

## Section 5 – TOPICAL MODULES

### Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS

**STATEMENT C**

The purpose of this part of our interview is to get the most accurate picture possible of the situation of persons and families during calendar year 1990. It would be very helpful to refer to records during this part of the interview.

|  |  |                                  |  |
|--|--|----------------------------------|--|
| <b>CHECK ITEM T1</b>   | Are the names of any businesses listed for . . . on the control card? (cc item 43)   | <b>8000</b>                      | 1 <input type="checkbox"/> Yes – SKIP to 1b<br>2 <input type="checkbox"/> No   |
| <b>CHECK ITEM T2</b>   | Was an interview obtained for . . . for each of the 1st, 2nd, 3rd, AND 4th waves (cc items 44, 45, 46, and 47)?  | <b>8002</b>                      | 1 <input type="checkbox"/> Yes – SKIP to Statement D, page 57<br>2 <input type="checkbox"/> No   |
| <b>1 a.</b>  | Did . . . own and operate a business at any time during calendar year 1990?<br><i>Include farms.</i>   | <b>8004</b>                      | 1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No – SKIP to Statement D, page 57   |
|  | <i>ASK OR VERIFY –</i>   |                                  |  |
| <b>b.</b>  | How many different businesses did . . . own and operate during calendar year 1990?   | <b>8006</b>                      | <input type="text"/> Businesses<br>OR<br>x3 <input type="checkbox"/> None – SKIP to Statement D, page 57   |
|  | <i>ASK OR VERIFY –</i>   |                                  |  |
| <b>c.</b>  | What were the names of the businesses that . . . owned and operated during calendar year 1990? (List up to 2 businesses; list according to net income from business beginning with the business providing the largest net income.) | <b>PGM8</b><br><b>8008</b>       | <b>PGM8</b><br><b>8058</b>   |
|  |  | Business name                    | Business name  |
|  |  | _____                            | _____  |
|  |  | _____                            | _____  |
| <b>CHECK ITEM T3</b>   | Transcribe ID number for this business from the control card (cc item 43).<br>(Fill items T3–T9 for the first business listed, then fill items T3–T9 if a second business is listed.)  | <b>PGM7</b><br><b>8010</b>       | <input type="checkbox"/> Business ID No.<br>OR<br>x3 <input type="checkbox"/> Not listed on control card   |
|  |  | <b>PGM7</b><br><b>8060</b>       | <input type="checkbox"/> Business ID No.<br>OR<br>x3 <input type="checkbox"/> Not listed on control card   |
| <b>CHECK ITEM T4</b>   | Has information about this business already been obtained in an interview for another household member?  | <b>8012</b>                      | 1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No – SKIP to 2a   |
|  |  | <b>8062</b>                      | 1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No – SKIP to 2a   |
| <b>INTERVIEWER INSTRUCTION:</b>  |  |                                  |  |
| Enter name, person number, and business ID number of the other owner who previously reported the business to indicate the location of the information about this business. |  |                                  |  |
|  | Name   | _____                            | _____  |
|  | Person number  | <b>8014</b> <input type="text"/> | <b>8064</b> <input type="text"/>   |
|  | Business ID number   | <b>8016</b> <input type="text"/> | <b>8066</b> <input type="text"/>   |
|  | OR   |                                  |  |
|  | x3 <input type="checkbox"/> Not listed on control card   |                                  |  |
|  |  | } SKIP to Check Item T9, page 56 | } SKIP to Check Item T10, page 56  |
|  | <i>ASK OR VERIFY –</i>   |                                  |  |
| <b>2 a.</b>  | What was the form of this (business/practice) – was it a sole proprietorship, a partnership, or a corporation?   | <b>8018</b>                      | 1 <input type="checkbox"/> Sole proprietorship<br>2 <input type="checkbox"/> Partnership<br>3 <input type="checkbox"/> Corporation<br>x1 <input type="checkbox"/> DK |
|  |  | <b>8068</b>                      | 1 <input type="checkbox"/> Sole proprietorship<br>2 <input type="checkbox"/> Partnership<br>3 <input type="checkbox"/> Corporation<br>x1 <input type="checkbox"/> DK |
| <b>b.</b>  | Was this business primarily located in . . . 's own home or somewhere else?  | <b>8020</b>                      | 1 <input type="checkbox"/> Own home<br>2 <input type="checkbox"/> Somewhere else   |
|  |  | <b>8070</b>                      | 1 <input type="checkbox"/> Own home<br>2 <input type="checkbox"/> Somewhere else   |

