



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

FORM

SBO-1 (02/27/2012) Draft 12

2010 SURVEY OF BUSINESS OWNERS AND SELF-EMPLOYED PERSONS

OMB No. 0607-0943: Approval Expires xx/xx/xxxx

DUE DATE
30 DAYS AFTER RECEIPT

Need help or have questions?Visit econhelp.census.gov/sbo

- OR -

Call 1-888-824-9954, between 8 a.m. and 6 p.m.,
Eastern time, Monday through Friday.

Please reference your 11-digit Census File Number (CFN)
printed in the mailing address with all communications.

Mail your completed form to:
U.S. CENSUS BUREAU
1201 East 10th Street
Jeffersonville, IN 47132-0001

- OR -

Report Online - It's convenient and secure!**Go to:** econhelp.census.gov/sbo

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.

Start Here

The Census Bureau is responsible for collecting information on the U.S. economy.

- The data that you provide will be combined with the responses from other businesses and business owners.
- Survey results will contain information on the demographic and economic composition of businesses in the United States.
- Your response is important, and we keep your answers confidential.

This form asks for two types of information:

- specific information about the business
- information about the principal business owners

INSTRUCTIONS

Please read the enclosed insert before answering the questions.

- Use blue or black ink.
- Place an "X" inside the box.
- Center numbers in boxes.

	7	0
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- Do not put slashes through 0 or 7.

- 1** Please **PRINT** the first and last name of the person who is filling out this form.

Contact Name

Include today's date and a telephone number so we can contact you if there is a question.

MM	DD	YYYY

Area code	Number	Extension



Please answer the following questions for the person(s) or business named in the mailing label for **all or any part of 2010**, even if the business has been sold, reorganized, or ceased operation since December 31, 2010.

You may use estimates if this form requests information that is not available in your business records.

2 On December 31, 2010, how many people owned this business?

- Include yourself if you were a sole proprietor or worked as a consultant or an independent contractor.
- Do not combine two or more owners to create one owner.
- Count spouses and partners as separate owners.

- 1 person
 - 2 – 4 people
 - 5 – 10 people
 - 11 or more people
 - None - Business is owned by a parent company, estate, trust, or other entity.
 - Unknown
- } Go to **5**

3 Is this business owned by a government or tribal entity?

- Yes
- No

4 Did any one **person** own 10% or more of this business?

- Yes
- No - Go to **62**

5 For the person(s) owning the largest percentage(s) in this business as of December 31, 2010, please list the percentage owned by each person and his or her position title.

- Do not report percentages owned by parent companies, estates, trusts, or other entities.
- If more than 4 people owned this business equally, select any 4 people.
- Round percentages to whole numbers. For example, report 1/3 ownership (33.3%) as: →

	3	3	.	0	%
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	Percentage Owned <small>(Estimates are acceptable)</small>		Position Title <small>(Example: sole owner, co-owner, shareholder, president, vice president, etc.)</small>						
Owner 1:	<table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;">.</td> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;">%</td> </tr> </table>				.	0	%		
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Owner 3:	<table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;">.</td> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;">%</td> </tr> </table>				.	0	%		
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Owner 4:	<table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;">.</td> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;">%</td> </tr> </table>				.	0	%		
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NOTE: Do not list more than 4 owners.

6 A. In 2010, did **two or more members of one family** own the majority of this business? (Family refers to spouses, parents/guardians, children, siblings, or close relatives.)

- Yes
- No - Go to **7**

B. (If Yes) Did spouses jointly own this business?

- Yes
- No - Go to **7**

C. (If Yes) Was this business operated equally by both spouses?

- Yes, equally operated by spouses
- No, primarily operated by **Owner 1**
- No, primarily operated by **Owner 2**



Owner 1

Please answer the following questions about Owner 1 listed in 5 on Page 2.

