



U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

FORM
SBO-1

(04-04-2007) Draft 8

2006 SURVEY OF BUSINESS OWNERS AND SELF-EMPLOYED PERSONS

OMB No. 0607-0902: Approval Expires xx/xx/20xx

Please return the completed original form in the postage-paid envelope. Make sure the barcode above your address shows in the window of the envelope.

If the envelope has been misplaced, please mail to:

U.S. Census Bureau
1201 East 10th Street
Jeffersonville, IN 47134-0001

If you need help or have questions completing this form, please call 1-888-233-6132, 8:00 a.m. to 6:00 p.m., Eastern time, Monday through Friday. Please refer to the 11-digit Identification Number (ID) shown in the upper-left corner of the address label of this report form.

(Please correct any errors in this mailing address.)

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 U.S. Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Start Here

The Census Bureau is responsible for collecting information on the U.S. economy.

- The data that you provide will be combined with the responses from other businesses and business owners.
- Survey results will contain information on the demographic and economic composition of businesses in the United States.
- Your response is important, and we keep your answers confidential.

This form asks for two types of information:

- specific information about the business
- information about the individual business owners

For more information about the Survey of Business Owners, or to view previous survey results, visit our web site at: <www.census.gov/csd/sbo>.

INSTRUCTIONS

Please fill out this form as soon as possible after receiving it in the mail.

- Use blue or black ink.
- Place an "X" inside the box.
- Center numbers in boxes.

7	0
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- Do not put slashes through 0 or 7.



Please PRINT the first and last name of the person who is filling out this form.

Name

Include today's date and a telephone number so we can contact you if there is a question.

Today's Date (MM/DD/YYYY)

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Telephone number (Include Area Code)

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Extension

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Please turn to the next page to continue.



Please answer the following questions for the self-employment or business activity of the person(s) or business named in the mailing label even if the business has since been sold, reorganized, or discontinued.

You may use estimates if this form requests information that is not available in your business records.

An enclosure with answers to the most frequently asked questions regarding this survey has been provided.

- 1 In 2006, did an Alaska Native Regional or Village Corporation or an American Indian tribal entity own more than 50% of this business?
 Yes - Go to 63 on Page 7 No
- 2 In 2006, did another company or organization own more than 50% of this business?
 Yes - Go to 63 on Page 7 No
- 3 In 2006, did employees under an Employee Stock Ownership Plan (ESOP) own more than 50% of this business?
 Yes - Go to 63 on Page 7 No
- 4 In 2006, did members in a cooperative or club own more than 50% of this business?
 Yes - Go to 63 on Page 7 No
- 5 In 2006, did an estate or trust own more than 50% of this business?
 Yes - Go to 63 on Page 7 No
- 6 A. In 2006, was this business a publicly held corporation?
 Yes No - Go to 7 A
 B. (If Yes) Did any individual own 10% or more of the rights, claims, interests, or stock in this business?
 Yes No - Go to 63 on Page 7
- 7 A. Is this business jointly owned by a husband and wife?
 Yes, equally operated by husband and wife
 Yes, but primarily operated by husband
 Yes, but primarily operated by wife
 No
 B. In 2006, did two or more members of the same family own the majority of this business? (Family refers to spouses, parents/guardians, brothers, sisters, or close relatives.)
 Yes No

C. As of December 31, 2006, how many owners were there in this business?

- Do not combine two or more owners to create one owner.
- Count spouses and partners as separate owners.

- 1 5 - 9
- 2 10 - 49
- 3 50 or more
- 4 Unknown

D. For the person(s) owning the largest percentage(s) in the business in 2006, please list the percentage owned by each person and his or her position title.

- Do not report percentages owned by parent companies, estates, trusts, etc.
- If more than 4 persons owned the business equally, select any 4.
- Round percentages to whole numbers. For example, report 1/3 ownership as:

3 3 0 %

Percentage Owned (Estimates are acceptable)

Position Title (Example: sole owner, co-owner, president, vice president, etc.)

Owner 1: %

Owner 2: %

Owner 3: %

Owner 4: %



Owner 1

Please answer the following questions about **Owner 1** listed in **7 D** on Page 2.

- 8** How did **Owner 1** acquire ownership of this business?
- Founded Inherited
- Purchased Received transfer of ownership/gift
- 9** When did **Owner 1** acquire ownership of this business?
- Before 1980 2004
- 1980 – 1989 2005
- 1990 – 1999 2006
- 2000 – 2003 Don't know
- 10** In 2006, what was **Owner 1's** primary function(s) in this business?
Mark X all that apply.
- Providing services and/or producing goods
- Managing day-to-day operations
- Financial control with the authority to sign loans, leases, and contracts
- None of the above
- 11** In 2006, what was the average number of hours per week that **Owner 1** spent managing or working in this business?
- None 40 hours
- Less than 20 hours 41 – 59 hours
- 20 – 39 hours 60 hours or more
- 12** In 2006, did this business provide **Owner 1's** primary source of personal income?
- Yes No
- 13** Prior to establishing, purchasing, or acquiring this business, had **Owner 1** ever owned a business or been self-employed?
- Yes No
- 14** What is the sex of **Owner 1**?
- Male Female
- 15** What was the age of **Owner 1** as of December 31, 2006?
- Under 25 45 – 54
- 25 – 34 55 – 64
- 35 – 44 65 or over
- 16** Before establishing, purchasing, or acquiring this business, what was the highest degree or level of school **Owner 1** completed?
Mark X ONE box only for the highest level completed or degree received.
- Less than high school graduate Associate Degree
- High school graduate - Diploma or GED Bachelor's Degree
- Technical, trade, or vocational school Master's, Doctorate, or Professional Degree
- Some college, but no degree

- 17** Was **Owner 1** born in the United States?

Yes No

NOTE: Please answer **BOTH** Question **18** about Hispanic origin and Question **19** about race. For this survey, Hispanic origins are not races.

- 18** Is **Owner 1** Spanish/Hispanic/Latino?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin - *Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, or Spaniard.* ↘

- 19** What is **Owner 1's** race?
Mark X one or more races.

- White
- Black, African Am., or Negro
- American Indian or Alaska Native - *Print name of enrolled or principal tribe.* ↘
- Asian Indian Japanese
- Chinese Korean
- Filipino Vietnamese
- Other Asian - *Print race, for example, Hmong, Laotian, Thai, Pakistani, or Cambodian.* ↘
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander - *Print race, for example, Fijian or Tongan.* ↘

- 20 A.** Is **Owner 1** a veteran of any branch of the U.S. military service including the Coast Guard?

Yes No - Go to **21**

- B.** (If Yes) Was **Owner 1** disabled as the result of injury incurred or aggravated during active military service?

Yes No

- 21** Was more than **1** owner listed in **7 D** on Page 2?

Yes No - Go to **63** on Page 7



Owner 2

Please answer the following questions about **Owner 2** listed in **7 D** on Page 2.

- 22** How did **Owner 2** acquire ownership of this business?
- Founded Inherited
- Purchased Received transfer of ownership/gift
- 23** When did **Owner 2** acquire ownership of this business?
- Before 1980 2004
- 1980 – 1989 2005
- 1990 – 1999 2006
- 2000 – 2003 Don't know
- 24** In 2006, what was **Owner 2's** primary function(s) in this business?
Mark X all that apply.
- Providing services and/or producing goods
- Managing day-to-day operations
- Financial control with the authority to sign loans, leases, and contracts
- None of the above
- 25** In 2006, what was the average number of hours per week that **Owner 2** spent managing or working in this business?
- None 40 hours
- Less than 20 hours 41 – 59 hours
- 20 – 39 hours 60 hours or more
- 26** In 2006, did this business provide **Owner 2's** primary source of personal income?
- Yes No
- 27** Prior to establishing, purchasing, or acquiring this business, had **Owner 2** ever owned a business or been self-employed?
- Yes No
- 28** What is the sex of **Owner 2**?
- Male Female
- 29** What was the age of **Owner 2** as of December 31, 2006?
- Under 25 45 – 54
- 25 – 34 55 – 64
- 35 – 44 65 or over
- 30** Before establishing, purchasing, or acquiring this business, what was the highest degree or level of school **Owner 2** completed?
Mark X ONE box only for the highest level completed or degree received.
- Less than high school graduate Associate Degree
- High school graduate - Diploma or GED Bachelor's Degree
- Technical, trade, or vocational school Master's, Doctorate, or Professional Degree
- Some college, but no degree

- 31** Was **Owner 2** born in the United States?

Yes No

- NOTE:** Please answer **BOTH** Question **32** about **Hispanic origin** and Question **33** about **race**. For this survey, **Hispanic origins are not races**.

- 32** Is **Owner 2** Spanish/Hispanic/Latino?

No, not of Hispanic, Latino, or Spanish origin

Yes, Mexican, Mexican Am., Chicano

Yes, Puerto Rican

Yes, Cuban

Yes, another Hispanic, Latino, or Spanish origin - *Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, or Spaniard.* ↘

- 33** What is **Owner 2's** race?
Mark X one or more races.

