



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

FORM  
**SBO-1**

(08-20-2007) Draft 22

## 2007 SURVEY OF BUSINESS OWNERS AND SELF-EMPLOYED PERSONS

OMB No. xxxx-xxxx: Approval Expires xx/xx/20xx

### DUE DATE

**30 days after receipt of form**

*Mail your completed form to:*

**U.S. CENSUS BUREAU  
1201 East 10th Street  
Jeffersonville, IN 47132-0001**

- OR -

*Report online at:*

[www.census.gov/econhelp/sbo](http://www.census.gov/econhelp/sbo)

***Need help or have questions  
about completing this form?***

**Visit** [www.census.gov/econhelp](http://www.census.gov/econhelp)

**Call** 1-888-824-9954, between  
8 a.m. and 6 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.

*(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.

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



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

Name

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

Today's Date (MM/DD/YYYY)

Telephone number (Include Area Code)

Extension



**Please turn to the next page to continue.**



Please answer the following questions for the self-employment or business activity of the person(s) or business named in the mailing label even if the business has since been sold, reorganized, or discontinued.

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

An enclosure with answers to the most frequently asked questions regarding this survey has been provided.

**1** In 2007, did another company or organization own more than 50% of this business?

Yes - Go to **65** on Page 7  No

**2** In 2007, did employees under an Employee Stock Ownership Plan (ESOP) own more than 50% of this business?

Yes - Go to **65** on Page 7  No

**3** In 2007, did members in a cooperative or club own more than 50% of this business?

Yes - Go to **65** on Page 7  No

**4** In 2007, did an estate or trust own more than 50% of this business?

Yes - Go to **65** on Page 7  No

**5** In 2007, did an Alaska Native Regional or Village Corporation or an American Indian tribal entity own more than 50% of this business?

Yes - Go to **65** on Page 7  No

**6** In 2007, was this business a nonprofit organization?

Yes - Go to **65** on Page 7  No

**7** In 2007, was this business a publicly held corporation?

Yes  No

**8** In 2007, did any individual own 10% or more of the rights, claims, interests, or stock in this business?

Yes  No - Go to **65** on Page 7

**9 A.** In 2007, was this business jointly owned by a husband and wife?

- Yes, equally operated by husband and wife
- Yes, but primarily operated by husband
- Yes, but primarily operated by wife
- No

**B.** In 2007, did two or more members of the same family own the majority of this business? (Family refers to spouses, parents/guardians, children, siblings, or close relatives.)

Yes  No

**C.** As of December 31, 2007, how many owners were there in this business?

- Do not combine two or more owners to create one owner.
- Count spouses and partners as separate owners.

- 1  5 - 9
- 2  10 - 49
- 3  50 or more
- 4  Unknown

**D.** For the person(s) owning the largest percentage(s) in this business in 2007, please list the **percentage owned by each person** and his or her **position title**.

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

%

**Percentage Owned**  
(Estimates are acceptable)

**Position Title**  
(Example: sole owner, co-owner, shareholder, president, vice president, etc.)

**Owner 1:**    %

**Owner 2:**    %

**Owner 3:**    %

**Owner 4:**    %



# Owner 1

Please answer the following questions about **Owner 1** listed in **9 D** on Page 2.

- 10** How did **Owner 1** initially acquire ownership of this business?
- Founded  Inherited
- Purchased  Received transfer of ownership/gift
- 11** When did **Owner 1** acquire ownership of this business?
- Before 1980  2005
- 1980 – 1989  2006
- 1990 – 1999  2007
- 2000 – 2004  Don't know
- 12** In 2007, which of the following best represents **Owner 1's** function(s) in this business?  
**Mark X all that apply.**
- Providing services and/or producing goods
- Managing day-to-day operations
- Financial control with the authority to sign loans, leases, and contracts
- None of the above
- 13** In 2007, 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
- 14** In 2007, did this business provide **Owner 1's** primary source of personal income?
- Yes  No
- 15** Prior to establishing, purchasing, or acquiring this business, had **Owner 1** ever owned a business or been self-employed?
- Yes  No
- 16** 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 for the highest level completed or degree received.**
- 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
- 17** What is the sex of **Owner 1**?
- Male  Female
- 18** What was the age of **Owner 1** as of December 31, 2007?
- Under 25  45 – 54
- 25 – 34  55 – 64
- 35 – 44  65 or over

- 19** Was **Owner 1** born in the United States?

