

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FORM

CB-5912

1992 CENSUS OF RETAIL TRADE
HEATING FUEL

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-5912

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)

**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	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

Mil.	Thou.	Dol.
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

- Fuel oil dealer ☐ 598301
LP gas dealer ☐ 598401
Coal dealer ☐ 598901
Wood dealer (for heating) ☐ 598902
Ice dealer ☐ 599999
Gasoline service station ☐ 554111
Truck stop ☐ 554121
Other kind of business - Describe ☐ 777777

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

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:

• Report whole percents → **39**

Not acceptable → 38.76

Merchandise lines	Cen- sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per- cent
1. Household fuels (oil, LP gas, wood, coal)	230	231			232
a. LP gas (bulk and bottled)	781				
b. Kerosene	782				
c. No. 2 distillate fuel oil	783				
d. Other distillate fuel oil (nos. 1 and 4)	784				
e. Residual fuel oil (nos. 5 and 6)	785				
f. Coal	786				
g. Wood	787				
h. Other household fuels	788				
i. Sum of lines 1a through 1h	780				
2. Automotive fuels	720				
3. Automotive lubricants (oil, greases, etc.)	730				
4. Automotive tires, batteries, parts, accessories	740				
5. Cars, trucks, motorcycles, and other powered vehicles	700				
6. Lumber, millwork, building materials, and home repair equipment and supplies (include heating stoves and prefabricated fireplaces. Report room air-conditioners and other major appliances on line 9 and portable electric heaters and other small appliances on line 10.)					
a. Heating stoves (wood, kerosene, oil, etc.) and prefabricated fireplaces	653				
b. All other lumber and building materials (include furnaces and home improvement equipment and supplies, etc.)	666				
c. Sum of lines 6a and 6b	640				
7. Lawn and garden equipment and supplies, cut flowers, plants, shrubs, fertilizers, etc.	620				
8. Hardware, tools, and plumbing and electrical supplies	600				
9. Major household appliances (include refrigerators, ranges, microwave ovens, room air-conditioners, etc.)	300				
10. Small electric appliances (include mixers, toasters, coffee makers, personal care appliances, etc.)	310				
11. TV's, video recorders, video cameras, video tapes, etc. (include parts and accessories)	320				
12. Groceries and other food items for human consumption off the premises	100				

FORM CB-5912

Item 10. MERCHANDISE LINES - Continued

Merchandise lines	Cen- sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per- cent
13. Tobacco products and accessories (exclude sales from vending machines operated by others)	150				
14. Ice	866				
15. Paint and related preservatives and supplies	670				
16. All other merchandise (Report receipts for services on line 17)	890				
Specify principal lines and estimated sales below					
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 receipts from heater repair, installation, etc.)	904				
b. All other nonmerchandise receipts (include receipts from customers for parts installed in repair and charges for delivery, storage, etc.)	978				
c. Sum of lines 17a and 17b	900				
18. 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 ☐ 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?

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

- 097 ☐ 1 Yes →
☐ 2 No

EI No. (9 digits) _____

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

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

- 098 ☐ 1 Yes →
☐ 2 No

EI No. (9 digits) _____

ITEM 14 CONTINUED ON PAGE 3

CONTINUE ON PAGE 3

FORM **CB-5912**U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSEnter the 11-digit
CENSUS FILE NUMBER
as shown on this report
(See label on page 1)**1992 CENSUS OF RETAIL TRADE**
HEATING FUEL**Item 14. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION - Continued**

Number

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?

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.

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

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

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS