



2002 ECONOMIC CENSUS OTHER PERSONAL SERVICES

FORM
OS-81202

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

OS-81202

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.

**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

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

Mark "X" if None

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

4 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Operating receipts (Funeral and crematory services should include repayments of cash advances made by this establishment.) 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). (For automobile parking companies operating more than one parking lot or structure, report payroll and employees at the location where the employees spend most of their time. If an establishment is a self-park service location at which no employees are assigned, mark "X" on all lines.)

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

Mark "X" if None

2002		
Number		

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

Mark "X" if None

2002		
\$ Mil.	Thou.	Dol.

1. Annual payroll 0300

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



81202020

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.)

Death care services

- 0700 812 210 10 10 Funeral home
- 812 220 00 10 Cemetery, excluding animal cemetery
- 812 220 00 28 Animal cemetery
- 812 220 00 36 Crematory
- 777 812 02 17 Other death care service - Specify

0701

Automobile parking

- 812 930 00 11 Parking lot
- 812 930 00 29 Parking structure

CONTINUE WITH **13** ON PAGE 4

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18 KIND OF BUSINESS OR ACTIVITY - Continued

Automobile parking - Continued

- 0700 812 930 00 37 Parking structure and lot at same location
- 812 930 00 45 Parking garage, underground
- 812 930 00 52 Valet parking service

Photography services

- 812 921 00 12 Photofinishing laboratory, excluding one-hour
- 812 922 00 11 One-hour photofinishing service
- 541 921 00 17 Photography studio, portrait
- 541 922 00 16 Commercial photography service

Other personal services

- 812 990 10 16 Bail bonding
- 812 990 20 14 Dating service
- 812 990 90 27 Escort service, social
- 812 990 30 12 Pay telephone operators
- 561 730 00 16 Lawn and garden services
- 812 910 00 23 Pet care service, including boarding, training, grooming, pet sitting, etc., excluding veterinary services
- 541 940 00 14 Veterinary services
- 624 410 00 19 Child day care services, including those with preschool
- 541 213 00 14 Income tax return preparation services, without also providing accounting, bookkeeping, or billing services
- 541 990 90 14 Consumer credit counseling service
- 812 990 90 43 Consumer buying service (arranges price discounts for members)
- 811 430 00 18 Shoe and leather goods repair
- 777 812 02 25 Other personal services - *Specify* ↴

0701

Other kind of business or activity

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

0701

19-21 Not Applicable.



81202046

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

HOW TO REPORT PERCENTS

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

Report whole percents

2002

Estimates are acceptable. Report dollars OR percents.

\$ 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 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.)

Line 1 - Report on **line 1a** repayments of cash advances made by this establishment for the convenience of those served to cover such items as: cemetery expenses, transportation, flowers, newspaper notices, clergy and musician honoraria, transcripts, and other items not in the services normally included in the price of a funeral selected at this establishment. Include receipts from funeral services on **line 1b**.

Line 4 - Report receipts from film or digital image processing and printing, portrait photography, and commercial photography on the appropriate line.

Line 6 - Include receipts from pet grooming, boarding, training, and other services, and the sale of pet supplies (including specialized pet food, medicines, toys, etc.). Report veterinary service fees on **line 5**.

Line 9 - Include sales of all merchandise and then *Specify* the primary product(s) sold, **except** for sales of pet supplies which should be reported on **line 6c**.

Description of sales, shipments, receipts, or revenue	Census use	2002			
		Estimates are acceptable. Report dollars OR percents.			
		\$ Mil.	Thou.	Dol.	Percent
0723	0720	0721			0722
1. Funeral and cemetery services					
a. Repayments of cash advances	30861				
b. Fees from funeral services	30862				
c. Merchandise sold by this establishment as part of funeral services, including caskets	30863				
d. Sales of burial plots	30864				
e. All other funeral/cemetery services - Specify ↴					
	30865				
f. Sum lines 1a through 1e	30860				
2. Hairdressing and other body and appearance care services	30830				
3. Automobile parking services	30960				
4. Photography services					
a. Film and image processing and printing services	36753				
b. Portrait photography services	36751				
c. Commercial photography services	36752				
d. Sum lines 4a through 4c	36750				
5. Veterinary medical services	36710				

CONTINUE WITH 22 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	2002			
		Estimates are acceptable. Report dollars OR percents.			
		\$ Mil.	Thou.	Dol.	Percent
0723	0720	0721			0722
6. Pet and animal services					
a. Pet grooming and boarding services	36702				
b. Pet training services (Exclude horse training services.)	36703				
c. Sale of pet/animal supplies (Include sales of specialized pet food, medicines, toys, etc.)	36705				
d. Other pet care/animal services - Specify ↴ <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	36704				
e. Sum lines 6a through 6d	36700				
7. Drycleaning work, including "wet cleaning" (Exclude coin-operated, industrial laundry, linen supply, and rug cleaning.)	30840				
8. Laundry work, excluding coin-operated, industrial laundry, and linen supply	30850				
9. Sales of other merchandise - Specify if more than 10 percent of total receipts ↴ <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	39025				
10. All other operating receipts - Specify if more than 10 percent of total receipts ↴ <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	39517				
11. TOTAL OPERATING RECEIPTS - Sum of lines should equal ④ if reporting in dollars	39690				1 0 0

23-28 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



81202061

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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