Yes  No

- NOTE:** Please answer **BOTH** Question **20** about **Hispanic origin** and Question **21** about **race**. For this survey, **Hispanic origins are not races**.

- 20** Is **Owner 1** Spanish/Hispanic/Latino?

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.* ↴

- 21** What is **Owner 1's** race?

**Mark X one or more races.**

White

Black, African Am., or Negro

American Indian or Alaska Native - *Print name of enrolled or principal tribe.* ↴

Asian Indian

Japanese

Chinese

Korean

Filipino

Vietnamese

Other Asian - *Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.* ↴

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander - *Print race, for example, Fijian, Tongan, and so on.* ↴

Some other race - *Print race* ↴

- 22 A.** Is **Owner 1** a veteran of any branch of the U.S. military service including the Coast Guard?

Yes

No - Go to **23**

- B.** (If Yes) Was **Owner 1** disabled as the result of injury incurred or aggravated during active military service?

Yes

No

- 23** Was more than **1** owner listed in **9 D** on Page 2?

Yes

No - Go to **65** on Page 7



## Owner 2

Please answer the following questions about **Owner 2** listed in **9 D** on Page 2.

- 24** How did **Owner 2** initially acquire ownership of this business?
- Founded  Inherited
- Purchased  Received transfer of ownership/gift
- 25** When did **Owner 2** acquire ownership of this business?
- Before 1980  2005
- 1980 – 1989  2006
- 1990 – 1999  2007
- 2000 – 2004  Don't know
- 26** In 2007, which of the following best represents **Owner 2's** function(s) in this business?  
**Mark X all that apply.**
- Providing services and/or producing goods
- Managing day-to-day operations
- Financial control with the authority to sign loans, leases, and contracts
- None of the above
- 27** In 2007, 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
- 28** In 2007, did this business provide **Owner 2's** primary source of personal income?
- Yes  No
- 29** Prior to establishing, purchasing, or acquiring this business, had **Owner 2** ever owned a business or been self-employed?
- Yes  No
- 30** 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 for the highest level completed or degree received.**
- 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
- 31** What is the sex of **Owner 2**?
- Male  Female
- 32** What was the age of **Owner 2** as of December 31, 2007?
- Under 25  45 – 54
- 25 – 34  55 – 64
- 35 – 44  65 or over

- 33** Was **Owner 2** born in the United States?

Yes  No

- NOTE:** Please answer **BOTH** Question **34** about **Hispanic origin** and Question **35** about **race**. For this survey, **Hispanic origins are not races**.

- 34** Is **Owner 2** Spanish/Hispanic/Latino?

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.* ↴

- 35** What is **Owner 2's** race?  
**Mark X one or more races.**

White

Black, African Am., or Negro

American Indian or Alaska Native - *Print name of enrolled or principal tribe.* ↴

Asian Indian

Japanese

Chinese

Korean

Filipino

Vietnamese

Other Asian - *Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.* ↴

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander - *Print race, for example, Fijian, Tongan, and so on.* ↴

Some other race - *Print race* ↴

- 36 A.** Is **Owner 2** a veteran of any branch of the U.S. military service including the Coast Guard?

Yes

No - Go to **37**

- B.** (If Yes) Was **Owner 2** disabled as the result of injury incurred or aggravated during active military service?

Yes

No

- 37** Were more than **2** owners listed in **9 D** on Page 2?

Yes

No - Go to **65** on Page 7



## Owner 3

Please answer the following questions about **Owner 3** listed in **9 D** on Page 2.

- 38** How did **Owner 3** initially acquire ownership of this business?
- Founded  Inherited
- Purchased  Received transfer of ownership/gift
- 39** When did **Owner 3** acquire ownership of this business?
- Before 1980  2005
- 1980 – 1989  2006
- 1990 – 1999  2007
- 2000 – 2004  Don't know
- 40** In 2007, which of the following best represents **Owner 3's** function(s) in this business?  
**Mark X all that apply.**
- Providing services and/or producing goods
- Managing day-to-day operations
- Financial control with the authority to sign loans, leases, and contracts
- None of the above
- 41** In 2007, 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
- 42** In 2007, did this business provide **Owner 3's** primary source of personal income?
- Yes  No
- 43** Prior to establishing, purchasing, or acquiring this business, had **Owner 3** ever owned a business or been self-employed?
- Yes  No
- 44** 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 for the highest level completed or degree received.**
- 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
- 45** What is the sex of **Owner 3**?
- Male  Female
- 46** What was the age of **Owner 3** as of December 31, 2007?
- Under 25  45 – 54
- 25 – 34  55 – 64
- 35 – 44  65 or over

- 47** Was **Owner 3** born in the United States?

