



**1992 CENSUS OF RETAIL TRADE  
MANUFACTURED (MOBILE) HOMES**

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-5205**

*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)

083 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.?

085 1 ☐ Yes 3 ☐ No legal boundaries  
2 ☐ No 4 ☐ Do not know

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

086 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-<br>lions<br>(000) | Thou-<br>sands<br>(000) | Dol-<br>lars<br>(000) |
|------------------------|-------------------------|-----------------------|
| 1                      | 125                     | 629                   |

**Item 4. DOLLAR VOLUME OF BUSINESS**

| Mil. | Thou. | Dol. |
|------|-------|------|
| 010  |       |      |

Sales of merchandise and other operating receipts for 1992 (Exclude 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

Manufactured (mobile) home dealer ☐ 527101

Mobile home dealer ☐ 527102

Recreational vehicle dealer (travel trailers, camping trailers, van conversions, motor homes, truck campers, etc.) ☐ 556102

Utility trailer dealer ☐ 559901

Mobile home park ☐ 651500

Other kind of business - Describe ☐ 777777

**Item 8. Not applicable to this report**

**Item 9. CLASS OF CUSTOMER**

Whole percent of sales

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:<br>• Report whole percents<br>Not acceptable | Mil. | Thou. | Dol. | Per-cent |
|------------------------|--|------|-------|------|----------|
|                        |  |      |       |      | 39       |
|                        |  |      |       |      | 38.76    |

| Merchandise lines   | Cen-sus use | ESTIMATES are acceptable. Report dollars OR percents. |       |      |          |
|---|-------------|---|-------|------|----------|
|   |             | Mil.  | Thou. | Dol. | Per-cent |
| 1. Manufactured (mobile) homes  | 230         | 231   |       |      | 232      |
| a. New manufactured (mobile) homes, single-section, less than 14 feet wide  | 681         |   |       |      |          |
| b. New manufactured (mobile) homes, single-section, 14 feet wide  | 682         |   |       |      |          |
| c. New manufactured (mobile) homes, single-section, greater than 14 feet wide   | 683         |   |       |      |          |
| d. New manufactured (mobile) homes, multisection, two sections  | 684         |   |       |      |          |
| e. New manufactured (mobile) homes, multisection, three or more sections  | 685         |   |       |      |          |
| f. Other new manufactured (mobile) homes and parts and accessories  | 686         |   |       |      |          |
| g. Used manufactured (mobile) homes, single-section   | 687         |   |       |      |          |
| h. Used manufactured (mobile) homes, multisection   | 688         |   |       |      |          |
| i. Sum of lines 1a through 1h   | 680         |   |       |      |          |
| 2. Recreational vehicles (Include camping trailers, travel trailers, truck campers, motor homes, van conversions, parts and accessories. Report liquefied petroleum (propane) gas on line 8.) | 580         |   |       |      |          |
| 3. Cars, trucks, motorcycles, and other powered vehicles  | 700         |   |       |      |          |
| 4. Major household appliances (include refrigerators, ranges, microwave ovens, room air-conditioners, etc.)   | 300         |   |       |      |          |
| 5. Furniture, sleep equipment   | 340         |   |       |      |          |
| 6. Lumber, building materials, and home improvement equipment and supplies (Report paint and related preservatives on line 7)   | 640         |   |       |      |          |
| 7. Paint and related preservatives and supplies   | 670         |   |       |      |          |
| 8. Household fuels (oil, LP gas, wood, coal)  | 780         |   |       |      |          |
| 9. All other merchandise (Report receipts for services on line 10)<br>Specify principal lines and estimated sales below   | 890         |   |       |      |          |
| a.  | 891         |   |       |      |          |
| b.  | 892         |   |       |      |          |
| c.  | 893         |   |       |      |          |

**Item 10. MERCHANDISE LINES - Continued**

| Merchandise lines  | Cen-sus use | ESTIMATES are acceptable. Report dollars OR percents. |       |      |          |
|--|-------------|---|-------|------|----------|
|  |             | Mil.  | Thou. | Dol. | Per-cent |
| 10. All nonmerchandise receipts (include receipts from rentals, storage, and other services provided to customers) EXCLUDING SALES AND OTHER TAXES   |             |   |       |      |          |
| a. Rental of motor homes, construction trailers, recreational vehicles, and utility trailers   | 931         |   |       |      |          |
| b. Rental of space and/or mobile homes (residential) (Report rental of space for recreational vehicles and trailers on line 10c)   | 932         |   |       |      |          |
| c. All other nonmerchandise receipts (include receipts for parts installed in repair, charges for delivery, repair, maintenance, storage, installation, construction, and service contracts, etc.) | 975         |   |       |      |          |
| d. Sum of lines 10a through 10c  | 900         |   |       |      |          |
| 11. TOTAL (Should equal item 4 if reporting in dollars)  | 990         |   |       |      | 100%     |

Item 11. Not applicable to this report

Item 12. Not applicable to this report

**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 ☐ 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 No. (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 No. (9 digits)

ITEM 14 CONTINUED ON PAGE 3

**1992 CENSUS OF RETAIL TRADE  
MANUFACTURED (MOBILE) HOMES****Item 14. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION - Continued**

Number

079

**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?**

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. |
|------------------------------|--|------|-------|------|
| Number and street            | Sales  | 081  |       |      |
| City                         | Annual payroll                                   | 082  |       |      |
| State                        |  |      |       |      |
| ZIP Code                     |  |      |       |      |
| Kind-of-business description | Paid employees for pay period including March 12 |      |       |      |
|                              | 083  |      |       |      |
|                              | Census use 088                                   |      |       |      |

  

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| State                        |  |      |       |      |
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|                              | 083  |      |       |      |
|                              | Census use 088                                   |      |       |      |

**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.

|                                      |                |              |   |       |
|--------------------------------------|----------------|--------------|---|-------|
| <b>Period covered by this report</b> | 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  |