

Section 5 – TOPICAL MODULES

Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS

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 1987. It would be very helpful to refer to records during this part of the 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 – <i>SKIP to 1b</i> 2 <input type="checkbox"/> No
CHECK ITEM T2	Was an interview obtained for . . . for each of the 1st, 2nd, 3rd, AND 4th waves (cc items 44, 45, 46, and 47)?	8002	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T12, page 48</i> 2 <input type="checkbox"/> No
1 a.	Did . . . own and operate a business at any time during calendar year 1987? <i>Include farms.</i>	8004	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T12, page 48</i>
	ASK OR VERIFY – b. How many different businesses did . . . own and operate during calendar year 1987?	8006	<input type="text"/> <input type="text"/> Businesses OR x3 <input type="checkbox"/> None – <i>SKIP to Check Item T12, page 48</i>
	ASK OR VERIFY – c. What were the names of the businesses that . . . owned and operated during calendar year 1987? (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 _____ _____	Business name _____ _____
CHECK ITEM T3	Transcribe ID number for this business from the control card (cc item 43).	PGM7 8010	<input type="checkbox"/> Business ID No. OR x3 <input type="checkbox"/> Not listed on control card
		PGM7 8060	<input type="checkbox"/> 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 – <i>SKIP to 2a</i>
		8062	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 2a</i>
INTERVIEWER INSTRUCTION: Enter name, person number, and business ID number of other owner to indicate location of information about this business.		8014	8064
	Name _____	Name _____	Name _____
	Person number <input type="text"/> <input type="text"/> <input type="text"/>	Person number <input type="text"/> <input type="text"/> <input type="text"/>	Person number <input type="text"/> <input type="text"/> <input type="text"/>
	Business ID number <input type="text"/>	Business ID number <input type="text"/>	Business ID number <input type="text"/>
	OR x3 <input type="checkbox"/> Not listed on control card	OR x3 <input type="checkbox"/> Not listed on control card	OR x3 <input type="checkbox"/> Not listed on control card
	<i>SKIP to Check Item T9, page 48</i>	<i>SKIP to Check Item T10, page 48</i>	<i>SKIP to Check Item T10, page 48</i>
	ASK OR VERIFY – 2a. 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 – <i>Obtain information in employee section – SKIP to Check Item T9, page 48</i> x1 <input type="checkbox"/> DK	1 <input type="checkbox"/> Sole proprietorship 2 <input type="checkbox"/> Partnership 3 <input type="checkbox"/> Corporation – <i>Obtain information in employee section – SKIP to Check Item T10, page 48</i> x1 <input type="checkbox"/> DK	1 <input type="checkbox"/> Sole proprietorship 2 <input type="checkbox"/> Partnership 3 <input type="checkbox"/> Corporation – <i>Obtain information in employee section – SKIP to Check Item T10, page 48</i> x1 <input type="checkbox"/> DK
	b. Was this business primarily located in . . . 's own home or somewhere else?	8020	8070
	1 <input type="checkbox"/> Own home 2 <input type="checkbox"/> Somewhere else	1 <input type="checkbox"/> Own home 2 <input type="checkbox"/> Somewhere else	1 <input type="checkbox"/> Own home 2 <input type="checkbox"/> Somewhere else

TOPICAL MODULES

Section 5 – TOPICAL MODULES (Continued)

Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

CHECK ITEM T 5	Is "sole proprietorship" marked in item 2a?	8104 1 <input type="checkbox"/> Yes – <i>SKIP to 2h</i> 2 <input type="checkbox"/> No	8154 1 <input type="checkbox"/> Yes – <i>SKIP to 2h</i> 2 <input type="checkbox"/> No
2c.	Were any other members of this household part-owners of this (business/practice)?	8106 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 2g</i>	8156 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 2g</i>
d.	Which other household members were owners?	Person No. <input type="text"/> 8108 Name _____	Person No. <input type="text"/> 8158 Name _____
		Person No. <input type="text"/> 8110 Name _____	Person No. <input type="text"/> 8160 Name _____
e.	Was this (business/practice) owned entirely by members of this household?	8112 1 <input type="checkbox"/> Yes – <i>SKIP to 2g</i> 2 <input type="checkbox"/> No	8162 1 <input type="checkbox"/> Yes – <i>SKIP to 2g</i> 2 <input type="checkbox"/> No
f.	What percentage of this (business/practice) was owned by members of this household?	8114 <input type="text"/> Percent OR x1 <input type="checkbox"/> DK	8164 <input type="text"/> Percent OR x1 <input type="checkbox"/> DK
g.	What percentage of this (business/practice) did ... own in ...'s own name?	8116 <input type="text"/> Percent OR x1 <input type="checkbox"/> DK	8166 <input type="text"/> Percent OR x1 <input type="checkbox"/> DK
h.	What were the gross RECEIPTS of this (business/practice) in 1987? Please use records if they are available. ★ <i>Obtain estimate, if necessary.</i>	8118 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	8168 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
i.	What were the total EXPENSES of this (business/practice) in 1987? Please use records if they are available. ★ <i>Obtain estimate, if necessary.</i>	8120 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	8170 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM T 6	Is "DK" marked in either item 2h or 2i?	8122 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T 7</i>	8172 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T 7</i>
2j.	If we were to call back later could you provide us with an estimate of (receipts/expenses)? (This information is especially important for this survey.)	8124 1 <input type="checkbox"/> Yes – <i>Mark Callback Summary and Reminder Card, Item 11a or 11b</i> 2 <input type="checkbox"/> No	8174 1 <input type="checkbox"/> Yes – <i>Mark Callback Summary and Reminder Card, Item 11a or 11b</i> 2 <input type="checkbox"/> No
CHECK ITEM T 7	Is "sole proprietorship" marked in item 2a?	8126 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T 9</i> 2 <input type="checkbox"/> No	8176 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T 10</i> 2 <input type="checkbox"/> No

TOPICAL MODULES

Section 5 — TOPICAL MODULES (Continued)

Part A — ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

<p>2k. What was ...'s net income from this (business/practice) in 1987? Please use records if they are available.</p> <p align="center">★</p> <p><i>Obtain estimate, if necessary.</i></p>	<p>8202 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None</p> <p>x2 <input type="checkbox"/> Ref.</p> <p>x1 <input type="checkbox"/> DK</p> <p>8204 x4 <input type="checkbox"/> Lost money — Enter amount of loss in box — SKIP to Check Item T8</p>	<p>8252 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None</p> <p>x2 <input type="checkbox"/> Ref.</p> <p>x1 <input type="checkbox"/> DK</p> <p>8254 x4 <input type="checkbox"/> Lost money — Enter amount of loss in box — SKIP to Check Item T8</p>
<p>1. If we were to call back later could you provide us with an estimate? (This information is especially important for the purposes of this survey.)</p>	<p>8206 1 <input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Item 12</p> <p>2 <input type="checkbox"/> No</p>	<p>8256 1 <input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Item 12</p> <p>2 <input type="checkbox"/> No</p>
<p>CHECK ITEM T8 Were any other household members part owners of this business? (See item 2d.)</p>	<p>8208 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No — SKIP to Check Item T9</p>	<p>8258 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No — SKIP to Check Item T10</p>
<p>2m. Apart from the net income already reported for ... did (Read names of other household owners) receive any net income in 1987 from this (business/practice)?</p>	<p>8210 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK } SKIP to Check Item T9</p>	<p>8260 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK } SKIP to Check Item T10</p>
<p>n. What was the amount of net income that was received by (Read names of other household owners)?</p> <p><i>Obtain estimate, if necessary.</i></p>	<p>Person No. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8212 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8214 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p> <p>8216 x4 <input type="checkbox"/> Lost money — Enter amount of loss in box</p> <p>SECOND CO-OWNER</p> <p>Person No. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8218 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8220 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p> <p>8222 x4 <input type="checkbox"/> Lost money — Enter amount of loss in box</p>	<p>Person No. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8262 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8264 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p> <p>8266 x4 <input type="checkbox"/> Lost money — Enter amount of loss in box</p> <p>SECOND CO-OWNER</p> <p>Person No. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8268 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8270 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p> <p>8272 x4 <input type="checkbox"/> Lost money — Enter amount of loss in box</p>
<p>CHECK ITEM T9 Is another business listed in item 1c?</p>	<p>8274 1 <input type="checkbox"/> Yes — Complete Check Item T3 for next business</p> <p>2 <input type="checkbox"/> No — Go to Check Item T11</p>	<p align="center">Go to Check Item T10</p>
<p>CHECK ITEM T10 Is the number of businesses marked in item 1b three or more?</p>	<p>8276 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No — SKIP to Check Item T11</p>	
<p>3. What was ...'s net income from ...'s other businesses in 1987? Please use records if they are available.</p>	<p>8278 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p> <p>8280 x4 <input type="checkbox"/> Lost money — Enter amount of loss in box</p>	
<p>CHECK ITEM T11 Was ... identified as the owner of a corporation in item 2a?</p>	<p>8282 1 <input type="checkbox"/> Yes — SKIP to 4b and consider ... to be an employee of that corporation</p> <p>2 <input type="checkbox"/> No</p>	
<p>CHECK ITEM T12 Are the names of any employers listed for ... on the control card? (cc item 42)</p>	<p>8284 1 <input type="checkbox"/> Yes — SKIP to 4b</p> <p>2 <input type="checkbox"/> No</p>	

Section 5 – TOPICAL MODULES (Continued)

Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

CHECK ITEM T13	Was an interview obtained for . . . for each of the 1st, 2nd, 3rd, AND 4th waves? (cc items 44, 45, 46, and 47)	8286	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T18</i> 2 <input type="checkbox"/> No
4a.	Did . . . work at a paid job at any time during calendar year 1987?	8288	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T18</i>
	ASK OR VERIFY –	8290	<input type="checkbox"/> Employers OR x3 <input type="checkbox"/> None – <i>SKIP to Check Item T18</i>
b.	For how many different employers did . . . work during calendar year 1987? <i>(Include self-owned corporations.)</i>		
	ASK OR VERIFY –	PGM 8	Employer Name
c.	What were the names of the employers that . . . worked for in 1987?	8300	
	What is the address of that employer (the address of the physical location)?	PGM 8	Street address
	<i>List up to 2 employers; list employers according to amount of earnings received in 1987, beginning with employer from whom . . . received the greatest earnings.</i>	8302	
		PGM 8	City/State
		8303	
		PGM 8	ZIP code
		8304	
CHECK ITEM T14	Transcribe ID number for this employer from the control card (cc item 42).	PGM 7	<input type="checkbox"/> Employer ID number OR x3 <input type="checkbox"/> Not listed on control card
		8309	
CHECK ITEM T14.1	Is this a self-employed incorporated business?	8310	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM T14.2	Has information about this employer already been obtained in part A1 (page 14) or part A2 (page 16)?	8311	1 <input type="checkbox"/> Yes – <i>SKIP to 5a</i> 2 <input type="checkbox"/> No
4d.	What kind of business or industry was <i>(Read name of company or business)?</i>	PGM 8	
		8312	
e.	Was it mainly –	PGM 8	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?
		8314	
f.	What kind of work was . . . doing on this job?	PGM 8	
		8316	
g.	What were . . . 's main activities or duties?	PGM 8	
		8318	
h.	Was . . . an employee of –	PGM 8	1 <input type="checkbox"/> A private company or individual? 2 <input type="checkbox"/> Federal Government? (Exclude Armed Forces) 3 <input type="checkbox"/> State government? 4 <input type="checkbox"/> Local government? 5 <input type="checkbox"/> Armed Forces? 6 <input type="checkbox"/> Unpaid in family business or farm? – <i>SKIP to Check Item T16</i>
		8320	
5a.	Do you have a W-2 form from <i>(Read name of employer)</i> or a completed worksheet that you can refer to? <i>(If "Yes," ask respondent to use the W-2 form or worksheet.)</i>	PGM 7	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
		8322	
b.	<i>(According to . . . 's W-2 form or worksheet)</i> how much did . . . earn from . . . 's job with <i>(Read name of employer)</i> during 1987 before any deductions? <i>Obtain estimate, if necessary.</i>	8324	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to Check Item T16</i>
		8374	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to Check Item T17</i>

Section 5 – TOPICAL MODULES (Continued)

Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

CHECK ITEM T15	Does . . . have a W-2 form or completed worksheet to refer to?	8678 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T16</i>	8728 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T17</i>																
5c.	According to the W-2 form (or worksheet), what is the identification number of this employer?	Identification number 8678 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									Identification number 8728 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
		8680 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									8730 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
		8682 x1 <input type="checkbox"/> DK	8732 x1 <input type="checkbox"/> DK																
d.	In 1987, how much was deducted from . . . 's pay for –																		
	(1) Federal Income Taxes?	8800 \$ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 40px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> 00 x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.			8850 \$ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 40px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> 00 x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.														
	(2) State and local income taxes?	8802 \$ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 40px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> 00 x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.			8852 \$ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 40px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> 00 x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.														
	(3) Social Security (FICA) taxes?	8804 \$ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 40px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> 00 x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.			8854 \$ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 40px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> 00 x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.														
	(4) Health insurance?	8806 \$ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 40px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> 00 x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.			8856 \$ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 40px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> 00 x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.														
CHECK ITEM T16	Is another employer listed in item 4c?	8956 1 <input type="checkbox"/> Yes – <i>Complete Check Item T14 for next employer</i> 2 <input type="checkbox"/> No – <i>SKIP to Check Item T18</i>	Go to Check Item T17																
CHECK ITEM T17	Is the number of employers marked in item 4b three or more?	9058 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T18</i>																	
6.	What was the total amount . . . earned from . . . 's other employers in 1987 before deductions? (Please use W-2 forms if you have any.) <i>Obtain estimate, if necessary.</i>	9060 \$ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 40px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.																	
CHECK ITEM T18	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 1st, 2nd, 3rd, OR 4th waves?	9100 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T20</i> 2 <input type="checkbox"/> No																	
CHECK ITEM T19	Was an interview obtained for . . . for each of the 1st, 2nd, 3rd, AND 4th waves? (cc items 44, 45, 46, AND 47)	9102 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 7b</i>																	
7a.	We recorded during our earlier interviews that . . . did not receive any income in the form of interest or dividends in calendar year 1987 – is that correct?	9104 1 <input type="checkbox"/> Yes, correct – <i>SKIP to Check Item T23, page 53</i> 2 <input type="checkbox"/> No, not correct – <i>did receive interest or dividends – SKIP to Check Item T20</i>																	
b.	Did . . . receive any income in the form of interest or dividends in calendar year 1987? <i>Mark "Yes" if received jointly or in own name.</i>	9106 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T23, page 53</i>																	
CHECK ITEM T20	Interview status of . . . 's spouse	9108 1 <input type="checkbox"/> No spouse in household } <i>SKIP to 8a,</i> 2 <input type="checkbox"/> Interview for spouse already completed } <i>page 52</i> 3 <input type="checkbox"/> Interview for spouse not yet completed																	

Section 5 – TOPICAL MODULES (Continued)

Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

<p><i>(HAND RESPONDENT CARD BB)</i></p> <p>7c. Please look at this card and tell me which of these assets . . . owned jointly with . . . 's (husband/wife) at any time during calendar year 1987. Do not count IRA or KEOGH investments.</p> <p>Any others?</p> <p>(1) Regular or passbook savings accounts</p> <p>(2) Money Market deposit accounts</p> <p>(3) Certificates of deposit or other savings certificates</p> <p>(4) Interest earning checking accounts (such as NOW or Super NOW accounts)</p> <p>(5) Money market mutual funds</p> <p>(6) Stocks and mutual fund shares</p> <p>(7) U.S. Savings Bonds (E, EE)</p> <p>(8) Other U.S. Government securities</p> <p>(9) Municipal bonds</p> <p>(10) Corporate bonds</p> <p>(11) Mortgages</p> <p>(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.)</p>	<p>9110 x3 <input type="checkbox"/> None — SKIP to 8a</p> <p>9112 1 <input type="checkbox"/> Owned</p> <p>9116 1 <input type="checkbox"/> Owned</p> <p>9120 1 <input type="checkbox"/> Owned</p> <p>9124 1 <input type="checkbox"/> Owned</p> <p>9128 1 <input type="checkbox"/> Owned</p> <p>9132 1 <input type="checkbox"/> Owned</p> <p>9136 1 <input type="checkbox"/> Owned</p> <p>9140 1 <input type="checkbox"/> Owned</p> <p>9144 1 <input type="checkbox"/> Owned</p> <p>9148 1 <input type="checkbox"/> Owned</p> <p>9152 1 <input type="checkbox"/> Owned</p> <p>9156 1 <input type="checkbox"/> Owned</p>	<p><i>(ASK FOR EACH ASSET OWNED)</i></p> <p>7d. How much income did . . . and . . . 's (husband/wife) receive from their jointly owned (Read name of asset) in 1987? (Enter "1" in dollar amount if no income was received.)</p> <p>9114 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>9118 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>9122 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>9126 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>9130 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>9134 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>9138 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>9142 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>9146 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>9150 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>9154 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>9158 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>CHECK ITEM T21 Is "DK" marked in item 7d for any of the assets?</p>	<p>9160 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 8a</p>	
<p>7e. What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held (Read all asset types marked owned) during 1987?</p>	<p>9162 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>	

Section 5 – TOPICAL MODULES (Continued)

Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

(HAND RESPONDENT CARD BB)

8a. Please look at this card and tell me which of these assets . . . owned (in . . . 's own name) at any time during calendar year 1987? Do not count IRA or KEOGH investments.