TOPICAL MODULES

**Section 5 – TOPICAL MODULES (Continued)**

**Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)**

|                     |  |   |   |
|---------------------|--|---|---|
| <b>CHECK ITEM 5</b> | Is "sole proprietorship" marked in item 2a?  | <b>8104</b> 1 <input type="checkbox"/> Yes – SKIP to 2h<br>2 <input type="checkbox"/> No  | <b>8154</b> 1 <input type="checkbox"/> Yes – SKIP to 2h<br>2 <input type="checkbox"/> No  |
| <b>2c.</b>          | Were any other members of this household part owners of this (business/practice)?  | <b>8106</b> 1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No } SKIP to 2g<br>x1 <input type="checkbox"/> DK                  | <b>8156</b> 1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No } SKIP to 2g<br>x1 <input type="checkbox"/> DK                  |
| <b>d.</b>           | Which other household members were owners?   | Person No. <input type="text"/><br><b>8108</b> <input type="text"/><br>Name _____   | Person No. <input type="text"/><br><b>8158</b> <input type="text"/><br>Name _____   |
|                     |  | Person No. <input type="text"/><br><b>8110</b> <input type="text"/><br>Name _____   | Person No. <input type="text"/><br><b>8160</b> <input type="text"/><br>Name _____   |
| <b>e.</b>           | Was this (business/practice) owned entirely by members of this household?  | <b>8112</b> 1 <input type="checkbox"/> Yes – SKIP to 2g<br>2 <input type="checkbox"/> No  | <b>8162</b> 1 <input type="checkbox"/> Yes – SKIP to 2g<br>2 <input type="checkbox"/> No  |
| <b>f.</b>           | What percentage of this (business/practice) was owned by members of this household?  | <b>8114</b> <input type="text"/> Percent<br>OR<br>x1 <input type="checkbox"/> DK  | <b>8164</b> <input type="text"/> Percent<br>OR<br>x1 <input type="checkbox"/> DK  |
| <b>g.</b>           | What percentage of this (business/practice) did . . . own in . . . 's own name?  | <b>8116</b> <input type="text"/> Percent<br>OR<br>x1 <input type="checkbox"/> DK  | <b>8166</b> <input type="text"/> Percent<br>OR<br>x1 <input type="checkbox"/> DK  |
| <b>h.</b>           | What were the gross RECEIPTS of this (business/practice) in 1990? Please use records if they are available. ★<br><br><i>Obtain estimate, if necessary.</i> | <b>8118</b> \$ <input type="text"/> . <input type="text"/> 00<br>x1 <input type="checkbox"/> DK<br>x2 <input type="checkbox"/> Ref.         | <b>8168</b> \$ <input type="text"/> . <input type="text"/> 00<br>x1 <input type="checkbox"/> DK<br>x2 <input type="checkbox"/> Ref.         |
| <b>i.</b>           | What were the total EXPENSES of this (business/practice) in 1990? Please use records if they are available. ★<br><br><i>Obtain estimate, if necessary.</i> | <b>8120</b> \$ <input type="text"/> . <input type="text"/> 00<br>x1 <input type="checkbox"/> DK<br>x2 <input type="checkbox"/> Ref.         | <b>8170</b> \$ <input type="text"/> . <input type="text"/> 00<br>x1 <input type="checkbox"/> DK<br>x2 <input type="checkbox"/> Ref.         |
| <b>CHECK ITEM 6</b> | Is "DK" marked in either item 2h or 2i?  | <b>8122</b> 1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No – SKIP to Check Item T7   | <b>8172</b> 1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No – SKIP to Check Item T7   |
| <b>2j.</b>          | If I were to call back later could you provide me with an estimate of (receipts/expenses)? (This information is especially important for this survey.)     | <b>8124</b> 1 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Items 11a and/or 11b<br>2 <input type="checkbox"/> No | <b>8174</b> 1 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Items 11a and/or 11b<br>2 <input type="checkbox"/> No |
| <b>CHECK ITEM 7</b> | Is "sole proprietorship" marked in item 2a?  | <b>8126</b> 1 <input type="checkbox"/> Yes – SKIP to Check Item T9<br>2 <input type="checkbox"/> No   | <b>8176</b> 1 <input type="checkbox"/> Yes – SKIP to Check Item T10<br>2 <input type="checkbox"/> No  |

