



U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

FORM

OS-81201 (11-16-2011)

2012 ECONOMIC CENSUS

Personal Care Services

OMB No. 0607-0934: Approval Expires 12/31/2013

DUE DATE
FEBRUARY 12, 2013

(Please correct any errors in this mailing address.)

Need help or have questions?

- **Read** the accompanying information sheet(s) before answering the questions.
- **Visit** econhelp.census.gov
- **Call** 1-800-233-6136, between 8:00 a.m. and 6:00 p.m., Eastern time, Monday through Friday.

OS-81201

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Report Online - It's fast and secure!
Go to: econhelp.census.gov

- **OR** -

Mail your
completed
form to:

U.S. CENSUS BUREAU
1201 East 10th Street
Jeffersonville, IN 47134-0001

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.
- 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.

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 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 ☐ 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

-

CONTINUE WITH **2** ON PAGE 2

PENALTY FOR FAILURE TO REPORT

CONTINUE ON PAGE 2

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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 ☐ 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

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 ☐ In operation

0013 ☐ Temporarily or seasonally inactive

0014 ☐ Ceased operation - Give date at right

0015 ☐ Sold or leased to another corporation - Give date at right AND enter name and address of new owner or operator and Employer Identification Number (EIN) below

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Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

0060 Name of new owner or operator

0061 EIN (9 digits)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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0062 Mailing address (Number and street, P.O. Box, etc.)

<input type="text"/>

0063 City, town, village, etc.

0064 State

0065 ZIP Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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0016 ☐ Other - Specify

0815

4 MONTHS IN OPERATION

Mark "X" if None

2012 Number

Number of months in operation during 2012 (If none, mark "X" and go to 30.) 0002 ☐

<input type="text"/>	<input type="text"/>
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HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

If a figure is \$2,035,628.79:

Report

Mark "X" if None

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

Report

☒

2012 \$ Bil. Mil. Thou.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EXAMPLE

5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Mark "X" if None

Operating receipts (Beauty shops and barber shops should include rents from leased stations/booths.) 0100 ☐

2012 \$ Bil. Mil. Thou.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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6 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 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).

A. Number of employees for pay period including March 12, 2012 0000 ☐

Mark "X"
if None

2012
Number

B. Payroll before deductions (Exclude employer's cost for fringe benefits.) Mark "X" if None

2012

\$ Bil.	Mil.	Thou.
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

1. Annual payroll 0300 ☐

2. First quarter payroll (January-March 2012) 0310 ☐

8-18 Not Applicable.

19 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.

Barber, beautician, and nail care services

- 0700
- 812 112 00 1 ☐ Beauty shop or hair salon
- 812 113 00 1 ☐ Nail salon
- 812 112 00 2 ☐ Unisex hair shop, including combined beauty/barber shop
- 812 112 00 4 ☐ Day spa, including hair services
- 812 111 00 1 ☐ Barber shop
- 812 199 00 7 ☐ Day spa, excluding hair services
- 812 112 00 6 ☐ Skin care (i.e., esthetician) services
- 812 112 00 3 ☐ Facial salon
- 611 511 00 1 ☐ Cosmetology or beauty school and barber college or school

Other personal care and appearance services

- 812 199 00 2 ☐ Tanning salon
- 621 399 00 C ☐ Massage therapist(s) - NCTMB (Nationally Certified in Therapeutic Massage and Bodywork)
- 812 199 00 1 ☐ Massage salon
- 812 199 00 6 ☐ Hair replacement services, excluding services performed by a physician

CONTINUE WITH 19 ON PAGE 4

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19 KIND OF BUSINESS OR ACTIVITY - Continued**Other personal care and appearance services - Continued**

- 0700 812 199 00 5 ☐ Tattoo parlor
- 812 199 00 4 ☐ Hair removal services, including electrolysis, laser removal, and waxing
- 812 199 00 3 ☐ Sauna, steam bath, or Turkish bath
- 812 191 00 1 ☐ Diet or weight reducing center, excluding physical fitness facilities
- 713 940 90 5 ☐ Physical fitness, strength development, or weight training center
- 777 812 01 1 ☐ Other personal care and appearance services - *Describe* ↴

0701

Other kind of business or activity

- 773 000 00 2 ☐ Other kind of business or activity - *Describe type of business or activity* ↴

0701

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20 and 21 Not Applicable.HOW TO
REPORT
PERCENTS

Percents should be **rounded** to
whole percents.