Anything else?

(1) Regular or passbook savings accounts . . .

9164 x3 None –
SKIP to
Check Item
T23

9166 1 Owned

(2) Money Market deposit accounts

9170 1 Owned

(3) Certificates of deposit or other savings certificates

9174 1 Owned

(4) Interest earning checking accounts (such as NOW or Super NOW accounts)

9178 1 Owned

(5) Money market mutual funds

9182 1 Owned

(6) Stocks and mutual fund shares

9186 1 Owned

(7) U.S. Savings Bonds (E, EE)

9190 1 Owned

(8) Other U.S. Government securities

9194 1 Owned

(9) Municipal bonds

9198 1 Owned

(10) Corporate bonds

9202 1 Owned

(11) Mortgages

9206 1 Owned

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

9210 1 Owned

(ASK FOR EACH ASSET OWNED)

8b. How much income did . . . receive from (Read name of asset) in 1987? (Enter "1" in dollar amount if no income was received.)

9168 \$. 00

x1 DK
x2 Ref.

9172 \$. 00

x1 DK
x2 Ref.

9176 \$. 00

x1 DK
x2 Ref.

9180 \$. 00

x1 DK
x2 Ref.

9184 \$. 00

x1 DK
x2 Ref.

9188 \$. 00

x1 DK
x2 Ref.

9192 \$. 00

x1 DK
x2 Ref.

9196 \$. 00

x1 DK
x2 Ref.

9200 \$. 00

x1 DK
x2 Ref.

9204 \$. 00

x1 DK
x2 Ref.

9208 \$. 00

x1 DK
x2 Ref.

9212 \$. 00

x1 DK
x2 Ref.

CHECK ITEM T22

Is "DK" marked in item 8b for any of the assets?

9214 1 Yes
2 No – SKIP to Check Item T23

Section 5 – TOPICAL MODULES (Continued)

Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

8c. What is your best estimate of the average amount that . . . had in these (Read all asset types marked owned) during 1987?

9216 \$. 00

x1 DK
x2 Ref.

CHECK ITEM T23 Refer to cc item 46
Is ISS Code 120 marked on the control card for . . . for the 1st, 2nd, 3rd, OR 4th waves?

9218 1 Yes – SKIP to 9b
2 No

CHECK ITEM T24 Was an interview obtained for . . . for each of the 1st, 2nd, 3rd, and 4th waves (cc items 44, 45, 46, AND 47)?

9220 1 Yes – SKIP to 10a
2 No

9a. Did . . . own any kind of rental property during 1987, either in . . .'s own name or jointly with someone else?

9222 1 Yes – SKIP to 9c
2 No – SKIP to 10a

b. We learned from earlier interviews that . . . owned some rental property in calendar year 1987 – is that correct?

9224 1 Yes
2 No – SKIP to 10a

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

9d. (ASK FOR EACH PROPERTY OWNED) What was . . .'s net income from this property in 1987? 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 T25 Is "DK" marked in item 9d for any type of property?

9262 1 Yes
2 No – SKIP to 10a

9e. 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 1987? (Information on rental income is very important for the purposes of this survey.)

9264 1 Yes – Mark Callback Summary and Reminder Card, Item 13
2 No

Section 5 – TOPICAL MODULES (Continued)

Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

<p>10a. 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 } <i>SKIP to 10h</i></p>
<p>b. Did . . . make any contributions to IRA accounts which applied to . . .’s 1987 tax return?</p>	<p>9332 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 10d</i></p>
<p>c. How much were . . .’s contributions to IRA accounts which applied to . . .’s 1987 tax return?</p> <p><i>(Form 1040, line 24) (Form 1040A, line 11)</i></p>	<p>9334 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" 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 1987?</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 } <i>SKIP to 10f</i></p>
<p>e. How much did . . . withdraw from IRA accounts during 1987?</p>	<p>9338 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" 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 1987?</p>	<p>9340 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" 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 1987?</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>_____</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 } <i>SKIP to 10o</i></p>
<p>i. Did . . . make any contributions to a KEOGH account which applied to . . .’s 1987 tax return?</p>	<p>9360 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 10k</i></p>
<p>j. How much were . . .’s contributions to KEOGH accounts which applied to . . .’s 1987 tax return?</p> <p><i>(Form 1040, line 26)</i></p>	<p>9362 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" 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 1987?</p>	<p>9364 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 10m</i></p>

Section 5 – TOPICAL MODULES (Continued)

Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

10l. How much did . . . withdraw from KEOGH accounts during 1987?