TOPICAL MODULES

**Section 5 – TOPICAL MODULES (Continued)**

**Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)**

|   |   |   |
|---|---|---|
| <p><b>2k. What was ...'s net income from this (business/practice) in 1990? Please use records if they are available.</b></p> <p align="center">★</p> <p><i>Obtain estimate, if necessary.</i></p> | <p><b>8202</b> \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None</p> <p>x2 <input type="checkbox"/> Ref.</p> <p>x1 <input type="checkbox"/> DK</p> <p><b>8204</b> x4 <input type="checkbox"/> Lost money – Enter amount of loss in box – SKIP to Check Item T8</p>  | <p><b>8252</b> \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None</p> <p>x2 <input type="checkbox"/> Ref.</p> <p>x1 <input type="checkbox"/> DK</p> <p><b>8254</b> x4 <input type="checkbox"/> Lost money – Enter amount of loss in box – SKIP to Check Item T8</p>  |
| <p><b>l. If I were to call back later could you provide me with an estimate? (This information is especially important for the purposes of this survey.)</b></p>                                  | <p><b>8206</b> 1 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 12</p> <p>2 <input type="checkbox"/> No</p>   | <p><b>8256</b> 1 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 12</p> <p>2 <input type="checkbox"/> No</p>   |
| <p><b>CHECK ITEM T8</b> Refer to item 2d. Were any other household members part owners of this business?</p>  | <p><b>8208</b> 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to Check Item T9</p>  | <p><b>8258</b> 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to Check Item T10</p>   |
| <p><b>2m. Apart from the net income already reported for ... did (Read names of other household owners) receive any net income in 1990 from this (business/practice)?</b></p>                     | <p><b>8210</b> 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK } SKIP to Check Item T9</p>  | <p><b>8260</b> 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK } SKIP to Check Item T10</p>   |
| <p><b>n. What was the amount of net income that was received by (Read names of other household owners)?</b></p> <p><i>Obtain estimate, if necessary.</i></p>                                      | <p>Person No. <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>8212</b> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>8214</b> \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p> <p><b>8216</b> x4 <input type="checkbox"/> Lost money – Enter amount of loss in box</p> <p>SECOND CO-OWNER<br/>Person No. <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>8218</b> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>8220</b> \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p> <p><b>8222</b> x4 <input type="checkbox"/> Lost money – Enter amount of loss in box</p> | <p>Person No. <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>8262</b> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>8264</b> \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p> <p><b>8266</b> x4 <input type="checkbox"/> Lost money – Enter amount of loss in box</p> <p>SECOND CO-OWNER<br/>Person No. <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>8268</b> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>8270</b> \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p> <p><b>8272</b> x4 <input type="checkbox"/> Lost money – Enter amount of loss in box</p> |
| <p><b>CHECK ITEM T9</b> Is another business listed in item 1c?</p>  | <p><b>8274</b> 1 <input type="checkbox"/> Yes – Complete Check Item T3 for next business</p> <p>2 <input type="checkbox"/> No – SKIP to Statement D</p>   | <p align="center">Go to Check Item T10</p>  |
| <p><b>CHECK ITEM T10</b> Is the number of businesses recorded in item 1b three or more?</p>   | <p><b>8276</b> 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to Statement D</p>  |   |
| <p><b>3. What was ...'s net income from ...'s other businesses in 1990? Please use records if they are available.</b></p>   | <p><b>8278</b> \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p> <p><b>8280</b> x4 <input type="checkbox"/> Lost money – Enter amount of loss in box</p>  |   |

