



1997 ECONOMIC CENSUS

REAL ESTATE AGENTS AND MANAGERS

DUE DATE ▶ **FEBRUARY 12, 1998**

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

FI-6502

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.

If this questionnaire does not seem to apply to your business, complete it to the extent possible and explain in REMARKS section – this should fulfill your reporting requirements and will reduce followup correspondence.

Item 1. EMPLOYER IDENTIFICATION NUMBER
Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No – Report current EIN 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** report **1 126** • Preferred
Acceptable

Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
1	126	
1	125	629

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 2 No 3 No legal boundaries 4 Do not know boundaries

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 (e.g., Dade County) is this establishment physically located?

Item 3. OPERATIONAL STATUS

Number of months

a. How many months during 1997 was this establishment actively operated?

002 _____

b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.
Note: Complete the remainder of this report for the period operated even if the establishment ceased operation during 1997.

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 4. DOLLAR VOLUME OF REVENUE

See instruction sheet for general directions. In addition, include revenue from:

- Commissions and fees for managing, listing, selling, or renting property owned by others – **not** gross rents or gross sale price
- Commissions and fees received on behalf of, and paid to, sales agents and to other brokers
- Commissions and fees received from other brokers (co-brokerage fees)
- Gross rents from properties owned by this establishment and leased to others
- Reimbursements from property owners for miscellaneous expenditures

Bil. Mil. Thou. Dol.

010 _____

Revenue in 1997

Mil. Thou. Dol.

Item 5. PAYROLL

Exclude commissions paid to agents unless reported on IRS Form 941.

Payroll in 1997, BEFORE DEDUCTIONS

a. Annual

030 _____

b. First quarter (January–March)

031 _____

Item 6. EMPLOYMENT

Number

Number of paid employees for pay period including March 12, 1997
(Include both full- and part-time employees)

Exclude independent contractors. Include sales agents and other personnel if they were reported on IRS Form 941 for the EIN in the label.

032 _____

Item 7. LEGAL FORM OF ORGANIZATION

Mark (X) the **ONE** box which best describes this establishment during 1997.

- 003 1 Individual proprietorship
2 Partnership
3 Government – Specify _____
4 Corporation
5 Subchapter "S" corporation
6 Other – Specify _____

CONTINUE WITH ITEM 8 ON PAGE 2

Item 8. KIND OF BUSINESS OR ACTIVITY
What was this establishment's PRINCIPAL kind of business or activity in 1997?
 Mark (X) only ONE box. 070

Agent or broker – residential real estate 6531101
 Agent or broker – nonresidential real estate 6531201
 Property manager – residential real estate 6531301
 Property manager – nonresidential real estate 6531411
 Cemetery manager 6531421

Condominium or cooperative owners association (engaged in property management) 6531501

Condominium or cooperative owners association (NOT providing property management) 8641301
 Time share sales (or resales) 6531102
 Time share management 6531302
 Resort/vacation property rental and leasing 6531103
 Resort/vacation property management 6531303
 Real estate asset management 6531906
 Real estate consultant 6531905
 Real estate appraiser 6531603

Subdividing and preparing your land into lots intended for sale 6552001
 Insurance agent or broker 6411106
 Other kind of business or activity – Describe 7777777

Item 9. SOURCES OF REVENUE – Continued

Sources of revenue	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.				
		Bil.	Mil.	Thou.	Dol.	Per-cent
3. Property management fees for managing:						
a. Residential properties	2201					
b. Nonresidential properties	2202					
c. Sum of lines 3a and 3b	2200					
4. Reimbursements from property owners for miscellaneous expenditures (including payroll at managed properties (common paymaster), repairs arranged by property manager, etc.) – Describe 076						
	2220					

Item 9. SOURCES OF REVENUE
Report sources of revenue either as dollar figures or as whole percents of total revenue. (See HOW TO REPORT DOLLAR FIGURES on page 1 and HOW TO REPORT PERCENTS below) **Do NOT combine data for two or more lines.**

Line 1e – Land is defined as improved or unimproved property not containing buildings.

