

Section 5 – TOPICAL MODULES

Part A – EARNINGS AND BENEFITS

STATEMENT C

The purpose of this part of our interview is to get the most accurate picture possible of the situation of persons and families during calendar year 1984. It would be very helpful to refer to records during this interview.

CHECK ITEM T1	Are the names of any businesses listed for . . . on the control card? (cc item 43)	8000	1 <input type="checkbox"/> Yes – SKIP to 1b 2 <input type="checkbox"/> No
CHECK ITEM T2	Were interviews obtained for . . . for each of the 2nd, 3rd, 4th, and 5th waves (cc items 44, 45, 46, and 47)?	8002	1 <input type="checkbox"/> Yes – SKIP to Check Item T13 2 <input type="checkbox"/> No
1 a.	Did . . . own and operate a business at any time during calendar year 1984? <i>Include farms</i>	8004	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T13
	ASK OR VERIFY –		
b.	How many different businesses did . . . own and operate during calendar year 1984?	8006	<input type="text"/> <input type="text"/> Businesses OR x3 <input type="checkbox"/> None – SKIP to Check Item T13
	ASK OR VERIFY –		
c.	What were the names of the businesses that . . . owned and operated during calendar year 1984? (List up to 2 businesses; list according to net income from business beginning with the business providing the largest net income.)	PGM8 8008	PGM8 8058 Business name
CHECK ITEM T3	Transcribe ID number for this business from the control card (cc item 42)	PGM7 8010	PGM7 8060 Business ID No. OR x3 <input type="checkbox"/> Not listed on control card
CHECK ITEM T4	Has information about this business already been obtained in an interview for another household member?	8012	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2a
INTERVIEWER INSTRUCTION: Enter name, person number, and business ID Number of other owner to indicate location of information about this business.		8014	8064
	Name	<input type="text"/>	<input type="text"/>
	Person number	<input type="text"/>	<input type="text"/>
	Business ID number	<input type="text"/>	<input type="text"/>
	OR		
	x3 <input type="checkbox"/> None		x3 <input type="checkbox"/> None
2 a.	What was the form of this (business/practice) – was it a sole proprietorship, a partnership, or a corporation?	8018	8068
	1 <input type="checkbox"/> Sole proprietorship 2 <input type="checkbox"/> Partnership 3 <input type="checkbox"/> Corporation – Obtain information in employee section – Go to Check Item T10 x1 <input type="checkbox"/> DK		1 <input type="checkbox"/> Sole proprietorship 2 <input type="checkbox"/> Partnership 3 <input type="checkbox"/> Corporation – Obtain information in employee section – Go to Check Item T11 x1 <input type="checkbox"/> DK
CHECK ITEM T5	Was information on this business obtained in Part B1 (p.18) or Part B2 (p.20)?	8020	8070
	1 <input type="checkbox"/> Yes – SKIP to 2d 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes – SKIP to 2d 2 <input type="checkbox"/> No
2 b.	What kind of business or industry was (Name of company or business)?	PGM8 8022	PGM8 8072

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Part A – EARNINGS AND BENEFITS (Continued)

<p>2c. Was it mainly –</p>	<p>PGM 8 8100</p> <p>1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale trade? 3 <input type="checkbox"/> Retail trade? 4 <input type="checkbox"/> Some other kind of business?</p>	<p>PGM 8 8150</p> <p>1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale trade? 3 <input type="checkbox"/> Retail trade? 4 <input type="checkbox"/> Some other kind of business?</p>
<p>d. Was this business primarily located in ...'s own home or somewhere else?</p>	<p>PGM 7 8102</p> <p>1 <input type="checkbox"/> Own home 2 <input type="checkbox"/> Somewhere else</p>	<p>PGM 7 8152</p> <p>1 <input type="checkbox"/> Own home 2 <input type="checkbox"/> Somewhere else</p>
<p>CHECK ITEM T 6 Is "sole proprietorship" marked in item 2a?</p>	<p>8104</p> <p>1 <input type="checkbox"/> Yes – SKIP to 2j 2 <input type="checkbox"/> No</p>	<p>8154</p> <p>1 <input type="checkbox"/> Yes – SKIP to 2j 2 <input type="checkbox"/> No</p>
<p>2e. Were any other members of this household part-owners of this (business/practice)?</p>	<p>8106</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 2i</p>	<p>8156</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 2i</p>
<p>f. Which other household members were owners?</p>	<p>8108</p> <p>Person No. <input type="text"/> Name _____</p>	<p>8158</p> <p>Person No. <input type="text"/> Name _____</p>
<p></p>	<p>8110</p> <p>Person No. <input type="text"/> Name _____</p>	<p>8160</p> <p>Person No. <input type="text"/> Name _____</p>
<p>g. Was this (business/practice) owned entirely by members of this household?</p>	<p>8112</p> <p>1 <input type="checkbox"/> Yes – SKIP to 2i 2 <input type="checkbox"/> No</p>	<p>8162</p> <p>1 <input type="checkbox"/> Yes – SKIP to 2i 2 <input type="checkbox"/> No</p>
<p>h. What percentage of this (business/practice) was owned by members of this household?</p>	<p>8114</p> <p><input type="text"/> Percent OR x1 <input type="checkbox"/> DK</p>	<p>8164</p> <p><input type="text"/> Percent OR x1 <input type="checkbox"/> DK</p>
<p>i. What percentage of this (business/practice) did ... own in ...'s own name?</p>	<p>8116</p> <p><input type="text"/> Percent OR x1 <input type="checkbox"/> DK</p>	<p>8166</p> <p><input type="text"/> Percent OR x1 <input type="checkbox"/> DK</p>
<p>j. What were the gross receipts of this (business/practice) in 1984? Please use records if they are available. ★ <i>Obtain estimate, if necessary.</i></p>	<p>8118</p> <p>\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>	<p>8168</p> <p>\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>k. What were the total expenses of this (business/practice) in 1984? Please use records if they are available. ★ <i>Obtain estimate, if necessary.</i></p>	<p>8120</p> <p>\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>	<p>8170</p> <p>\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>CHECK ITEM T 7 Is "DK" marked in either 2j or 2k?</p>	<p>8122</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T 8</p>	<p>8172</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T 8</p>
<p>2l. Information on (receipts/expenses) is especially important for this survey. If we were to call back later could you provide us with an estimate?</p>	<p>8124</p> <p>1 <input type="checkbox"/> Yes – Mark Reminder Card, Item 11a or 11b 2 <input type="checkbox"/> No</p>	<p>8174</p> <p>1 <input type="checkbox"/> Yes – Mark Reminder Card, Item 11a or 11b 2 <input type="checkbox"/> No</p>

