



U.S. DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

FORM
CB-5917

**1992 CENSUS OF RETAIL TRADE
 FLORISTS**

OMB No. 0607-0719: Approval Expires 06/30/94

| | | | | |
|---|--|--|--|--|
| <p>DUE DATE: FEBRUARY 15, 1993</p> <p>If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:</p> <p style="text-align: center;">BUREAU OF THE CENSUS 1201 East 10th Street Jeffersonville, IN 47134-0001</p> <p>Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday: 1-800-233-6136</p> | <p style="font-size: 24pt; font-weight: bold;">CB-5917</p> | | | |
| <p style="text-align: center;"><i>Please read the accompanying instructions before answering the questions.</i></p> | | | | |
| <p style="text-align: center;">Census use</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table> | | | | |
| | | | | |
| <p><i>(Please correct any errors in name, address, and ZIP Code.)</i></p> | | | | |

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|-------------------------|-----------------------|---|-----|---|-------|------|-----|--|--|--|--|--|--|--|--|--|
| <p>Item 1. EMPLOYER IDENTIFICATION NUMBER</p> <p>Is the Employer Identification (EI) Number shown in the label the same as the one used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?</p> <p>094 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Report current EI No. below</p> <p style="text-align: right;">(9 digits) <input style="width: 100px;" type="text"/></p> | <p>Item 3. OPERATIONAL STATUS Number of months</p> <p style="text-align: right;">002</p> <p>a. How many months during 1992 was this establishment actively operated?</p> <p>b. Which of the following best describes this establishment's status at the end of 1992? Mark (X) only ONE box.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td> <td style="width: 5%;">001</td> <td style="width: 80%;">1 <input type="checkbox"/> In operation</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">Figures only</td> </tr> <tr> <td></td> <td></td> <td>2 <input type="checkbox"/> Temporarily or seasonally inactive</td> <td style="border: 1px solid black; text-align: center;">Month</td> <td style="border: 1px solid black; text-align: center;">Year</td> </tr> <tr> <td></td> <td></td> <td>3 <input type="checkbox"/> Ceased operation – Give date at right</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td></td> <td></td> <td>4 <input type="checkbox"/> Sold or leased to another operator – Give date at right AND enter name, etc., below</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> </table> <p style="margin-top: 10px;">Name of new owner or operator <input style="width: 100%;" type="text"/></p> <p>Number and street <input style="width: 100%;" type="text"/></p> <p>City <input style="width: 30%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code <input style="width: 30%;" type="text"/></p> | | 001 | 1 <input type="checkbox"/> In operation | | Figures only | | | 2 <input type="checkbox"/> Temporarily or seasonally inactive | Month | Year | | | 3 <input type="checkbox"/> Ceased operation – Give date at right | | | | | 4 <input type="checkbox"/> Sold or leased to another operator – Give date at right AND enter name, etc., below | | |
| | 001 | 1 <input type="checkbox"/> In operation | | Figures only | | | | | | | | | | | | | | | | | |
| | | 2 <input type="checkbox"/> Temporarily or seasonally inactive | Month | Year | | | | | | | | | | | | | | | | | |
| | | 3 <input type="checkbox"/> Ceased operation – Give date at right | | | | | | | | | | | | | | | | | | | |
| | | 4 <input type="checkbox"/> Sold or leased to another operator – Give date at right AND enter name, etc., below | | | | | | | | | | | | | | | | | | | |
| <p>Item 2. PHYSICAL LOCATION</p> <p>a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)</p> <p>093 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Report physical location below</p> <p>Number and street <input style="width: 100%;" type="text"/></p> <p>City, town, village, etc. <input style="width: 30%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code <input style="width: 30%;" type="text"/></p> <p>b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?</p> <p>095 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No legal boundaries 4 <input type="checkbox"/> Do not know</p> <p>c. In what type of municipality is this establishment physically located?