NOTES

**Section 5 – TOPICAL MODULES (Continued)**

**Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)**

**STATEMENT D** The next few questions are about personal retirement plans.

|   |  |
|---|--|
| <p><b>4a. Does . . . have an Individual Retirement Account – an IRA – in . . . 's OWN name?</b><br/> <i>If . . . is only included in . . . 's (husband's/wife's) IRA accounts, mark the "No" box.</i></p>     | <p><b>9330</b> 1 <input type="checkbox"/> Yes<br/>                 2 <input type="checkbox"/> No<br/>                 x1 <input type="checkbox"/> DK } <i>SKIP to 4h</i></p>   |
| <p><b>b. Did . . . make any tax-deductible contributions to IRA accounts which applied to . . . 's 1990 tax return?</b><br/> <i>(Contributions which were deducted from gross income.)</i></p>                | <p><b>9332</b> 1 <input type="checkbox"/> Yes<br/>                 2 <input type="checkbox"/> No<br/>                 x1 <input type="checkbox"/> DK } <i>SKIP to 4d</i></p>   |
| <p><b>c. How much were . . . 's tax-deductible contributions to IRA accounts which applied to . . . 's 1990 tax return?</b><br/> <i>(Form 1040, line 24a)<br/>                 (Form 1040A, line 15a)</i></p> | <p><b>9334</b> \$ <input type="text"/> . <input type="text"/> 00<br/>                 x1 <input type="checkbox"/> DK<br/>                 x2 <input type="checkbox"/> Ref.</p>   |
| <p><b>d. Did . . . make any withdrawals from . . . 's IRA accounts during 1990?</b><br/> <i>Mark "No" if funds were "rolled over" within 60 days of the withdrawal.</i></p>                                   | <p><b>9336</b> 1 <input type="checkbox"/> Yes<br/>                 2 <input type="checkbox"/> No<br/>                 x1 <input type="checkbox"/> DK } <i>SKIP to 4f</i></p>   |
| <p><b>e. How much did . . . withdraw from IRA accounts during 1990?</b></p>   | <p><b>9338</b> \$ <input type="text"/> . <input type="text"/> 00<br/>                 x1 <input type="checkbox"/> DK<br/>                 x2 <input type="checkbox"/> Ref.</p>   |
| <p><b>f. Including ALL IRA accounts in . . . 's OWN name, how much did . . . 's IRA accounts earn during 1990?</b></p>  | <p><b>9340</b> \$ <input type="text"/> . <input type="text"/> 00<br/>                 x1 <input type="checkbox"/> DK<br/>                 x2 <input type="checkbox"/> Ref.</p>   |
| <p><b>g. What types of assets did . . . have in . . . 's IRA accounts during 1990?</b><br/> <i>Mark (X) all that apply.</i><br/><br/>                 Anything else?</p>                                      | <p><b>9342</b> 1 <input type="checkbox"/> Certificates of deposit or other savings certificates<br/> <b>9344</b> 2 <input type="checkbox"/> Money Market Funds<br/> <b>9346</b> 3 <input type="checkbox"/> U.S. Government Securities<br/> <b>9348</b> 4 <input type="checkbox"/> Municipal or Corporate Bonds<br/> <b>9350</b> 5 <input type="checkbox"/> U.S. Savings Bonds<br/> <b>9352</b> 6 <input type="checkbox"/> Stocks or Mutual Fund Shares<br/> <b>9354</b> 7 <input type="checkbox"/> Other assets – <i>Specify</i> <input type="text"/><br/><br/> <b>9356</b> x1 <input type="checkbox"/> DK</p> |
| <p><b>h. Does . . . have a Keogh account in . . . 's OWN name?</b></p>  | <p><b>9358</b> 1 <input type="checkbox"/> Yes<br/>                 2 <input type="checkbox"/> No<br/>                 x1 <input type="checkbox"/> DK } <i>SKIP to Check Item T11</i></p>   |