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Part A – EARNINGS AND BENEFITS (Continued)

CHECK ITEM T8	Is "sole proprietorship" marked in item 2a?	8200 1 <input type="checkbox"/> Yes – SKIP to Check Item T10 2 <input type="checkbox"/> No	8250 1 <input type="checkbox"/> Yes – SKIP to Check Item T11 2 <input type="checkbox"/> No
2m.	What was ...'s net income from this (business/practice) in 1984? Please use records if they are available. ★ Obtain estimate, if necessary.	8202 \$ <input type="text"/> . <input type="text"/> 00 } SKIP to Check Item T9 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to Check Item T9 8204 x4 <input type="checkbox"/> Lost money – Enter amount of loss in box – SKIP to Check Item T9	8252 \$ <input type="text"/> . <input type="text"/> 00 } SKIP to Check Item T9 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to Check Item T9 8254 x4 <input type="checkbox"/> Lost money – Enter amount of loss in box – SKIP to Check Item T9
n.	This information is especially important for the purposes of this survey. If we were to call back later could you provide us with an estimate?	8206 1 <input type="checkbox"/> Yes – Mark Reminder Card, Item 12 2 <input type="checkbox"/> No	8256 1 <input type="checkbox"/> Yes – Mark Reminder Card, Item 12 2 <input type="checkbox"/> No
CHECK ITEM T9	Were any other household members part owners of this business? (See item 2f.)	8208 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T10	8258 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T11
20.	Apart from the net income already reported for ... , did (Read names of other household owners) receive any net income in 1984 from this (business/practice)?	8210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to Check Item T10 x1 <input type="checkbox"/> DK	8260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to Check Item T11 x1 <input type="checkbox"/> DK
p.	What was the amount of net income that was received by (Read names of other household owners)? Obtain estimate, if necessary.	Person No. <input type="text"/> 8212 <input type="text"/> \$ 8214 <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 8216 x4 <input type="checkbox"/> Lost money – Enter amount of loss in box SECOND CO-OWNER Person No. <input type="text"/> 8218 <input type="text"/> \$ 8220 <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 8222 x4 <input type="checkbox"/> Lost money – Enter amount of loss in box	Person No. <input type="text"/> 8262 <input type="text"/> \$ 8264 <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 8266 x4 <input type="checkbox"/> Lost money – Enter amount of loss in box SECOND CO-OWNER Person No. <input type="text"/> 8268 <input type="text"/> \$ 8270 <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 8272 x4 <input type="checkbox"/> Lost money – Enter amount of loss in box
CHECK ITEM T10	Is another business listed in 1c?	8274 1 <input type="checkbox"/> Yes – Complete Check Item T3 for next business 2 <input type="checkbox"/> No – Go to Check Item T12	Go to Check Item T11
CHECK ITEM T11	Is the number of businesses marked in 1b three or more?	8276 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T12	
3.	What was ...'s net income from ...'s other businesses in 1984? Please use records if they are available.	8278 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 8280 x4 <input type="checkbox"/> Lost money – Enter amount of loss in box	

Section 5 — TOPICAL MODULES (Continued)

Part A — EARNINGS AND BENEFITS (Continued)

CHECK ITEM T12	Was . . . identified as the owner of a corporation in item 2a?	8282	1 <input type="checkbox"/> Yes — <i>SKIP to 4b and consider . . . to be an employee of that corporation</i> 2 <input type="checkbox"/> No
CHECK ITEM T13	Are the names of any employers listed for . . . on the control card? (cc item 42)	8284	1 <input type="checkbox"/> Yes — <i>SKIP to 4b</i> 2 <input type="checkbox"/> No
CHECK ITEM T14	Were interviews obtained for . . . for each of the 2nd, 3rd, 4th, and 5th waves? (cc items 44, 45, 46, and 47)	8286	1 <input type="checkbox"/> Yes — <i>SKIP to Check Item T19</i> 2 <input type="checkbox"/> No
4a.	Did . . . work at a paid job at any time during calendar year 1984?	8288	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T19</i>
ASK OR VERIFY —			
b.	For how many different employers did . . . work during calendar year 1984? <i>(Include self-owned corporations.)</i>	8290	<input type="text"/> Employers OR x3 <input type="checkbox"/> None — <i>SKIP to Check Item T19</i>
ASK OR VERIFY —			
4c.	What were the names of the employers that . . . worked for in 1984?	PGM 8 8300	PGM 8 8350
	Address	PGM 8 8302	PGM 8 8352
	What is the address of that employer (the address of the physical location)?	PGM 8 8304	PGM 8 8354
	ZIP code	PGM 8 8304	PGM 8 8354
<i>List up to 3 employers; list employers according to amount of earnings received in 1984, beginning with employer from whom . . . received the greatest earnings.</i>			
CHECK ITEM T15	Was information on this employer obtained in Part A1(p.14) or Part A2(p.16)?	PGM 7 8310	1 <input type="checkbox"/> Yes, ID number — <i>SKIP to 4i</i> OR 2 <input type="checkbox"/> No
		PGM 7 8360	1 <input type="checkbox"/> Yes, ID number — <i>SKIP to 4i</i> OR 2 <input type="checkbox"/> No
		PGM 7 8410	1 <input type="checkbox"/> Yes, ID number — <i>SKIP to 4i</i> OR 2 <input type="checkbox"/> No
4d.	What kind of business or industry was (Name of company or business)?	PGM 8 8312	PGM 8 8362
e.	Was it mainly —	PGM 8 8314	PGM 8 8364
	1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale trade? 3 <input type="checkbox"/> Retail trade? 4 <input type="checkbox"/> Some other kind of business?		1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale trade? 3 <input type="checkbox"/> Retail trade? 4 <input type="checkbox"/> Some other kind of business?
f.	What kind of work was . . . doing on this job?	PGM 8 8316	PGM 8 8366
g.	What were . . . 's main activities or duties?	PGM 8 8318	PGM 8 8368