7 How did Owner 1 initially acquire ownership of this business? **Mark X all that apply.**

- Founded or started Inherited
 Purchased Received transfer of ownership or gift

8 In what year did Owner 1 initially acquire ownership of this business?

Don't know

9 In 2010, which of the following were Owner 1's function(s) in this business? **Mark X all that apply.**

- Managing day-to-day operations Financial control with the authority to sign loans, leases, and contracts
 Providing services and/or producing goods None of these functions

10 In 2010, what was the average number of hours per week that Owner 1 spent managing or working in this business?

- None 40 hours
 Less than 20 hours 41 – 59 hours
 20 – 39 hours 60 hours or more

11 In 2010, did this business provide Owner 1's primary source of personal income?

- Yes No

12 Prior to establishing, purchasing, or acquiring this business, had Owner 1 ever owned a business or been self-employed?

- Yes No

13 Prior to establishing, purchasing, or acquiring this business, what was the highest degree or level of school Owner 1 completed? **Mark X ONE box only.**

- Less than high school graduate Associate Degree
 High school graduate - Diploma or GED Bachelor's Degree
 Technical, trade, or vocational school Master's, Doctorate, or Professional Degree
 Some college, but no degree

14 What is the sex of Owner 1?

- Male Female

15 What was the age of Owner 1 as of December 31, 2010?

- Under 25 45 – 54
 25 – 34 55 – 64
 35 – 44 65 or over

16 Was Owner 1 born a citizen of the United States?

- Yes No

NOTE: Please answer **BOTH** Question **17** about Hispanic origin and Question **18** about race. For this survey, Hispanic origins are not races.

17 Is Owner 1 of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
 Yes, Mexican, Mexican Am., Chicano
 Yes, Puerto Rican
 Yes, Cuban
 Yes, another Hispanic, Latino, or Spanish origin - *Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.* ↗

18 What is Owner 1's race? **Mark X all that apply.**

- White Black, African Am., or Negro
 American Indian or Alaska Native - *Print name of enrolled or principal tribe.* ↗
- Asian Indian Japanese Native Hawaiian
 Chinese Korean Guamanian or Chamorro
 Filipino Vietnamese Samoan
 Other Asian - *Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.* ↗ Other Pacific Islander - *Print race, for example, Fijian, Tongan, and so on.* ↗

Some other race - *Print race* ↗

19 A. Has Owner 1 ever served in any branch of the U.S. Armed Forces, including the Coast Guard, the National Guard, or a Reserve component of any service branch?

- Yes No - Go to **20**

B. (If Yes) Do any of the following characteristics describe Owner 1's military service? **Mark X all that apply.**

- Served on active duty military service, not including training for the Reserves or National Guard
 Disabled as the result of illness or injury incurred or aggravated during military service
 Served on active duty military service after September 11, 2001
 Served on active duty military service in 2010
 Served in the National Guard or as a reservist of any branch of the U.S. Armed Forces in 2010

20 Was more than 1 owner listed in 5 on Page 2?

- Yes No - Go to **62** on Page 7



Owner 2

Please answer the following questions about Owner 2 listed in 5 on Page 2.

21 How did Owner 2 initially acquire ownership of this business? **Mark X all that apply.**

- Founded or started Inherited
 Purchased Received transfer of ownership or gift

22 In what year did Owner 2 initially acquire ownership of this business?

Don't know

23 In 2010, which of the following were Owner 2's function(s) in this business? **Mark X all that apply.**

- Managing day-to-day operations Financial control with the authority to sign loans, leases, and contracts
 Providing services and/or producing goods None of these functions

24 In 2010, what was the average number of hours per week that Owner 2 spent managing or working in this business?

- None 40 hours
 Less than 20 hours 41 – 59 hours
 20 – 39 hours 60 hours or more

25 In 2010, did this business provide Owner 2's primary source of personal income?

- Yes No

26 Prior to establishing, purchasing, or acquiring this business, had Owner 2 ever owned a business or been self-employed?

