



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

FORM **SBO-2** (11/13/2012)

2012 SURVEY OF BUSINESS OWNERS AND SELF-EMPLOYED PERSONS

OMB No. 0607-0943: Approval Expires 11/30/2015

**INFORMATION COPY
DO NOT USE TO REPORT**

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.

COMPLETE THIS SURVEY ONLINE

- Go to: econhelp.census.gov/sbo
- Log in using the ID and password listed above.

Or mail your completed form to:

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

Why did I receive this survey?

We are surveying small and large companies, self-employed people, and people working for others as nonemployees or independent contractors. Your responses will help us produce reliable information about the U.S. economy.

Am I self-employed?

Yes, if you earned income working for yourself or for someone else as a nonemployee during 2012.

Need help or have questions?

- Visit econhelp.census.gov/sbo
- Call 1-888-824-9954, between 8 a.m. and 6 p.m., Eastern time, Monday through Friday.

¿Necesita ayuda?

Si usted habla español y necesita ayuda para completar su cuestionario, llame sin cargo alguno al 1-888-824-9954, entre las 8 a.m. y las 6 p.m., hora del Este, de lunes a viernes.

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.

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

Area code	Number
<input type="text"/>	<input type="text"/>

Extension
<input type="text"/>



Please answer the following questions for the person(s) or business named in the mailing label. Answer even if the business has been sold, reorganized, or ceased operation.

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

2 On December 31, 2012, 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.*

<input type="checkbox"/> 1 person <input type="checkbox"/> 2 – 4 people <input type="checkbox"/> 5 – 10 people	Go to 5.
<input type="checkbox"/> 11 or more people <input type="checkbox"/> Business is owned by a parent company, estate, trust, or other entity. <input type="checkbox"/> Don't know	Go to 3.

3 On December 31, 2012, was this business owned by a government or tribal entity?

Yes
 No

4 On December 31, 2012, did any one **person** own 10% or more of this business?

Yes
 No – *Go to 23 on page 4 ONLY if no person owned 10% or more of this business.*

5 For the person(s) owning the largest percentage(s) in this business as of December 31, 2012, 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 as 33.0%.

	Percentage Owned <small>(Estimates are acceptable)</small>		Position Title <small>(Example: sole owner, co-owner, shareholder, president, vice president, etc.)</small>
Owner 1:	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	. 0 %	
Owner 2:	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	. 0 %	
Owner 3:	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	. 0 %	
Owner 4:	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	. 0 %	

NOTE: Do not list more than 4 owners.

6 A. In 2012, 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 What is the sex of Owner 1?

Male

Female

NOTE: Please answer BOTH Question 8 about Hispanic origin and Question 9 about race. For this survey, Hispanic origins are not races.

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

No, not of Hispanic, Latino, or Spanish origin

Yes, Puerto Rican

Yes, Mexican, Mexican Am., Chicano

Yes, Cuban

Yes, another Hispanic, Latino, or Spanish origin - *Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.* ↘

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

White

Black or African Am.

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* ↘

10 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

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 2012

Served in the National Guard or as a reservist of any branch of the U.S. Armed Forces in 2012

None of the above

Owner 2

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

11 What is the sex of Owner 2?

Male

Female

NOTE: Please answer BOTH Question 12 about Hispanic origin and Question 13 about race. For this survey, Hispanic origins are not races.

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

No, not of Hispanic, Latino, or Spanish origin

Yes, Puerto Rican

Yes, Mexican, Mexican Am., Chicano

Yes, Cuban

Yes, another Hispanic, Latino, or Spanish origin - *Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.* ↘

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

White

Black or African Am.

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* ↘

14 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

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 2012

Served in the National Guard or as a reservist of any branch of the U.S. Armed Forces in 2012

None of the above

➔ Please turn to the next page to continue.



Owner 3

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

15 What is the sex of Owner 3?

Male

Female

NOTE: Please answer BOTH Question 16 about Hispanic origin and Question 17 about race. For this survey, Hispanic origins are not races.

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

No, not of Hispanic, Latino, or Spanish origin

Yes, Puerto Rican

Yes, Mexican, Mexican Am., Chicano

Yes, Cuban

Yes, another Hispanic, Latino, or Spanish origin - *Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.* ↘

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

White

Black or African Am.

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* ↘

18 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

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 2012

Served in the National Guard or as a reservist of any branch of the U.S. Armed Forces in 2012

None of the above

Owner 4

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

19 What is the sex of Owner 4?

Male

Female

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 4 of Hispanic, Latino, or Spanish origin?

No, not of Hispanic, Latino, or Spanish origin

Yes, Puerto Rican

Yes, Mexican, Mexican Am., Chicano

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 4's race? **Mark X all that apply.**

White

Black or African Am.

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* ↘

22 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

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 2012

Served in the National Guard or as a reservist of any branch of the U.S. Armed Forces in 2012

None of the above

23 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