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Section 5 – TOPICAL MODULES (Continued)

Part A – EARNINGS AND BENEFITS (Continued)

<p>4h. Was ... an employee of –</p>	<p align="center">PGM 8 8500</p> <p>1 <input type="checkbox"/> A private company or individual?</p> <p>2 <input type="checkbox"/> Federal Government? (Exclude Armed Forces)</p> <p>3 <input type="checkbox"/> State Government?</p> <p>4 <input type="checkbox"/> Local Government?</p> <p>5 <input type="checkbox"/> Armed Forces?</p> <p>6 <input type="checkbox"/> Unpaid in family business or farm? – SKIP to Check Item T17</p>	<p align="center">PGM 8 8550</p> <p>1 <input type="checkbox"/> A private company or individual?</p> <p>2 <input type="checkbox"/> Federal Government? (Exclude Armed Forces)</p> <p>3 <input type="checkbox"/> State Government?</p> <p>4 <input type="checkbox"/> Local Government?</p> <p>5 <input type="checkbox"/> Armed Forces?</p> <p>6 <input type="checkbox"/> Unpaid in family business or farm? – SKIP to Check Item T17</p>	<p align="center">PGM 8 8600</p> <p>1 <input type="checkbox"/> A private company or individual?</p> <p>2 <input type="checkbox"/> Federal Government? (Exclude Armed Forces)</p> <p>3 <input type="checkbox"/> State Government?</p> <p>4 <input type="checkbox"/> Local Government?</p> <p>5 <input type="checkbox"/> Armed Forces?</p> <p>6 <input type="checkbox"/> Unpaid in family business or farm? – SKIP to Check Item T18</p>
<p>ASK OR VERIFY –</p> <p>i. Did ... stop working for (Employer's name) at any time during 1984?</p>	<p align="center">PGM 7 8502</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 5a</p>	<p align="center">PGM 7 8552</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 5a</p>	<p align="center">PGM 7 8602</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 5a</p>
<p>j. What was the main reason ... stopped working for (Name of employer)? Was it because ... (Read categories) –</p> <p>Mark only one.</p>	<p align="center">8504</p> <p>1 <input type="checkbox"/> Was laid off?</p> <p>2 <input type="checkbox"/> Quit that job to take another job? – SKIP to 4q</p> <p>3 <input type="checkbox"/> Retired? } SKIP to 5a</p> <p>4 <input type="checkbox"/> Was discharged? }</p> <p>5 <input type="checkbox"/> Job was temporary and ended? – SKIP to 5a</p> <p>6 <input type="checkbox"/> Quit that job for some other reason? – SKIP to 4q</p>	<p align="center">8554</p> <p>1 <input type="checkbox"/> Was laid off?</p> <p>2 <input type="checkbox"/> Quit that job to take another job? – SKIP to 4q</p> <p>3 <input type="checkbox"/> Retired? } SKIP to 5a</p> <p>4 <input type="checkbox"/> Was discharged? }</p> <p>5 <input type="checkbox"/> Job was temporary and ended? – SKIP to 5a</p> <p>6 <input type="checkbox"/> Quit that job for some other reason? – SKIP to 4q</p>	<p align="center">8604</p> <p>1 <input type="checkbox"/> Was laid off?</p> <p>2 <input type="checkbox"/> Quit that job to take another job? – SKIP to 4q</p> <p>3 <input type="checkbox"/> Retired? } SKIP to 5a</p> <p>4 <input type="checkbox"/> Was discharged? }</p> <p>5 <input type="checkbox"/> Job was temporary and ended? – SKIP to 5a</p> <p>6 <input type="checkbox"/> Quit that job for some other reason? – SKIP to 4q</p>
<p>k. Did the place where ... worked close down either at the time ... was laid off or sometime after?</p>	<p align="center">8506</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 4o</p>	<p align="center">8556</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 4o</p>	<p align="center">8606</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 4o</p>
<p>l. When did it close down?</p>	<p align="center">Month</p> <p align="center">8508 <input type="text"/> <input type="text"/></p> <p align="center">Year</p> <p align="center">8510 <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> 8 <input type="text"/></p> <p align="center">x1 <input type="checkbox"/> DK</p>	<p align="center">Month</p> <p align="center">8558 <input type="text"/> <input type="text"/></p> <p align="center">Year</p> <p align="center">8560 <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> 8 <input type="text"/></p> <p align="center">x1 <input type="checkbox"/> DK</p>	<p align="center">Month</p> <p align="center">8608 <input type="text"/> <input type="text"/></p> <p align="center">Year</p> <p align="center">8610 <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> 8 <input type="text"/></p> <p align="center">x1 <input type="checkbox"/> DK</p>
<p>m. Is it still closed down?</p>	<p align="center">8512</p> <p>1 <input type="checkbox"/> Yes – SKIP to 5a</p> <p>2 <input type="checkbox"/> No</p>	<p align="center">8562</p> <p>1 <input type="checkbox"/> Yes – SKIP to 5a</p> <p>2 <input type="checkbox"/> No</p>	<p align="center">8612</p> <p>1 <input type="checkbox"/> Yes – SKIP to 5a</p> <p>2 <input type="checkbox"/> No</p>
<p>n. When did it reopen?</p>	<p align="center">Month</p> <p align="center">8514 <input type="text"/> <input type="text"/></p> <p align="center">Year</p> <p align="center">8516 <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> 8 <input type="text"/></p> <p align="center">x1 <input type="checkbox"/> DK</p>	<p align="center">Month</p> <p align="center">8564 <input type="text"/> <input type="text"/></p> <p align="center">Year</p> <p align="center">8566 <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> 8 <input type="text"/></p> <p align="center">x1 <input type="checkbox"/> DK</p>	<p align="center">Month</p> <p align="center">8614 <input type="text"/> <input type="text"/></p> <p align="center">Year</p> <p align="center">8616 <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> 8 <input type="text"/></p> <p align="center">x1 <input type="checkbox"/> DK</p>
<p>ASK OR VERIFY –</p> <p>o. Did ... return to work for (Name of employer) after being laid off?</p>	<p align="center">8518</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 5a</p>	<p align="center">8568</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 5a</p>	<p align="center">8618</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 5a</p>

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4p. For how many weeks was ... laid off?