</p> <p>096 1 <input type="checkbox"/> City, village, or borough 2 <input type="checkbox"/> Town or township 3 <input type="checkbox"/> Other – Specify _____ 4 <input type="checkbox"/> Do not know</p> <p>d. In what county is this establishment physically located?</p> <p><input style="width: 100%;" type="text"/></p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <p>HOW TO REPORT DOLLAR FIGURES</p> <p>Dollar figures should be rounded to thousands of dollars.</p> <p>Example: If a figure is \$1,125,628.79 • Preferred report 1 126 Acceptable 1 125 629</p> </td> <td style="width: 50%; padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 33%;">Mil- lions (000)</td> <td style="width: 33%;">Thou- sands (000)</td> <td style="width: 33%;">Dol- lars (000)</td> </tr> <tr> <td style="border: 1px solid black;">1</td> <td style="border: 1px solid black;">126</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black;">1</td> <td style="border: 1px solid black;">125</td> <td style="border: 1px solid black;">629</td> </tr> </table> </td> </tr> </table> <p>Item 4. DOLLAR VOLUME OF BUSINESS Mil. Thou. Dol.</p> <p>Sales of merchandise and other operating receipts for 1992 (Exclude sales or other taxes collected)</p> <p style="text-align: right;">010</p> <p style="border: 1px solid black; height: 20px; width: 100%;"></p> <p>Item 5. PAYROLL Mil. Thou. Dol.</p> <p>Payroll in 1992, BEFORE DEDUCTIONS</p> <p>a. Annual 030</p> <p style="border: 1px solid black; height: 20px; width: 100%;"></p> <p>b. First quarter (January-March) 031</p> <p style="border: 1px solid black; height: 20px; width: 100%;"></p> <p>Item 6. EMPLOYMENT Number</p> <p>Number of paid employees for pay period including March 12, 1992 (Include both full- and part-time employees)</p> <p style="text-align: right;">032</p> <p style="border: 1px solid black; height: 20px; width: 100%;"></p> | <p>HOW TO REPORT DOLLAR FIGURES</p> <p>Dollar figures should be rounded to thousands of dollars.</p> <p>Example: If a figure is \$1,125,628.79 • Preferred report 1 126 Acceptable 1 125 629</p> | <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 33%;">Mil- lions (000)</td> <td style="width: 33%;">Thou- sands (000)</td> <td style="width: 33%;">Dol- lars (000)</td> </tr> <tr> <td style="border: 1px solid black;">1</td> <td style="border: 1px solid black;">126</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black;">1</td> <td style="border: 1px solid black;">125</td> <td style="border: 1px solid black;">629</td> </tr> </table> | Mil- lions (000) | Thou- sands (000) | Dol- lars (000) | 1 | 126 | | 1 | 125 | 629 | | | | | | | | | |
| <p>HOW TO REPORT DOLLAR FIGURES</p> <p>Dollar figures should be rounded to thousands of dollars.</p> <p>Example: If a figure is \$1,125,628.79 • Preferred report 1 126 Acceptable 1 125 629</p> | <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 33%;">Mil- lions (000)</td> <td style="width: 33%;">Thou- sands (000)</td> <td style="width: 33%;">Dol- lars (000)</td> </tr> <tr> <td style="border: 1px solid black;">1</td> <td style="border: 1px solid black;">126</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black;">1</td> <td style="border: 1px solid black;">125</td> <td style="border: 1px solid black;">629</td> </tr> </table> | Mil- lions (000) | Thou- sands (000) | Dol- lars (000) | 1 | 126 | | 1 | 125 | 629 | | | | | | | | | | | |
| Mil- lions (000) | Thou- sands (000) | Dol- lars (000) | | | | | | | | | | | | | | | | | | | |
| 1 | 126 | | | | | | | | | | | | | | | | | | | | |
| 1 | 125 | 629 | | | | | | | | | | | | | | | | | | | |

PENALTY FOR FAILURE TO REPORT **CONTINUE ON PAGE 2**

Item 7. KIND OF BUSINESS
What was this establishment's PRINCIPAL kind of business in 1992? Mark (X) only ONE box.

070

| | | | |
|-------------------------------|---------------------------------|---|----------------------------------|
| Florist | <input type="checkbox"/> 599201 | Landscaping service | <input type="checkbox"/> 9078100 |
| Retail nursery | <input type="checkbox"/> 526101 | Other kind of business - Describe | <input type="checkbox"/> 777777 |
| Garden supply store | <input type="checkbox"/> 526103 | | |
| Indoor plant store | <input type="checkbox"/> 599202 | | |

Item 8. METHOD OF SELLING
What was this establishment's PRINCIPAL method of selling in 1992? Mark (X) only ONE box.