- Yes No

27 Prior to establishing, purchasing, or acquiring this business, what was the highest degree or level of school Owner 2 completed? **Mark X ONE box only.**

- Less than high school graduate Associate Degree
 High school graduate - Diploma or GED Bachelor's Degree
 Technical, trade, or vocational school Master's, Doctorate, or Professional Degree
 Some college, but no degree

28 What is the sex of Owner 2?

- Male Female

29 What was the age of Owner 2 as of December 31, 2010?

- Under 25 45 – 54
 25 – 34 55 – 64
 35 – 44 65 or over

30 Was Owner 2 born a citizen of the United States?

- Yes No

NOTE: Please answer **BOTH** Question **31** about Hispanic origin and Question **32** about race. For this survey, Hispanic origins are not races.

31 Is Owner 2 of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
 Yes, Mexican, Mexican Am., Chicano
 Yes, Puerto Rican
 Yes, Cuban
 Yes, another Hispanic, Latino, or Spanish origin - *Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.* ↘

32 What is Owner 2's race? **Mark X all that apply.**

- White Black, African Am., or Negro
 American Indian or Alaska Native - *Print name of enrolled or principal tribe.* ↘
- Asian Indian Japanese Native Hawaiian
 Chinese Korean Guamanian or Chamorro
 Filipino Vietnamese Samoan
 Other Asian - *Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.* ↘ Other Pacific Islander - *Print race, for example, Fijian, Tongan, and so on.* ↘

Some other race - *Print race* ↘

33 A. Has Owner 2 ever served in any branch of the U.S. Armed Forces, including the Coast Guard, the National Guard, or a Reserve component of any service branch?

- Yes No - Go to **34**

B. (If Yes) Do any of the following characteristics describe Owner 2's military service? **Mark X all that apply.**

- Served on active duty military service, not including training for the Reserves or National Guard
 Disabled as the result of illness or injury incurred or aggravated during military service
 Served on active duty military service after September 11, 2001
 Served on active duty military service in 2010
 Served in the National Guard or as a reservist of any branch of the U.S. Armed Forces in 2010

34 Were more than 2 owners listed in 5 on Page 2?

- Yes No - Go to **62** on Page 7



Owner 3

Please answer the following questions about Owner 3 listed in 5 on Page 2.

35 How did Owner 3 initially acquire ownership of this business? **Mark X all that apply.**

- Founded or started Inherited
- Purchased Received transfer of ownership or gift

36 In what year did Owner 3 initially acquire ownership of this business?

Don't know

37 In 2010, which of the following were Owner 3's function(s) in this business? **Mark X all that apply.**

- Managing day-to-day operations Financial control with the authority to sign loans, leases, and contracts
- Providing services and/or producing goods None of these functions

38 In 2010, what was the average number of hours per week that Owner 3 spent managing or working in this business?

- None 40 hours
- Less than 20 hours 41 – 59 hours
- 20 – 39 hours 60 hours or more

39 In 2010, did this business provide Owner 3's primary source of personal income?

- Yes No

40 Prior to establishing, purchasing, or acquiring this business, had Owner 3 ever owned a business or been self-employed?

- Yes No

41 Prior to establishing, purchasing, or acquiring this business, what was the highest degree or level of school Owner 3 completed? **Mark X ONE box only.**

- Less than high school graduate Associate Degree
- High school graduate - Diploma or GED Bachelor's Degree
- Technical, trade, or vocational school Master's, Doctorate, or Professional Degree
- Some college, but no degree

42 What is the sex of Owner 3?

- Male Female

43 What was the age of Owner 3 as of December 31, 2010?

- Under 25 45 – 54
- 25 – 34 55 – 64
- 35 – 44 65 or over

44 Was Owner 3 born a citizen of the United States?

- Yes No

NOTE: Please answer BOTH Question 45 about Hispanic origin and Question 46 about race. For this survey, Hispanic origins are not races.

