



DUE DATE
FEBRUARY 12, 2008

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

RT-45306

INFORMATION COPY
DO NOT USE TO REPORT

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.

(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 ballpoint pen.
 - Please center numbers in their respective boxes.
 - Do not use pencil or felt-tip pen.
 - Do not put slashes through 0 or 7.
 - Place an "X" inside the box.
- 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

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

2007			
\$ Bil.	Mil.	Thou.	Dol.

Sales of merchandise and other operating receipts (Include excise taxes.) . . . 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 - 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 453 991 00 1 Cigar store, cigar stand
- 453 991 00 2 Cigarette, pipe, and tobacco store
- 445 310 00 1 Liquor store
- 445 310 00 2 Beer, wine, liquor store
- 445 310 00 3 Retail beer distributor
- 722 410 00 2 Bar
- 451 212 00 1 News dealer, newsstand
- 445 120 00 1 Convenience food store
- 445 110 00 1 Grocery store
- 453 220 00 1 Gift, novelty, souvenir store
- 451 211 10 1 Book store, general
- 772 000 00 1 Other kind of business - *Specify* ↴

0701

20 CLASS OF CUSTOMER

A. As a general business practice, did this establishment sell to household consumers and individual users in 2007?

0251 Yes

0252 No

B. Were 75% or more of this establishment's sales to retailers/wholesalers for resale in 2007?

0256 Yes

0257 No

C. Did this establishment require proof of business or professional license from new customers in 2007?

0276 Yes

0277 No

CONTINUE WITH **20** ON PAGE 4

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20 CLASS OF CUSTOMER - Continued

D. Estimate the percentage of this establishment's total sales (reported in 5) by class of customer. (Circle all that apply and then report percentages for the items circled.)

- 1. Household consumers and individual users 0261
- 2. Retailers for resale 0263
- 3. Wholesale establishments for resale 0264
- 4. Repair shops for use in repair work 0265
- 5. Manufacturing and mining industrial users for use as input goods in production 0266
- 6. Restaurants, hotels, food services, and contract feeding 0267
- 7. Businesses for end use in their own operation, not for resale or production 0268
- 8. Building contractors, heavy construction, and special trade contractors 0269
- 9. Farmers for use in farm production 0270
- 10. Governmental bodies (Federal, state, and local) 0271
- 11. Export sales 0262
- 12. Other - Specify ↴

0874 0272

2007	
Whole percent of sales and receipts	
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
100	%

13. **TOTAL**

21 METHOD OF SELLING

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

- 0751 Electronic commerce (selling goods or facilitating the sale of goods via the Internet or other electronic means)
- 0752 Store or display showroom (selling from a fixed or permanent location with physical displays of priced merchandise and/or from a counter)
- 0753 Warehouse or office (including telephone/fax orders or outside sales representatives)
- 0754 Mail order
- 0755 Home shopping via television
- 0756 Direct selling (selling in a face-to-face manner away from a fixed location, such as house-to-house, party plan, or temporary kiosk sales)
- 0757 Vending machines
- 0758 Other - Specify ↴

0759

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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

2007

Estimates are acceptable. Report dollars OR percents.

\$ Bil.	Mil.	Thou.	Dol.	Percent
				39

22 **DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE**
 (Report sales for each product line sold by this establishment, either as a dollar figure or as a whole percent of total sales (reported in 5). See HOW TO REPORT DOLLAR FIGURES on page 2 and HOW TO REPORT PERCENTS above.)

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
1. Packaged liquor, wine, and beer						
a. Distilled spirits, including liquor, brandy, and liqueurs	20141					
b. Wine	20142					
c. Beer and ale	20143					
d. Sum lines 1a through 1c	20140					
2. Cigars, cigarettes, tobacco, and smokers' accessories, excluding sales from vending machines operated by others	20150					
3. Books (Report comic books on line 4.)	20420					
4. Magazines and newspapers	20856					
5. Groceries and other food items for human consumption off the premises, including candy, gum, packaged snacks, etc. (Report vitamins on line 8 and pet food on line 20.)						
a. Bottled, canned, or packaged soft drinks	20108					
b. All other foods, including dry groceries, canned and bottled foods, candy, packaged snacks, bakery products, etc.	20113					
c. Sum lines 5a and 5b	20100					
6. Meals, unpackaged snacks, sandwiches, non-alcoholic beverages prepared and served or dispensed for immediate consumption	21100					
7. Alcoholic beverages prepared and served or dispensed for immediate consumption	20130					
8. Drugs, health aids, beauty aids, including cosmetics	20160					
9. Paper and related products, including paper towels, toilet tissue, wraps, bags, foils, etc. (Report stationery products and computer printer paper on line 20.)	20190					
10. Kitchenware and home furnishings, including cookware, cooking accessories, dinnerware, glassware, giftware, decorative accessories, clocks, mirrors, closet and bathroom accessories, etc.	20380					
11. Small electric appliances, including mixers; blenders; can openers; toasters; coffee makers; frypans; and personal care appliances, such as hair dryers, curling irons, shavers, etc.	20310					

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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
12. Audio equipment, musical instruments, radios, stereos, compact discs, records, tapes, audio books, sheet music, accessories	20330					
13. Jewelry, including watches, watch attachments, novelty jewelry, etc.	20400					
14. Souvenirs and novelty items	20877					
15. Toys, hobby goods, and games	20460					
16. Sporting goods	20500					
17. Automotive fuels	20720					
18. Automotive lubricants, including oil, greases, etc.	20730					
19. Greeting cards	20855					
20. All other merchandise (Report receipts for services on line 21.) Specify principal lines and estimated sales below	29810					
a. _____	29811					
b. _____	29812					
c. _____	29813					
21. All nonmerchandise receipts, including rentals, storage, and other services provided to customers EXCLUDING SALES AND OTHER TAXES AND LOTTERY TICKET SALES/COMMISSIONS	29900					
22. TOTAL (Should equal 5 if reporting in dollars.)	29990					1 0 0

23 Not Applicable.

24 SHIPPING AND HANDLING

A. Did this establishment have any receipts from customers for shipping and handling of merchandise in 2007?

0981 Yes - Go to line B

0982 No - Go to **26**

B. Receipts of this establishment from customers for shipping and handling of merchandise 0985

2007			
Estimates are acceptable			
\$ Bil.	Mil.	Thou.	Dol.

C. Are receipts for shipping and handling included in sales and receipts (reported in **5**)?

0988 Yes

0989 No

25 Not Applicable.

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

26 SPECIAL INQUIRIES

A. EXCISE TAX

Mark "X" if None

2007		
\$ Mil.	Thou.	Dol.

1. Estimated amount of excise taxes on items such as gasoline, liquor, and tobacco sold by this establishment. 2150

2. Are excise taxes included in sales and receipts (reported in 5)?

2156 Yes

2157 No

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.

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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