235

| | | | | | | |
|---|---|--------------------------|--|--|---|--------------------------|
| Selling at this establishment | 1 | <input type="checkbox"/> | | Direct selling (include selling from house-to-house and nonfixed or temporary locations) | 4 | <input type="checkbox"/> |
| Mail order (include catalog selling and home shopping via television or computer) | 2 | <input type="checkbox"/> | | Operating merchandise vending machines | 5 | <input type="checkbox"/> |
| Telemarketing | 3 | <input type="checkbox"/> | | | | |

Item 9. CLASS OF CUSTOMER
Report the percentage of this establishment's total sales in 1992 (item 4) to each class of customer.

Whole percent of sales

| | |
|--|-----|
| a. General public (household consumers and individuals) | 237 |
| b. Other, including retailers; wholesalers; institutional, industrial, commercial, professional, and farm users (for use in farm production); and government | 239 |

| Item 10. MERCHANDISE LINES | | | | | Item 10. MERCHANDISE LINES - Continued | | | | | | | | | | | |
|--|--|--|--|--|---|--|---|--|-------|--|----------|--|----------|--|-----|--|
| Report sales for each merchandise line sold by this establishment, either as a dollar figure or as a whole percent of total sales. (See HOW TO REPORT DOLLAR FIGURES on page 1 and HOW TO REPORT PERCENTS below) | | | | | Census use | | ESTIMATES are acceptable. Report dollars OR percents. | | | | | | | | | |
| Merchandise lines | | | | | Census use | | Mil. | | Thou. | | Dol. | | Per-cent | | | |
| HOW TO REPORT PERCENTS If figure is 38.76% of total sales: • Report whole percents → 39 Not acceptable → 38.76 | | | | | Mil. | | Thou. | | Dol. | | Per-cent | | 230 | | 232 | |
| | | | | | ESTIMATES are acceptable. Report dollars OR percents. | | Mil. | | Thou. | | Dol. | | Per-cent | | | |
| 1. Lawn and garden equipment and supplies, cut flowers, plants, shrubs, fertilizers, etc. (Report nonfloral giftware on line 2a and report materials used in landscaping or lawn service on line 14b) | | | | | 230 | | | | | | | | | | | |
| a. Cut flowers - unarranged | | | | | 622 | | | | | | | | | | | |
| b. Cut flowers - arranged | | | | | 623 | | | | | | | | | | | |
| c. Indoor potted plants - blooming | | | | | 624 | | | | | | | | | | | |
| d. Indoor potted plants - nonblooming | | | | | 625 | | | | | | | | | | | |
| e. Outdoor nursery stock (trees, shrubs, bedding plants, bulbs, sod, seeds, etc.) | | | | | 627 | | | | | | | | | | | |
| f. All other lawn and garden equipment and supplies (include lawn and garden tools and equipment, fertilizers, lime, mulch, and chemicals, etc.) | | | | | 633 | | | | | | | | | | | |
| g. Sum of lines 1a through 1f | | | | | 620 | | | | | | | | | | | |
| 2. Kitchenware and homefurnishings (include cookware, dinnerware, clocks, pictures, frames, mirrors, bathroom accessories, etc.) | | | | | 386 | | | | | | | | | | | |
| a. Giftware and glassware (Include vases. Report candy and confections on line 11a.) | | | | | 387 | | | | | | | | | | | |
| b. All other kitchenware and homefurnishings (include cookware and cooking accessories, dinnerware, decorative accessories, etc.) | | | | | 388 | | | | | | | | | | | |
| c. Sum of lines 2a and 2b | | | | | 380 | | | | | | | | | | | |
| 3. Souvenirs and novelty items (include fruit and gourmet food baskets and pre-filled balloons) | | | | | 877 | | | | | | | | | | | |
| 4. Seasonal decorations (Report cut live and balled live Christmas trees on line 1e) | | | | | 878 | | | | | | | | | | | |
| 5. Artificial flowers, plants, and trees | | | | | 879 | | | | | | | | | | | |
| 6. Greeting cards | | | | | 855 | | | | | | | | | | | |
| 7. Furniture (include outdoor/patio furniture) | | | | | 340 | | | | | | | | | | | |
| 8. Jewelry (include watches, watch attachments, novelty jewelry, etc.) | | | | | 400 | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

