



# 1992 CENSUS OF RETAIL TRADE OPTICAL GOODS

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-5914**

*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

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

002

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	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)

## Item 6. EMPLOYMENT

Number

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

032		
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## Item 7. KIND OF BUSINESS

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

070  
Optical goods store . . . . . ☐ 599501  
Optician . . . . . ☐ 599502  
Optometrist . . . . . ☐ 804200  
Ophthalmologist . . . . . ☐ 801110  
Jewelry store . . . . . ☐ 594401  
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**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**

Not acceptable

Mil.

Thou.

Dol.

Per-  
cent

39

38.76

**ESTIMATES are acceptable.  
Report dollars OR percents.**

Mil.

Thou.

Dol.

Per-  
cent

Merchandise lines

Cen-  
sus  
use**1. Optical goods (include eyeglasses, contact lenses, sunglasses, telescopes, microscopes, etc.)**

230

231

232

**a. Prescription eyeglasses**

491

**b. Contact lenses**

492

**c. Nonprescription eyeglasses and sunglasses**

493

**d. All other optical goods and accessories**

494

**e. Sum of lines 1a through 1d**

490

**2. Hearing aids and supplies**

872

**3. All other merchandise (Report receipts for services on line 4)**

890

*Specify principal lines and estimated sales below***a.**

891

**b.**

892

**c.**

893

**4. All nonmerchandise receipts (include receipts from rentals, storage, and other services provided to customers) EXCLUDING SALES AND OTHER TAXES****a. Fees from eye examinations**

939

**b. Charges for insurance**

941

**c. All other nonmerchandise receipts (include receipts from customers for repairs, parts installed in repair, delivery, etc.)**

964

**d. Sum of lines 4a through 4c**

900

**5. TOTAL (Should equal item 4 if reporting in dollars)**

990

100%

**Item 11. SPECIAL INQUIRIES****a. Approximately what percentage of this establishment's sales and receipts (item 4) was derived from:**Report in  
whole percent**(1) Fees for eye examinations ON THE PREMISES plus receipts from providing ophthalmic devices prescribed as a result of these examinations?**

374

**(2) Sales of ophthalmic devices prescribed as a result of eye examinations MADE BY OTHERS?**

375

**b. Did this establishment employ any optometrists and/or ophthalmologists (full- and part-time) during the pay period including March 12, 1992?**

376

☐ Yes☐ No

If "Yes," complete c

If "No," skip to d

Number

**c. Enter the number of OPHTHALMOLOGISTS and/or OPTOMETRISTS (full- and part-time) working in this establishment during the pay period including March 12, 1992. (include any working proprietors, partners, or family members who are licensed practitioners of OPTOMETRY or OPHTHALMOLOGY)**

377

**d. Did this establishment employ any opticians (full- and part-time) during the pay period including March 12, 1992?**

378

☐ Yes☐ No

If "Yes," complete e

If "No," skip to item 13

Number

**e. Enter the number of opticians (full- and part-time) working in this establishment during the pay period including March 12, 1992. (include any working proprietors, partners, or family members who are opticians)**

379

**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 ☐ Partnership3 ☐ 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 item2 ☐ 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

FORM **CB-5914**U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS**1992 CENSUS OF RETAIL TRADE  
OPTICAL GOODS**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	Annual payroll	082		
	State	Paid employees for pay period including March 12			
	ZIP Code	083			
Kind-of-business description		Census use 088			
2	Name	1992	Mil.	Thou.	Dol.
	Number and street	Sales	081		
	City	Annual payroll	082		
	State	Paid employees for pay period including March 12			
	ZIP Code	083			
Kind-of-business description		Census use 088			
3	Name	1992	Mil.	Thou.	Dol.
	Number and street	Sales	081		
	City	Annual payroll	082		
	State	Paid employees for pay period including March 12			
	ZIP Code	083			
Kind-of-business description		Census use 088			
4	Name	1992	Mil.	Thou.	Dol.
	Number and street	Sales	081		
	City	Annual payroll	082		
	State	Paid employees for pay period including March 12			
	ZIP Code	083			
Kind-of-business description		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

**PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS**