



U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FORM

CBO-1

1992 ECONOMIC CENSUS CHARACTERISTICS OF BUSINESS OWNERS SURVEY SOLE PROPRIETORSHIP



OMB No. 0640-0022: Approval Expires 08/31/96

Notice — Response to this inquiry is required by law (Title 13, U.S. Code). By the same law, your report to the Census Bureau is confidential. It may be seen only by sworn Census employees and may be used only for statistical purposes. The law also provides that copies retained in your files are immune from legal process.

In correspondence pertaining to this report, please refer to this Census File Number (CFN)

CBO-1

**DUE DATE: 15 DAYS AFTER
RECEIPT OF FORM**

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right.

Toll-free assistance, 8 a.m. to 5 p.m., eastern time. Monday through Friday:
1-800-354-7271

Please read the instructions below before answering the questions.

Please correct errors in name, address, and ZIP Code. ENTER street and number if not shown.

INSTRUCTIONS — Please Read

The purpose of this questionnaire is to collect information about the characteristics of self-employed persons, business owners, and their business activities.

The term business in the following questions refers to the self-employment or business activity for which you filed one of the following IRS tax forms in 1992:

- a. Form 1040 WITH a Schedule C, "Profit or Loss From Business" (Sole Proprietorship)
- b. Form 1040 WITH a Schedule C-EZ, "Net Profit From a Business" (Sole Proprietorship)

Examples of a person who should complete this questionnaire:

- A sole proprietor
- An independent salesperson
- An independent agent or commission worker
- An independent contractor
- A statutory employee

The questions apply to business activities during all or part of calendar years 1992 and 1994 and must be completed even if the business has since been sold, reorganized, or discontinued or you are no longer self-employed.

If the information requested is not available, your best estimate is acceptable.

Even if this questionnaire was mailed to your home address and the business is not located at this address, the form is applicable and must be completed.

Data provided by you will be used only for statistical purposes and will be kept strictly confidential.

IMPORTANT — How to Fill Out This Form

*Please use a #2 black lead pencil. Most questions ask you to mark IN THE BOX, or to print the information. See **EXAMPLE** →*

Yes
 No

1a. Do you still own the same business, referred to in the above mailing label, that you owned in 1992?

- Yes — SKIP to question 2a
 No

b. What year did your ownership end?

- 1992 1994
 1993 1995

c. Mark the item below which best describes the change in ownership and complete the questionnaire for the business you owned in 1992.

- Sold
 Transferred ownership/gift
 Business no longer exists

2a. Is the business you owned in 1992 still operating?

- Yes — SKIP to question 3
 No
 Don't know — SKIP to question 3

b. What year did the operations discontinue?

- 1992 1994
 1993 1995

c. Which item below best describes the status of this business at the time the decision was made to cease operations?

- Successful — SKIP to question 3
 Unsuccessful

2d. Why was this business unsuccessful?
Mark all that apply.

- Inadequate cash flow or low sales
- Lack of access to business loans/credit
- Lack of access to personal loans/credit
- Other — Specify

3. What is your gender?

- Male
- Female

4a. What was your age as of December 31, 1992?

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

b. Were you born in the United States?

- Yes
- No

5. What was your marital status —

On the date that you started/acquired this business?

- Never married
- Married
- Divorced/separated
- Widowed

As of December 31, 1992?

- Never married
- Married
- Divorced/separated
- Widowed

6a. What was your veteran status as of December 31, 1992?

- Not a veteran — SKIP to question 7
- Less than 6 months active duty — SKIP to question 6c
- 6 months or more active duty — Complete questions 6b and 6c

b. Was any of your active duty served during the Vietnam-era (i.e., any service between August 5, 1964 and May 7, 1975)?

- Yes
- No

c. Are you a disabled veteran?

- Yes
- No

7. Did you have health insurance from any source —

During 1992?

- Yes, through spouse's insurer
- Yes, through this business's insurer
- Yes, through another business's insurer
- Yes, through trade association's insurer
- Yes, through some other source
- No

During 1994?

- Yes, through spouse's insurer
- Yes, through this business's insurer
- Yes, through another business's insurer
- Yes, through trade association's insurer
- Yes, through some other source
- No

8a. How much schooling had you completed when you started/acquired this business? Mark ONE box only for the highest level completed or degree received.

- Less than 9th grade
- Some high school, but no diploma
- High school graduate — DIPLOMA or EQUIVALENT DIPLOMA (GED)
- Technical, trade, or vocational school
- Some college, but no degree
- Associate Degree
- Bachelor's Degree
- Master's Degree
- Professional School or Doctorate

b. If you attended college or other school beyond high school, what was your area of concentration?

- Architecture/Engineering
- Biological/Medical Science
- Business
- Computer Science
- Construction Trade/Industrial Arts
- Law and Legal Studies
- Liberal Arts/General Studies
- Mathematics
- Military Technologies
- Other college
- Other vocational

Continue with question 9a on page 3



9a. Prior to beginning/acquiring this business, had any of your close relatives ever owned a business OR been self-employed? (Close relatives refer to spouses, parents/guardians, brothers, sisters, or immediate family.)

- Yes
- No — SKIP to question 10a

b. If " Yes," did you work for any of these relatives?

- Yes
- No

11. What was YOUR total personal income - (Do not include income from spouse or other family members.)

For the year of 1992? Mark <input checked="" type="checkbox"/> ONE box only.	For the year of 1994? Mark <input checked="" type="checkbox"/> ONE box only.
<input type="checkbox"/> Less than \$5,000	<input type="checkbox"/> Less than \$5,000
<input type="checkbox"/> \$5,000—\$9,999	<input type="checkbox"/> \$5,000—\$9,999
<input type="checkbox"/> \$10,000—\$14,999	<input type="checkbox"/> \$10,000—\$14,999
<input type="checkbox"/> \$15,000—\$24,999	<input type="checkbox"/> \$15,000—\$24,999
<input type="checkbox"/> \$25,000—\$34,999	<input type="checkbox"/> \$25,000—\$34,999
<input type="checkbox"/> \$35,000—\$49,999	<input type="checkbox"/> \$35,000—\$49,999
<input type="checkbox"/> \$50,000—\$74,999	<input type="checkbox"/> \$50,000—\$74,999
<input type="checkbox"/> \$75,000—\$99,999	<input type="checkbox"/> \$75,000—\$99,999
<input type="checkbox"/> \$100,000—\$149,999	<input type="checkbox"/> \$100,000—\$149,999
<input type="checkbox"/> \$150,000 or more	<input type="checkbox"/> \$150,000 or more

10a. How many years of work experience did you have prior to starting/acquiring this business?

- None (did not work) — SKIP to question 11
- Less than 2 years
- 2—5 years
- 6—9 years
- 10—19 years
- 20 years or more

b. How many of those years did you work in a managerial capacity?

- None
- Less than 2 years
- 2—5 years
- 6—9 years
- 10—19 years
- 20 years or more
- Not sure

c. How many of those years were you an owner of another business?

- None
- Less than 2 years
- 2—5 years
- 6—9 years
- 10—19 years
- 20 years or more
- Not sure

d. Did you previously work for a business whose goods/service(s) were similar to those provided by this business?

- Yes
- No

12. What year was this business established?

- Before 1970
- 1970—1979
- 1980—1985
- 1986—1988
- 1989
- 1990
- 1991
- 1992

13a. When did you acquire ownership of this business?

- Before 1970
- 1970—1979
- 1980—1985
- 1986—1988
- 1989
- 1990
- 1991
- 1992

b. How did you acquire ownership of this business?

- Founded
- Received transfer of ownership/gift
- Purchased
- Inherited
- Other — Specify

Continue with question 13c on page 4

13c. Which of the following most closely matches your reason for becoming an owner in this business? Mark ONE box only.

- To have a primary source of income
- To have a secondary source of income
- To have work which conforms to my health limitations
- To have work not available elsewhere in the job market
- To have more freedom to meet family responsibilities
- To bring a new idea to the marketplace
- To advance in my profession
- To be my own boss
- Other — Specify

14a. What was the total amount of capital required to start/acquire this business? (Capital includes assets and money that were your own, that were given to you, and that you borrowed.)

- None — SKIP to question 15a
- Less than \$5,000
- \$5,000—\$9,999
- \$10,000—\$24,999
- \$25,000—\$49,999
- \$50,000—\$99,999
- \$100,000—\$249,999
- \$250,000—\$999,999
- \$1,000,000 or more

b. What percent of the total capital, by means of business and personal loans, did you borrow to start/acquire ownership of this business?

- | | |
|--|----------------------------------|
| <input type="checkbox"/> None — SKIP to question 14d | <input type="checkbox"/> 25%—49% |
| <input type="checkbox"/> Less than 10% | <input type="checkbox"/> 50%—74% |
| <input type="checkbox"/> 10%—24% | <input type="checkbox"/> 75%—99% |
| | <input type="checkbox"/> 100% |

c. What was the source(s) from which you received the money you borrowed? Mark all that apply.

