

FORM **WB-1**
(4-13-95)U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS**1994 SURVEY OF BUSINESSES****RETURN TO****Director
Bureau of the Census
1201 East 10th Street
Jeffersonville, IN 47134-0001****NOTICE** — Your report to the Census Bureau is confidential by law (Title 13, U.S. Code). 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.

We estimate it will take thirty 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 0607-0765, Room 3104, FB 3, Bureau of the Census, Washington, DC 20233; and to the Office of Management and Budget, Paperwork Reduction Project 0607-0765, Washington, DC 20503.

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

WB-1

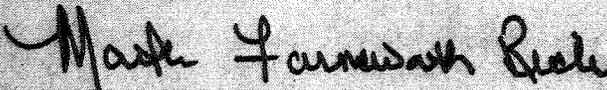
Dear Survey Respondent:

Please complete and return this survey in the enclosed envelope within fifteen days. Your response is voluntary but is needed to assure useful results. The survey will provide valuable information for both the private and public sectors to use in analyzing the characteristics of successful businesses and better identifying factors affecting business growth.

We recognize it is a burden for you to complete this report form. We make every effort to keep the questions to a minimum, and we accept estimates if records are not available. Let me confirm that the law requires us to keep your response fully confidential and use it only for statistical purposes.

For more information, please phone 1-800-354-7271 from 8 a.m. to 5 p.m. Eastern time. Thank you for your cooperation.

Sincerely,



Martha Farnsworth Riche
Director
Bureau of the Census

Person to contact regarding this report

Name

Telephone Number (Include Area Code)

1. Was this business in operation at ANYTIME in 1994?

Yes

No → If "No," please sign form on page 1 and return it in the envelope provided.

2a. Please read the instructions below for your legal form of organization and mark (X) the ONE box below that best depicts the gender of the majority of ownership of this business at the end of 1994. If the business ceased operation during 1994, report for ownership at the close of operations.

- SOLE PROPRIETORSHIPS (IRS 1040C filers) not jointly owned should mark (X) the appropriate box. If owned by BOTH husband and wife, mark (X) the box that corresponds to the PRIMARY OWNER if the business is not equally owned.
- CORPORATIONS and SUBCHAPTER S CORPORATIONS should answer based upon percent of outstanding stock. Corporations for which the gender of all stockholders is not available should base their answer on the percent of ownership for owners listed on (Securities and Exchange Commission) SEC Form 10-K.
- PARTNERSHIPS should answer based upon the percent of ownership of the partners.

Female

Male

Male/Female — Equal percent of ownership

Not owned by individuals (for example: a corporation whose shareholders are other corporations)

b. If your business is a corporation other than a Subchapter S corporation, please mark (X) the box that best describes the ownership basis for your answer to the previous question (item 2a).

Total outstanding stock

Percent of stock for owners reported on SEC Form 10-K

Other — Specify →

3. Please provide the information below for each of the last three years.

1994

1993

1992

a. Number of business locations as of December 31 →

b. Total employment as of March 12 — Report for all employees as defined on Treasury Form 941. →

c. Average number of full-time employees during year — Full-time employees are employees who work an average of 35 or more hours per week. →

d. Average number of part-time employees during year — Part-time employees are employees who work an average of less than 35 hours per week. →

Report 3e—3h below in thousands of dollars.

Mil. Thou. Mil. Thou. Mil. Thou.

e. Total annual payroll — Report total annual payroll as defined on Treasury Form 941. →

f. Total wage/labor/commission expenses NOT reflected in payroll — Include cost of contract labor. →

g. Total gross sales and receipts — Report sales as reported on your IRS tax returns. 1120-L, 1120-PC filers should use gross income from Schedule A. 1120-RIC filers should use total income. Finance, insurance, and real estate businesses should include interest, dividends, commissions, and rental income. →

h. Total assets as of December 31 — Total assets should include both domestic and foreign assets. →

4. Please estimate the percentage of total sales/receipts for 1994 from each of the following sources — Report in whole percentages.