| <p><b>i. Did . . . make any tax-deductible contributions to a Keogh account which applied to . . . 's 1990 tax return?</b></p>  | <p><b>9360</b> 1 <input type="checkbox"/> Yes<br/>                 2 <input type="checkbox"/> No<br/>                 x1 <input type="checkbox"/> DK } <i>SKIP to 4k</i></p>   |
| <p><b>j. How much were . . . 's tax-deductible contributions to Keogh accounts which applied to . . . 's 1990 tax return?</b><br/> <i>(Form 1040, line 27)</i></p>  | <p><b>9362</b> \$ <input type="text"/> . <input type="text"/> 00<br/>                 x1 <input type="checkbox"/> DK<br/>                 x2 <input type="checkbox"/> Ref.</p>   |
| <p><b>k. Did . . . make any withdrawals from . . . 's Keogh accounts during 1990?</b></p>   | <p><b>9364</b> 1 <input type="checkbox"/> Yes<br/>                 2 <input type="checkbox"/> No<br/>                 x1 <input type="checkbox"/> DK } <i>SKIP to 4m</i></p>   |

**Section 5 – TOPICAL MODULES (Continued)**

**Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)**

|  |  |
|--|--|
| <p><b>4l. How much did . . . withdraw from Keogh accounts during 1990?</b></p>   | <p><b>9366</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK<br/>x2 <input type="checkbox"/> Ref.</p>  |
| <p><b>m. Including ALL Keogh accounts in . . . 's OWN name, how much did . . . 's Keogh accounts earn during 1990?</b></p>   | <p><b>9368</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK<br/>x2 <input type="checkbox"/> Ref.</p>  |
| <p><b>n. What types of assets did . . . have in . . . 's Keogh accounts during 1990?</b></p> <p><i>Mark (X) all that apply.</i></p> <p><b>Anything else?</b></p>   | <p><b>9370</b> <input type="checkbox"/> Certificates of deposit or other savings certificates</p> <p><b>9372</b> <input type="checkbox"/> Money Market Funds</p> <p><b>9374</b> <input type="checkbox"/> U.S. Government Securities</p> <p><b>9376</b> <input type="checkbox"/> Municipal or Corporate Bonds</p> <p><b>9378</b> <input type="checkbox"/> U.S. Savings Bonds</p> <p><b>9380</b> <input type="checkbox"/> Stocks or Mutual Fund Shares</p> <p><b>9382</b> <input type="checkbox"/> Other assets – <i>Specify</i> <input style="width: 50px;" type="text"/></p> <p><b>9384</b> x1 <input type="checkbox"/> DK</p> |
| <p><b>CHECK ITEM T11</b> <i>Refer to cc item 42.</i></p> <p>Are the names of any employers listed for . . . on the control card?</p>   | <p><b>9385</b> <input type="checkbox"/> Yes<br/><input type="checkbox"/> No – <i>SKIP to Check Item T12</i></p>  |
| <p><b>4o. During 1990, did . . . participate in an employee thrift plan such as a 401k plan? Such a plan allows employees to defer part of their salary and not have to pay taxes on their deferred salary until they retire or make a withdrawal.</b></p> | <p><b>9386</b> <input type="checkbox"/> Yes<br/><input type="checkbox"/> No<br/>x1 <input type="checkbox"/> DK } <i>SKIP to Check Item T12</i></p>   |
| <p><b>p. How much did . . . contribute to this plan during 1990?</b></p>   | <p><b>9388</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None<br/>x1 <input type="checkbox"/> DK<br/>x2 <input type="checkbox"/> Ref.</p>   |
| <p>NOTES</p>   |  |