- Business loan from banking or commercial lending institution
- Government-guaranteed business loan from banking or commercial lending institution
- Business loan from Federal, State or local government
- Business loan from investment company/profit or nonprofit private source
- Business loan from previous owner
- Business trade credit from supplier
- Other business loan
- Personal loan using your home mortgage/equity line of credit
- Personal credit card
- Personal loan from spouse
- Personal loan from family
- Other personal loan

14d. What was the source(s) of this business's non-borrowed capital? Mark all that apply.

- None — 100% borrowed capital
- Use of personal/family physical assets (building, motor vehicle, equipment, etc.)
- Proceeds from the sale of personal assets
- Personal/family savings
- Other — Specify

e. What measure(s) did you take if this business was producing inadequate cash flow or low sales after your initial investment of start-up/acquisition capital? Mark all that apply.

- Did not occur — SKIP to question 15a
- Relied upon own income from other business/job
- Invested additional capital
- Delayed payment to suppliers
- Received help from family
- Other — Specify

15a. How many weeks did you spend managing or working in this business —

- | During 1992? | During 1994? |
|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> None |
| <input type="checkbox"/> Less than 12 weeks | <input type="checkbox"/> Less than 12 weeks |
| <input type="checkbox"/> 12—23 weeks | <input type="checkbox"/> 12—23 weeks |
| <input type="checkbox"/> 24—35 weeks | <input type="checkbox"/> 24—35 weeks |
| <input type="checkbox"/> 36—47 weeks | <input type="checkbox"/> 36—47 weeks |
| <input type="checkbox"/> 48 weeks or more | <input type="checkbox"/> 48 weeks or more |

b. What was the average number of hours per week you spent managing or working in this business —

- | During 1992? | During 1994? |
|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> None |
| <input type="checkbox"/> Less than 10 hours | <input type="checkbox"/> Less than 10 hours |
| <input type="checkbox"/> 10—19 hours | <input type="checkbox"/> 10—19 hours |
| <input type="checkbox"/> 20—29 hours | <input type="checkbox"/> 20—29 hours |
| <input type="checkbox"/> 30—39 hours | <input type="checkbox"/> 30—39 hours |
| <input type="checkbox"/> 40 hours | <input type="checkbox"/> 40 hours |
| <input type="checkbox"/> 41—49 hours | <input type="checkbox"/> 41—49 hours |
| <input type="checkbox"/> 50—59 hours | <input type="checkbox"/> 50—59 hours |
| <input type="checkbox"/> 60 hours or more | <input type="checkbox"/> 60 hours or more |

Continue with question 16 on page 5



16. Did you receive any grants, management training, or technical assistance in the start-up or operation of this business from any of the following sources? Mark all that apply.

No assistance received
 Federal government
 State and/or local government
 College or university
 Other business/franchisor
 Other — *Specify*

17c. Which geographic area(s) best describes the marketplace where this business's goods/services were sold — Mark all that apply.

During 1992?	During 1994?
<input type="checkbox"/> Neighborhood	<input type="checkbox"/> Neighborhood
<input type="checkbox"/> City/county	<input type="checkbox"/> City/county
<input type="checkbox"/> Regional (adjoining counties and/or states)	<input type="checkbox"/> Regional (adjoining counties and/or states)
<input type="checkbox"/> National	<input type="checkbox"/> National
<input type="checkbox"/> International	<input type="checkbox"/> International

17a. What was this business's total sales/gross receipts —

For the Year of 1992? Mark <input checked="" type="checkbox"/> ONE box only.	For the Year of 1994? Mark <input checked="" type="checkbox"/> ONE box only.
<input type="checkbox"/> Less than \$5,000	<input type="checkbox"/> Less than \$5,000
<input type="checkbox"/> \$5,000—\$9,999	<input type="checkbox"/> \$5,000—\$9,999
<input type="checkbox"/> \$10,000—\$24,999	<input type="checkbox"/> \$10,000—\$24,999
<input type="checkbox"/> \$25,000—\$49,999	<input type="checkbox"/> \$25,000—\$49,999
<input type="checkbox"/> \$50,000—\$99,999	<input type="checkbox"/> \$50,000—\$99,999
<input type="checkbox"/> \$100,000—\$199,999	<input type="checkbox"/> \$100,000—\$199,999
<input type="checkbox"/> \$200,000—\$249,999	<input type="checkbox"/> \$200,000—\$249,999
<input type="checkbox"/> \$250,000—\$499,999	<input type="checkbox"/> \$250,000—\$499,999
<input type="checkbox"/> \$500,000—\$999,999	<input type="checkbox"/> \$500,000—\$999,999
<input type="checkbox"/> \$1,000,000 or more	<input type="checkbox"/> \$1,000,000 or more

d. What percent of the customers served by this business were WHITE and NOT of HISPANIC origin —