45 Is Owner 3 of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin - *Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.* ↴

46 What is Owner 3's race? **Mark X all that apply.**

- White Black, African Am., or Negro
- American Indian or Alaska Native - *Print name of enrolled or principal tribe.* ↴
- Asian Indian Japanese Native Hawaiian
- Chinese Korean Guamanian or Chamorro
- Filipino Vietnamese Samoan
- Other Asian - *Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.* ↴
- Other Pacific Islander - *Print race, for example, Fijian, Tongan, and so on.* ↴

Some other race - *Print race* ↴

47 A. Has Owner 3 ever served in any branch of the U.S. Armed Forces, including the Coast Guard, the National Guard, or a Reserve component of any service branch?

- Yes No - Go to **48**

B. (If Yes) Do any of the following characteristics describe Owner 3's military service? **Mark X all that apply.**

- Served on active duty military service, not including training for the Reserves or National Guard
- Disabled as the result of illness or injury incurred or aggravated during military service
- Served on active duty military service after September 11, 2001
- Served on active duty military service in 2010
- Served in the National Guard or as a reservist of any branch of the U.S. Armed Forces in 2010

48 Were more than 3 owners listed in 5 on Page 2?

- Yes No - Go to **62** on Page 7



Owner 4

Please answer the following questions about Owner 4 listed in 5 on Page 2.

49 How did Owner 4 initially acquire ownership of this business? **Mark X all that apply.**

- Founded or started Inherited
 Purchased Received transfer of ownership or gift

50 In what year did Owner 4 initially acquire ownership of this business?

Don't know

51 In 2010, which of the following were Owner 4's function(s) in this business? **Mark X all that apply.**

- Managing day-to-day operations Financial control with the authority to sign loans, leases, and contracts
 Providing services and/or producing goods None of these functions

52 In 2010, what was the average number of hours per week that Owner 4 spent managing or working in this business?

- None 40 hours
 Less than 20 hours 41 – 59 hours
 20 – 39 hours 60 hours or more

53 In 2010, did this business provide Owner 4's primary source of personal income?

- Yes No

54 Prior to establishing, purchasing, or acquiring this business, had Owner 4 ever owned a business or been self-employed?

- Yes No

55 Prior to establishing, purchasing, or acquiring this business, what was the highest degree or level of school Owner 4 completed? **Mark X ONE box only.**

- Less than high school graduate Associate Degree
 High school graduate - Diploma or GED Bachelor's Degree
 Technical, trade, or vocational school Master's, Doctorate, or Professional Degree
 Some college, but no degree

56 What is the sex of Owner 4?

- Male Female

57 What was the age of Owner 4 as of December 31, 2010?

- Under 25 45 – 54
 25 – 34 55 – 64
 35 – 44 65 or over

58 Was Owner 4 born a citizen of the United States?

- Yes No

NOTE: Please answer BOTH Question 59 about Hispanic origin and Question 60 about race. For this survey, Hispanic origins are not races.

59 Is Owner 4 of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
 Yes, Mexican, Mexican Am., Chicano
 Yes, Puerto Rican
 Yes, Cuban
 Yes, another Hispanic, Latino, or Spanish origin - *Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.* ↴

60 What is Owner 4's race? **Mark X all that apply.**

- White Black, African Am., or Negro
 American Indian or Alaska Native - *Print name of enrolled or principal tribe.* ↴
- Asian Indian Japanese Native Hawaiian
 Chinese Korean Guamanian or Chamorro
 Filipino Vietnamese Samoan
 Other Asian - *Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.* ↴ Other Pacific Islander - *Print race, for example, Fijian, Tongan, and so on.* ↴

Some other race - *Print race* ↴

61 A. Has Owner 4 ever served in any branch of the U.S. Armed Forces, including the Coast Guard, the National Guard, or a Reserve component of any service branch?

