



1992 CENSUS OF RETAIL TRADE APPAREL

OMB No. 0607-0719: Approval Expires 06/30/94

DUE DATE: FEBRUARY 15, 1993

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

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

CB-5601

Please read the accompanying instructions before answering the questions.

Census use

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

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification (EI) Number shown in the label the same as the one used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 ☐ Yes 2 ☐ No - Report current EI No. below

(9 digits)

Item 2. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 ☐ Yes 2 ☐ No - Report physical location below

Number and street

City, town, village, etc.

State

ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 ☐ Yes 3 ☐ No legal boundaries
2 ☐ No 4 ☐ Do not know

c. In what type of municipality is this establishment physically located?

096 1 ☐ City, village, or borough
2 ☐ Town or township
3 ☐ Other - Specify _____
4 ☐ Do not know

d. In what county is this establishment physically located?

Item 3. OPERATIONAL STATUS

Number of months

002

a. How many months during 1992 was this establishment actively operated?

b. Which of the following best describes this establishment's status at the end of 1992? Mark (X) only ONE box.

001 1 ☐ In operation
2 ☐ Temporarily or seasonally inactive
3 ☐ Ceased operation - Give date at right
4 ☐ Sold or leased to another operator - Give date at right AND enter name, etc., below

Figures only

Month Year

Name of new owner or operator

Number and street

City

State

ZIP Code

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

Example: If a figure is \$1,125,628.79 • Preferred report

Acceptable

Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
1	126	
1	125	629

Item 4. DOLLAR VOLUME OF BUSINESS

Mil. Thou. Dol.

010

Sales of merchandise and other operating receipts for 1992 (Exclude receipts of leased departments or concessions and all sales or other taxes collected)

Item 5. PAYROLL

Mil. Thou. Dol.

030

Payroll in 1992, BEFORE DEDUCTIONS

a. Annual

031

b. First quarter (January-March)

Item 6. EMPLOYMENT

Number

032

Number of paid employees for pay period including March 12, 1992 (Include both full- and part-time employees)

Item 7. KIND OF BUSINESS

What was this establishment's PRINCIPAL kind of business in 1992? Mark (X) only ONE box.

070

- | | |
|---|---------------------------------|
| Women's wear store | <input type="checkbox"/> 562101 |
| Women's apparel accessory store | <input type="checkbox"/> 563211 |
| Men's wear store | <input type="checkbox"/> 561102 |
| Men's and boys' wear store | <input type="checkbox"/> 561101 |
| Family clothing store | <input type="checkbox"/> 565101 |
| Sports apparel store (golf, tennis, riding, etc.) | <input type="checkbox"/> 569911 |
| Children's and infants' wear store | <input type="checkbox"/> 564101 |
| Millinery store | <input type="checkbox"/> 563214 |
| Corset and lingerie store | <input type="checkbox"/> 563212 |
| Women's hosiery store | <input type="checkbox"/> 563213 |
| Furrier or fur shop | <input type="checkbox"/> 563221 |
| Costume jewelry/accessory store | <input type="checkbox"/> 563215 |
| Custom tailor | <input type="checkbox"/> 569921 |
| Secondhand clothing store | <input type="checkbox"/> 593224 |
| Bridal shop | <input type="checkbox"/> 562102 |
| Maternity wear shop | <input type="checkbox"/> 562103 |
| Men's shoe store | <input type="checkbox"/> 566111 |
| Women's shoe store | <input type="checkbox"/> 566121 |
| Children's shoe store | <input type="checkbox"/> 566131 |
| Family shoe store | <input type="checkbox"/> 566141 |
| Athletic footwear store | <input type="checkbox"/> 566151 |
| T-shirt shop (custom printed) | <input type="checkbox"/> 569922 |

ITEM 7 CONTINUED ON PAGE 2

Item 7. KIND OF BUSINESS - Continued

070

Uniform store (business, nurses', etc.) ☐ 569923
 Western wear store ☐ 585102
 Formal wear rental ☐ 729980
 Other kind of business - Describe ☐ 777777

Item 8. METHOD OF SELLING

What was this establishment's PRINCIPAL method of selling in 1992? Mark (X) only ONE box.

235

Selling at this establishment 1 ☐
 Mail order (include catalog selling and home shopping via television or computer) 2 ☐
 Telemarketing 3 ☐
 Direct selling (include selling from house-to-house and nonfixed or temporary locations) 4 ☐
 Operating merchandise vending machines 5 ☐

Item 9. CLASS OF CUSTOMER

Report the percentage of this establishment's total sales in 1992 (Item 4) to each class of customer.

237

a. General public (household consumers and individuals) 239
 b. Other, including retailers; wholesalers; institutional, industrial, commercial, professional, and farm users (for use in farm production); and government

Item 10. MERCHANDISE LINES

Report sales for each merchandise line sold by this establishment, either as a dollar figure or as a whole percent of total sales. (See HOW TO REPORT DOLLAR FIGURES on page 1 and HOW TO REPORT PERCENTS below)

HOW TO REPORT PERCENTS If figure is **38.76%** of total sales:
 • Report whole percents → 39
 Not acceptable → 38.76

Merchandise lines	Census use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per cent
1. Women's, juniors', and misses' wear (Report girls' and infants' and toddlers' wear on line 3, custom-made garments on line 1m, and footwear on line 4)	230	231			232
a. Furs, fur garments	221				
b. Dresses (all types)	222				
c. Dressy and tailored coats, outer jackets, rainwear	223				
d. Suits, pantsuits, sport jackets, blazers	224				
e. Slacks/pants, jeans, walking shorts, skirts	225				
f. Tops (include knit and woven shirts, blouses, sweaters)	226				
g. Women's sports apparel (tennis, golf, jogging, swimming, and other exercise apparel)	227				
h. Hosiery (include pantyhose, socks, tights)	229				
i. Bras, girdles, corsets	231				
j. Lingerie, sleepwear, loungewear	232				
k. Hats, wigs, hairpieces	233				
l. Accessories (include handbags, wallets, neckwear, gloves, belts, rain accessories, etc. Report costume jewelry on line 7a.)	234				

Item 10. MERCHANDISE LINES - Continued

Merchandise lines	Census use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per cent
1. Women's wear - Continued					
m. Custom-made garments	235				
n. Other apparel (include uniforms, smocks, and other apparel items not listed above)	237				
o. Sum of lines 1a through 1n	220				
2. Men's wear (Report boys' wear on line 3a, custom-made garments on line 2m, footwear on line 4)					
a. Men's overcoats, topcoats, raincoats, outer jackets	201				
b. Men's suits and formal wear	202				
c. Men's sport coats and blazers	203				
d. Men's tailored and dress slacks	204				
e. Men's casual slacks and jeans, walking shorts, etc.	205				
f. Men's career and work uniforms	206				
g. Men's dress shirts	207				
h. Men's sport shirts (knit, woven, etc.)	208				
i. Men's sweaters	209				
j. Men's hosiery, pajamas, robes, underwear	211				
k. Men's sports apparel (tennis, golf, jogging, swimming, and other exercise apparel)	212				
l. Men's accessories (hats, gloves, neckwear, handkerchiefs, belts, rain accessories, etc.)	214				
m. Custom-made garments	215				
n. Sum of lines 2a through 2m	200				
3. Children's wear (Include boys' (sizes 2 to 7 and 8 to 20), girls' (sizes 4 to 6x and 7 to 14), and infants' and toddlers' clothing and accessories. Report footwear on line 4.)					
a. Boys' (sizes 2 to 7 and 8 to 20) clothing and accessories	241				
b. Girls' (sizes 4 to 6x and 7 to 14) clothing and accessories	242				
c. Infants' and toddlers' clothing and accessories	243				
d. Sum of lines 3a through 3c	240				
4. Footwear (include accessories)					
a. Men's footwear (include dress and casual footwear)	261				
b. Women's footwear (include dress and casual footwear)	262				
c. Children's footwear (include boys', girls', and infants' and toddlers' footwear. Include dress and casual footwear.)	263				
d. Athletic footwear (include sneakers)	264				
e. Footwear accessories (include polishes, laces, trees, storage bags, etc.)	268				
f. Sum of lines 4a through 4e	260				

ITEM 10 CONTINUED ON PAGE 3

FORM **CB-5601**

**1992 CENSUS OF RETAIL TRADE
APPAREL**

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

**Enter the 11-digit
CENSUS FILE NUMBER
as shown on this report
(See label on page 1)**

Item 10. MERCHANDISE LINES - Continued

Merchandise lines	Cen- sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per- cent
5. Curtains, draperies, blinds, slipcovers, bed and table coverings	280				
6. Sewing, knitting, needlework goods (include fabrics, notions, patterns, yarns, laces, trimmings, needlework kits, etc.)	270				
7. Jewelry (include watches, watch attachments, novelty jewelry, etc.)					
a. Costume and novelty jewelry	412				
b. All other jewelry (include karat gold jewelry; pearl, diamond, and other gemstone jewelry; watches; etc.)	413				
c. Sum of lines 7a and 7b	400				
8. Sporting goods	500				
9. Drugs, health aids, beauty aids (include cosmetics)	160				
10. Kitchenware and homefurnishings (include cookware, dinnerware, clocks, pictures, frames, mirrors, bathroom accessories, etc.)	380				
11. Floor coverings	360				
12. Audio equipment, musical instruments, radios, stereos, compact discs, records, tapes, sheet music, accessories (include audio tape books)	330				
13. Furniture, sleep equipment	340				