8650 Weeks } SKIP to 5a
 OR
 x1 DK

8700 Weeks } SKIP to 5a
 OR
 x1 DK

8750 Weeks } SKIP to 5a
 OR
 x1 DK

q. What were the reasons ... decided to change jobs/leave that job?

Mark all that apply.

8652 1 Level of earnings
 8654 2 Type of work
 8656 3 Work conditions
 8658 4 Job location
 8660 5 Family or personal reasons
 8662 6 Job was temporary and ended
 8664 7 Other

8702 1 Level of earnings
 8704 2 Type of work
 8706 3 Work conditions
 8708 4 Job location
 8710 5 Family or personal reasons
 8712 6 Job was temporary and ended
 8714 7 Other

8752 1 Level of earnings
 8754 2 Type of work
 8756 3 Work conditions
 8758 4 Job location
 8760 5 Family or personal reasons
 8762 6 Job was temporary and ended
 8764 7 Other

ASK OR VERIFY –

r. After the time that ... stopped working for (Name of employer) did ... return to work for (Name of employer)?

8666 1 Yes
 2 No – SKIP to 5a

8716 1 Yes
 2 No – SKIP to 5a

8766 1 Yes
 2 No – SKIP to 5a

s. When did ... return to work for (Name of employer)?

8668 Month
 Year 1 9 8

8718 Month
 Year 1 9 8

8768 Month
 Year 1 9 8

5a. Do you have a W-2 form from (Read name of employer) that you can refer to?

(If "Yes," ask respondent to use the W-2 form.)

8672 1 Yes
 2 No

8722 1 Yes
 2 No

8772 1 Yes
 2 No

b. (According to ...'s W-2 form) how much did ... earn from ...'s job with (Read name of employer) during 1984 before any deductions?

Obtain estimate, if necessary.

8674 \$.00
 x1 DK
 x2 Ref. – SKIP to 5e

8724 \$.00
 x1 DK
 x2 Ref. – SKIP to 5e

8774 \$.00
 x1 DK
 x2 Ref. – SKIP to 5e

CHECK ITEM T16

Does ... have a W-2 form to refer to?

8676 1 Yes
 2 No – SKIP to 5e

8726 1 Yes
 2 No – SKIP to 5e

8776 1 Yes
 2 No – SKIP to 5e

5c. According to the W-2 form, what is the identification number of this employer?

Identification number
 8678 -
 8680
 8682 x1 DK

Identification number
 8728 -
 8730
 8732 x1 DK

Identification number
 8778 -
 8780
 8782 x1 DK

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Section 5 – TOPICAL MODULES (Continued)

Part A – EARNINGS AND BENEFITS (Continued)

5d. In 1984, how much was deducted from ...'s pay for –	8800 \$ <input type="text"/> . <input type="text"/> 00	8850 \$ <input type="text"/> . <input type="text"/> 00	8900 \$ <input type="text"/> . <input type="text"/> 00
(1) Federal Income Taxes?	x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.	x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.	x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.
(2) State and local income taxes?	8802 \$ <input type="text"/> . <input type="text"/> 00	8852 \$ <input type="text"/> . <input type="text"/> 00	8902 \$ <input type="text"/> . <input type="text"/> 00
	x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.	x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.	x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.
(3) Social Security (FICA) taxes?	8804 \$ <input type="text"/> . <input type="text"/> 00	8854 \$ <input type="text"/> . <input type="text"/> 00	8904 \$ <input type="text"/> . <input type="text"/> 00
	x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.	x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.	x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.
(4) Health insurance?	8806 \$ <input type="text"/> . <input type="text"/> 00	8856 \$ <input type="text"/> . <input type="text"/> 00	8906 \$ <input type="text"/> . <input type="text"/> 00
	x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.	x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.	x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.
e. On this job, was ... covered by life insurance that was provided through ...'s employer?	8808 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5g	8858 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5g	8908 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5g
f. Did ...'s employer pay for all, part, or none of the cost of that plan?	8810 1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part 3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK	8860 1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part 3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK	8910 1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part 3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK
g. Did ... have the use of a company car or truck on that job? (Count vehicles licensed for highway driving only.)	8812 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5i	8862 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5i	8912 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5i
h. Did ... keep the car or truck at home when ... was not working?	8814 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8864 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8914 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
i. Did ... have an expense account on that job?	8816 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5k	8866 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5k	8916 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5k
j. Could the expense account be used to pay for some of the expenses of the persons with whom ... did business?	8818 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8868 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8918 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
k. Did ... regularly receive meals as part of that job?	8820 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5m	8870 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5m	8920 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5m

Section 5 – TOPICAL MODULES (Continued)

Part A – EARNINGS AND BENEFITS (Continued)

<p>5l. How many meals a week did ... usually receive as part of that job?</p>	<p>8950 <input type="text"/> <input type="text"/> Meals x1 <input type="checkbox"/> DK</p>	<p>9000 <input type="text"/> <input type="text"/> Meals x1 <input type="checkbox"/> DK</p>	<p>9050 <input type="text"/> <input type="text"/> Meals x1 <input type="checkbox"/> DK</p>
<p>m. Did ... regularly receive lodging as part of that job?</p>	<p>8952 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to Check Item T17 x1 <input type="checkbox"/> DK }</p>	<p>9002 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to Check Item T17 x1 <input type="checkbox"/> DK }</p>	<p>9052 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to Check Item T18 x1 <input type="checkbox"/> DK }</p>
<p>n. How many nights of lodging per week did ... receive as part of that job?</p>	<p>8954 <input type="text"/> <input type="text"/> Nights x1 <input type="checkbox"/> DK</p>	<p>9004 <input type="text"/> <input type="text"/> Nights x1 <input type="checkbox"/> DK</p>	<p>9054 <input type="text"/> <input type="text"/> Nights x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM T17 Is another employer listed in 4c?</p>	<p>8956 1 <input type="checkbox"/> Yes – Complete Check Item T15 for next employer 2 <input type="checkbox"/> No – SKIP to Check Item T19</p>	<p>9006 1 <input type="checkbox"/> Yes – Complete Check Item T15 for next employer 2 <input type="checkbox"/> No – SKIP to Check Item T19</p>	<p align="center">Go to Check Item T18</p>
<p>CHECK ITEM T18 Is the number of employers marked in 4b four or more?</p>	<p>9058 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T19</p>		
<p>6. What was the total amount ... earned from ...'s other employers in 1984 before deductions? (Please use W-2 forms if you have any.) <i>Obtain estimate, if necessary.</i></p>	<p>9060 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>		