Yes  No

- NOTE:** Please answer **BOTH** Question **48** about **Hispanic origin** and Question **49** about **race**. For this survey, **Hispanic origins are not races**.

- 48** Is **Owner 3** Spanish/Hispanic/Latino?

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.* ↴

- 49** What is **Owner 3's** race?  
**Mark X one or more races.**

White

Black, African Am., or Negro

American Indian or Alaska Native - *Print name of enrolled or principal tribe.* ↴

Asian Indian  Japanese

Chinese  Korean

Filipino  Vietnamese

Other Asian - *Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.* ↴

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander - *Print race, for example, Fijian, Tongan, and so on.* ↴

Some other race - *Print race* ↴

- 50 A.** Is **Owner 3** a veteran of any branch of the U.S. military service including the Coast Guard?

Yes  No - Go to **51**

- B.** (If Yes) Was **Owner 3** disabled as the result of injury incurred or aggravated during active military service?

Yes  No

- 51** Were more than **3** owners listed in **9 D** on Page 2?

Yes  No - Go to **65** on Page 7



## Owner 4

Please answer the following questions about **Owner 4** listed in **9 D** on Page 2.

- 52** How did **Owner 4** initially acquire ownership of this business?
- Founded  Inherited
- Purchased  Received transfer of ownership/gift
- 53** When did **Owner 4** acquire ownership of this business?
- Before 1980  2005
- 1980 – 1989  2006
- 1990 – 1999  2007
- 2000 – 2004  Don't know
- 54** In 2007, which of the following best represents **Owner 4's** function(s) in this business?  
**Mark X all that apply.**
- Providing services and/or producing goods
- Managing day-to-day operations
- Financial control with the authority to sign loans, leases, and contracts
- None of the above
- 55** In 2007, 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
- 56** In 2007, did this business provide **Owner 4's** primary source of personal income?
- Yes  No
- 57** Prior to establishing, purchasing, or acquiring this business, had **Owner 4** ever owned a business or been self-employed?
- Yes  No
- 58** 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** for the highest level completed or degree received.
- 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
- 59** What is the sex of **Owner 4**?
- Male  Female
- 60** What was the age of **Owner 4** as of December 31, 2007?
- Under 25  45 – 54
- 25 – 34  55 – 64
- 35 – 44  65 or over

- 61** Was **Owner 4** born in the United States?

Yes  No

- NOTE:** Please answer **BOTH** Question **62** about **Hispanic origin** and Question **63** about **race**. For this survey, **Hispanic origins are not races**.

- 62** Is **Owner 4** Spanish/Hispanic/Latino?

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.* ↴

- 63** What is **Owner 4's** race?  
**Mark X one or more races.**

White

Black, African Am., or Negro

American Indian or Alaska Native - *Print name of enrolled or principal tribe.* ↴

Asian Indian  Japanese

Chinese  Korean

Filipino  Vietnamese

Other Asian - *Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.* ↴

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander - *Print race, for example, Fijian, Tongan, and so on.* ↴

Some other race - *Print race* ↴

- 64 A.** Is **Owner 4** a veteran of any branch of the U.S. military service including the Coast Guard?

Yes  No - **Go to 65** on Page 7

- B.** (If Yes) Was **Owner 4** disabled as the result of injury incurred or aggravated during active military service?

Yes  No



# Business

**65** In what year was this business originally established?

- |                                      |                                     |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Before 1980 | <input type="checkbox"/> 2004       |
| <input type="checkbox"/> 1980 – 1989 | <input type="checkbox"/> 2005       |
| <input type="checkbox"/> 1990 – 1999 | <input type="checkbox"/> 2006       |
| <input type="checkbox"/> 2000 – 2002 | <input type="checkbox"/> 2007       |
| <input type="checkbox"/> 2003        | <input type="checkbox"/> Don't know |

**66 A.** For the owner(s) as of December 31, 2007, what was the source(s) of capital used to start or acquire this business?