Item 10. MERCHANDISE LINES - Continued

Merchandise lines	Cen- sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per- cent
14. Small electric appliances (include mixers, toasters, coffee makers, personal care appliances, etc.)	310				
15. Hardware, tools, and plumbing and electrical supplies	600				
16. All other merchandise (Report receipts for services on line 17) <i>Specify principal lines and estimated sales below</i>	890				
a.	891				
b.	892				
c.	893				
17. All nonmerchandise receipts (include receipts from rentals, storage, and other services provided to customers) EXCLUDING SALES AND OTHER TAXES					
a. Labor charges for work performed by this establishment (include alteration charges)	904				
b. Rental of clothing, formal wear, etc.	933				
c. All other nonmerchandise receipts (include charges for delivery, storage, etc.)	976				
d. Sum of lines 17a through 17c	900				
18. TOTAL (Should equal item 4 if reporting in dollars)	990				100%

Item 11. SPECIAL INQUIRIES

a. Did sales of used or secondhand merchandise account for more than half of the sales and receipts (item 4) of this establishment in 1992?

b. Did sales of garments MADE TO CUSTOMER'S ORDER account for more than half of the sales and receipts (item 4) of this establishment in 1992?

248

1 ☐ Yes
2 ☐ No

313

1 ☐ Yes
2 ☐ No

Item 12. DEPARTMENT OR CONCESSION LOCATED IN THIS ESTABLISHMENT

a. Were any departments or concessions, NOT OWNED BY THIS FIRM, operated within this establishment during 1992? (Exclude coin-operated amusement or vending machines operated by others)

Mark "Yes" if -

- Any department operated by another firm is normally considered by customers to be part of this establishment, or if this establishment bills customers for sales of such departments.
- Any department is operated by a subsidiary firm or the parent firm.

241 1 ☐ Yes - Enter number → List each one in b below 2 ☐ No - Skip to item 13

b. If "Yes," list each department or concession. If more space is needed, use the leased department continuation sheet on the reverse side of the "Supplemental Instruction Sheet for the Self-Coding of Leased Departments."

Line No.	Name of owner or trading name of department or concession (1)	Kind of business of department or concession (2)	Kind-of-business code (from supplemental instruction sheet) (3)	Estimated sales and receipts (4)			Are sales excluded from item 47 (5)	Is payroll excluded from item 57 (6)
				Mil.	Thou.	Dol.		
242			244	243			245	246
1							1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
242			244	243			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
2							1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
242			244	243			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
3							1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

Item 13. LEGAL FORM OF ORGANIZATION

Which of the following best describes this establishment's legal form of organization during 1992? Mark (X) only ONE box.

003 1 ☐ Individual owner (sole proprietorship)

2 ☐ Partnership

3 ☐ Cooperative association (taxable)

4 ☐ Cooperative association (tax-exempt)

5 ☐ Government - Specify _____

6 ☐ Corporation (Do not mark if any form of cooperative association)

9 ☐ Other - Specify _____

Item 14. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION**a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?**

- 1 ☐ Yes - Complete this item
 2 ☐ No - Skip to item 15

b. Is this company owned or controlled by another company?

- 097 1 ☐ Yes →
 2 ☐ No

Enter name, address, and EI Number of the owning or controlling company

EI Number (9 digits)

c. Does this company own or control any other company or companies?

- 098 1 ☐ Yes →
 2 ☐ No

Enter name, address, and EI Number of the owned or controlled company

EI Number (9 digits)

d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1992?

Number

079

If more than one, provide the **physical location** address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

Estimates are acceptable if book figures are not available.

Name				1992	Mil.	Thou.	Dol.	Name				1992	Mil.	Thou.	Dol.
Number and street				Sales	081			Number and street				Sales	081		
City				Annual payroll	082			City				Annual payroll	082		
State				Paid employees for pay period including March 12				State				Paid employees for pay period including March 12			
ZIP Code				083				ZIP Code				083			
Kind-of-business description				Census use 088				Kind-of-business description				Census use 088			
1								3							
Name				1992	Mil.	Thou.	Dol.	Name				1992	Mil.	Thou.	Dol.
Number and street				Sales	081			Number and street				Sales	081		
City				Annual payroll	082			City				Annual payroll	082		
State				Paid employees for pay period including March 12				State				Paid employees for pay period including March 12			
ZIP Code				083				ZIP Code				083			
Kind-of-business description				Census use 088				Kind-of-business description				Census use 088			
2								4							

REMARKS - Please use this space for any explanations that may be essential in understanding your reported data.**Item 15. CERTIFICATION** - This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report FROM: Mo. Year TO: Mo. Year Name of person to contact regarding this report - Print or type

Telephone Area code Number Extension Title

Signature of authorized person

Date