



# 2002 ECONOMIC CENSUS PERSONAL CARE SERVICES

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-81201

**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**

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



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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):

Report

Report

Mark "X" if None

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

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

Mark "X" if None

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

Mark "X" if None

2002	
Number	

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

Mark "X" if None

2002		
\$ Mil.	Thou.	Dol.

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

1. Annual payroll . . . . . 0300

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



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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.)

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

- 0700
- 812 111 00 12  Barber shop
  - 812 112 00 11  Beauty shop
  - 812 112 00 29  Unisex hair shop, including combined beauty/barber shop
  - 812 112 00 37  Facial salon
  - 812 113 00 10  Nail salon
  - 611 511 00 14  Cosmetology or beauty schools
  - 611 511 00 22  Barber colleges or schools

**Other personal care and appearance services**

- 812 191 00 15  Diet or weight reducing centers, excluding physical fitness facilities
- 713 940 90 51  Physical fitness, strength development, or weight training center
- 812 199 00 25  Tanning salon

CONTINUE WITH **18** ON PAGE 4

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**18** KIND OF BUSINESS OR ACTIVITY - Continued

**Other personal care and appearance services - Continued**

- 0700 812 199 00 17  Massage salon
- 621 340 20 40  Massage therapist(s), NCTMB (Nationally Certified in Therapeutic Massage and Bodywork)
- 812 199 00 33  Sauna, steam bath, or Turkish bath
- 812 199 00 41  Electrolysis service
- 812 199 00 58  Tattoo parlor
- 812 199 00 66  Hair replacement services, excluding services performed by a physician
- 777 812 01 18  Other personal care and appearance service - *Specify* ↴

0701

**Other kind of business or activity**

- 624 410 00 19  Child day care services, including those with preschool
- 812 990 10 16  Bail bonding
- 812 990 20 14  Dating service
- 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.

\$ 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.)*

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
<b>1.</b> Hairdressing and other body and appearance care services					
<b>a.</b> Rents received from leased stations/booths . . . . .	30831				
<b>b.</b> Hair services . . . . .	30832				
<b>c.</b> Nail services . . . . .	30833				
<b>d.</b> Diet/weight reducing program fees . . . . .	30834				

CONTINUE WITH 22 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	2002			
		Estimates are acceptable. Report dollars OR percents.			
		\$ Mil.	Thou.	Dol.	Percent
0723	0720	0721			0722
<b>1.</b> Hairdressing and other body and appearance care services - Continued					
<b>e.</b> Diet/weight reducing food supplement and other merchandise sales . . . . .	30835				
<b>f.</b> All other . . . . .	30836				
<b>g. Sum lines 1a through 1f</b> . . . . .	30830				
<b>2.</b> Drycleaning work, <b>including</b> "wet cleaning" (Exclude coin-operated, industrial laundry, linen supply, and rug cleaning.) . . . . .	30840				
<b>3.</b> Laundry work, <b>excluding</b> coin-operated, industrial laundry, and linen supply . . . . .	30850				
<b>4.</b> Tuition, fees, and other payments from providing academic or technical instruction . . . . .	30200				
<b>5.</b> Sales of other merchandise - Specify if more than 10 percent of total receipts ↴					
	39024				
<b>6.</b> All other operating receipts - Specify if more than 10 percent of total receipts ↴					
	39516				
<b>7. TOTAL OPERATING RECEIPTS - Sum of lines should equal 4 if reporting in dollars</b> . . . . .	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



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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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