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part B – PROPERTY INCOME AND TAXES

CHECK ITEM T19	Refer to cc items 46 and 47 Are any of the ISS codes 100–110, 130, or 174 marked on the control card for . . . for the 2nd, 3rd, 4th, or 5th waves?	9100	1 <input type="checkbox"/> Yes – SKIP to Check Item T21 2 <input type="checkbox"/> No
CHECK ITEM T20	Was an interview obtained for . . . for each of the 2nd, 3rd, 4th, and 5th waves? (cc items 44, 45, 46, and 47)	9102	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 1b
1 a.	We recorded during our earlier interviews that . . . did not receive any income in the form of interest or dividends in calendar year 1984 – is that correct?	9104	1 <input type="checkbox"/> Yes, correct – SKIP to Check Item T24 2 <input type="checkbox"/> No, not correct – did receive interest or dividends – SKIP to Check Item T21
b.	Did . . . receive any income in the form of interest or dividends in calendar year 1984? <i>Mark "Yes" if received jointly or in own name.</i>	9106	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T24
CHECK ITEM T21	Interview status of . . . 's spouse.	9108	1 <input type="checkbox"/> No spouse in household 2 <input type="checkbox"/> Interview for spouse already completed 3 <input type="checkbox"/> Interview for spouse not yet completed } SKIP to 2a
<i>(HAND RESPONDENT CARD X)</i>		<i>(ASK FOR EACH ASSET OWNED)</i>	
1 c.	Please look at Card X and tell me which of these assets . . . owned jointly with . . . 's (husband/wife) at any time during calendar year 1984. Do not count IRA or KEOGH investments. Any others? ★	9110	x3 <input type="checkbox"/> None – SKIP to 2a
	(1) Regular or passbook savings accounts	9112	1 <input type="checkbox"/> Owned
	(2) Money Market deposit accounts	9116	1 <input type="checkbox"/> Owned
	(3) Certificates of deposit or other savings certificates	9120	1 <input type="checkbox"/> Owned
	(4) NOW, Super NOW, or other interest earning checking accounts	9124	1 <input type="checkbox"/> Owned
	(5) Money market mutual funds	9128	1 <input type="checkbox"/> Owned
	(6) Stocks and mutual fund shares	9132	1 <input type="checkbox"/> Owned
	(7) U.S. Savings Bonds (E, EE)	9136	1 <input type="checkbox"/> Owned
	(8) Other U.S. Government securities	9140	1 <input type="checkbox"/> Owned
	(9) Municipal bonds	9144	1 <input type="checkbox"/> Owned
		9114	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		9118	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		9122	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		9126	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		9130	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		9134	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		9138	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		9142	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		9146	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

Section 5 – TOPICAL MODULES (Continued)

Part B – PROPERTY INCOME AND TAXES (Continued)

1c. (Continued)

(10) Corporate bonds **9148** 1 Owned

(11) Mortgages **9152** 1 Owned

(12) Other interest or dividend earning assets not counting IRA or KEOGH accounts. (Mutual bond fund, unit bond trusts, money loaned to a private individual, etc.) **9156** 1 Owned

1d. (Continued)

9150 \$. 00
 x1 DK
 x2 Ref.

9154 \$. 00
 x1 DK
 x2 Ref.

9158 \$. 00
 x1 DK
 x2 Ref.

CHECK ITEM T22

Is "DK" marked in 1d for any of the assets?

9160 1 Yes
 2 No – SKIP to 2a

1e. Information on interest and dividends is very important for the purposes of this survey. If we were to call back later, could you provide us with an estimate of the total amount of interest and dividends that . . . and . . . 's (husband/wife) received jointly in 1984?

9162 1 Yes – Mark Reminder Card, Item 13
 2 No

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part B – PROPERTY INCOME AND TAXES (Continued)

(HAND RESPONDENT CARD X)

2a. Please look at card X and tell me which of these assets . . . owned (in . . . 's own name) at any time during calendar year 1984? Do not count IRA or KEOGH investments.

Anything else? ★

(ASK FOR EACH ASSET OWNED)

2b. How much income did . . . receive from (Read name of asset) in 1984?

9164 x3 None –
SKIP to
Check Item
T24

(1) Regular or passbook savings accounts . . . **9166** 1 Owned

9168 \$. 00
x1 DK
x2 Ref.

(2) Money Market deposit accounts **9170** 1 Owned

9172 \$. 00
x1 DK
x2 Ref.

(3) Certificates of deposit or other savings certificates **9174** 1 Owned

9176 \$. 00
x1 DK
x2 Ref.

(4) NOW, Super NOW, or other interest earning checking accounts **9178** 1 Owned

9180 \$. 00
x1 DK
x2 Ref.

(5) Money market mutual funds **9182** 1 Owned

9184 \$. 00
x1 DK
x2 Ref.

(6) Stocks and mutual fund shares **9186** 1 Owned

9188 \$. 00
x1 DK
x2 Ref.

(7) U.S. Savings Bonds (E, EE) **9190** 1 Owned

9192 \$. 00
x1 DK
x2 Ref.

(8) Other U.S. Government securities **9194** 1 Owned

9196 \$. 00
x1 DK
x2 Ref.

(9) Municipal bonds **9198** 1 Owned

9200 \$. 00
x1 DK
x2 Ref.

(10) Corporate bonds **9202** 1 Owned

9204 \$. 00
x1 DK
x2 Ref.

(11) Mortgages **9206** 1 Owned

9208 \$. 00
x1 DK
x2 Ref.

(12) Other interest or dividend earning assets not counting IRA or KEOGH accounts. (Mutual bond fund, unit bond trusts, money loaned to a private individual, etc.) **9210** 1 Owned

9212 \$. 00
x1 DK
x2 Ref.

CHECK ITEM T23

Is "DK" marked in 2b for any of the assets?