During 1992?	During 1994?
<input type="checkbox"/> Less than 10%	<input type="checkbox"/> Less than 10%
<input type="checkbox"/> 10%—24%	<input type="checkbox"/> 10%—24%
<input type="checkbox"/> 25%—49%	<input type="checkbox"/> 25%—49%
<input type="checkbox"/> 50%—74%	<input type="checkbox"/> 50%—74%
<input type="checkbox"/> 75% or more	<input type="checkbox"/> 75% or more
<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't know

b. Check any of the following categories if they accounted for 10% or more of this business's total sales of goods/services —

During 1992.

Federal government
 State government
 Local government (including school districts, transportation authorities, etc.)
 Other business and/or corporations
 Individuals
 All others

During 1994.

Federal government
 State government
 Local government (including school districts, transportation authorities, etc.)
 Other business and/or corporations
 Individuals
 All others

18a. What was this business's net profit (or net loss) BEFORE taxes as reported on your tax return — (Net profit or loss is defined as total sales/gross receipts minus total expenses.)

For the Year of 1992? Mark <input checked="" type="checkbox"/> ONE box only.	
NET PROFIT	NET LOSS
<input type="checkbox"/> Less than \$10,000	<input type="checkbox"/> Less than \$10,000
<input type="checkbox"/> \$10,000—\$24,999	<input type="checkbox"/> \$10,000—\$24,999
<input type="checkbox"/> \$25,000—\$99,999	<input type="checkbox"/> \$25,000—\$99,999
<input type="checkbox"/> \$100,000 or more	<input type="checkbox"/> \$100,000 or more

For the Year of 1994? Mark <input checked="" type="checkbox"/> ONE box only.	
NET PROFIT	NET LOSS
<input type="checkbox"/> Less than \$10,000	<input type="checkbox"/> Less than \$10,000
<input type="checkbox"/> \$10,000—\$24,999	<input type="checkbox"/> \$10,000—\$24,999
<input type="checkbox"/> \$25,000—\$99,999	<input type="checkbox"/> \$25,000—\$99,999
<input type="checkbox"/> \$100,000 or more	<input type="checkbox"/> \$100,000 or more

Continue with question 18b on page 6

18b. What percent of your total personal income was produced as a result of this business —
(DO NOT include income from spouse or other family member.)

For the Year of 1992? Mark <input checked="" type="checkbox"/> ONE box only.	For the Year of 1994? Mark <input checked="" type="checkbox"/> ONE box only.
<input type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> Less than 10%	<input type="checkbox"/> Less than 10%
<input type="checkbox"/> 10%—24%	<input type="checkbox"/> 10%—24%
<input type="checkbox"/> 25%—49%	<input type="checkbox"/> 25%—49%
<input type="checkbox"/> 50%—74%	<input type="checkbox"/> 50%—74%
<input type="checkbox"/> 75%—99%	<input type="checkbox"/> 75%—99%
<input type="checkbox"/> 100%	<input type="checkbox"/> 100%

c. What was the impact of the following issues upon the profitability of this business —

During 1992? Mark ONE box for each of lines I—VIII.

	Strong positive impact	Minor positive impact	Neutral	Minor negative impact	Strong negative impact	Not applicable	Don't know
I. Health insurance costs	<input type="checkbox"/>						
II. Credit market conditions	<input type="checkbox"/>						
III. IRS regulations or penalties	<input type="checkbox"/>						
IV. Environmental regulations	<input type="checkbox"/>						
V. The Americans with Disabilities Act	<input type="checkbox"/>						
VI. The Occupational Safety and Health Act (OSHA)	<input type="checkbox"/>						
VII. Lack of financial capital	<input type="checkbox"/>						
VIII. Crime	<input type="checkbox"/>						

During 1994? Mark ONE box for each of lines I—VIII.

	Strong positive impact	Minor positive impact	Neutral	Minor negative impact	Strong negative impact	Not applicable	Don't know
I. Health insurance costs	<input type="checkbox"/>						
II. Credit market conditions	<input type="checkbox"/>						
III. IRS regulations or penalties	<input type="checkbox"/>						
IV. Environmental regulations	<input type="checkbox"/>						
V. The Americans with Disabilities Act	<input type="checkbox"/>						
VI. The Occupational Safety and Health Act (OSHA)	<input type="checkbox"/>						
VII. Lack of financial capital	<input type="checkbox"/>						
VIII. Crime	<input type="checkbox"/>						

19a. Did this business have any paid employees in 1992 or 1994?

