



# 2009 ANNUAL ACCOMMODATION REPORT

## HOTELS, RV PARKS, CAMPGROUNDS & OTHER ACCOMODATIONS

### DUE DATE

#### Need help or have questions?

Call 1-800-772-7851, option "2"  
(8:30 a.m. - 5:00 p.m. EST, M-F)

**YOUR RESPONSE IS REQUIRED BY LAW.** Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the U.S. Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

*(Please correct any errors in name, address, and ZIP Code.)*

#### Return via Internet:

[www.census.gov/econhelp/arts](http://www.census.gov/econhelp/arts)

Username:

Password:

Use your firm's unique username and original password. If you change your password, please keep a record for future reference.

#### Return via Fax:

1-800-447-4613

#### Return via Mail:

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

### GENERAL INSTRUCTIONS

- Always provide book figures. If they are not available, carefully prepared estimates, labeled "Est." are acceptable.
- Any significant change in your firm's operations should be noted in the "REMARKS" section of this report.
- To view the results of this survey, visit **www.census.gov/retail**.

#### INCLUDE

- All domestic/U.S. accommodations establishments operated by your company and its subsidiaries
- Data for auxiliary facilities of your firm engaged in furnishing supporting services to your covered establishment(s) (such as warehouses, garages, central administrative offices, and repair services)
- Data for establishment(s) sold or acquired during 2009 for the period they were operated by your firm

#### EXCLUDE

- Data for establishments operated by other firms, such as franchises
- Departments and concessions operated by other firms in your covered establishment(s)

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**1A OWNERSHIP OR CONTROL**

1. Does another firm own more than 50 percent of the working stock or have the power to control management and policies of this firm?

Yes - Enter the following information of the owning or controlling company ↴

No - Go to line 2

Name of owning or controlling company		Employer Identification Number (EIN) for owning or controlling company (9 digits)		
			-	
Address (Number and street)				
City		State	ZIP Code	
			-	

2. Did your firm experience any organizational change during 2009?

Yes

No - Go to 1B

3. Which one of the following best describes your firm's organizational change?

Sold to

Merged with

Acquired

*Date of sale/merger or acquisition* →

*AND enter name and address of company sold to/merged with/acquired ↴*

2009	
Month	Year

Name of company sold to/merged with/acquired		EIN (9 digits)		
			-	
Address (Number and street, P.O. Box, etc.)				
City		State	ZIP Code	
			-	

**1B NUMBER OF RETAIL ESTABLISHMENTS**

How many retail establishments, including departments and concessions, were covered by this report as of December 31, 2009? . . . . .

Mark "X" if None

Number as of December 31, 2009

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**2A SALES**

**INCLUDE**

- Receipts from guest rooms or unit rentals
- Management fees and reimbursable revenues
- Receipts from rentals of public rooms such as ballrooms, conference rooms, etc.
- Sales of meals, alcoholic beverages, and other merchandise
- Sales of gaming operations
- Site rental and equipment usage fees
- Revenues from camp tuition and camper fees
- Revenue from room and board
- Receipts from valet, laundry, parking, and other guest services provided by this firm
- Leased departments and concessions operated in other establishments
- For casino hotels, report sales net of promotional allowances
- Credit and cash sales of merchandise
- E-commerce sales if not submitted on a separate Annual Retail Trade Report
- Excise taxes (such as those on gasoline, liquor, and tobacco) which are included in the cost of goods purchased by this firm

**EXCLUDE**

- Sales from auxiliary establishments
- Carrying or other finance charges
- Commissions (such as vending machine operators, government lottery tickets, or other stores)
- Non-operating receipts (such as interest income, income from investments, and receipts from the rental or sale of real estate)
- Sales made by departments and concessions operated by other firms in your firm's accommodation establishment(s)
- Franchise fees and royalties

**DEDUCT**

- Refunds and allowances for returned goods
- Actual value of rebates and discounts granted to the purchaser, even if granted as an increase in trade-in allowances

1. What were the total sales of merchandise and other operating receipts for 2009?  
*(INCLUDE e-commerce sales and excise taxes on gasoline, liquor, and tobacco. EXCLUDE all sales taxes.)* . . . . .
2. Did your firm collect any sales taxes during 2009?
- Yes - What were the total sales taxes collected?  
*(Exclude excise taxes reported in line 1.)* . . . . .
- No - Go to **2B**
3. What were the total sales of merchandise and other operating receipts including sales taxes for 2009? *(Sum of lines 1 and 2.)* . . . . .

Mark "X" if None

2009			
\$ Bil.	Mil.	Thou.	Dol.

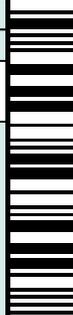
**2B SALES REPORT PERIOD**

Do the reported data in **2A** represent the calendar year (January 1 through December 31) for 2009?

- Yes - Go to **2C**
- No - What were your beginning and ending dates for 2009? . . . . .

2009		
Beginning Date		
Month	Day	Year
2009		
Ending Date		
Month	Day	Year

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**2 C E-COMMERCE SALES**

1. Did your firm have any e-commerce sales during 2009?

*E-commerce sales and other operating receipts are sales of goods and services where an order is placed by the buyer; or price and terms of the sale are negotiated over an Internet, extranet, EDI network, electronic mail, or other online system. Payment may or may not be made online.*

Yes

No - Go to **9**

2009			
\$ Bil.	Mil.	Thou.	Dol.

2. What were the total e-commerce sales? (Exclude sales taxes.) . . . . .

**3 - 8** Not Applicable.

**9 TOTAL OPERATING EXPENSES, INCLUDING PAYROLL**

**INCLUDE**

- Expenses arising from the normal course of business
- Payroll

**EXCLUDE**

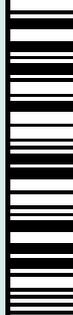
- Bad debt
- Purchases of goods for resale or cost of goods sold
- Income taxes
- Sales and other taxes collected directly from customers and paid directly to a local, State, or Federal government agency
- Interest expenses
- Impairment (reduction in value of long-lived assets due to reappraisal)
- Capitalized expenses (except payroll and fringe benefits)

What were the total operating expenses, including payroll, during 2009 for establishments reported in **1 B**? . . . . .

Mark "X" if None

2009			
\$ Bil.	Mil.	Thou.	Dol.

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**REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify your responses, or to indicate where data were estimated.

Public reporting burden for this collection of information is estimated to average 34 minutes, including the time for assembling data from existing records and completing this form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Paperwork Project 0607-0013, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may e-mail comments to [Paperwork@census.gov](mailto:Paperwork@census.gov); use "Paperwork Project 0607-0013" as the subject. Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget (OMB). The OMB eight-digit number appears in the upper right corner of the form.

**10 CERTIFICATION** - This report is substantially accurate and has been prepared in accordance with the instructions.

Name of person to contact regarding this report *(Please print)*

Address - Number and street				City	State	ZIP Code	

Telephone	Area code	Number		Extension	Fax	Area code	Number	
		-					-	

Internet address (firm's homepage)	E-mail address
http://	

Signature of authorized person	Title	Date completed	

**Thank you for completing your 2009 ANNUAL ACCOMMODATION REPORT form.**  
**WE SUGGEST YOU RETAIN A PHOTOCOPY OF THIS REPORT FOR YOUR RECORDS.**

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