9214 1 Yes
2 No – SKIP to Check Item T24

Section 5 – TOPICAL MODULES (Continued)

Part B – PROPERTY INCOME AND TAXES (Continued)

2c. Information on interest and dividends is very important for the purposes of this survey. If we were to call back later, could you provide us with an estimate of the total amount of interest and dividends that ... received (in ...'s own name in 1984)?

9216 1 Yes – Mark Reminder Card, Item 14
2 No

CHECK ITEM T24

Refer to cc item 46
Is ISS Code 120 marked on the control card for ... for the 2nd, 3rd, 4th, or 5th waves?

9218 1 Yes – SKIP to 3b
2 No

CHECK ITEM T25

Was an interview obtained for ... for each of the 2nd, 3rd, 4th, and 5th waves (cc items 44, 45, 46, and 47)?

9220 1 Yes – SKIP to Check Item T27
2 No

3a. Did ... own any kind of rental property during 1984, either by ...'s self or jointly with someone else?

9222 1 Yes – SKIP to 3c
2 No – SKIP to Check Item T27

b. We learned from earlier interviews that ... owned some rental property in calendar year 1984 – is that correct?

9224 1 Yes
2 No – SKIP to Check Item T27

c. What kind of property did ... own, either as sole owner or part owner?



(ASK FOR EACH PROPERTY OWNED)
3d. What was ...'s net income from this property in 1984? If jointly owned, count only ...'s share.

(1) Vacation home

9226 1 Owned

9228 \$. 00

x3 None
x1 DK
x2 Ref.

9230 x4 Lost money – Enter amount of loss in box

(2) Other residential property (nonfarm)

9232 1 Owned

9234 \$. 00

x3 None
x1 DK
x2 Ref.

9236 x4 Lost money – Enter amount of loss in box

(3) Farm property

9238 1 Owned

9240 \$. 00

x3 None
x1 DK
x2 Ref.

9242 x4 Lost money – Enter amount of loss in box

(4) Commercial property

9244 1 Owned

9246 \$. 00

x3 None
x1 DK
x2 Ref.

9248 x4 Lost money – Enter amount of loss in box

(5) Equipment

9250 1 Owned

9252 \$. 00

x3 None
x1 DK
x2 Ref.

9254 x4 Lost money – Enter amount of loss in box

(6) Anything else

9256 1 Owned

9258 \$. 00

x3 None
x1 DK
x2 Ref.

9260 x4 Lost money – Enter amount of loss in box

CHECK ITEM T26

Is "DK" marked in 3d for any type of property?

9262 1 Yes
2 No – SKIP to Check Item T27

3e. Information on rental income is very important for the purposes of this survey. If we were to call back later, could you provide us with an estimate of the total amount of net income from rental property ... received in 1984?

9264 1 Yes – Mark Reminder Card, Item 15
2 No

Section 5 – TOPICAL MODULES (Continued)

Part B – PROPERTY INCOME AND TAXES (Continued)

CHECK ITEM T27	Has tax information for . . . already been obtained in an interview for a spouse with whom . . . filed a joint return?	9286	1 <input type="checkbox"/> Yes – <i>SKIP to 15a, page 60</i> 2 <input type="checkbox"/> No
4a.	Did . . . file a Federal income tax return for 1984? <i>Mark "Yes" if . . . filed alone or jointly.</i>	9288	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 15a, page 60</i>
b.	Do you have a copy of the tax form or a worksheet that you could refer to for the next few questions?	9270	1 <input type="checkbox"/> Yes – <i>Allow person time to get form</i> 2 <input type="checkbox"/> No
5.	What was . . . 's filing status on . . . 's 1984 Federal tax return? Did . . . file as – <i>Read categories – Mark (X) one</i>	9272	1 <input type="checkbox"/> A single taxpayer? 2 <input type="checkbox"/> Married, filing a joint return? 3 <input type="checkbox"/> Married, filing separately? 4 <input type="checkbox"/> Unmarried head of household? 5 <input type="checkbox"/> Qualifying widow(er) with dependent child? 6 <input type="checkbox"/> DK
6a.	What were the total number of exemptions claimed on . . . 's tax return? <i>ASK OR VERIFY –</i>	9274	<input type="text"/> Exemptions x1 <input type="checkbox"/> DK
b.	Did . . . claim exemptions for any dependents that lived outside of . . . 's home for the entire year?	9276	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 7</i>
c.	What was the relationship of this (these) dependent(s) to . . . ? <i>Record two dependents only</i>		FIRST DEPENDENT
		9278	1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Brother/Sister 4 <input type="checkbox"/> Other
			SECOND DEPENDENT
		9280	1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Brother/Sister 4 <input type="checkbox"/> Other
7.	Did . . . file Form 1040, the long form or did . . . file one of the short forms, 1040A or 1040EZ?	9282	1 <input type="checkbox"/> Form 1040 2 <input type="checkbox"/> Form 1040A 3 <input type="checkbox"/> Form 1040EZ x1 <input type="checkbox"/> DK } <i>SKIP to Check Item T28</i>
8.	I am going to read a list of forms that people are sometimes required to attach to their tax return. Please tell me if these were included with . . . 's 1984 tax return.		
	(1) Schedule A, Itemized Deductions	9284	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
	(2) Schedule B, Part I, Interest	9286	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
	(3) Schedule B, Part II, Dividends	9288	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
	(4) Schedule D, Gains and Losses on Sales or Exchange of Personal Assets	9290	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
	(5) Schedule E, Income from Pensions, Annuities, Rents, Royalties, Partnerships, Estates, Trusts, and Small Business Corporations	9292	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
	(6) Form 4835 – Farm Rental Income	9294	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
CHECK ITEM T28	Does the respondent have a copy of . . . 's Federal income tax form or a worksheet to refer to?	9296	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 12a</i>

Section 5 – TOPICAL MODULES (Continued)

Part B – PROPERTY INCOME AND TAXES (Continued)

CHECK ITEM T29 Is "Form 1040" marked in item 7? **9298** 1 Yes
2 No – SKIP to 11a

CHECK ITEM T30 Is "Schedule A, Itemized Deductions" marked "Yes" in 8(1)? **9300** 1 Yes
2 No – SKIP to Check Item T31

9. How much were . . . 's (and . . . 's husband's/wife's) itemized deductions for 1984?
(Form 1040, line 34a.) **9302** \$. 00
x1 DK
x2 Ref.