Yes — Continue with question 19b on page 7
 No — SKIP to question 20 on page 7

Continue on page 7



19b. What was this business's total employment —

During the pay period including March 12, 1992?	During the pay period including March 12, 1994?
<input type="checkbox"/> No employees	<input type="checkbox"/> No employees
<input type="checkbox"/> 1—4 employees	<input type="checkbox"/> 1—4 employees
<input type="checkbox"/> 5—9 employees	<input type="checkbox"/> 5—9 employees
<input type="checkbox"/> 10—19 employees	<input type="checkbox"/> 10—19 employees
<input type="checkbox"/> 20—49 employees	<input type="checkbox"/> 20—49 employees
<input type="checkbox"/> 50—99 employees	<input type="checkbox"/> 50—99 employees
<input type="checkbox"/> 100 employees or more	<input type="checkbox"/> 100 employees or more

c. Approximately what percent of this business's employees were WOMEN —

During the pay period including March 12, 1992?	During the pay period including March 12, 1994?
<input type="checkbox"/> No women employees	<input type="checkbox"/> No women employees
<input type="checkbox"/> Less than 10%	<input type="checkbox"/> Less than 10%
<input type="checkbox"/> 10%—24%	<input type="checkbox"/> 10%—24%
<input type="checkbox"/> 25%—49%	<input type="checkbox"/> 25%—49%
<input type="checkbox"/> 50%—74%	<input type="checkbox"/> 50%—74%
<input type="checkbox"/> 75% or more	<input type="checkbox"/> 75% or more
<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't know

d. Approximately what percent of this business's employees (men and women) were WHITE and NOT of HISPANIC origin —

During the pay period including March 12, 1992?	During the pay period including March 12, 1994?
<input type="checkbox"/> Less than 10%	<input type="checkbox"/> Less than 10%
<input type="checkbox"/> 10%—24%	<input type="checkbox"/> 10%—24%
<input type="checkbox"/> 25%—49%	<input type="checkbox"/> 25%—49%
<input type="checkbox"/> 50%—74%	<input type="checkbox"/> 50%—74%
<input type="checkbox"/> 75% or more	<input type="checkbox"/> 75% or more
<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't know

e. Did this business offer any retirement plan (profit sharing, employee stock ownership, pension, including 401(K), annuity, Keogh, SEP, etc.) to its employees —

During 1992?	During 1994?
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No

f. Did this business offer any health plan to its employees in either 1992 or 1994?

Yes, both in 1992 and 1994 — SKIP to question 20

Yes, in 1992 only

Yes, in 1994 only

No, not in 1992 or 1994

19g. What was the main reason this business did not offer any health plan to its employees —

During 1992? Mark ONE box only.

Costs/premiums were too high-priced

Rejected by health insurers

Dropped by this business's health insurer

Not needed to attract or retain employees

High full-/part-time employee turnover

Administrative burden

Not desired by employees

Don't know

Other — Specify

During 1994? Mark ONE box only.

Costs/premiums were too high-priced

Rejected by health insurers

Dropped by this business's health insurer

Not needed to attract or retain employees

High full-/part-time employee turnover

Administrative burden

Not desired by employees

Don't know

Other — Specify

20. Was this business a franchise —

During 1992?	During 1994?
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No

21a. Was this business operated primarily from or in a home — Mark ONE box in each time period.

When first established?

Yes

No

Don't know

During 1992?

Yes

No

During 1994?

Yes

No

If you answered " No" to all three parts of question 21a, SKIP to question 21c on page 8.

Continue with question 21b on page 8

21b. During any of these time periods, which best describes the primary business use of this home? Mark ONE box only.

- To produce goods/services on the premises
- To do clerical work (goods/services produced off the premises)
- To telecommute (outside employment doing office work at home)

c. Does the ZIP Code, referred to in the mailing label on page 1, indicate this business's actual physical location in 1992?

- Yes
- No — Please supply ZIP Code

22. In which language(s) can this business conduct its transactions? Mark all that apply.

- | | | |
|----------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Hindi (Urdu) | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Italian | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> English | <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 — Specify <input type="text"/> |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Portuguese | |

23a. Were any of this business's total sales accounted for by exports outside the United States in 1992 or 1994?