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

2012

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

\$ Bil.	Mil.	Thou.	Percent
			39

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 **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 1 - Report receipts from the cutting, trimming, layering, texture modification, coloring, tinting, and styling of hair. May include shampooing and blow drying.

Line 6 - Report receipts from providing modification of the body by tanning, application of tattoos, removal of tattoos, piercing, and other body modification services. Exclude medical or surgical procedures for body modification.

Line 9 - Report receipts from providing non-medical services to assist clients in attaining or maintaining a desired weight, or managing their diet to attain or maintain a desired weight. Include weight loss and diet management programs. Report resale of diet and weight reducing food supplements on **line 11**.

Description of sales, shipments, receipts, or revenue

2012

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

1. Hair care services

- a.** Hair cut and styling services 32206
- b.** Permanent hair texture modification 32202
- c.** Hair coloring and tinting 32203

CONTINUE WITH **22** ON PAGE 5

CONTINUE ON PAGE 5

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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	2012			
	Report thousands of dollars OR whole percents. Estimates are acceptable.			
	\$ Bil.	Mil.	Thou.	Percent
1. Hair care services - Continued				
d. Other hair care services 32207				
e. Add lines 1a through 1d 32200				
2. Nail care services				
a. Manicure services 32211				
b. Pedicure services 32212				
c. Other nail care services 32213				
d. Add lines 2a through 2c 32210				
3. Skin care services				
a. Temporary makeup services 32221				
b. Permanent makeup services 32222				
c. Facial services 32223				
d. Masks and body wrap services 32224				
e. Other skin care services 32225				
f. Add lines 3a through 3e 32220				
4. Hair removal services				
a. Permanent 32231				
b. Temporary 32232				
c. Add lines 4a and 4b 32230				

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CONTINUE WITH **22** ON PAGE 6

CONTINUE ON PAGE 6

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

Description of sales, shipments, receipts, or revenue	2012			
	Report thousands of dollars OR whole percents. Estimates are acceptable.			
	\$ Bil.	Mil.	Thou.	Percent
5. Massage services				
a. Therapeutic 32241	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Other 32242	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Add lines 5a and 5b 32240	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Tattoo and body modification services				
a. Tanning services 32251	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Tattoo services 32252	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Tattoo removal services 32253	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Piercing services 32254	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Other body modification services 32255	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Add lines 6a through 6e 32250	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Other beauty and personal care services - Describe 				
<div style="border: 1px solid black; height: 30px; width: 450px;"></div> 32260	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Rental of non-residential space in buildings or other facilities				
a. Rental of booths and chairs in beauty and personal care establishments 39556	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Other rental of space 39557	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Add lines 8a and 8b 39550	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Weight loss services				
a. Non-medical weight loss programs 32271	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Non-medical diet management services 32272	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Add lines 9a and 9b 32270	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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CONTINUE ON PAGE 7

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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	2012			
	Report thousands of dollars OR whole percents. Estimates are acceptable.			
	\$ Bil.	Mil.	Thou.	Percent
10. Seminars and courses on beauty and personal care 32280				
11. Resale of diet/weight reducing food supplements 39688				
12. Resale of cosmetic products 39689				
13. Resale of other merchandise 39691				
14. All other receipts - Describe if more than 10 percent of total receipts ↴ <div style="border: 1px solid black; height: 30px; width: 400px; margin-top: 5px;"></div> 39771				
15. TOTAL OPERATING RECEIPTS - Sum of lines should equal 5 if reporting in dollars 39850				100

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23-25 Not Applicable.

26 SPECIAL INQUIRIES

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 ☐ No

2. If yes, provide the trademark(s) below. ↴

0235

27-29 Not Applicable.

81201071

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

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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

Month

Year

TO

Name of person to contact regarding this report

Title

Tele-
phone

Area code

Number

Extension

Fax

Area code

Number

E-mail address

Date
completed

Month

Day

Year

Thank you for completing your 2012 ECONOMIC CENSUS form.**PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.**

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