White

Black, African Am., or Negro

American Indian or Alaska Native - *Print name of enrolled or principal tribe.* ↘

Asian Indian

Japanese

Chinese

Korean

Filipino

Vietnamese

Other Asian - *Print race, for example, Hmong, Laotian, Thai, Pakistani, or Cambodian.* ↘

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander - *Print race, for example, Fijian or Tongan.* ↘

Some other race - *Print race* ↘

- 34 A.** Is **Owner 2** a veteran of any branch of the U.S. military service including the Coast Guard?

Yes No - Go to **35**

- B.** (If Yes) Was **Owner 2** disabled as the result of injury incurred or aggravated during active military service?

Yes No

- 35** Were more than **2** owners listed in **7 D** on Page 2?

Yes No - Go to **63** on Page 7



Owner 3

Please answer the following questions about **Owner 3** listed in **7 D** on Page 2.

- 36** How did **Owner 3** acquire ownership of this business?
- Founded Inherited
- Purchased Received transfer of ownership/gift
- 37** When did **Owner 3** acquire ownership of this business?
- Before 1980 2004
- 1980 – 1989 2005
- 1990 – 1999 2006
- 2000 – 2003 Don't know
- 38** In 2006, what was **Owner 3's** primary function(s) in this business?
Mark X all that apply.
- Providing services and/or producing goods
- Managing day-to-day operations
- Financial control with the authority to sign loans, leases, and contracts
- None of the above
- 39** In 2006, what was the average number of hours per week that **Owner 3** spent managing or working in this business?
- None 40 hours
- Less than 20 hours 41 – 59 hours
- 20 – 39 hours 60 hours or more
- 40** In 2006, did this business provide **Owner 3's** primary source of personal income?
- Yes No
- 41** Prior to establishing, purchasing, or acquiring this business, had **Owner 3** ever owned a business or been self-employed?
- Yes No
- 42** What is the sex of **Owner 3**?
- Male Female
- 43** What was the age of **Owner 3** as of December 31, 2006?
- Under 25 45 – 54
- 25 – 34 55 – 64
- 35 – 44 65 or over
- 44** Before establishing, purchasing, or acquiring this business, what was the highest degree or level of school **Owner 3** completed?
Mark X ONE box only for the highest level completed or degree received.
- Less than high school graduate Associate Degree
- High school graduate - Diploma or GED Bachelor's Degree
- Technical, trade, or vocational school Master's, Doctorate, or Professional Degree
- Some college, but no degree

- 45** Was **Owner 3** born in the United States?

Yes No

NOTE: Please answer **BOTH** Question **46** about **Hispanic origin** and Question **47** about **race**. For this survey, **Hispanic origins are not races**.

- 46** Is **Owner 3** Spanish/Hispanic/Latino?

No, not of Hispanic, Latino, or Spanish origin

Yes, Mexican, Mexican Am., Chicano

Yes, Puerto Rican

Yes, Cuban

Yes, another Hispanic, Latino, or Spanish origin - *Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, or Spaniard.* ↘

- 47** What is **Owner 3's** race?
Mark X one or more races.

White

Black, African Am., or Negro

American Indian or Alaska Native - *Print name of enrolled or principal tribe.* ↘

Asian Indian

Japanese

Chinese

Korean

Filipino

Vietnamese

Other Asian - *Print race, for example, Hmong, Laotian, Thai, Pakistani, or Cambodian.* ↘

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander - *Print race, for example, Fijian or Tongan.* ↘

Some other race - *Print race* ↘

- 48 A.** Is **Owner 3** a veteran of any branch of the U.S. military service including the Coast Guard?

Yes

No - Go to **49**

- B.** (If Yes) Was **Owner 3** disabled as the result of injury incurred or aggravated during active military service?

Yes

No

- 49** Were more than **3** owners listed in **7 D** on Page 2?

Yes

No - Go to **63** on Page 7



Owner 4

Please answer the following questions about **Owner 4** listed in **7 D** on Page 2.