- No — SKIP to question 24a on page 9
 - Yes, only during 1992
 - Yes, only during 1994
 - Yes, during 1992 and 1994
- } Continue with question 23b



23b. What percent of this business's total sales were accounted for by exports outside the United States —

- | | |
|---|---|
| For the Year of 1992?
Mark <input checked="" type="checkbox"/> ONE box only. | For the Year of 1994?
Mark <input checked="" type="checkbox"/> ONE box only. |
| <input type="checkbox"/> Less than 1% | <input type="checkbox"/> Less than 1% |
| <input type="checkbox"/> 1%—9% | <input type="checkbox"/> 1%—9% |
| <input type="checkbox"/> 10%—24% | <input type="checkbox"/> 10%—24% |
| <input type="checkbox"/> 25%—49% | <input type="checkbox"/> 25%—49% |
| <input type="checkbox"/> 50%—74% | <input type="checkbox"/> 50%—74% |
| <input type="checkbox"/> 75%—99% | <input type="checkbox"/> 75%—99% |
| <input type="checkbox"/> 100% | <input type="checkbox"/> 100% |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Don't know |

c. Check any of the following markets if they were the destination for 10% or more of this business's total exports —

- | | |
|--|--|
| During 1992. | During 1994. |
| <input type="checkbox"/> Africa | <input type="checkbox"/> Africa |
| <input type="checkbox"/> Asia | <input type="checkbox"/> Asia |
| <input type="checkbox"/> Australia/Oceania | <input type="checkbox"/> Australia/Oceania |
| <input type="checkbox"/> Canada | <input type="checkbox"/> Canada |
| <input type="checkbox"/> Caribbean/Central America | <input type="checkbox"/> Caribbean/Central America |
| <input type="checkbox"/> Europe | <input type="checkbox"/> Europe |
| <input type="checkbox"/> Japan | <input type="checkbox"/> Japan |
| <input type="checkbox"/> Mexico | <input type="checkbox"/> Mexico |
| <input type="checkbox"/> Middle East | <input type="checkbox"/> Middle East |
| <input type="checkbox"/> South America | <input type="checkbox"/> South America |

Continue with question 23d



23d. Were any of the following agencies helpful in starting or increasing this business's exports? Mark ONE box for each of lines I—VIII.

	Yes	No	Not contacted
I. International Trade Administration, U.S. Department of Commerce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Small Business Development Centers, Small Business Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. Minority Business Development Agency, U.S. Department of Commerce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. Export-Import Bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. State export promotion agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VI. Banking or commercial lending institutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VII. Accounting/consulting firms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VIII. Other — Specify <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



23e. How long had this business been involved in exporting before December 31, 1992?

Less than 1 year
 1—5 years
 6—10 years
 More than 10 years

24a. Is this business planning on starting or increasing its exports in the near future?

Yes
 No

b. Are the following issues important to this business's ability to export?

Mark ONE box for each of lines I—IX.

	Very important	Somewhat important	Not important	Not applicable	Don't know
I. Export financing	<input type="checkbox"/>				
II. Information on export opportunities	<input type="checkbox"/>				
III. Foreign trade restrictions	<input type="checkbox"/>				
IV. U.S. trade restrictions	<input type="checkbox"/>				
V. Competition in the foreign market	<input type="checkbox"/>				
VI. Price of this business's exports	<input type="checkbox"/>				
VII. Dollar exchange rate	<input type="checkbox"/>				
VIII. Local environmental restrictions	<input type="checkbox"/>				
IX. Other — <i>Specify</i> <u>z</u>	<input type="checkbox"/>				

Continue with question 24c

24c. Will this business's exports increase substantially as a result of the North American Free Trade Agreement —

To Canada?	To Mexico?
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No

d. Will this business relocate some of its production facilities as a result of the North American Free Trade Agreement —

To Canada?	To Mexico?
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No

PLEASE READ →

Please read

- If this business had no paid employees in either 1992 or 1994, please SKIP to the Certification Box at the bottom of page 11 of this report form.
- If there were paid employees in either 1992 or 1994, please CONTINUE on page 10.

Questions 25 through 31 to be completed if there WERE PAID EMPLOYEES IN EITHER 1992 OR 1994

The following questions relate to family or medical leave taken by employees. In this context, the terms "family leave" and "medical leave" have the same meaning as under the federal Family and Medical Leave Act (FMLA) of 1993 — a law that requires covered employers to provide unpaid, job-protected leave to employees (a) for their own serious health condition, including pregnancy and childbirth ("medical leave") and (b) to care for a newborn, newly-placed adopted or foster child, or seriously ill child, spouse, or parent ("family leave").

