

**Attachment D-1**

**2007 Economic Census**

**Information; Professional, Scientific, and Technical Services; Management of Companies and Enterprises; Administrative and Support and Waste Management and Remediation Services; Educational Services; Health Care and Social Assistance; Arts, Entertainment, and Recreation; and Other Services (Except Public Administration) Sectors**

**Prototype Standard Taxable Form**



# 2007 ECONOMIC CENSUS

## Legal Services

OMB No. : Approval Expires

### DUE DATE FEBRUARY 12, 2008

**Mail** your completed form to:  
**U.S. CENSUS BUREAU**  
1201 East 10th Street  
Jeffersonville, IN 47134-0001

**Please read** the accompanying information sheet(s) before answering the questions.

**Need help or have questions about filling out this form?**

**Visit** our Web site at  
www.census.gov/econhelp

**Call** 1-800-233-6136, between 8:00 a.m. and 8:00 p.m., Eastern time, Monday through Friday.

- OR -

**Write** to the address above. Include your 11-digit Census File Number (CFN) printed in the mailing address.

**PS-54101**

TAXABLE PROTOTYPE

(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.

- Use blue or black ink.
- Please center numbers in their respective boxes. Examples:
- Do not use pencil.
- Do not put slashes through 0 or 7.
- Place an "X" inside the box.



0 1 2 3 4 5 6 7 8 9

The reporting unit for this form is an establishment. An **establishment** is generally a single physical location where business is conducted or where services or industrial operations are performed. For further clarification, see information sheet(s).

#### 1 EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) shown in the mailing address the same as the one used for this establishment on its latest 2007 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021

☐

Yes - Go to 2

0022

☐

No - Enter current EIN (9 digits)

0025

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#### 2 PHYSICAL LOCATION

**A.** Is this establishment's physical location the same as shown in the mailing address? (P.O. box and rural route addresses are not physical locations.)

0031

☐

Yes - Go to line B

0032

☐

No - Enter physical location

0035 Number and street

0036 City, town, village, etc.

0037 State

0038 ZIP Code

**B.** Is this establishment physically located inside the legal boundaries of the city, town, village, etc.? (Mark "X" only ONE box.)

0041

☐

Yes

0042

☐

No

0043

☐

No legal boundaries

0044

☐

Do not know

**C.** In what type of municipality is this establishment physically located? (Mark "X" only ONE box.)

0229

☐

City, village, or borough

0230

☐

Town or township

0231

☐

Other

0232

☐

Do not know

**3 OPERATIONAL STATUS**

Which ONE of the following best describes this establishment's operational status at the end of 2007?

(Mark "X" only ONE box.)

0011 ☐ In operation0013 ☐ Temporarily or seasonally inactive0014 ☐ Ceased operation - Give date at right

Month	Day	Year

0015 ☐ Sold or leased to another operator - Give date at right AND enter name and address of new owner or operator and Employer Identification Number (EIN) below

0018

0060 Name of new owner or operator	0061 EIN (9 digits)
	-
0062 Mailing address (Number and street, P.O. Box, etc.)	
0063 City, town, village, etc.	0064 State
0065 ZIP Code	

**4 MONTHS IN OPERATION**

Mark "X" if None

2007  
NumberNumber of months in operation during 2007 (If none, mark "X" and go to 5.) . . . . . 0002 ☐HOW TO  
REPORT  
DOLLAR  
FIGURESDollar figures should be **rounded** to **thousands** of dollars.If a figure is **\$1,025,628.79**:

If a value is "0" (or less than \$500.00):

**Report** →**Report** →

Mark "X" if None

2007

\$ Bil.	Mil.	Thou.	Dol.
	1	0	2
		6	

**5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE**

Mark "X" if None

2007

Operating receipts (Legal aid societies should report total revenue, including contributions, gifts, and grants.) . . . . . 0100 ☐

\$ Bil.	Mil.	Thou.	Dol.

**6 Not Applicable.**

**If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.**

## 7 EMPLOYMENT AND PAYROLL

### Include:

- Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in 1.

### Exclude:

- Temporary staffing obtained from a staffing service.
- Contractors, subcontractors, or independent contractors.
- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.
- Purchased or managed services, such as janitorial, guard, or landscape services.
- Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services.

For further clarification, see information sheet(s).

**A.** Number of employees for pay period including March 12 . . . . . 0320

Mark "X"  
if None

2007			
Number			

**B.** Payroll before deductions (Exclude employer's cost for fringe benefits.)

Mark "X"  
if None

2007			
\$ Bil.	Mil.	Thou.	Dol.

1. Annual payroll . . . . . 0300

2. First quarter payroll (January-March, 2007). . . . . 0310

## 8-18 Not Applicable.

## 19 KIND OF BUSINESS OR ACTIVITY

Principal kind of business or activity in 2007  
(Mark "X" only ONE box.)

### Offices of lawyers

- 0700
- 541 110 10 1 ☐ Law partnership or professional corporation/association, or individual lawyer or attorney engaged in private practice
- 541 110 20 1 ☐ Legal aid societies and similar legal services

### All other legal services

- 541 191 00 1 ☐ Title abstract or settlement offices
- 541 199 00 1 ☐ Patent agent services
- 541 199 00 2 ☐ Notary public services
- 541 199 00 3 ☐ Paralegal services
- 523 991 00 5 ☐ Trustee in bankruptcy

### Other kind of business or activity

- 773 000 00 1 ☐ Other kind of business or activity - Specify ↴

0701

**20** CLASS OF CUSTOMEREstimate the percentage of receipts (reported in **5**) by class of customer.

2007	
Whole percent of receipts	
	%
	%
	%
	%
	%
1 0 0	%

1. Business firms and farms . . . . . 3108

2. Not for profit organizations (Include churches) . . . . . 0000

3. Federal government . . . . . 3105

4. State and local governments . . . . . 3106

5. Individuals (Include receipts from individually owned businesses on line 1.) . . . . . 3100

6. **TOTAL** (Sum lines 1 through 5) . . . . .**21** SUPPORT SERVICES

Was this establishment primarily engaged in providing management, administrative, or support services to other establishments of the same company (rather than for the general public or other business firms) in 2007?