Percent

- Federal government _____ → _____ %
- State and local government _____ → _____ %
- As a subcontractor or supplier to another business to fill Federal government orders or contracts _____ → _____ %
- As a subcontractor or supplier to another business to fill State/local government orders or contracts _____ → _____ %
- Nongovernment domestic customers _____ → _____ %
- Exports (Include exports to foreign governments.) _____ → _____ %
- TOTAL PERCENTAGE — Percents should sum to 100. _____ → **100%**

5a. What year was this business established?

- Prior to 1980
- 1980 or later — Specify year _____

Yes No Don't know

b. Was this business operated primarily from a home when founded? _____

c. Was this business operated primarily from a home in 1994? _____

6a. Mark (X) the appropriate box for each year in which you plan to —

	Please mark (X) for each of the years you plan to expand.				No planned expansion from 1995—1998
	1995	1996	1997	1998	
• Increase number of employees _____ →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Permanently increase number of hours worked by owner(s) and/or employees _____ →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Add new products or services _____ →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Increase number of locations _____ →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Expand into international markets _____ →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Expand sales and/or services to government or as a supplier or subcontractor to fill government orders or contracts _____ →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you marked (X) in any of the above boxes for 1995, 1996, 1997, or 1998, please continue with 6b below. Otherwise, SKIP to 7a on page 4.

b. Will any of the following be the source of additional capital for your planned expansion?

- Corporate or business credit card _____ → Yes No
- Government guaranteed loan from bank or commercial lending institution _____ →
- Business loan from bank or commercial lending institution other than government guaranteed loan _____ →
- Loan from Federal, State, or local government _____ →
- Loan from other profit or nonprofit source (e.g., foundation, venture capitalist, etc.) _____ →
- Additional investment from owners — Include: equity/stock offerings, addition of new partners, and additional investment of funds/assets from current owners regardless of source _____ →
- Reinvestment of profits _____ →
- Supplier credit _____ →
- Other _____ → Specify

PLEASE CONTINUE WITH QUESTION 7a ON PAGE 4

7a. Has this business's ability to expand or remain in operation been affected by difficulty obtaining credit in the past five years?

- Yes — Continue with item 7b
 - Not applicable — No credit was needed . . .
 - No — There were no problems obtaining credit
- } → SKIP to item 8

b. If "Yes," what is the approval status of credit requests made during the last five years?

For each of the following if more than one application was made, mark (X) the answer that reflects the status of the MOST RECENT application.

	Did not apply	Applied - pending approval	Applied - approved reduced funds	Applied - approved as requested	Applied - denied loan
• Government guaranteed loan from a bank or commercial lending institution →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Bank or other commercial lending institution other than government guaranteed loan →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Loan from Federal, State or local government →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Loan from other profit or nonprofit source (e.g., foundation, venture capitalist, etc.) →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. If your business had 10 employees or more for 1994 as reported for item 3b, sign form and return it in the provided envelope. If your business has less than 10 employees, please continue.

a. Since 1992, has your business been able to expand as planned?

- Yes
- Not applicable — Did not plan to expand. } → Survey is complete. Sign on the bottom of page 1 and return the form in the preaddressed envelope.
- No — Continue with item 9b

b. Did any of the following prevent your business from expanding as planned?

	Yes	No
• Cost of capital →	<input type="checkbox"/>	<input type="checkbox"/>
• Availability of capital →	<input type="checkbox"/>	<input type="checkbox"/>
• Cost of labor →	<input type="checkbox"/>	<input type="checkbox"/>
• Availability of labor →	<input type="checkbox"/>	<input type="checkbox"/>
• Cost of raw materials →	<input type="checkbox"/>	<input type="checkbox"/>
• Availability of raw materials →	<input type="checkbox"/>	<input type="checkbox"/>
• Federal, State, and local government regulations →	<input type="checkbox"/> Specify ✓	<input type="checkbox"/>
• Other →	<input type="checkbox"/> Specify ✓	<input type="checkbox"/>

REMARKS

Thanks for taking the time to complete this survey. Please sign on the bottom of page 1 and return the form in the preaddressed envelope.