25. Is your business covered by the federal Family and Medical Leave Act (FMLA) of 1993?

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Have not heard of law
<input type="checkbox"/> Not sure whether law applies to my business

26. Did this business have 50 or more employees (including full-time and part-time employees, and those on leave of absence) on its payroll for 20 or more calendar workweeks —

During 1992?	During 1994?
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No

27. Approximately, what percentage of your total number of employees worked at least 1,250 hours per year —

During 1992?	During 1994?
<input type="checkbox"/> 0%	<input type="checkbox"/> 0%
<input type="checkbox"/> Less than 1%	<input type="checkbox"/> Less than 1%
<input type="checkbox"/> 1—4%	<input type="checkbox"/> 1—4%
<input type="checkbox"/> 5—9%	<input type="checkbox"/> 5—9%
<input type="checkbox"/> 10—24%	<input type="checkbox"/> 10—24%
<input type="checkbox"/> 25—49%	<input type="checkbox"/> 25—49%
<input type="checkbox"/> 50—74%	<input type="checkbox"/> 50—74%
<input type="checkbox"/> 75—100%	<input type="checkbox"/> 75—100%

28a. Did any employee of this business take family or medical leave —

During 1992?	During 1994?
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No

If you marked " No" for both years, SKIP to question 29 on page 11.

28b. How many employees took family or medical leave —

During 1992?	During 1994?
<input type="checkbox"/> 1—4	<input type="checkbox"/> 1—4
<input type="checkbox"/> 5—9	<input type="checkbox"/> 5—9
<input type="checkbox"/> 10—19	<input type="checkbox"/> 10—19
<input type="checkbox"/> 20—34	<input type="checkbox"/> 20—34
<input type="checkbox"/> 35—49	<input type="checkbox"/> 35—49
<input type="checkbox"/> 50—99	<input type="checkbox"/> 50—99
<input type="checkbox"/> 100—499	<input type="checkbox"/> 100—499
<input type="checkbox"/> 500 or more	<input type="checkbox"/> 500 or more

c. Approximately, what percentage of the employees who took family or medical leave in either year were male —

During 1992?	During 1994?
<input type="checkbox"/> 0%	<input type="checkbox"/> 0%
<input type="checkbox"/> Less than 1%	<input type="checkbox"/> Less than 1%
<input type="checkbox"/> 1—4%	<input type="checkbox"/> 1—4%
<input type="checkbox"/> 5—9%	<input type="checkbox"/> 5—9%
<input type="checkbox"/> 10—24%	<input type="checkbox"/> 10—24%
<input type="checkbox"/> 25—49%	<input type="checkbox"/> 25—49%
<input type="checkbox"/> 50—74%	<input type="checkbox"/> 50—74%
<input type="checkbox"/> 75—100%	<input type="checkbox"/> 75—100%

d. What was the typical length, in weeks, of family or medical leave taken by an employee —

During 1992?	During 1994?
<input type="checkbox"/> Less than 1 week	<input type="checkbox"/> Less than 1 week
<input type="checkbox"/> 1 week	<input type="checkbox"/> 1 week
<input type="checkbox"/> 2 weeks	<input type="checkbox"/> 2 weeks
<input type="checkbox"/> 3—4 weeks	<input type="checkbox"/> 3—4 weeks
<input type="checkbox"/> 5—7 weeks	<input type="checkbox"/> 5—7 weeks
<input type="checkbox"/> 8—12 weeks	<input type="checkbox"/> 8—12 weeks
<input type="checkbox"/> More than 12 weeks	<input type="checkbox"/> More than 12 weeks

Continue with question 29 on page 11



29. Was it necessary for this business to change its following leave policies and practices to comply with the federal Family and Medical Leave Act (FMLA) of 1993?

Mark ONE box for each of lines I—V.

	Yes	No
I. Leave by mothers to care for newborn child	<input type="checkbox"/>	<input type="checkbox"/>
II. Leave by fathers to care for newborn child	<input type="checkbox"/>	<input type="checkbox"/>
III. Leave for newly-placed adopted or foster child	<input type="checkbox"/>	<input type="checkbox"/>
IV. Leave for own serious health condition, including childbirth	<input type="checkbox"/>	<input type="checkbox"/>
V. Leave for care of seriously ill child, spouse, or parent	<input type="checkbox"/>	<input type="checkbox"/>

If you answered " No" to each of lines I—V, SKIP to the Certification Box at the bottom of this page; otherwise CONTINUE with question 30a.

30a. Did the changes in leave policies or practices required by the federal Family and Medical Leave Act (FMLA) of 1993 impose any NEW costs on this business in 1994?

