



U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FORM
CB-5602

1992 CENSUS OF RETAIL TRADE SHOES

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

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?

084 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
report **1 125 629** *Preferred
Acceptable

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

Item 4. DOLLAR VOLUME OF BUSINESS

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

Mil.	Thou.	Dol.
010		

Item 5. PAYROLL

Payroll in 1992, BEFORE DEDUCTIONS

a. Annual

Mil.	Thou.	Dol.
030		

b. First quarter (January-March)

Mil.	Thou.	Dol.
031		

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

Men's shoe store ☐ 566111

Women's shoe store ☐ 566121

Children's and juveniles' shoe store ☐ 566132

Family shoe store ☐ 568141

Athletic footwear store ☐ 566151

Women's wear store ☐ 562101

Women's apparel accessory store ☐ 563211

Women's hosiery store ☐ 563213

Men's wear store ☐ 561102

Family clothing store ☐ 565101

Shoe repair shop ☐ 725100

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.

- Selling at this establishment 235 ☐ 1
- Mail order (include catalog selling and home shopping via television or computer) 2 ☐ 2
- Telemarketing 3 ☐ 3
- Direct selling (include selling from house-to-house and nonfixed or temporary locations) 4 ☐ 4
- Operating merchandise vending machines 5 ☐ 5

Item 9. CLASS OF CUSTOMER

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

- a. General public (household consumers and individuals) 237
- b. Other, including retailers; wholesalers; institutional, industrial, commercial, professional, and farm users (for use in farm production); and government 239

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:	Mil.	Thou.	Dol.	Percent
	• Report whole percents				39
	Not acceptable				38.76

Merchandise lines	Census use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Percent
1. Footwear (Include accessories. Report women's hosiery on line 2 and men's hosiery on line 3.)	230	231			232
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. Men's athletic footwear (include sneakers)	265				
e. Women's athletic footwear (include sneakers)	266				
f. Children's athletic footwear (Include boys', girls', and infants' and toddlers' athletic footwear. Include sneakers.)	267				
g. Footwear accessories (include polishes, laces, ties, storage bags, etc.)	268				
h. Sum of lines 1a through 1g	260				
2. Women's, juniors', and misses' wear (Report girls' and infants' and toddlers' wear on line 4 and footwear on line 1)	220				
3. Men's wear (Report boys' wear on line 4 and footwear on line 1)	200				

Item 10. MERCHANDISE LINES - Continued

Merchandise lines	Census use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Percent
4. 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 1.)	240				
5. Sporting goods (include bicycles, parts, and accessories)	500				
6. All other merchandise (Report receipts for services on line 7)	890				
Specify principal lines and estimated sales below					
a. _____	891				
b. _____	892				
c. _____	893				
7. All nonmerchandise receipts (include receipts from rentals, storage, and other services provided to customers) EXCLUDING SALES AND OTHER TAXES	900				
8. TOTAL (Should equal item 4 if reporting in dollars)	990				100%

Item 11. SPECIAL INQUIRIES

- a. Did this establishment primarily sell shoes using a SELF-SERVICE method in 1992? 316 ☐ Yes ☐ No
- b. Did this establishment conduct business as a department or concession in an establishment operated by another firm in 1992? 317 ☐ Yes ☐ No

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?

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 owning or controlling company

- 098 1 ☐ Yes →
- 2 ☐ No

EI No. (9 digits)

**1992 CENSUS OF RETAIL TRADE
SHOES****Enter the 11-digit
CENSUS FILE NUMBER
as shown on this report
(See label on page 1)****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					
4	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 - <i>Print or type</i>

Telephone	Area code	Number	Extension	Title
-----------	-----------	--------	-----------	-------

Signature of authorized person

Date

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS