

| DUE DATE |
| :--- |
| FEBRUARY 12, 2013 |

## INFORMATION COPY DO NOT USE TO REPORT

## OS-81104

Read the accompanying information sheet(s) before .

- Visit econhelp.census.gov
- Call 1-800-233-6136, between 8:00 a.m. and 6:00 p.m., Eastern time, Monday through Friday.

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YOUR RESPONSE IS REUTED BY LA
YOUR RESPONSE IS REOUIRED 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.
- Do not use pencil or felt-tip pen.
- Do not put slashes through 0 or 7 .
- Please center numbers in their respective boxes.
- Place an "X" inside the box.

Mail your completed form to:
U.S. CENSUS BUREAU

1201 East 10th Street Jeffersonville, IN 47134-0001

## Examples:

## $\times 0123456789$

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 to the left of the mailing address the same as the one used for this establishment on its latest 2012 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?
$0021 \square$ Yes - Go to 2 2 $0022 \square$ No - Enter current EIN (9 digits) $\longrightarrow 0025$
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.)
$0031 \quad$ Yes - Go to line $B$
0035 Number and street

0032

physical
location

(2) PHYSICAL LOCATION - Continued
B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?
(Mark "X" only ONE box.)
$0041 \square$ Yes $0042 \square$ No
$0043 \square$ No legal boundaries
0044Do not know
C. In what type of municipality is this establishment physically located?
(Mark "X" only ONE box.)
 or borough
(3) OPERATIONAL STATUS

Which ONE of the following best describes this establishment's operational status at the end of 2012?
(Mark "X" only ONE box.)
$0011 \square$ In operation
$0013 \square$ Temporarily or seasonally inactive $\square$ ATM
$0014 \square$ Ceased operation - FNabte at right $\square$
$0015 \square$ Sold or leased to arothe po ra oi-Guc date at right AND enter nan e d address of new owner or operator and Employer luentification Number (EIN) below 7

| 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 |  |
| :--- | :--- | :--- | :--- |
|  |  |  |  |

$0016 \square$ Other - Specify $\longrightarrow$

| Mark "X" | 2012 |
| :---: | :---: |
| if None | Number |

Number of months in operation during 2012 (If none, mark "X" and go to 30.)
HOW TO
REPORT
DOLLAR
FIGURES

Dollar figures should be rounded to thousands of dollars.

If a figure is $\mathbf{\$ 2 , 0 3 5 , 6 2 8 . 7 9 :}$

If a value is " 0 " (or less than \$500.00):

| Report $\longrightarrow \square \square \begin{aligned} & \text { Mark " } X \text { " } \\ & \text { if None }\end{aligned}$ | 2012 |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | \$ Bil. | Mil. | Thou. |  |
|  |  | 2 | 03 | 6 |
| Report $\longrightarrow X$ | EXAMPLE |  |  |  |

(5) SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Operating receipts $\qquad$

| Mark "X" <br> if None | 2012 |  |  |
| :---: | :---: | :---: | :---: |
|  | \$ Bil. | Mil. | Thou. |
| $\square$ |  |  |  |

Not Applicable.

## If not shown, please enter your 11-digit Census File

 Number (CFN) from the mailing address.(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 to the left of the mailing address or corrected in $\mathbf{0}$.


## 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).

 (Exclude employer's cost for fringe De fits. SE Mark "X 0 frint Def fits. if None \$ Bil.

1. Annual payroll $\qquad$ 0300
2. First quarter payroll (January-March 2012) $\qquad$

Not Applicable.