CHECK ITEM T31 Is "Schedule D, Gains and Losses on Sales or Exchange of Personal Assets" marked "Yes" in 8(4)? **9304** 1 Yes
2 No – SKIP to 11a

10. How much were . . . 's (and . . . 's husband/wife's) capital gains or losses from the sale or exchange of personal assets for 1984?
(Form 1040, line 13.) **9306** \$. 00
x3 None
x1 DK
x2 Ref.
9308 x4 Lost money – Enter amount of loss in box

(SHOW FLASHCARD Y WITH APPROPRIATE TAX FORM)
11. This shows the portion of the tax return that deals with adjusted gross income and with the net tax liability for the year.
(1) Adjusted gross income is total income less certain types of adjustments and exclusions. What was . . . 's (and . . . 's husband's/wife's) adjusted gross income in 1984? **9310** \$. 00
x3 None
x1 DK
x2 Ref.
9312 x4 Lost money – Enter amount of loss in box } SKIP to 13a

(2) Federal income tax liability is the total tax as determined by the tax table or schedule plus or minus certain adjustments. What was . . . 's (and . . . 's husband's/wife's) net tax liability in 1984? **9314** \$. 00
x3 None
x1 DK
x2 Ref.

CHECK ITEM T32 Amount of gross income reported in 11a. **9316** 1 \$10,000 or more – SKIP to 14a
2 Less than \$10,000 – SKIP to 13a

12a. Can you give me an estimate of . . . 's Federal income tax liability for 1984? **9318** 1 Yes
2 No – SKIP to 13a

b. How much was . . . 's Federal income tax liability? **9320** \$. 00

13a. Did . . . claim an earned income credit on . . . 's Federal income tax return? **9322** 1 Yes
2 No } SKIP to 14a
x1 DK

b. What was the amount of earned income credit claimed? **9324** \$. 00
x1 DK
x2 Ref.

14a. Did . . . claim a child care credit or disabled dependent credit on . . . 's Federal income tax return? **9326** 1 Yes
2 No } SKIP to 15a
x1 DK

b. What was the amount of the child care (disabled dependent) credit claimed? **9328** \$. 00
x1 DK
x2 Ref.

Section 5 – TOPICAL MODULES (Continued)

Part B – PROPERTY INCOME AND TAXES (Continued)

<p>15a. Does . . . have an Individual Retirement Account – an IRA – in . . .’s OWN name?</p> <p><i>Do not mark “Yes” if . . . is only included in . . .’s (husband’s/wife’s) IRA accounts.</i></p>	<p>9330 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 15h</p>
<p>b. Did . . . make any contributions to IRA accounts which applied to . . .’s 1984 tax return?</p>	<p>9332 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 15d</p>
<p>c. How much were . . .’s contributions to IRA accounts which applied to . . .’s 1984 tax return?</p>	<p>9334 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>d. Did . . . make any withdrawals from . . .’s IRA accounts during 1984?</p> <p><i>Mark “No” if funds were “rolled over” within 60 days of the withdrawal.</i></p>	<p>9336 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 15f</p>
<p>e. How much did . . . withdraw from IRA accounts during 1984?</p>	<p>9338 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>f. Including ALL IRA accounts in . . .’s OWN name, how much did . . .’s IRA accounts earn during 1984?</p>	<p>9340 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>g. What types of assets did . . . have in . . .’s IRA accounts during 1984?</p> <p><i>Mark all that apply.</i></p> <p>Anything else?</p>	<p>9342 1 <input type="checkbox"/> Certificates of deposit or other savings certificates</p> <p>9344 2 <input type="checkbox"/> Money Market Funds</p> <p>9346 3 <input type="checkbox"/> U.S. Government Securities</p> <p>9348 4 <input type="checkbox"/> Municipal or Corporate Bonds</p> <p>9350 5 <input type="checkbox"/> U.S. Savings Bonds</p> <p>9352 6 <input type="checkbox"/> Stocks or Mutual Fund Shares</p> <p>9354 7 <input type="checkbox"/> Other Assets – <i>Specify</i> _____</p> <p>9356 x1 <input type="checkbox"/> DK</p>
<p>h. Does . . . have a KEOGH account in . . .’s OWN name?</p>	<p>9358 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 16a</p>
<p>i. Did . . . make any contributions to a KEOGH account which applied to . . .’s 1984 tax return?</p>	<p>9360 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 15k</p>
<p>j. How much were . . .’s contributions to KEOGH accounts which applied to . . .’s 1984 tax return?</p>	<p>9362 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>k. Did . . . make any withdrawals from . . .’s KEOGH accounts during 1984?</p>	<p>9364 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 15m</p>

Section 5 – TOPICAL MODULES (Continued)

Part B – PROPERTY INCOME AND TAXES (Continued)

15l. How much did . . . withdraw from KEOGH accounts during 1984?

9366 \$. 00

- x1 DK
x2 Ref.

m. Including ALL KEOGH accounts in . . . 's OWN name, how much did . . . 's KEOGH accounts earn during 1984?

9368 \$. 00

- x1 DK
x2 Ref.

n. What types of assets did . . . have in . . . 's KEOGH accounts during 1984?

Mark all that apply.

Anything else?

- 9370** 1 Certificates of deposit or other savings certificates
9372 2 Money Market Funds
9374 3 U.S. Government Securities
9376 4 Municipal or Corporate Bonds
9378 5 U.S. Savings Bonds
9380 6 Stocks or Mutual Fund Shares
9382 7 Other Assets – Specify

- 9384** x1 DK

16a. Did . . . file a State and/or local income tax return for 1984?

- 9386** 1 Yes
 2 No } SKIP to Check Item T35
 x1 DK

CHECK ITEM T33

Was . . . married as of December 31, 1984?

- 9388** 1 Yes
 2 No – SKIP to 16c

16b. Did . . . file a State and/or local income tax return jointly with . . . 's (husband/wife)?

- 9390** 1 Yes
 2 No – SKIP to 16c

CHECK ITEM T34

Has an interview already been obtained for . . . 's spouse?

- 9392** 1 Yes – SKIP to Check Item T35
 2 No

16c. How much was . . . 's total State and local income tax liability for 1984?

Obtain estimate, if necessary.

9394 \$. 00

- x3 None
 x1 DK
 x2 Ref.