Line 2 – Report fees received from real estate agents working out of this office, for services and/or use of facilities (e.g., supplies, advertising, publicity, utilities, computer, telephone, facsimile, etc.).

Line 6 – Report income from dues and/or assessment fees paid by condominium owners and cooperative members to the owners association. A condominium management company should report its income from fees and commissions on line 3.

Line 11 – Gross rents should include all charges made to tenants throughout the year. Include any costs billed (in accordance with the rental agreement) as additional charges to your tenants, such as building improvements, parking, repairs, utilities, etc.

Line 14 – Report here all other sources of revenue: for example, swimming pool guest fees and party room rental.

5. Real estate asset management fees	2210					
6. Condominium and cooperative owners' fees and assessments	2230					
7. Real estate consulting fees	2240					
8. Real estate auction fees and commissions	2290					
9. Hotel operation: rental of guestrooms and units to transients	2400					

HOW TO REPORT PERCENTS

If figure is **38.76%** of total sales:

- Report whole percents → **39**
- Not acceptable → **38.76**

10. Revenue from construction, remodeling, and repair work done for others	2430					
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Sources of revenue	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.				
		Bil.	Mil.	Thou.	Dol.	Per-cent
1. Real estate brokerage fees and commissions for listing, sales, and rental. Report fees and commissions for land without buildings on line e.	850	851				852
a. Residential property sales	2101					
b. Residential property rental	2102					
c. Nonresidential property sales	2103					
d. Nonresidential property rental	2104					
e. Land sales and rental	2105					
f. Sum of lines 1a through 1e	2100					
2. Fees charged to real estate agents for office use, advertising, publicity, etc.	2110					

11. Gross rents from real property owned by this establishment	2000					
12. Real estate appraisal fees	2270					
13. Insurance and annuity commissions	2420					
14. Other revenue – Specify 077						
	9810					
15. TOTAL (Should equal item 4 if reporting in dollars)	9990					100%

If not shown, please enter your 11-digit Census File Number from the address label on page 1.

Census File Number

Item 10. SPECIAL INQUIRES

(To be completed by real estate agents and brokers only.)

a. How many licensed real estate agents worked out of this establishment on March 12, 1997?

	Number of agents
(1) Full time	941
(2) Part time	942
(3) TOTAL	943

b. Were any commissions paid to licensed real estate agents working out of this establishment during 1997 and NOT reported on IRS form 941 (and not included in Item 5, Payroll, on page 1 of this form)?

	Mil.	Thou.	Dol.
948 1 <input type="checkbox"/> Yes - Report the excluded commissions before deductions →	949		
2 <input type="checkbox"/> No			

c. Were any sales commissions, listing commissions, or fees paid by this establishment to co-brokerage companies during 1997?

	Mil.	Thou.	Dol.
952 1 <input type="checkbox"/> Yes - Report total amount →	953		
2 <input type="checkbox"/> No			

Are these commissions and fees included as income in Item 4, Revenue, on page 1?

954 1 Yes
2 No

Item 11. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (CFN) (shown in the address label immediately after CFN) a zero?

- 1 Yes - Complete this item
2 No - Skip to item 12

b. Is this company owned or controlled by another company?

097 1 Yes →
2 No

Enter name, address, and EIN of the owning or controlling company

EIN (9 digits)

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

098 1 Yes →
2 No

Enter name, address, and EIN of the owned or controlled company

EIN (9 digits)

Item 11. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION - Continued

d. How many establishments operated under the Employer Identification Number (EIN) shown in the label (or as corrected in item 1) AT THE END of 1997?

Number 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.

Name	1997	Mil.	Thou.	Dol.
Number and street	Revenue	081		
City State ZIP Code	Annual payroll	082		
1 Kind-of-business description	Paid employees for pay period including March 12			
	083			
Census use 088				

Name	1997	Mil.	Thou.	Dol.
Number and street	Revenue	081		
City State ZIP Code	Annual payroll	082		
2 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 12. 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*

Title

Telephone Area code Number Extension

Signature of authorized person Date