- Yes No - Go to **62**

B. (If Yes) Do any of the following characteristics describe Owner 4's military service? **Mark X all that apply.**

- Served on active duty military service, not including training for the Reserves or National Guard
 Disabled as the result of illness or injury incurred or aggravated during military service
 Served on active duty military service after September 11, 2001
 Served on active duty military service in 2010
 Served in the National Guard or as a reservist of any branch of the U.S. Armed Forces in 2010



71 In 2010, in which language(s) did this business conduct transactions with its customers? **Mark X all that apply.**

- | | | |
|--|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> German | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> African language(s) | <input type="checkbox"/> Hindi/Urdu | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Italian | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Japanese | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> French | <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> French Creole | <input type="checkbox"/> Polish | <input type="checkbox"/> Other |

72 In 2010, which of the following types of workers were used by this business? **Mark X all that apply.**

- Full-time paid employees
- Part-time paid employees
- Paid day laborers
- Temporary staffing obtained from a temporary help service
- Leased employees from a leasing service or a professional employer organization
- Contractors, subcontractors, independent contractors, or outside consultants
- None of the above

73 In 2010, which of the following employee benefits were paid totally or partly by this business? **Mark X all that apply.**

- Health insurance
- Contributions to retirement plans, including 401(k), Keogh, etc.
- Profit sharing and/or stock options
- Paid holidays, vacation, and/or sick leave
- Tuition assistance and/or reimbursement
- None of the above

74 In 2010, did this business have a website?

- Yes No

75 A. In 2010, did this business have any e-commerce sales? *(E-commerce sales are sales of goods and/or services where an order is placed by the buyer or price and terms of the sale are negotiated over the Internet, extranet, EDI network, electronic mail, or other online system. Payment may or may not be made online.)*

- Yes No - Go to **76**

B. In 2010, what percent of this business's total sales of goods and/or services were e-commerce sales?

- | | |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Less than 1% | <input type="checkbox"/> 20% - 49% |
| <input type="checkbox"/> 1% - 4% | <input type="checkbox"/> 50% - 99% |
| <input type="checkbox"/> 5% - 9% | <input type="checkbox"/> 100% |
| <input type="checkbox"/> 10% - 19% | <input type="checkbox"/> Don't know |

76 In 2010, did this business operate primarily from somebody's home?

- Yes No

77 In 2010, did this business own one or more of the following? **Mark X all that apply.**

- Copyright Patent (granted) None
- Trademark Patent (pending)

78 In 2010, did any of the following characteristics describe the activity of this business? **Mark X all that apply.**

- Operated less than 40 hours per week on average
- Operated less than 12 months
- Seasonal business (for example, fireworks sales or tax preparer)
- Operated occasionally (for example, event organizer or guest speaker)
- None of the above

79 A. Is this business currently operating?

- Yes No

B. (If No) Did the operations cease for any of the following reasons? **Mark X all that apply.**

- | | |
|--|--|
| <input type="checkbox"/> Owner's military deployment | <input type="checkbox"/> Lack of business loans/credit |
| <input type="checkbox"/> Owner's illness or injury | <input type="checkbox"/> Lack of personal loans/credit |
| <input type="checkbox"/> Owner(s) retired | <input type="checkbox"/> Started another business |
| <input type="checkbox"/> Owner(s) deceased | <input type="checkbox"/> Sold this business |
| <input type="checkbox"/> Operated for a specific or one-time event | <input type="checkbox"/> Other |
| <input type="checkbox"/> Inadequate cash flow or low sales | |

Thank you for participating in the Survey of Business Owners and Self-Employed Persons.

Please return the completed original questionnaire in the postage-paid envelope. Make sure the barcode above your address shows in the window of the envelope. Please make a photocopy of this form for your records.

If the envelope has been misplaced, please mail the form to:

**U.S. Census Bureau
1201 East 10th Street
Jeffersonville, IN 47132-0001**

Remarks

