managing their diet to attain or maintain a desired weight. Include weight loss and diet management programs. Report resale of diet and weight reducing food supplements on **line 11**.

Description of sales, shipments, receipts, or revenue	Census use	2007								
		Estimates are acceptable. Report dollars OR percents.								
		\$ Bil.	Mil.	Thou.	Dol.	Percent				
0723	0720	0721								0722
<b>1. Hair care services</b>										
<b>a. Hair cut services</b> . . . . .	32201									
<b>b. Permanent hair texture modification</b> . . . . .	32202									
<b>c. Hair coloring and tinting</b> . . . . .	32203									
<b>d. Hair styling services</b> . . . . .	32204									
<b>e. Other hair care services</b> . . . . .	32205									
<b>f. Sum lines 1a through 1e</b> . . . . .	32200									
<b>2. Nail care services</b>										
<b>a. Manicure services</b> . . . . .	32211									
<b>b. Pedicure services</b> . . . . .	32212									
<b>c. Other nail care services</b> . . . . .	32213									
<b>d. Sum lines 2a through 2c</b> . . . . .	32210									
<b>3. Skin care services</b>										
<b>a. Temporary makeup services</b> . . . . .	32221									
<b>b. Permanent makeup services</b> . . . . .	32222									
<b>c. Facial services</b> . . . . .	32223									
<b>d. Masks and body wrap services</b> . . . . .	32224									
<b>e. Other skin care services</b> . . . . .	32225									
<b>f. Sum lines 3a through 3e</b> . . . . .	32220									

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CONTINUE WITH 22 ON PAGE 5

CONTINUE ON PAGE 5

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.				
		\$ Bil.	Mil.	Thou.	Dol.	Percent
0723	0720	0721				0722
<b>4.</b> Hair removal services						
<b>a.</b> Permanent .....	32231					
<b>b.</b> Temporary .....	32232					
<b>c. Sum lines 4a and 4b</b> .....	32230					
<b>5.</b> Massage services						
<b>a.</b> Therapeutic .....	32241					
<b>b.</b> Other .....	32242					
<b>c. Sum lines 5a and 5b</b> .....	32240					
<b>6.</b> Tattoo and body modification services						
<b>a.</b> Tanning services .....	32251					
<b>b.</b> Tattoo services .....	32252					
<b>c.</b> Tattoo removal services .....	32253					
<b>d.</b> Piercing services .....	32254					
<b>e.</b> Other body modification services .....	32255					
<b>f. Sum lines 6a through 6e</b> .....	32250					
<b>7.</b> Other beauty and personal care services - <i>Specify</i> ↴						
.....	32260					
<b>8.</b> Rental of non-residential space in buildings or other facilities						
<b>a.</b> Rental of booths and chairs in beauty and personal care establishments .....	39556					
<b>b.</b> Other rental of space .....	39557					
<b>c. Sum lines 8a and 8b</b> .....	39550					
<b>9.</b> Weight loss services .....	32270					
<b>10.</b> Seminars and courses on beauty and personal care .....	32280					
<b>11.</b> Resale of diet/weight reducing food supplements .....	39688					
<b>12.</b> Resale of cosmetic products .....	39689					
<b>13.</b> Resale of other merchandise .....	39691					

CONTINUE WITH **22** ON PAGE 6

CONTINUE ON PAGE 6

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

Description of sales, shipments, receipts, or revenue	Cen- sus use	2007				
		Estimates are acceptable. Report dollars OR percents.				
		\$ Bil.	Mil.	Thou.	Dol.	Percent
0723	0720	0721				0722
<b>14.</b> All other receipts - <i>Specify if more than 10 percent of total receipts</i> ↘						
	39771					
<b>15. TOTAL OPERATING RECEIPTS - Sum of lines should equal ⑤ if reporting in dollars</b> . . . . .	39850					1 0 0

**23-25** Not Applicable.

**26** SPECIAL INQUIRIES

FRANCHISE

Was this establishment operating under a trademark authorized by a franchisor in 2007?  
(Mark "X" only ONE box.)

- 0237  Yes - franchisee owned establishment
- 0238  Yes - franchisor owned establishment
- 0239  No

**27-29** 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.**

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