



# 2002 ECONOMIC CENSUS HOLDING COMPANIES

FORM  
**MN-55101**

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**

**MN-55101**

**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](http://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** Mark "X" if None

Number of months in operation during 2002 (If none, mark "X" and go to 29.) . . . . . 0002

2002	
Number of months	

**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



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**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):

Mark "X" if None

**Report** →

**Report** →

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

**4 SALES, SHIPMENTS, RECEIPTS, OR REVENUE**

Mark "X" if None

Revenue . . . . . 0100

2002			
\$ Bil.	Mil.	Thou.	Dol.

**5 Not Applicable.**

**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).

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

2002	
Mark "X" if None	Number
<input type="checkbox"/>	

**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, 2002) . . . . . 0310

2002		
\$ Mil.	Thou.	Dol.

**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 18

2002	
Mark "X" if None	Number
<input type="checkbox"/>	

**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

**2.** First quarter payroll for leased employees (January-March, 2002) . . . . . 0360

Mark "X" if None

2002		
\$ Mil.	Thou.	Dol.

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

**8-17** Not Applicable.

**18** KIND OF BUSINESS OR ACTIVITY

Principal kind of business or activity in 2002  
(Mark "X" only ONE box.)

- 0700 551 111 00 16  Bank holding company, not engaged in direct management of held company(ies)
- 551 112 00 15  Holding company, excluding bank holding companies, not engaged in direct management of held company(ies)
- 551 114 00 13  Corporate, subsidiary, or regional managing office or office of a holding company, providing a range of services to other establishments of the enterprise such as long term strategic and organizational planning, financial management, payroll and personnel management, centralized billing, advertising, and public relations services
- 777 551 01 13  Holding company, primarily engaged in day-to-day operations of held company(ies) - Specify kind of business operated or managed ↴
- 0701
- 773 000 00 28  Other kind of business or activity - Specify ↴
- 0701

**19-21** Not Applicable.

HOW TO REPORT PERCENTS

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

**Report whole percents**

2002				
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 revenue for this establishment, either as a dollar figure or as a whole percent of total revenue (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 lines.)

**Line 6** - Report investment income, including interest and dividends. Report proceeds from the sale of investments and other assets on line 7.

**Line 7** - Report the net gain (or loss) from the sale or trade of real property and financial assets such as stocks and bonds.

Description of sales, shipments, receipts, or revenue	Census use	2002							
		Estimates are acceptable. Report dollars OR percents.							
		\$ Bil.	Mil.	Thou.	Dol.	Percent			
0723	0720	0721							0722
<b>1.</b> Sale of products manufactured or assembled by other establishments of this enterprise and sold by employees of this establishment									
<b>a.</b> Food and beverages	30061								
<b>b.</b> Chemicals and allied products	30062								
<b>c.</b> Drugs and pharmaceuticals	30063								
<b>d.</b> Computers and peripheral equipment	30064								
<b>e.</b> Automobiles, trucks, and other motor vehicles (Include parts and supplies.)	30065								

CONTINUE WITH 2 ON PAGE 4

CONTINUE ON PAGE 4

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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.				
		\$ Bil.	Mil.	Thou.	Dol.	Percent
0723	0720	0721				0722
<b>1.</b> Sale of products manufactured or assembled by other establishments of this enterprise and sold by employees of this establishment - Continued						
<b>f.</b> Other machinery and equipment . . . . .	30066					
<b>g.</b> All other product sales - <i>Specify major product or product line</i> ↴						
_____	30067					
<b>h. Sum lines 1a through 1g</b> . . . . .	30060					
<b>2.</b> Products resold (products purchased from others and resold by this establishment without further manufacture, fabrication, processing, or assembly) - <i>Specify major product or product line resold if value is more than 10 percent of total revenue</i> ↴						
_____	30070					
<b>3.</b> Sales, license fees, royalties, and other payments from the marketing of intangible property such as software, music, motion pictures, and other intellectual property . . . . .	30080					
<b>4.</b> Franchise sales and fees . . . . .	30090					
<b>5.</b> Research and development . . . . .	30100					
<b>6.</b> Interest and dividends						
<b>a.</b> Interest . . . . .	30111					
<b>b.</b> Dividends . . . . .	30112					
<b>c. Sum lines 6a and 6b</b> . . . . .	30110					
<b>7.</b> Gains (losses) from assets sold or traded ( <i>Report losses by including a dash prior to the dollar amount.</i> ) . . . . .	30120					
<b>8.</b> Contributions, gifts, and grants . . . . .	30130					
<b>9.</b> All other revenue - <i>Specify principal lines and estimated revenue</i> ↴						
_____	30191					
<b>10. TOTAL REVENUE - Sum of lines should equal 4 if reporting in dollars</b> . . . . .	39690					1 0 0

**23-28** Not Applicable.

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

**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			
				-	

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 <input type="checkbox"/> Yes	0079 <input type="checkbox"/> No - Enter time period covered →	FROM	Month	Year	TO	Month	Year
		0070			0071		

0072 Name of person to contact regarding this report	0073 Title

Telephone	Area code	Number	Extension	Fax	Area code	Number
0074		-		0075		-

0076 Internet e-mail address	Date completed	Month	Day	Year
	0069			

**Thank you for completing your 2002 Economic Census form.**  
**PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.**

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