9366 \$. 00

- x1 DK
x2 Ref.

m. Including ALL KEOGH accounts in . . . 's OWN name, how much did . . . 's KEOGH accounts earn during 1987?

9368 \$. 00

- x1 DK
x2 Ref.

n. What types of assets did . . . have in . . . 's KEOGH accounts during 1987?

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

o. During 1987, did . . . participate in an employee thrift plan such as a 401k plan? Such a plan allows employees to defer part of their salary and not have to pay taxes on their deferred salary until they retire or make a withdrawal.

9386 1 Yes
 2 No } *SKIP to Check Item T26*
 x1 DK }

Refer to page 49, item 4b. If a respondent did not work in 1987, do not read question, mark "No" automatically and skip to Check Item T26.

p. How much did . . . contribute to this plan during 1987?

9388 \$. 00

- x3 None
x1 DK
x2 Ref.

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part B – TAXES

CHECK ITEM T26	Has tax information for . . . already been obtained in an interview for a spouse with whom . . . filed a joint return?	9390	<input type="checkbox"/> 1 Yes – <i>SKIP to 11a, page 58</i> <input type="checkbox"/> 2 No																					
1 a.	Did . . . file a Federal income tax return for 1987? <i>Mark "Yes" if . . . filed alone or jointly.</i>	9392	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – <i>SKIP to 11a, page 58</i>																					
b.	Do you have a copy of the tax form or a worksheet that you could refer to for the next few questions?	9394	<input type="checkbox"/> 1 Yes – <i>Allow person time to get form</i> <input type="checkbox"/> 2 No																					
2.	What was . . . 's filing status on . . . 's 1987 Federal tax return? Did . . . file as – <i>Read categories – Mark (X) one.</i>	9396	<input type="checkbox"/> 1 A single taxpayer? <input type="checkbox"/> 2 Married, filing a joint return? <input type="checkbox"/> 3 Married, filing separately? <input type="checkbox"/> 4 Unmarried head of household? <input type="checkbox"/> 5 Qualifying widow(er) with dependent child? <input type="checkbox"/> x1 DK																					
3 a.	What were the total number of exemptions claimed on . . . 's tax return?	9398	<input type="text"/> <input type="text"/> Exemptions – <i>If "01" SKIP to 4</i> <input type="checkbox"/> x1 DK																					
CHECK ITEM T27	<i>Refer to cc item 20.</i> Number of current household members.	9400	<input type="checkbox"/> 1 One – <i>SKIP to 3c</i> <input type="checkbox"/> 2 Two or more																					
3 b.	Besides . . . which persons in this household did . . . claim as an exemption?		<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:15%;">Person No.</th> <th style="width:75%;">Name</th> </tr> </thead> <tbody> <tr> <td>9402</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>9404</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>9406</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>9408</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>9410</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>9412</td> <td colspan="2"><input type="checkbox"/> 1 None in household</td> </tr> </tbody> </table>		Person No.	Name	9402	<input type="text"/>	<input type="text"/>	9404	<input type="text"/>	<input type="text"/>	9406	<input type="text"/>	<input type="text"/>	9408	<input type="text"/>	<input type="text"/>	9410	<input type="text"/>	<input type="text"/>	9412	<input type="checkbox"/> 1 None in household	
	Person No.	Name																						
9402	<input type="text"/>	<input type="text"/>																						
9404	<input type="text"/>	<input type="text"/>																						
9406	<input type="text"/>	<input type="text"/>																						
9408	<input type="text"/>	<input type="text"/>																						
9410	<input type="text"/>	<input type="text"/>																						
9412	<input type="checkbox"/> 1 None in household																							
ASK OR VERIFY –	c. Did . . . claim exemptions for any persons who lived outside of . . . 's home for the entire year?	9414	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – <i>SKIP to 4</i>																					
d.	What was the relationship of this (these) person(s) to . . .? <i>Record two persons only.</i>		<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:50%;">FIRST DEPENDENT</th> <th style="width:50%;">SECOND DEPENDENT</th> </tr> </thead> <tbody> <tr> <td>9416</td> <td> <input type="checkbox"/> 1 Parent <input type="checkbox"/> 2 Child <input type="checkbox"/> 3 Brother/sister <input type="checkbox"/> 4 Other </td> <td>9418</td> <td> <input type="checkbox"/> 1 Parent <input type="checkbox"/> 2 Child <input type="checkbox"/> 3 Brother/sister <input type="checkbox"/> 4 Other </td> </tr> </tbody> </table>		FIRST DEPENDENT	SECOND DEPENDENT	9416	<input type="checkbox"/> 1 Parent <input type="checkbox"/> 2 Child <input type="checkbox"/> 3 Brother/sister <input type="checkbox"/> 4 Other	9418	<input type="checkbox"/> 1 Parent <input type="checkbox"/> 2 Child <input type="checkbox"/> 3 Brother/sister <input type="checkbox"/> 4 Other														
	FIRST DEPENDENT	SECOND DEPENDENT																						
9416	<input type="checkbox"/> 1 Parent <input type="checkbox"/> 2 Child <input type="checkbox"/> 3 Brother/sister <input type="checkbox"/> 4 Other	9418	<input type="checkbox"/> 1 Parent <input type="checkbox"/> 2 Child <input type="checkbox"/> 3 Brother/sister <input type="checkbox"/> 4 Other																					
4.	Did . . . file form 1040, the long form or did . . . file one of the short forms, 1040A or 1040EZ?	9420	<input type="checkbox"/> 1 Form 1040 <input type="checkbox"/> 2 Form 1040A <input type="checkbox"/> 3 Form 1040EZ <input type="checkbox"/> x1 DK } <i>SKIP to Check Item T28</i>																					
5.	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 1987 tax return.																							
	(1) Schedule A, Itemized Deductions	9422	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> x1 DK																					
	(2) Schedule D, Capital Gains and Losses	9424	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> x1 DK																					
	(3) Schedule E, Supplemental Income Schedule	9426	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> x1 DK																					