Mark ONE box for each of lines I—IV.

	No	Less than \$5,000	\$5,000 — \$9,999	\$10,000 or more
I. Administrative costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Continuation of benefits (health plan, etc.) during leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. Hiring/training costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. Other costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Approximately, what percentage of 1994 annual payroll (as reported on line 1 of IRS Form W-3), including costs for salaries, bonuses, and this business's share of taxable employee benefits, does the above cost associated with the federal Family and Medical Leave Act (FMLA) of 1993 represent?

<input type="checkbox"/> 0%	<input type="checkbox"/> 5%—9%
<input type="checkbox"/> Less than 1%	<input type="checkbox"/> 10%—14%
<input type="checkbox"/> 1%—4%	<input type="checkbox"/> 15% or more

31. Have the changes in leave policies or practices required by the federal Family and Medical Leave Act (FMLA) of 1993 had any of the following effects on employees of this business?

Mark ONE box for each of lines I—V.

	Reduced	No noticeable effect	Increased
I. Unscheduled absences not related to family and medical leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Employee turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. Employee productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. Employee morale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. Employees' ability to handle family needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks

CERTIFICATION — Please print name of person responsible for completing this report.

Name Telephone number (Include Area Code)

Signature Date

QUESTIONS AND ANSWERS REGARDING THE 1992 CHARACTERISTICS OF BUSINESS OWNERS SURVEY

Why is this survey being taken?

To provide valuable data for comparing selected economic, demographic, and sociological characteristics of business owners, self-employed persons, and their businesses. This survey is part of the economic census program, which the Census Bureau is required to conduct every 5 years by law (Title 13 of the United States Code). The Census Bureau combines data from this survey with data from the 1992 Economic Census and presents them in the Characteristics of Business Owners publication. The published data describe business owners and self-employed persons, including their education, capital requirements, owner's work experience, workforce characteristics, and business characteristics.

Who uses the survey data?

Persons and institutions in both the public and private sectors extensively use these survey data. Accurate data regarding business ownership are critical to informed decision making by Federal, State, and local governments regarding business assistance programs. In addition, private companies and trade associations use the data to analyze trends; educators use them in teaching and research; and the media use them in news articles.

Why was I selected for this survey?

You are part of a small sample of business owners that we randomly selected to represent your type of business and geographic area. The use of a sample substantially limits the reporting burden on small businesses and reduces the survey cost; however, it also greatly increases the importance of receiving a report from each business selected.

What businesses are included in this survey?

Businesses were eligible to be selected for this survey if they reported any business activity on the 1992 Internal Revenue Service tax Form 1040, Schedule C, "Profit or Loss From Business" (Sole Proprietorship) or Schedule C-EZ, "Net Profit From a Business" (Sole Proprietorship).

Can I be paid for completing this report?

No. The law (Title 13 of the United States Code) that directs the Census Bureau to conduct the economic census and requires firms to report does not authorize payment for completing census reports. In addition, no funds have been appropriated for this purpose.

Is each survey response kept confidential?

Yes. By law, the Census Bureau cannot give individual responses to anyone (including government agencies) for any purpose. Survey responses are immune from legal action and exempt from the provisions of the Freedom of Information Act. Census Bureau publications summarize responses so that the confidentiality of respondents and their business activities is fully protected.

Why is the Census Bureau asking questions about 1992 and 1994?

The complete sample for this survey cannot be selected until all collected data from the 1992 Economic Census are available. Use of these data delays the mailout of this survey, but allows us to reduce significantly the number of survey questions and the survey cost. To determine the viability of businesses in existence in 1992 and to improve the timeliness of the Characteristics of Business Owners publication, business owners are being asked about their 1994 economic activities.

How can I get more information?

Call 1-800-354-7271 Monday through Friday, 8 a.m. to 5 p.m. eastern time. Our telephone staff can answer survey questions as well as provide you with additional forms and instructions.

Please send the questionnaire in the preaddressed return envelope. If you did not receive a return envelope, send the questionnaire to the Bureau of the Census, 1201 East 10th Street, Jeffersonville, IN 47134-0001.

We estimate it will take 30 minutes or less to complete this questionnaire. If you have any comments regarding these estimates or any other aspect of this survey, send them to the Associate Director for Administration, Paperwork Reduction Project 0640-0022, Room 3104, FB 3, Bureau of the Census, Washington, DC 20233; and to the Office of Management and Budget, Paperwork Reduction Project 0640-0022, Washington, DC 20503.