



2007 ECONOMIC CENSUS

Transit and Ground Passenger Transportation

DUE DATE
FEBRUARY 12, 2008

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

TW-48560

**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, 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:

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

Report

Report

Mark "X" if None

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

5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Mark "X" if None

2007			
\$ Bil.	Mil.	Thou.	Dol.

Operating revenue 0100

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

2007 Number

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

Mark "X" if None

2007			
\$ Bil.	Mil.	Thou.	Dol.

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

1. Annual payroll 0300

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

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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

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

Urban transit systems - regular routes and schedules within a metropolitan area, and its adjacent nonurban areas

- 0700 485 111 00 1 Mixed mode, including combination bus, subway, trolley, etc.
- 485 112 00 1 Commuter rail
- 485 113 00 1 Bus or motor vehicle
- 485 119 00 1 Other transit - *Specify* ↴

0701

Interurban and rural bus lines - regular routes and schedules, principally outside a single metropolitan area and its adjacent nonurban areas

- 485 210 00 1 Bus carrier

Charter bus service

- 485 510 00 3 Local
- 485 510 00 2 Interstate/interurban

Scenic and sightseeing transportation

- 487 110 00 4 Sightseeing bus excursions
- 487 110 00 7 Horse-drawn cabs or carriages, for hire
- 487 990 00 2 Aerial tramway and cable lift, scenic or sightseeing
- 487 110 00 2 Scenic railroad or steam train

Other passenger transportation

- 485 410 00 6 School bus service
- 485 410 00 2 Employee bus service
- 485 310 00 2 Taxi service by automobile or van
- 485 999 10 1 Scheduled airport shuttle services
- 485 320 00 1 Limousine or luxury sedan **with drivers**, except scheduled airport shuttle and taxi service
- 485 991 00 1 Special needs transportation, including paratransit, senior citizen, non-emergency medical, handicapped, etc.
- 621 910 00 1 Ambulance or rescue service, including air ambulance
- 485 999 20 1 Other passenger transportation, including car pool and vanpools - *Specify* ↴

0701

CONTINUE WITH 19 ON PAGE 4

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19 KIND OF BUSINESS - Continued

Other arrangement of passenger transportation not operated by a transportation company

- 0700 561 510 00 1 Travel agency
- 561 520 00 2 Tour operator

Other transportation-related activities

- 488 490 00 G Terminal or maintenance facility, except those for exclusive use of company operated vehicles
- 777 480 00 1 Motor freight carrier - *Specify* ↴

0701

Other business activities

- 774 000 00 1 Other kind of business or activity - *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.				
\$ Bil.	Mil.	Thou.	Dol.	Percent
				3 9

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

(Report sources of operating revenue for this establishment, either as a dollar figure or as a whole percent of total operating revenue (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 lines.)

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
1. Long-distance, fixed-route passenger transportation by road						
a. Long-distance, fixed-route passenger transportation by road on an interurban network	45002					
b. Long-distance, fixed-route passenger transportation by road, except on an interurban service network	45001					
c. Sum lines 1a and 1b	45000					
2. Local, fixed-route passenger transportation by road and transit rail						
a. Local, school route passenger transportation by bus	45014					
b. Local, fixed-route, passenger transportation on common carrier road and transit rail	45013					
c. Local, fixed-route employee transportation by road, except common carrier	45012					
d. Local, fixed-route passenger transportation by road, except school, employee, and common carrier	45011					
e. Sum lines 2a through 2d	45010					

CONTINUE WITH 22 ON PAGE 5

CONTINUE ON PAGE 5

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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
3. Long-distance passenger transportation by road, except fixed-route						
a. Long-distance passenger transportation by chartered bus	45022					
b. Long-distance passenger transportation by road, except fixed-route, other vehicles	45021					
c. Sum lines 3a and 3b	45020					
4. Local passenger transportation by road, except fixed-route						
a. Local passenger transportation by limousines and similar luxury vehicles	45034					
b. Local passenger transportation by chartered bus	45033					
c. Local taxi service	45032					
d. Other local passenger transportation by road	45031					
e. Sum lines 4a through 4d	45030					
5. Long-distance tour packages by bus	45040					
6. Special needs transportation service, including paratransit, senior citizen, etc.	45050					
7. Taxicab support services	45060					
8. Related services						
a. Local sightseeing tours by road	45083					
b. Vanpool and carpool coordination services	45082					
c. Leased display of advertising media space, transit	45081					
d. Leased display of advertising media space, street furniture and other urban fixtures	45079					
e. Communications arrangement services	45078					
f. Station-to-station transportation of documents, parcels, and packages	45077					
g. Neighborhood delivery of retail goods and serviced items	45076					
h. Rental of non-residential space in buildings or other facilities	45075					
i. Sales of fuels and lubricants	45074					
j. Sales of food and beverages	45073					
k. Sales of other merchandise	45072					

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CONTINUE WITH **22** ON PAGE 6

CONTINUE ON PAGE 6

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
8. Related services - Continued						
I. Other related services	45071					
m. Sum lines 8a through 8l	45070					
9. Other products - <i>Specify</i> ↴						
	49810					
10. TOTAL (Should equal 5 if reporting in dollars.)	49990					1 0 0

23-25 Not Applicable.

26 SPECIAL INQUIRIES

A. REVENUE - GENERATING EQUIPMENT

Inventories of revenue generating equipment - December 31, 2007	Number of vehicles					
	Cen- sus use	Owned	Cen- sus use	Leased	Cen- sus use	Total
1. Vans	4001		4011		4021	
2. Small buses (less than 35 seats)	4002		4012		4022	
3. Large buses (35 seats or more)	4003		4013		4023	
4. Taxicabs	4004		4014		4024	
5. Limousines	4005		4015		4025	
6. Other - (<i>Specify</i>) ↴						
	0840		4016		4026	

B. 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.

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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?

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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