Section 5 — TOPICAL MODULES (Continued)

Part B — TAXES (Continued)

CHECK ITEM T28	Does the respondent have a copy of . . . 's Federal income tax form or a worksheet to refer to?	9428	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 9a, page 58</i>	
CHECK ITEM T29	Is "Form 1040" marked in item 4?	9430	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 8, page 58</i>	
CHECK ITEM T30	Is "Schedule A, Itemized Deductions" marked "Yes" in item 5(1)?	9432	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 6c</i>	
6a.	How much were . . . 's (and . . . 's husband's/wife's) itemized deductions for 1987? <i>(Form 1040, line 33a)</i>	9434	\$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } <i>SKIP to Check Item T31</i>	
b.	How much were . . . 's (and . . . 's husband's/wife's) deductions for interest paid during 1987? <i>(Schedule A, line 13)</i>	9436	\$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None	
c.	How much were . . . 's taxable pensions, annuities, and IRA distributions? <i>(Form 1040, line 16b)</i>	9440	\$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None	
d.	How much were . . . 's (and . . . 's husband's/wife's) taxable social security benefits? <i>(Form 1040, line 20b)</i>	9444	\$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None	
e.	On . . . 's Form 1040, did . . . (and . . . 's husband/wife) claim —			<i>(Ask for each credit claimed.)</i> 6f. What was the amount of the <i>(Read name of credit) claimed?</i>
	(1) A child and dependent care expense credit . . . <i>(Form 1040, line 40)</i>	9446	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9448 \$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	(2) A credit for the elderly and the permanently and totally disabled <i>(Form 1040, line 41)</i>	9450	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9452 \$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	(3) A general business credit <i>(Form 1040, line 45)</i>	9454	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9456 \$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM T31	Is "Schedule D, Capital Gains and Losses" marked "Yes" in item 5(2)?	9458	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 8</i>	

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part B – TAXES (Continued)