FORM CB-5917

CONTINUE ON PAGE 3

| | | | | | | | | | |
|--|--------------------|--|-------|--|--------------|--|--|--|--|
| FORM CB-5917 | | U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS | | 1992 CENSUS OF RETAIL TRADE FLORISTS | | Enter the 11-digit CENSUS FILE NUMBER as shown on this report (See label on page 1) | | | |
| Item 10. MERCHANDISE LINES - Continued | | | | | | Item 13. LEGAL FORM OF ORGANIZATION | | | |
| Merchandise lines | Cen- sus use | ESTIMATES are acceptable. Report dollars OR percents. | | | | Which of the following best describes this establishment's legal form of organization during 1992? Mark (X) only ONE box. | | | |
| | | Mil. | Thou. | Dol. | Per- cent | | | | |
| 9. Toys, hobby goods, and games (Include stuffed animals. Report pre-filled balloons on line 3.) | 460 | | | | | 003 1 <input type="checkbox"/> Individual owner (sole proprietorship) 2 <input type="checkbox"/> Partnership 3 <input type="checkbox"/> Cooperative association (taxable) 4 <input type="checkbox"/> Cooperative association (tax-exempt) 5 <input type="checkbox"/> Government - Specify _____ 0 <input type="checkbox"/> Corporation (Do not mark if any form of cooperative association) 9 <input type="checkbox"/> Other - Specify _____ | | | |
| 10. Craft supplies | 881 | | | | | | | | |
| 11. Groceries and other food items for human consumption off the premises | | | | | | | | | |
| a. Candy | 109 | | | | | | | | |
| b. All other foods (Include dry groceries, canned and bottled foods, etc. Report fruit and gourmet food baskets on line 3.) | 114 | | | | | | | | |
| c. Sum of lines 11a and 11b | 100 | | | | | | | | |
| 12. Packaged liquor, wine, and beer | 140 | | | | | | | | |
| 13. All other merchandise (Report receipts for services on line 14) | 890 | | | | | | | | |
| Specify principal lines and estimated sales below | | | | | | | | | |
| a. _____ | 891 | | | | | | | | |
| b. _____ | 892 | | | | | | | | |
| c. _____ | 893 | | | | | | | | |
| 14. All nonmerchandise receipts (include receipts from rentals, storage, and other services provided to customers) EXCLUDING SALES AND OTHER TAXES | | | | | | Item 14. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero? 1 <input type="checkbox"/> Yes - Complete this item 2 <input type="checkbox"/> No - Skip to item 15 b. Is this company owned or controlled by another company? 097 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No Enter name, address, and EI Number of the owning or controlling company EI No. (9 digits) _____ c. Does this company own or control any other company or companies? 098 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No Enter name, address, and EI Number of the owned or controlled company EI No. (9 digits) _____ d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1992? _____ Number 079 If more than one, provide the physical location address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper. Estimates are acceptable if book figures are not available. | | | |
| a. Wire services and commissions | 945 | | | | | | | | |
| b. All other nonmerchandise receipts | 977 | | | | | | | | |
| c. Sum of lines 14a and 14b | 900 | | | | | | | | |
| 15. TOTAL (Should equal item 4 if reporting in dollars) | 990 | | | | 100% | | | | |
| Item 11. SPECIAL INQUIRIES | | | | | | | | Name _____ 1992 Mil. Thou. Dol. _____ 081 Number and street _____ Sales _____ _____ 082 City _____ State _____ ZIP Code _____ Annual payroll _____ _____ Paid employees for pay period including March 12 _____ 083 _____ Census use 088 _____ | |
| What percentage of 1992 sales and receipts (item 4) was derived from items grown by this establishment? | | | | Report in whole percent 255 | | | | | |
| Item 12. Not applicable to this report | | | | | | | | ITEM 14 CONTINUED ON PAGE 4 | |