**Section 5 – TOPICAL MODULES (Continued)**

**Part B – TAXES**

| <p><b>CHECK ITEM T12</b> Has tax information for . . . already been obtained in an interview for a spouse with whom . . . filed a joint return?</p>   | <p><b>9390</b> 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T19, page 61</i><br/>2 <input type="checkbox"/> No</p>  |                      |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
|---|---|----------------------|------------------|--|--|----------------------|----------------------|-------------|----------------------|----------------------|-------------|----------------------|----------------------|-------------|----------------------|----------------------|-------------|----------------------|----------------------|-------------|--|--|
| <p><b>1 a.</b> Did . . . file a Federal income tax return for 1990?<br/><i>Mark "Yes" if . . . filed alone or jointly.</i></p>  | <p><b>9392</b> 1 <input type="checkbox"/> Yes<br/>2 <input type="checkbox"/> No – <i>SKIP to Check Item T19, page 61</i></p>  |                      |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
| <p><b>b.</b> Do you have a copy of the tax form or a worksheet that you could refer to for the next few questions?</p>  | <p><b>9394</b> 1 <input type="checkbox"/> Yes – <i>Allow person time to get form</i><br/>2 <input type="checkbox"/> No</p>  |                      |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
| <p><b>2.</b> What was . . . 's filing status on . . . 's 1990 Federal tax return? Did . . . file as –<br/><i>Read categories – Mark (X) one.</i></p>  | <p><b>9396</b> 1 <input type="checkbox"/> <b>A single taxpayer?</b><br/>2 <input type="checkbox"/> <b>Married, filing a joint return?</b><br/>3 <input type="checkbox"/> <b>Married, filing separately?</b><br/>4 <input type="checkbox"/> <b>Unmarried head of household?</b><br/>5 <input type="checkbox"/> <b>Qualifying widow(er) with dependent child?</b><br/>x1 <input type="checkbox"/> DK</p>  |                      |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
| <p><b>3 a.</b> What were the total number of exemptions claimed on . . . 's tax return?</p>   | <p><b>9398</b> <input type="text"/> Exemptions – <i>If "01" SKIP to 4</i><br/>x1 <input type="checkbox"/> DK</p>  |                      |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
| <p><b>CHECK ITEM T13</b> Refer to cc item 20.<br/>Number of current household members.</p>  | <p><b>9400</b> 1 <input type="checkbox"/> One – <i>SKIP to 3c</i><br/>2 <input type="checkbox"/> Two or more</p>  |                      |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
| <p><b>3 b.</b> Besides . . . which persons in this household did . . . claim as an exemption?</p>   | <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:30%;">Person No.</th> <th style="width:60%;">Name</th> </tr> </thead> <tbody> <tr> <td><b>9402</b></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><b>9404</b></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><b>9406</b></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><b>9408</b></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><b>9410</b></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><b>9412</b></td> <td colspan="2">1 <input type="checkbox"/> None in household</td> </tr> </tbody> </table> |                      | Person No.       | Name   | <b>9402</b>  | <input type="text"/> | <input type="text"/> | <b>9404</b> | <input type="text"/> | <input type="text"/> | <b>9406</b> | <input type="text"/> | <input type="text"/> | <b>9408</b> | <input type="text"/> | <input type="text"/> | <b>9410</b> | <input type="text"/> | <input type="text"/> | <b>9412</b> | 1 <input type="checkbox"/> None in household |  |
|   | Person No.  | Name                 |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
| <b>9402</b>   | <input type="text"/>  | <input type="text"/> |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
| <b>9404</b>   | <input type="text"/>  | <input type="text"/> |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
| <b>9406</b>   | <input type="text"/>  | <input type="text"/> |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
| <b>9408</b>   | <input type="text"/>  | <input type="text"/> |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
| <b>9410</b>   | <input type="text"/>  | <input type="text"/> |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
| <b>9412</b>   | 1 <input type="checkbox"/> None in household  |                      |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
| <p><i>ASK OR VERIFY –</i><br/><b>c.</b> Did . . . claim exemptions for any persons who lived outside of . . . 's home for the entire year?</p>  | <p><b>9414</b> 1 <input type="checkbox"/> Yes<br/>2 <input type="checkbox"/> No – <i>SKIP to 4</i></p>  |                      |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
| <p><b>d.</b> What was the relationship of this (these) person(s) to . . . ?<br/><i>Record for two persons only.</i></p>   | <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:50%;">SECOND DEPENDENT</th> </tr> </thead> <tbody> <tr> <td><b>9416</b> 1 <input type="checkbox"/> Parent<br/>2 <input type="checkbox"/> Child<br/>3 <input type="checkbox"/> Brother/sister<br/>4 <input type="checkbox"/> Other</td> <td><b>9418</b> 1 <input type="checkbox"/> Parent<br/>2 <input type="checkbox"/> Child<br/>3 <input type="checkbox"/> Brother/sister<br/>4 <input type="checkbox"/> Other</td> </tr> </tbody> </table>   |                      | SECOND DEPENDENT | <b>9416</b> 1 <input type="checkbox"/> Parent<br>2 <input type="checkbox"/> Child<br>3 <input type="checkbox"/> Brother/sister<br>4 <input type="checkbox"/> Other | <b>9418</b> 1 <input type="checkbox"/> Parent<br>2 <input type="checkbox"/> Child<br>3 <input type="checkbox"/> Brother/sister<br>4 <input type="checkbox"/> Other |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
|   | SECOND DEPENDENT  |                      |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
| <b>9416</b> 1 <input type="checkbox"/> Parent<br>2 <input type="checkbox"/> Child<br>3 <input type="checkbox"/> Brother/sister<br>4 <input type="checkbox"/> Other                              | <b>9418</b> 1 <input type="checkbox"/> Parent<br>2 <input type="checkbox"/> Child<br>3 <input type="checkbox"/> Brother/sister<br>4 <input type="checkbox"/> Other  |                      |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
| <p><b>4.</b> Did . . . file form 1040, the long form or did . . . file one of the short forms, 1040A or 1040EZ?<br/>(Form 1040 is blue)<br/>(Form 1040A is pink)<br/>(Form 1040EZ is green)</p> | <p><b>9420</b> 1 <input type="checkbox"/> Form 1040<br/>2 <input type="checkbox"/> Form 1040A<br/>3 <input type="checkbox"/> Form 1040EZ } <i>SKIP to Check Item T14</i><br/>x1 <input type="checkbox"/> DK</p>   |                      |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
| <p><b>5.</b> I am going to mention two forms that people are sometimes required to attach to their tax return. Please tell me if these were included with . . . 's 1990 tax return.</p>         |   |                      |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
| <p>(1) Schedule A, Itemized Deductions . . . . .</p>  | <p><b>9422</b> 1 <input type="checkbox"/> Yes<br/>2 <input type="checkbox"/> No<br/>x1 <input type="checkbox"/> DK</p>  |                      |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
| <p>(2) Schedule D, Capital Gains and Losses . . . . .</p>   | <p><b>9424</b> 1 <input type="checkbox"/> Yes<br/>2 <input type="checkbox"/> No<br/>x1 <input type="checkbox"/> DK</p>  |                      |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |

**Section 5 — TOPICAL MODULES (Continued)**

**Part B — TAXES (Continued)**

|   |   |                                       |   |
|---|---|---------------------------------------|---|
| <b>CHECK ITEM T14</b>   | Does the respondent have a copy of . . . 's Federal income tax form or a worksheet to refer to? | <b>9428</b>                           | <input type="checkbox"/> Yes<br><input type="checkbox"/> No — SKIP to 9a  |
| <b>CHECK ITEM T15</b>   | Refer to item 4.<br>Is "Form 1040" marked?  | <b>9430</b>                           | <input type="checkbox"/> Yes<br><input type="checkbox"/> No — SKIP to 8a  |
| <b>CHECK ITEM T16</b>   | Is "Schedule A, Itemized Deductions" marked "Yes" in item 5(1)?                                 | <b>9432</b>                           | <input type="checkbox"/> Yes<br><input type="checkbox"/> No — SKIP to 6b  |
| <b>6a. How much were . . . 's (and . . . 's husband's/wife's) itemized deductions for 1990?</b><br><i>(Schedule A, line 27)</i>   |   | <b>9434</b>                           | \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00<br><br><input type="checkbox"/> DK<br><input type="checkbox"/> Ref. — SKIP to Check Item T17  |
| <b>b. On . . . 's Form 1040, did . . . (and . . . 's husband/wife) claim —</b>  |   | <i>(Ask for each credit claimed.)</i> |   |
| <b>(1) A child and dependent care expense credit . . .</b><br><i>(Form 1040, line 41)</i>   |   | <b>9446</b>                           | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
|   |   | <b>9448</b>                           | \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00<br><br><input type="checkbox"/> DK<br><input type="checkbox"/> Ref.   |
| <b>(2) A credit for the elderly or the disabled . . . . .</b><br><i>(Form 1040, line 42)</i>  |   | <b>9450</b>                           | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
|   |   | <b>9452</b>                           | \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00<br><br><input type="checkbox"/> DK<br><input type="checkbox"/> Ref.   |
| <b>CHECK ITEM T17</b>   | Refer to item 5(2).<br>Is "Schedule D, Capital Gains and Losses" marked "Yes"?                  | <b>9458</b>                           | <input type="checkbox"/> Yes<br><input type="checkbox"/> No — SKIP to 8a  |
| <b>7. How much were . . . 's (and . . . 's husband's/wife's) capital gains or losses from the sale or exchange of personal assets for 1990?</b><br><i>(Form 1040, line 13)</i>  |   | <b>9460</b>                           | \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00<br><br><input type="checkbox"/> None<br><input type="checkbox"/> DK<br><input type="checkbox"/> Ref.<br><b>9461</b> <input type="checkbox"/> Lost money — Enter amount of loss in box |
| <i>(SHOW FLASHCARD CC WITH APPROPRIATE TAX FORM)</i>  |   |                                       |   |
| <b>8a. This card shows the portion of the tax return that deals with adjusted gross income and with the net tax liability for the year. Adjusted gross income is total income less certain types of adjustments and exclusions. What was . . . 's (and . . . 's husband's/wife's) adjusted gross income in 1990?</b><br><i>(Form 1040, line 31)</i><br><i>(Form 1040A, line 16)</i><br><i>(Form 1040EZ, line 3)</i> |   | <b>9462</b>                           | \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00<br><br><input type="checkbox"/> None<br><input type="checkbox"/> DK<br><input type="checkbox"/> Ref.<br><b>9463</b> <input type="checkbox"/> Lost money — Enter amount of loss in box |
| <b>b. Federal income tax liability is the total tax as determined by the tax table or schedule plus or minus certain adjustments. What was . . . 's (and . . . 's husband's/wife's) net tax liability in 1990?</b><br><i>(Form 1040, line 54)</i><br><i>(Form 1040A, line 27)</i><br><i>(Form 1040EZ, line 7)</i>   |   | <b>9464</b>                           | \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00<br><br><input type="checkbox"/> None<br><input type="checkbox"/> DK<br><input type="checkbox"/> Ref.  |
| <b>CHECK ITEM T18</b>   | Refer to item 8a.<br>What is the amount of adjusted gross income reported?                      | <b>9466</b>                           | <input type="checkbox"/> \$20,264 or more — SKIP to Check Item T19<br><input type="checkbox"/> Less than \$20,264   |



**Section 5 – TOPICAL MODULES (Continued)**

**Part C – SCHOOL ENROLLMENT AND FINANCING**

**Statement E** → The next few questions are about school enrollment and financing.

|  |  |
|--|--|
| <p><b>1. Was . . . enrolled in school anytime during the past 12 months? (Include any regular school, such as elementary, high school, or college, or any vocational, technical or business school.)</b></p> | <p><b>9610</b> 1 <input type="checkbox"/> Yes<br/>                 2 <input type="checkbox"/> No – SKIP to Check Item C1, page 64</p>  |
| <p><b>2. At what level or grade was . . . enrolled? (If enrolled at more than one level in the past 12 months, check level in which the greatest amount of time was spent.)</b></p>                          | <p><b>9612</b> 1 <input type="checkbox"/> Elementary grades 1–8<br/>                 2 <input type="checkbox"/> High school grades 9–12<br/>                 3 <input type="checkbox"/> College year 1<br/>                 4 <input type="checkbox"/> College year 2<br/>                 5 <input type="checkbox"/> College year 3<br/>                 6 <input type="checkbox"/> College year 4<br/>                 7 <input type="checkbox"/> College year 5<br/>                 8 <input type="checkbox"/> College year 6+<br/>                 9 <input type="checkbox"/> Vocational school<br/>                 10 <input type="checkbox"/> Technical school<br/>                 11 <input type="checkbox"/> Business school<br/>                 12 <input type="checkbox"/> Other or DK</p> |
| <p><b>CHECK ITEM T21</b> Was . . . enrolled in elementary or high school?</p>  | <p><b>9614</b> 1 <input type="checkbox"/> Yes<br/>                 2 <input type="checkbox"/> No – SKIP to 4</p>   |
| <p><b>3. Was . . . enrolled in a public school? (Mark "Yes" if the school at which . . . spent the greatest amount of time was public.)</b></p>  | <p><b>9616</b> 1 <input type="checkbox"/> Yes – SKIP to Check Item C1, page 64<br/>                 2 <input type="checkbox"/> No</p>  |
| <p><b>4. During the past 12 months –</b></p> <p><b>a. What was the total cost of . . .'s tuition and fees?</b></p>   | <p><b>9618</b> \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00<br/>                 x3 <input type="checkbox"/> None<br/>                 x1 <input type="checkbox"/> DK</p>   |
| <p><b>b. What was the total cost of . . .'s books and supplies?</b></p>  | <p><b>9620</b> \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00<br/>                 x3 <input type="checkbox"/> None<br/>                 x1 <input type="checkbox"/> DK</p>   |
| <p><b>c. Did . . . live away from home while attending school?</b></p>   | <p><b>9622</b> 1 <input type="checkbox"/> Yes<br/>                 2 <input type="checkbox"/> No – SKIP to 5</p>   |
| <p><b>d. What was the total cost for room and board while away at school?</b></p>  | <p><b>9624</b> \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00<br/>                 x3 <input type="checkbox"/> None<br/>                 x1 <input type="checkbox"/> DK</p>   |