<p>7. How much were ...'s (and ...'s husband's/wife's) capital gains or losses from the sale or exchange of personal assets for 1987? <i>(Form 1040, line 14)</i></p>	<p>9460 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 9461 x4 <input type="checkbox"/> Lost money – Enter amount of loss in box</p>
<p><i>(SHOW FLASHCARD CC WITH APPROPRIATE TAX FORM)</i></p> <p>8. This card shows the portion of the tax return that deals with adjusted gross income and with the net tax liability for the year.</p> <p>a. 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 1987? <i>(Form 1040, line 30)</i> <i>(Form 1040A, line 12)</i> <i>(Form 1040EZ, line 3)</i></p>	<p>9462 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 9463 x4 <input type="checkbox"/> Lost money – Enter amount of loss in box</p>
<p>b. 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 1987? <i>(Form 1040, line 53)</i> <i>(Form 1040A, line 20)</i> <i>(Form 1040EZ, line 9)</i></p>	<p>\$ <input type="text"/> . <input type="text"/> 00</p> <p>9464 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>CHECK ITEM T32 Amount of gross income reported in item 8a.</p>	<p>9466 1 <input type="checkbox"/> \$15,432 or more – SKIP to 11a 2 <input type="checkbox"/> Less than \$15,432 – SKIP to 10a</p>
<p>9a. Can you give me an estimate of ...'s Federal income tax liability for 1987?</p>	<p>9468 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10a</p>
<p>b. How much was ...'s Federal income tax liability? Count all taxes paid or withheld minus any refunds.</p>	<p>9470 \$ <input type="text"/> . <input type="text"/> 00</p>
<p>10a. Did ... claim an earned income credit on ...'s Federal income tax return?</p>	<p>9472 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 11a x1 <input type="checkbox"/> DK }</p>
<p>b. What was the amount of earned income credit claimed? <i>(Form 1040, line 56)</i> <i>(Form 1040A, line 21b)</i></p>	<p>9474 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>11a. Did ... file a State and/or local income tax return for 1987?</p>	<p>9476 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to Check Item T35 x1 <input type="checkbox"/> DK }</p>
<p>CHECK ITEM T33 ASK OR VERIFY – Was ... married as of December 31, 1987? Mark "Yes" if spouse died during 1987.</p>	<p>9478 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11c</p>
<p>11b. Did ... file a State and/or local income tax return jointly with ...'s (husband/wife)?</p>	<p>9480 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11c</p>
<p>CHECK ITEM T34 Has an interview already been obtained for ...'s spouse?</p>	<p>9482 1 <input type="checkbox"/> Yes – SKIP to Check Item T35 2 <input type="checkbox"/> No</p>

Section 5 – TOPICAL MODULES (Continued)

Part C – SCHOOL ENROLLMENT AND FINANCING

Statement D → The next few questions are about school enrollment and financing.

1. Was . . . enrolled in school anytime during the past 12 months? (Include any regular school, such as elementary, high school, or college, or any vocational, technical or business school.)

- 9610** 1 Yes
2 No – SKIP to Check Item C1, page 62

2. At what level or grade was . . . enrolled? (If enrolled at more than one level in the past 12 months, check level in which the greatest amount of time was spent.)

- 9612** 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?

- 9614** 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.)

- 9616** 1 Yes – SKIP to Check Item C1, page 62
2 No

4. During the past 12 months –

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

- 9618** \$. 00
x3 None
x1 DK

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

- 9620** \$. 00
x3 None
x1 DK

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

- 9622** 1 Yes
2 No – SKIP to 5

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

- 9624** \$. 00
x1 DK

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – SCHOOL ENROLLMENT AND FINANCING (Continued)

(HAND RESPONDENT CARD DD)

5a. Please look at this card and tell me if . . . received any of these types of educational assistance during the past 12 months.

Anything else?

9626 x3 None –
SKIP to
Check Item
C1

5b. How much did . . . receive?

(1) The GI Bill?

9628 1 Received

9630 \$. 00
x1 DK

(2) Other Veteran's Educational Assistance Programs? (Include survivors and dependents, vocational rehabilitation and post-Vietnam veterans assistance.)

9632 1 Received

9634 \$. 00
x1 DK

(3) College Work Study Program?

9636 1 Received

9638 \$. 00
x1 DK

(4) A Pell Grant?

9640 1 Received

9642 \$. 00
x1 DK

(5) A Supplemental Educational Opportunity Grant (SEOG)?

9644 1 Received

9646 \$. 00
x1 DK

(6) A National Direct Student Loan (NDSL)?

9648 1 Received

9650 \$. 00
x1 DK

(7) A guaranteed student loan?

9652 1 Received

9654 \$. 00
x1 DK

(8) A JTPA Training Program?

9656 1 Received

9658 \$. 00
x1 DK

(9) Employer assistance

9660 1 Received

9662 \$. 00
x1 DK

(10) A fellowship or scholarship?

9664 1 Received

9666 \$. 00
x1 DK

(11) A tuition reduction?

9668 1 Received

9670 \$. 00
x1 DK

(12) Anything else (other than assistance from relatives and friends)?

9672 1 Received

9674 \$. 00
x1 DK

NOTES