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part B – PROPERTY INCOME AND TAXES (Continued)

**CHECK
ITEM T35**

Refer to cc item 15 –
Tenure
Are ...'s living quarters –

- 9396** Owned or being bought?
 Rented for cash?
 Occupied without cash payment? } *SKIP to Statement D*

**CHECK
ITEM T36**

Interview status of ...'s spouse.

- 9398** No spouse in household
 Interview for spouse not yet conducted
 Interview for spouse already conducted –
SKIP to Statement D

17a. Did ... pay any property taxes on ...'s residence(s) in 1984?

- 9400** Yes
 No – *SKIP to Statement D*

b. Did ... pay these jointly with someone else living here?

- 9402** Yes
 No – *SKIP to 17d*

c. Who made these joint payments with ...?

9404	Person No.	Name

	Person No.	Name
9406		_____

d. What was the property tax bill for ...'s residence(s) in 1984?

Obtain estimate, if necessary.

9408 \$. 00

x1 DK
x2 Ref.

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – EDUCATION AND TRAINING

Statement D →

The next few questions are about education and training.

1. Was . . . enrolled in school anytime during the past year? (Include any regular school, such as elementary, high school, or college, or any vocational, technical or business school.)

- 9410** 1 Yes
2 No – SKIP to Check Item T38

2. At what level or grade was . . . enrolled (If enrolled at more than one level in the past year, check level in which greatest amount of time was spent.)

- 9412** 1 Elementary grades 1–8
2 High school grades 9–12
3 College year 1
4 College year 2
5 College year 3
6 College year 4
7 College year 5
8 College year 6+
9 Vocational school
10 Technical school
11 Business school
12 Other or DK

CHECK ITEM T37

Was . . . enrolled in elementary or high school?

- 9414** 1 Yes
2 No – SKIP to 4

3. Was . . . enrolled in a public school? (Mark "Yes" if the school at which . . . spent the greatest amount of time was public.)

- 9416** 1 Yes – SKIP to Check Item T38
2 No

4. During the past year –

a. What was the total cost of . . .'s tuition and fees?

- 9418** \$. 00
x3 None
x1 DK

b. What was the total cost of . . .'s books and supplies?

- 9420** \$. 00
x3 None
x1 DK

c. Did . . . live away from home while attending school?

- 9422** 1 Yes
2 No – SKIP to 5

d. What was the total cost for room and board while away at school?

- 9424** \$. 00
x1 DK

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – EDUCATION AND TRAINING (Continued)

<p><i>(HAND RESPONDENT CARD Z)</i></p> <p>5a. Please look at this card and tell me if . . . received any of these types of educational assistance during the past year.</p> <p>Anything else?</p>	<p>9428 x3 <input type="checkbox"/> None – SKIP to Check Item T38</p>	<p>5b. How much did . . . receive?</p>
<p>(1) The GI Bill?</p>	<p>9428 1 <input type="checkbox"/> Received</p>	<p>9430 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(2) Other Veteran's Educational Assistance Programs? (Include survivors and dependents, vocational rehabilitation and post-Vietnam veterans assistance.)</p>	<p>9432 1 <input type="checkbox"/> Received</p>	<p>9434 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(3) College Work Study Program?</p>	<p>9436 1 <input type="checkbox"/> Received</p>	<p>9438 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(4) A Pell Grant?</p>	<p>9440 1 <input type="checkbox"/> Received</p>	<p>9442 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(5) A Supplemental Educational Opportunity Grant (SEOG)?</p>	<p>9444 1 <input type="checkbox"/> Received</p>	<p>9446 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(6) A National Direct Student Loan?</p>	<p>9448 1 <input type="checkbox"/> Received</p>	<p>9450 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(7) A guaranteed student loan?</p>	<p>9452 1 <input type="checkbox"/> Received</p>	<p>9454 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(8) A JTPA Training Program?</p>	<p>9456 1 <input type="checkbox"/> Received</p>	<p>9458 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(9) Employer assistance</p>	<p>9460 1 <input type="checkbox"/> Received</p>	<p>9462 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(10) A fellowship or scholarship?</p>	<p>9464 1 <input type="checkbox"/> Received</p>	<p>9466 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(11) A tuition reduction?</p>	<p>9468 1 <input type="checkbox"/> Received</p>	<p>9470 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(12) Anything else (other than assistance from relatives and friends)?</p>	<p>9472 1 <input type="checkbox"/> Received</p>	<p>9474 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – EDUCATION AND TRAINING (Continued)

6h. (During the past 12 months/Since January 1, 1982), did . . . receive training that was sponsored by any of the following programs –

(1) The Job Training Partnership Act or the Comprehensive Employment Training Act (JTPA or CETA)? **9522** 1 Yes
2 No
x1 DK

(2) The Work Incentive Program (WIN)? **9524** 1 Yes
2 No
x1 DK

(3) The Job Corps Program? **9526** 1 Yes
2 No
x1 DK

(4) The Trade Adjustment Assistance Act? **9528** 1 Yes
2 No
x1 DK

CHECK ITEM T41

Is "Yes" marked for one or more of the programs in item 6h?

9530 1 Yes – Ask 6i–6k for each program marked
2 No – SKIP to Check Item M1

Enter parenthetical number from 6h and name of training program. →

6i. In what year did . . . start his/her (Read name of program) training?

If more than one training episode, ask about most recent one first.

PROGRAM 1

Code	Name of program
9532 <input type="checkbox"/>	

PROGRAM 2

Code	Name of program
9582 <input type="checkbox"/>	

9534 1 1985
2 1984
3 1983
4 1982

9584 1 1985
2 1984
3 1983
4 1982

j. For how many weeks did . . . attend this training program?

9536 Weeks
OR
9538 1 Less than 1 week
x1 DK

9586 Weeks
OR
9588 1 Less than 1 week
x1 DK

k. What type of training program is (was) this?

Mark (X) all that apply.

9540 1 Classroom training-job skills
9542 2 Classroom training-basic education
9544 3 On-the-job training
9546 4 Job search assistance
9548 5 Work experience
9550 6 Other

9590 1 Classroom training-job skills
9592 2 Classroom training-basic education
9594 3 On-the-job training
9596 4 Job search assistance
9598 5 Work experience
9600 6 Other

NOTES