NOTES

**Section 5 – TOPICAL MODULES (Continued)**

**Part C – SCHOOL ENROLLMENT AND FINANCING (Continued)**

|   |  |   |
|---|--|---|
| <p><i>(HAND RESPONDENT CARD DD)</i></p> <p><b>5a. Please look at this card and tell me if . . . received any of these types of educational assistance during the past 12 months.</b></p> <p><b>Anything else?</b></p> | <p><b>9626</b> x3 <input type="checkbox"/> None –<br/>SKIP to<br/>Check Item<br/>C 1</p> | <p><b>5b. How much did . . . receive?</b></p>   |
| <p><b>(1) The GI Bill? . . . . .</b></p>  | <p><b>9628</b> 1 <input type="checkbox"/> Received</p>                                   | <p><b>9630</b> \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00<br/>x1 <input type="checkbox"/> DK</p> |
| <p><b>(2) Other Veterans' Educational Assistance Programs? (Include survivors and dependents, vocational rehabilitation and post-Vietnam veterans' assistance.)</b></p>   | <p><b>9632</b> 1 <input type="checkbox"/> Received</p>                                   | <p><b>9634</b> \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00<br/>x1 <input type="checkbox"/> DK</p> |
| <p><b>(3) College Work Study Program? . . . . .</b></p>   | <p><b>9636</b> 1 <input type="checkbox"/> Received</p>                                   | <p><b>9638</b> \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00<br/>x1 <input type="checkbox"/> DK</p> |
| <p><b>(4) A Pell Grant? . . . . .</b></p>   | <p><b>9640</b> 1 <input type="checkbox"/> Received</p>                                   | <p><b>9642</b> \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00<br/>x1 <input type="checkbox"/> DK</p> |
| <p><b>(5) A Supplemental Educational Opportunity Grant (SEOG)? . . . . .</b></p>  | <p><b>9644</b> 1 <input type="checkbox"/> Received</p>                                   | <p><b>9646</b> \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00<br/>x1 <input type="checkbox"/> DK</p> |
| <p><b>(6) A National Direct Student Loan (NDSL) (or Perkins Loan)? . . . . .</b></p>  | <p><b>9648</b> 1 <input type="checkbox"/> Received</p>                                   | <p><b>9650</b> \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00<br/>x1 <input type="checkbox"/> DK</p> |
| <p><b>(7) A guaranteed student loan (or Stafford Loan)? . . . . .</b></p>   | <p><b>9652</b> 1 <input type="checkbox"/> Received</p>                                   | <p><b>9654</b> \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00<br/>x1 <input type="checkbox"/> DK</p> |
| <p><b>(8) A JTPA Training Program? . . . . .</b></p>  | <p><b>9656</b> 1 <input type="checkbox"/> Received</p>                                   | <p><b>9658</b> \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00<br/>x1 <input type="checkbox"/> DK</p> |
| <p><b>(9) Employer assistance . . . . .</b></p>   | <p><b>9660</b> 1 <input type="checkbox"/> Received</p>                                   | <p><b>9662</b> \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00<br/>x1 <input type="checkbox"/> DK</p> |
| <p><b>(10) A fellowship or scholarship? . . . . .</b></p>   | <p><b>9664</b> 1 <input type="checkbox"/> Received</p>                                   | <p><b>9666</b> \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00<br/>x1 <input type="checkbox"/> DK</p> |
| <p><b>(11) A tuition reduction? . . . . .</b></p>   | <p><b>9668</b> 1 <input type="checkbox"/> Received</p>                                   | <p><b>9670</b> \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00<br/>x1 <input type="checkbox"/> DK</p> |
| <p><b>(12) Anything else (other than assistance from relatives and friends)? . . . . .</b></p>  | <p><b>9672</b> 1 <input type="checkbox"/> Received</p>                                   | <p><b>9674</b> \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00<br/>x1 <input type="checkbox"/> DK</p> |

NOTES