## KIND OF BUSINESS OR ACTIVITY

Which ONE of the following best describes this establishment's principal kind of business or activity in 2012?
If none of the provided selections seem appropriate, provide a specific description of the primary business activity.
Mark "X" only ONE box.
Personal and household goods repair and maintenance and selected services
0700

| 811420001 | $\square$ | Furniture repair and refinishing |
| :--- | :--- | :--- |
| 811420007 | $\square$ | Furniture reupholstering |
| 811490101 | $\square$ | Jewelry, watch, and clock repair |
| 811412003 | $\square$ | Appliance repair and maintenance |
| 811490402 | $\square$ | Garment alteration or repair services |
| 561720001 | $\square$ | Janitorial services |
| 811411001 | $\square$ | Lawnmower and other small engine repair |
| 811430001 | $\square$ | Shoe and leather goods repair |
| 811490904 | $\square$ | Musical instrument repair and maintenance, including tuning services |
| 811411002 | $\square$ | Sharpening and repair of knives, saws, and other tools |
| 811121302 | $\square$ | Automotive upholstery shop |
| 561622001 | $\square$ | Lock installation, repair, rebuilding, or adjusting services, with or without sales of locking |
| devices |  |  |



Other kind of business or activity
$777811026 \quad \square$ Retail store, with or without repair services - Describe 7

Rebuilding or remanufacturing equipment or parts on a factory basis - Describe type of activity

General building repair or construction trade contractor, including painting, electrical, carpentry, and brickwork - Describe 7

0701

773000002 $\square$ Other kind of business or activity - Describe type of business or activity 7

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

## CLASS OF CUSTOMER

Estimate the percentage of receipts (reported in (5) by class of customer.
2012
Whole percent

1. Business firms and farms 3108
2. Not-for-profit organizations (Include religious organizations.) 3107
3. Federal government
4. State and local governments
 line 1.)
5. TOTAL DO NOT USE TO REP N
of receipts


## SUPPORT SERVICES

Was this establishment primarily engaged in providing management, administrative, or support services to other establishments of your enterprise (rather than for the general public or other business firms) in 2012?

| 0998 | $\square$ |
| :---: | :---: |
| 0999 | $\square$ |
|  | Nos |

HOW TO
REPORT PERCENTS

## Percents should be rounded to

 whole percents.If figure is $\mathbf{3 8 . 7 6 \%}$ of total sales:

2012
Report thousands of dollars OR whole percents. Estimates are acceptable.

| \$ Bil. | Mil. | Thou. |  | Percent |
| :--- | :--- | :--- | :--- | :--- |
|  |  |  |  | 39 |

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 5). 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 1a(1) - Report receipts from providing maintenance and repair services, including installation of replacement parts, for household-type lawn, garden, or snow removal equipment (e.g., lawnmowers, chainsaws, edgers, blowers, pressure washers, tillers, and snow removal equipment).
Line 1a(2) - Report receipts from providing maintenance and repair services, including installation of replacement parts, for major household-type appliances (e.g., refrigerators, ovens, range-tops, microwave ovens, dishwashers, washing machines, and dryers).
Line 1a(3) - Report receipts from providing maintenance and repair services, including installation of replacement parts, for other home-type appliances or equipment (e.g., portable generators, space heaters, room air conditioners, dehumidifiers, sewing machines, trash compactors, vacuum cleaners, ice machines or icemakers, water purification equipment, grills or barbeques, coffee makers, blenders, can openers, electric razors, hair dryers, and curling irons).
Line 1b-Report receipts from providing maintenance and repair services, including installation of replacement parts, for home furniture (e.g., re-upholstery service, refinishing service, and restoring service for furniture).
Line 1e - Report receipts from providing maintenance and repair services, including installation of replacement parts, for garments. Include tailoring and alteration of garments and repair or maintenance services for leather clothing.

Line $\mathbf{1 f ( 1 )}$ - Report receipts from providing maintenance and repair services, including installation of replacement parts, for fishing or camping equipment (e.g., fishing poles, camping tents, sleeping bags, and related equipment).
Line $\mathbf{1 f ( 2 )}$ - Report receipts from providing maintenance and repair services, including installation of replacement parts, for water sports equipment (e.g., scuba equipment, water skis, rafts, and surfboards).

DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued
Line $\mathbf{1 g}(\mathbf{3})$ - Report receipts from providing maintenance and repair services, including installation of replacement parts, for unpowered boats and trailers (e.g., canoes, kayaks, rowboats, paddleboats, sailboats and for boat trailers and other non-motorized trailers).
Line $\mathbf{1 g}(4)$ - Report receipts from providing maintenance and repair services. Include installation of replacement parts, for powered watercraft and powered sports vehicles (e.g., all-terrain-vehicles, snowmobiles, outboard motorboats, jet skis, and powered golf carts).

Description of sales, shipments, receipts, or revenue

1. Maintenance and repair of personal and household goods
a. Appliances and powered household equipment
(1) Household-type lawn, garden, and snow removal equipment
8) MescomemosocunNEORMATIO TO REPORT
(3) Other applanee DO MQTUSE USE household-type 0 mand tools.)
(4) Add lines 1a(1) through 1a(3)
b. Household furniture
c. Footwear
d. Watches and jewelry
e. Garments
f. Sports and recreation equipment
(1) Fishing and camping equipment
(2) Water sports equipment (Exclude powered and nonpowered watercraft.)
(3) Personal firearms
(4) Other sports and recreational equipment
(5) Add lines $1 \mathrm{f}(1)$ through $1 \mathrm{f}(4)$
g. Recreational transportation equipment
(1) Motorcycles
(2) Bicycles

2012
Report thousands of dollars OR whole percents. Estimates are acceptable.

| \$ Bil. | Mil. | Thou. | Percent |
| :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

Description of sales, shipments, receipts, or revenue

1. Maintenance and repair of personal and household goods Continued
g. Recreational transportation equipment - Continued
(3) Non-powered boats and trailers

32113
(4) Powered watercraft and powered sports vehicles

h. Musical instruments DONOT USE


Description of sales, shipments, receipts, or revenue
3. Other services - Continued
b. Rental or lease of goods and/or equipment
c. All other operating receipts - Describe if more than 10 percent of total receipts?
$\qquad$

2012
Report thousands of dollars OR whole percents. Estimates are acceptable.
4. TOTAL OPERATING RECEIPTS - Sum of lines shound
equal 5 if reporting in dollars
23 and 24 Not Applicable.

(25) EXPORTED SERVICES

NOTE - An exported ser ic = is a ploduct (e.g., service performed, license agreement) that is sold or transferred to, or performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions). Include products provided to unaffiliated and affiliated foreign firms (e.g., foreign parent firms, subsidiaries, branches). Exclude products provided to domestic subsidiaries of foreign firms.
A. Did the receipts or revenue (reported in (5) include any amounts for exported services?

0911Yes - Go to line B
$0912 \square$ No - Go to 26
B. Amount of receipts or revenue for exported services 0914

## SPECIAL INQUIRIES

A. REPAIR RECEIPTS

Estimate the percentage of repair receipts reported in 22, lines 1 through 2, by category:

1. Labor charges 3401
2. Parts installed in repair work 3402
3. TOTAL

| 2012 |  |  |
| :---: | :---: | :---: |
| \$ Bil. | Mil. | Thou. |
|  |  |  |
|  |  |  |

## 26

## If not shown, please enter your 11-digit Census File

 Number (CFN) from the mailing address.SPECIAL INQUIRIES - Continued
B. FRANCHISE

1. Was this establishment operating under any trademark(s) authorized by a franchisor in 2012? (Mark "X" only ONE box.)

0237
Yes - franchisee-owned establishment

0238 Yes - franchisor-owned establishment
$0239 \quad \square$ No
2. If yes, provide the trademark(s) below.

0235
Not Applicable.
REMARKS (Please use this spar (or) an Nanations that may be essential in understanding your reported data.)

CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.


Thank you for completing your 2012 ECONOMIC CENSUS form.