**Mark X all that apply.**

- Personal/family savings of owner(s)
- Personal/family assets other than savings of owner(s)
- Personal/family home equity loan
- Personal/business credit card(s)
- Business loan from federal, state, or local government
- Government-guaranteed business loan from a bank or financial institution
- Business loan from a bank or financial institution
- Business loan/investment from family/friend(s)
- Investment by venture capitalist(s) *(An early-stage investment in exchange for ownership equity by an individual, outside group, or business not directly involved in the overall operation and management of the business.)*
- Grants
- Other source(s) of capital
- Don't know
- None needed – Go to **67**

**B.** For the owner(s) as of December 31, 2007, what was the total amount of capital used to start or acquire this business? *(Capital includes savings, other assets, and borrowed funds of owner(s)).*

- |                                              |                                                |
|----------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Less than \$5,000   | <input type="checkbox"/> \$100,000 – \$249,999 |
| <input type="checkbox"/> \$5,000 – \$9,999   | <input type="checkbox"/> \$250,000 – \$999,999 |
| <input type="checkbox"/> \$10,000 – \$24,999 | <input type="checkbox"/> \$1,000,000 or more   |
| <input type="checkbox"/> \$25,000 – \$49,999 | <input type="checkbox"/> Don't know            |
| <input type="checkbox"/> \$50,000 – \$99,999 |                                                |

**67** In 2007, did this business operate primarily from somebody's home?

- Yes  No

**68** In 2007, did this business operate as a franchise?

- Yes  No

**69** In 2007, did a franchiser own more than 50% of this business?

- Yes  No

**70** In 2007, were any of the following sources used to finance expansion or capital improvement(s) for this business?  
**Mark X all that apply.**

- Personal/family savings of owner(s)
- Personal/family assets other than savings of owner(s)
- Personal/family home equity loan
- Personal/business credit card(s)
- Business loan from federal, state, or local government
- Government-guaranteed business loan from a bank or financial institution
- Business loan from a bank or financial institution
- Business loan/investment from family/friend(s)
- Investment by venture capitalist(s) *(An early-stage investment in exchange for ownership equity by an individual, outside group, or business not directly involved in the overall operation and management of the business.)*
- Business profits and/or assets
- Grants
- Other source(s) of capital
- Don't know
- Did not have access to capital
- Did not expand or make capital improvement(s)

**71** In 2007, which of the following types of customers accounted for 10% or more of this business's total sales of goods and/or services?  
**Mark X all that apply.**

- Federal government
- State and local government, including school districts, transportation authorities, etc.
- Other businesses and/or organizations, including distributors of your product(s)
- Individuals

**72** In 2007, what percent of this business's total sales of goods and/or services consisted of exports outside the United States?

- |                                       |                                     |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> None         | <input type="checkbox"/> 20% - 49%  |
| <input type="checkbox"/> Less than 1% | <input type="checkbox"/> 50% - 99%  |
| <input type="checkbox"/> 1% - 4%      | <input type="checkbox"/> 100%       |
| <input type="checkbox"/> 5% - 9%      | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> 10% - 19%    |                                     |

**73** In 2007, did this business establish operations outside the United States?

- Yes  No

**74** In 2007, did this business outsource or transfer any business function and/or service to a company outside the United States?

- Yes  No

**➔ Please turn to the next page to continue.**



**75** In 2007, in which language(s) did this business conduct transactions with its customers?  
**Mark X all that apply.**

- |                                  |                                     |                                     |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> English | <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"/> German  | <input type="checkbox"/> Polish     | <input type="checkbox"/> Other      |
| <input type="checkbox"/> Greek   | <input type="checkbox"/> Portuguese |                                     |

**76** In 2007, were any of the following types of workers used by this business?

- |                                                                                                    | Yes                      | No                       |
|----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| <b>A.</b> Full-time paid employees. . . . .                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>B.</b> Part-time paid employees. . . . .                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>C.</b> Paid day laborers. . . . .                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>D.</b> Temporary staffing obtained from a temporary help service. . . . .                       | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>E.</b> Leased employees from a leasing service or a professional employer organization. . . . . | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>F.</b> Contractors, subcontractors, independent contractors, or outside consultants. . . . .    | <input type="checkbox"/> | <input type="checkbox"/> |

**77** In 2007, 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
- None of the above

**78** In 2007, did this business have a Web site?

- Yes  No

**79 A.** In 2007, did this business have any e-commerce sales? (E-commerce sales and other operating receipts 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. Payment may or may not be made online.)

- Yes  No - Go to **80**

**B.** In 2007, 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 |

**80** In 2007, did this business make purchases online?

- Yes  No

**81** In 2007, 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

**82 A.** Is this business currently operating?

- Yes  No

**B.** (If No) Did the operations cease for any of the reasons listed below?

**Mark X all that apply.**

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

**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**