CONTINUE ON PAGE 4

| Item 14. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION - Continued | | | | | | | | | | | | | | | | | |
|---|------------------------------|--|-----------------------|--|----------------|-------|------|---|------------------------------|-----------------------|--|--|----------|----------------|------|--|--|
| 2 | Name | | | 1992 | Mil. | Thou. | Dol. | 4 | Name | | | 1992 | Mil. | Thou. | Dol. | | |
| | Number and street | | | Sales | 081 | | | | Number and street | | | Sales | 081 | | | | |
| | City | | State | ZIP Code | Annual payroll | 082 | | | | City | | State | ZIP Code | Annual payroll | 082 | | |
| | Kind-of-business description | | | Paid employees for pay period including March 12 | | | | | Kind-of-business description | | | Paid employees for pay period including March 12 | | | | | |
| | | | | 083 | | | | | | | | 083 | | | | | |
| | | | Census use 088 | | | | | | | Census use 088 | | | | | | | |
| 3 | Name | | | 1992 | Mil. | Thou. | Dol. | 5 | Name | | | 1992 | Mil. | Thou. | Dol. | | |
| | Number and street | | | Sales | 081 | | | | Number and street | | | Sales | 081 | | | | |
| | City | | State | ZIP Code | Annual payroll | 082 | | | | City | | State | ZIP Code | Annual payroll | 082 | | |
| | Kind-of-business description | | | Paid employees for pay period including March 12 | | | | | Kind-of-business description | | | Paid employees for pay period including March 12 | | | | | |
| | | | | 083 | | | | | | | | 083 | | | | | |
| | | | Census use 088 | | | | | | | Census use 088 | | | | | | | |

REMARKS - Please use this space for any explanations that may be essential in understanding your reported data.

Item 15. CERTIFICATION - This report is substantially accurate and has been prepared in accordance with instructions.

| | | | | | | | |
|--------------------------------------|-----------|-----------|------|-----------|------|--|------|
| Period covered by this report | | FROM: Mo. | Year | TO: Mo. | Year | Name of person to contact regarding this report - <i>Print or type</i> | |
| Telephone | Area code | Number | | Extension | | Title | |
| Signature of authorized person | | | | | | | Date |

CB-I (R-S)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1992 CENSUS OF RETAIL TRADE INSTRUCTIONS

CENSUS OF RETAIL TRADE

The Census of Retail Trade includes establishments engaged in the following:

- selling merchandise for personal or household consumption and
- rendering services incidental to the sale of the goods.

If you are **NOT** engaged in this kind of business, **DESCRIBE** your business or activity **IN ITEM 7 AND COMPLETE** the report as accurately as possible.

DEFINITION OF ESTABLISHMENT

An establishment is a single physical location at which business is conducted. This includes all selling and service locations of a company and any other facilities such as warehouses, administrative offices, etc. This report should include data for all establishments (locations) operated by this company during 1992. Locations with no paid employees (such as unmanned warehouses) are not considered separate establishments.

COMPANIES WITH MORE THAN ONE ESTABLISHMENT

If this company operated more than one establishment (location) under the same Employer Identification (E) Number shown in the label (or as corrected in item 1) at the end of 1992:

- Item 2 — Enter the location of your headquarters.
- Items 3 through 14c — Report the combined data for the entire company.
- Item 14d — Provide information separately for each establishment, including headquarters. List the location of your headquarters first.

GENERAL INSTRUCTIONS

- This report should cover calendar year 1992. If book figures are not available, **estimates** are acceptable.
- If the establishment stopped operating before January 1, 1992, indicate action and date in item 3b and return the form.
- If the establishment stopped operating during 1992, i.e., it was closed, sold, or leased to another company, complete the report for the portion of 1992 that the establishment was operating.
- If you have any questions or if any communication regarding this report is necessary, be sure to reference the 11-digit Census File Number (CFN) printed on the address label.
- If additional space is necessary to complete any item, use the remarks section at the end of the form (if applicable) or attach a separate sheet. If extra sheets are added, write the CFN and the item number at the top of each additional page.
- Please make a photocopy of your completed form and retain that copy in your files.
- We estimate that it will take from 12 minutes to 2 hours to complete this questionnaire, with 51 minutes being the average time. This includes time to read instructions, assemble and review information, and record answers on the questionnaire. If you have any comments regarding these estimates, send them to the Associate Director for Management Services, Paperwork Reduction Project (0607-0719), Room 2027, FB-3, Bureau of the Census, Washington, DC 20233; or to the Office of Management and Budget, Paperwork Reduction Project (0607-0719), Washington, DC 20503.

INSTRUCTIONS FOR SELECTED ITEMS

Item 2. PHYSICAL LOCATION

- Answer all sections (a through d) of item 2, including name of county, even if the address on the label is correct.
- Report the location of your headquarters if this company operated more than one establishment. List the physical location of all other establishments in item 14d.

Item 3. OPERATIONAL STATUS

Part b. Mark the one box that best describes the operational status of this establishment at the **end of 1992**.

1. In operation — The establishment was open and actively conducting business on December 31, 1992.
2. Temporarily or seasonally inactive — Although not conducting business at the end of 1992, the establishment will eventually reopen and conduct business under the same EI. (Examples: Businesses in tourist areas or small college towns that close during the "off-season," when business is slow; stores that temporarily close for remodeling.)
3. Ceased operation — The establishment has gone out of business or closed and does not plan to reopen. Provide the **month and year** that the establishment ceased operation. Complete items 4 through 13 for the portion of 1992 during which the establishment was in operation.
4. Sold or leased to another operator — Your company sold or leased this establishment to another company. Provide the **month and year** in which the change occurred and indicate the name and address of the new owner or operator. Complete items 4 through 13 for the portion of 1992 during which your company operated the establishment.

Item 4. DOLLAR VOLUME OF BUSINESS

YOUR RESPONSE in this item **IS STRICTLY CONFIDENTIAL**. Your company's report will be used solely for developing summary statistics. **IT CANNOT BE USED FOR PURPOSES OF TAXATION, INVESTIGATION, OR REGULATION.**

Include:

- Cash and credit sales of merchandise sold at retail and wholesale (whether or not payment was received in 1992). If this company sold merchandise on a **CONSIGNMENT OR COMMISSION BASIS, REPORT THE ACTUAL SALES VALUE** of the products sold and do not report the commissions received.
- Receipts for delivery, installation, maintenance, repair, alteration, storage, and other services.
- Receipts from rental of vehicles, equipment, instruments, tools, etc.
- Rental receipts derived during 1992 from the leasing of vehicles, equipment, instruments, tools, etc., marketed under operating leases.
- Fair sales value of merchandise marketed in 1992 under capital, finance, or full payout leases.
- **SALES** of motor vehicles formerly used for rental or leasing; do not treat sales of such vehicles as transfers of assets.
- Total value of service contracts — Include service contracts this establishment made on its own behalf or as the agent for others (e.g., selling service contracts for the manufacturer), and any service contracts that were or will be subsequently sold to others.
- Total value of commissions received for the arrangement of financing and the sale of credit life insurance.
- Amounts received from customers for layaway purchases.
- Excise taxes (such as those on gasoline, liquor, and tobacco) which are paid by the manufacturer or wholesaler and included in the cost of goods purchased by this company.

Exclude:

- Sales or other taxes collected directly from customers and paid directly to a State, local or Federal tax agency.
- Sales and receipts of departments or concessions operated by other companies.
- Receipts from carrying and other credit charges.
- Commissions from vending machine operators.
- Nonoperating income from sources such as investments, rental or sale of real estate, and interest.
- Commissions or receipts from the sale of government lottery tickets.

PLEASE CONTINUE ON REVERSE

- Installment payments received during 1992 from the leasing of vehicles, equipment, instruments, tools, etc., marketed under capital, finance, or full payout leases.
- Automotive dealers only — Receipts from customers for tag and title fees, licenses, etc., forwarded to State or local licensing agencies.

Deduct:

- Refunds and allowances for returned merchandise.
- Discounts you grant to the purchaser, even if granted as an increase in trade-in allowance.

Do not deduct:

- The actual value of trade-ins taken as partial payment for other merchandise.

Item 5. PAYROLL

Answer this item according to the guidelines outlined below. (Definitions are the same as those used on the Employer's Quarterly Federal Tax Return, Form 941, and as described in Circular E, Employer's Tax Guide.)

Include:

- Wages, salaries, tips, vacation allowances, bonuses, commissions, and other compensation paid to employees during 1992, whether or not subject to income or FICA tax.
- Salaries of officers and executives of a corporation.

Exclude:

- Payments to or withdrawals by proprietors or partners of an unincorporated company.
- Annuities or supplemental unemployment compensation benefits, even if income tax was withheld.
- Payrolls of departments or concessions operated by other companies.

Item 6. EMPLOYMENT

Include:

- All full-time (35 hours or more a week) and part-time (less than 35 hours a week) employees on the payroll during the pay period including March 12, 1992.
- Salaried officers and executives of a corporation.
- Employees on paid sick leave, paid vacations, and paid holidays.

Exclude:

- Proprietors or partners of an unincorporated company.
- Employees of departments or concessions operated by other companies.

Item 8. METHOD OF SELLING

Mark (X) the **one** box which best describes the principal method of selling by this establishment.

- Selling at this establishment — Products are primarily sold in a traditional store environment.
- Mail order (catalog selling) — Products are primarily sold through catalogs and advertisements. The seller entices the customer to place orders by telephone or mail order forms. This includes home shopping by either television or computer.
- Telemarketing — The seller markets goods or services by telephone.
- Direct selling — The seller seeks out the buyer. This includes selling from house-to-house and selling from nonfixed or temporary locations such as mobile carts or fairs. Excluded are fuel dealers, lumber yards, florists, liquor stores, etc. who may take most of their orders over the telephone and deliver by truck to individual homes.
- Operating merchandise vending machines — Retail sales come from the operation of vending machines, selling items such as candy, sandwiches, beverages, tobacco products, pens, combs, etc.

Item 9. CLASS OF CUSTOMER

- Estimates are acceptable; report in whole percents.
- The sum of the percentages reported in item 9 should equal 100 percent.

Item 10. MERCHANDISE LINES

- REPORT the volume of sales (or percent of total sales) for each of the listed merchandise lines. Please **do not** combine data for two or more lines. Estimates are acceptable.
- REPORT receipts for services provided and for service contracts that were included (as instructed) in item 4, on the appropriate "Nonmerchandise receipts from customers" line.
- **EXCLUDE** sales of **LEASED DEPARTMENTS** or **CONCESSIONS** operated within this establishment by **OTHER** companies.
- If this establishment sold merchandise not covered in the prelisted categories and the sum of this merchandise was greater than one million dollars or 5 percent of the establishments total sales, report the sales of such merchandise on the "All other merchandise" line and specify principal merchandise lines with their estimated sales or percent of sales.
- The sum of merchandise lines reported should equal the amount reported in item 4 (or 100 percent if the lines were reported as percentages of the total sales). This sum should be entered in the last response box in item 10.

Item 12. DEPARTMENT OR CONCESSION LOCATED IN THIS ESTABLISHMENT

This item is applicable for Forms CB-5301 and CB-5601 only; a supplemental instruction guide has been included to explain how to respond to item 12b(3), the self-coding of leased department business activity.

Item 14. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

Part b. MARK "YES" if — ANOTHER company **OWNS** more than 50 percent of the voting stock or has the power to **CONTROL** the management and policies of your company. Report the requested information for the owning or controlling company in the space provided.

MARK "NO" if —

- Your company has a franchise entitling it to use a trade name, but is not owned or operated by the franchisor.
- Your company operates one or more leased departments in an establishment owned by another company, but the other company (the lessor) does not own or control the department(s).
- Gasoline service stations only — Your company rents, leases, or operates on a commission basis, a gasoline service station owned by an oil company.

Part c. Indicate whether your company owns more than 50 percent of the voting stock or has the authority to direct or cause the direction of management and policies of any subsidiaries and/or affiliates. If yes, report the requested information for the owned or controlled company in the space provided.

Part d. Include all selling and service locations and any other facilities such as warehouses, administrative offices, etc. Establishments with no paid employees (such as unmanned warehouses) are not considered separate establishments.

If **MORE THAN ONE** establishment was operating under the EI Number:

- List the location of the headquarters first.
- Provide the name, **physical location** address, ZIP Code, kind-of-business description, sales, annual payroll, and employment for headquarters and **each** location. Continue on a separate sheet if necessary.
- Data for establishments operated during 1992 but not in operation at the end of the year should be combined with the headquarters location.
- The sums of sales, annual payroll, and employment should equal the amounts reported in items 4, 5a, and 6, respectively.
- If the employees worked at more than one location, report annual payroll and employment for employees at the **ONE** location where they spent most of their working time.