- 50** How did **Owner 4** acquire ownership of this business?
- Founded Inherited
- Purchased Received transfer of ownership/gift
- 51** When did **Owner 4** acquire ownership of this business?
- Before 1980 2004
- 1980 – 1989 2005
- 1990 – 1999 2006
- 2000 – 2003 Don't know
- 52** In 2006, what was **Owner 4's** primary function(s) in this business?
Mark X all that apply.
- Providing services and/or producing goods
- Managing day-to-day operations
- Financial control with the authority to sign loans, leases, and contracts
- None of the above
- 53** In 2006, what was the average number of hours per week that **Owner 4** spent managing or working in this business?
- None 40 hours
- Less than 20 hours 41 – 59 hours
- 20 – 39 hours 60 hours or more
- 54** In 2006, did this business provide **Owner 4's** primary source of personal income?
- Yes No
- 55** Prior to establishing, purchasing, or acquiring this business, had **Owner 4** ever owned a business or been self-employed?
- Yes No
- 56** What is the sex of **Owner 4**?
- Male Female
- 57** What was the age of **Owner 4** as of December 31, 2006?
- Under 25 45 – 54
- 25 – 34 55 – 64
- 35 – 44 65 or over
- 58** Before establishing, purchasing, or acquiring this business, what was the highest degree or level of school **Owner 4** completed?
Mark X ONE box only for the highest level completed or degree received.
- Less than high school graduate Associate Degree
- High school graduate - Diploma or GED Bachelor's Degree
- Technical, trade, or vocational school Master's, Doctorate, or Professional Degree
- Some college, but no degree

- 59** Was **Owner 4** born in the United States?

Yes No

- NOTE:** Please answer **BOTH** Question **60** about **Hispanic origin** and Question **61** about **race**. For this survey, **Hispanic origins are not races**.

- 60** Is **Owner 4** Spanish/Hispanic/Latino?

No, not of Hispanic, Latino, or Spanish origin

Yes, Mexican, Mexican Am., Chicano

Yes, Puerto Rican

Yes, Cuban

Yes, another Hispanic, Latino, or Spanish origin - *Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, or Spaniard.* ↘

- 61** What is **Owner 4's** race?
Mark X one or more races.

White

Black, African Am., or Negro

American Indian or Alaska Native - *Print name of enrolled or principal tribe.* ↘

Asian Indian

Japanese

Chinese

Korean

Filipino

Vietnamese

Other Asian - *Print race, for example, Hmong, Laotian, Thai, Pakistani, or Cambodian.* ↘

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander - *Print race, for example, Fijian or Tongan.* ↘

Some other race - *Print race* ↘

- 62 A.** Is **Owner 4** a veteran of any branch of the U.S. military service including the Coast Guard?

Yes No - Go to **63**

- B.** (If Yes) Was **Owner 4** disabled as the result of injury incurred or aggravated during active military service?

Yes No



Please answer the following questions about the self-employment or business activity of the person(s) or business named in the mailing label on Page 1.

63 In 2006, did this business operate primarily from somebody's home?

- Yes No

64 A. In 2006, did this business operate as a franchise?

- Yes No

B. In 2006, did a franchiser own more than 50% of this business?

- Yes No

65 In what year was this business originally established?

- Before 1980 2002
 1980 – 1989 2003
 1990 – 1999 2004
 2000 2005
 2001 Don't know

66 A. What was the source(s) of capital used to start or acquire this business?

Mark X all that apply.

- Personal/family savings of owner(s)
 Personal/family assets other than savings of owner(s)
 Personal/business credit card of owner(s)
 Personal/family home equity loan
 Business loan from federal, state, or local government
 Government-guaranteed business loan from a bank or financial institution
 Business loan from a bank or financial institution
 Business loan/investment from family/friend(s)
 Investment by a business angel *(An early-stage investment by a wealthy individual in exchange for ownership equity.)*
 Investment by a venture capital firm *(An early-stage investment by an outside group or business not directly involved in the overall operation and management of the business.)*
 Grants
 Other source(s) of capital
 None needed

B. What was the total amount of capital used to start or acquire this business? *(Capital includes owner's savings, other assets, and borrowed funds.)*

- None \$50,000 – \$99,999
 Less than \$5,000 \$100,000 – \$249,999
 \$5,000 – \$9,999 \$250,000 – \$999,999
 \$10,000 – \$24,999 \$1,000,000 or more
 \$25,000 – \$49,999 Don't know

67 In 2006, were any of the following sources used to finance expansion or capital improvement(s) for this business?
Mark X all that apply.

- Personal/family savings of owner(s)
 Personal/family assets other than savings of owner(s)
 Personal/business credit card of owner(s)
 Personal/family home equity loan
 Business loan from federal, state, or local government
 Government-guaranteed business loan from a bank or financial institution
 Business loan from a bank or financial institution
 Business loan/investment from family/friend(s)
 Investment by a business angel *(An early-stage investment by a wealthy individual in exchange for ownership equity.)*
 Investment by a venture capital firm *(An early-stage investment by an outside group or business not directly involved in the overall operation and management of the business.)*
 Business profits and/or assets
 Grants
 Other source(s) of capital
 Did not expand or make capital improvement(s)

68 In 2006, did this business forego expansion or capital improvement(s) due to a lack of access to capital?

- Yes No

69 In 2006, which of the following types of customers accounted for 10% or more of this business's total sales of goods and/or services?

Mark X all that apply.

- Federal government
 State and local government, including school districts, transportation authorities, etc.
 Other businesses and/or organizations, including distributors of your product(s)
 Individuals
 All others

70 In 2006, what percent of this business's total sales of goods and/or services consisted of exports outside the United States?

- None 20% - 49%
 Less than 1% 50% - 99%
 1% - 4% 100%
 5% - 9% Don't know
 10% - 19%

71 In 2006, which geographic area(s) best describes the market where this business's goods and/or services were sold?

Mark X all that apply.

- Neighborhood National
 City/county International
 Regional (adjoining counties and/or states)



- 72** In 2006, in which language(s) did this business conduct transactions?
Mark X all that apply.
- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Hindi/Urdu | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Italian | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Japanese | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> French | <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> German | <input type="checkbox"/> Polish | <input type="checkbox"/> Other |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Portuguese | |

- 73** In 2006, did this business establish operations outside the United States?
 Yes No

- 74** In 2006, did this business outsource or transfer any business function and/or service to a company outside the United States?
 Yes No

- 75** In 2006, were any of the following types of workers used by this business?
- | | Yes | No |
|---|--------------------------|--------------------------|
| A. Full-time paid employees | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Part-time paid employees. | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Paid day laborers | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Temporary staffing obtained from a temporary help service | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Leased employees from a leasing service or a professional employer organization | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Contractors, subcontractors, independent contractors, or outside consultants | <input type="checkbox"/> | <input type="checkbox"/> |

- 76** In 2006, which of the following techniques were used to attract, develop, and/or retain workers?
Mark X all that apply.
- Bonuses and/or incentive pay
 - Profit sharing
 - Stock or stock options
 - Training and development program(s)
 - Tuition reimbursement
 - Job rotation and/or cross training
 - Attitude and/or job satisfaction survey(s)
 - Complaint resolution system
 - None of the above

- 77** In 2006, did this business have a Web site?
 Yes No

- 78** In 2006, did this business make purchases online?
 Yes No

- 79 A.** In 2006, did this business have any e-commerce sales? (E-commerce sales and other operating receipts are sales of goods and/or services where an order is placed by the buyer or price and terms of the sale are negotiated over the Internet. Payment may or may not be made online.)
 Yes No - Go to **80**

- B.** In 2006, what percent of this business's goods and/or services were e-commerce sales?
- | | |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Less than 1% | <input type="checkbox"/> 20% - 49% |
| <input type="checkbox"/> 1% - 4% | <input type="checkbox"/> 50% - 99% |
| <input type="checkbox"/> 5% - 9% | <input type="checkbox"/> 100% |
| <input type="checkbox"/> 10% - 19% | <input type="checkbox"/> Don't know |

- 80** In 2006, did any of the following characteristics describe your self-employment or business activity?
Mark X all that apply.

- Operated less than 40 hours per week on average
- Operated less than 12 months
- Hobby which generated income
- Seasonal business (for example, fireworks sales or tax preparer)
- Supplemental source of income
- Operated occasionally (for example, consultant, event organizer, guest speaker, or musician)
- None of the above

- 81 A.** Is this business currently operating?
 Yes No

- B.** (If No) Did the operations cease for any of the reasons listed below?

- Mark X all that apply.**
- | | |
|--|--|
| <input type="checkbox"/> Owner(s) retired | <input type="checkbox"/> Lack of personal loans/credit |
| <input type="checkbox"/> Owner(s) deceased | <input type="checkbox"/> Started another business |
| <input type="checkbox"/> Operated for a specific or one-time event | <input type="checkbox"/> Sold this business |
| <input type="checkbox"/> Inadequate cash flow or low sales | <input type="checkbox"/> Other |
| <input type="checkbox"/> Lack of business loans/credit | |

Thank you for participating in the Survey of Business Owners and Self-Employed Persons.

Please return the completed original questionnaire in the postage-paid envelope. Make sure the barcode above your address shows in the window of the envelope. Please make a photocopy of this form for your records.

If the envelope has been misplaced, please mail to:
 U.S. Census Bureau
 1201 East 10th Street
 Jeffersonville, IN 47134-0001

Remarks