0998 ☐ Yes0999 ☐ NoHOW TO  
REPORT  
PERCENTSIf figure is **38.76%** of  
total sales:**Report whole percents**

2007				
Estimates are acceptable. Report dollars OR percents.				
\$ Bil.	Mil.	Thou.	Dol.	Percent
				3 9

**22** DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE(Report sales for each merchandise line sold by this establishment, either as a dollar figure or as a whole percent of total sales (reported in **5**). See HOW TO REPORT DOLLAR FIGURES on page 2 and HOW TO REPORT PERCENTS above.)**Legal aid societies should not report this item.****Line 1a, 1b, 1c and 1d** - Include on the appropriate line all receipts from the practice of law, including reimbursement of expenses incurred for clients.**Line 2** - Individual lawyers who are organized as professional service corporations/associations and who are members of law partnerships should report distributions from these partnerships on this line. Fees for legal services provided directly to clients should be reported on the appropriate line.CONTINUE WITH **23** ON PAGE 5

54101043

**If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.**

**22** DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

**Line 3** - Include receipts from legal related services but not from the practice of law.

**Line 4** - Include commissions for the management or sale of real estate, insurance, etc.

Description of sales, shipments, receipts, or revenue	Census use	2007				
		Estimates are acceptable. Report dollars OR percents.				
		\$ Bil.	Mil.	Thou.	Dol.	Percent
0723	0720	0721				0722
<b>1.</b> Receipts, fees, or revenue from the practice of law by class of client						
<b>a.</b> Individuals, including estates						
<b>(1)</b> Fees received from real estate settlement services . . . . .	34001					
<b>(2)</b> All other fees received . . . . .	34002					
<b>(3) Sum lines 1a(1) and 1a(2)</b> . . . . .	34000					
<b>b.</b> Trade, farming, industrial, transportation, financial, and other business firms . . . . .	34010					
<b>c.</b> Government -Federal, State, and local, including public authorities . . . . .	34020					
<b>d.</b> Other, including nonprofit organizations, foreign governments, etc. . . . .	34030					
<b>2.</b> Distributions from law partnerships to professional corporations/associations . . . . .	34040					
<b>3.</b> Other legal services - Specify ↴						
	34050					
<b>4.</b> All other operating receipts - Specify if more than 10 percent of total receipts or revenue ↴						
	39538					
<b>5. TOTAL OPERATING RECEIPTS - Sum of lines should equal 5 if reporting in dollars</b> . . . . .	39690					1 0 0

**23-24** Not Applicable.

**25** EXPORTED SERVICES

**NOTE** - An exported service is a product(e.g., service performed, license agreement) that is performed for, or sold or transferred to, a customer or client (individual, government, business establishment, etc.) located **outside** the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions). Products provided to unaffiliated and affiliated foreign firms (e.g., foreign parent firms, subsidiaries, branches, etc.) are included. Products provided to domestic subsidiaries of foreign firms are excluded.

**A.** Did the receipts or revenue (reported in 5) include any amounts for exported services?

0911 ☐ Yes - Go to line B

0912 ☐ No - Go to 26

**B.** Amount of receipts or revenue for exported services . . . . . 0914

2007			
\$ Bil.	Mil.	Thou.	Dol.

**26 SPECIAL INQUIRIES****A. PERSONNEL BY OCCUPATION**

Enter employment reported on IRS Form 941, Employer's Quarterly Federal Tax Return, by occupation. The total should equal the number reported in **7**, line A.

Enter personnel who perform a variety of functions (secretaries, etc.) on the **one** line which best describes the **primary** nature of their work.

**Line 1** - Lawyers who are members of a professional service corporation should be included here. The proprietor or partners **not** considered employees of the firm for federal tax purposes should be included in part C, PROPRIETORS AND PARTNERS OF UNINCORPORATED BUSINESS.

2007		
Occupation	Cen- sus use	Number of employees for pay period including March 12, 2007
1. Associate lawyers (employees of firm) . . . . .	3231	
2. Paraprofessionals (law clerks, legal assistants, investigators, etc.) . . . . .	3232	
3. Managers and other nonlegal professional staff. . . . .	3233	
4. All other (stenographers, bookkeepers, etc.). . . . .	3234	
5. <b>TOTAL</b> (Sum of lines 1 through 4 should equal <b>7</b> , line A.. . . .)	3200	

**B. PROPRIETORS AND PARTNERS OF UNINCORPORATED BUSINESSES**

Unincorporated businesses should report each proprietor or partner **not** considered employees for federal tax purposes at this location. For businesses operating at more than one location, report the proprietor or partners at the location where they spend most of their working time.

		2007
	Mark "X" if None	Number for the pay period including March 12
Active proprietor or partners at this location . . . . .	<input type="checkbox"/>	

**C. EXPENSES OF LEGAL AID SOCIETIES**

Total operating expenses, including payroll, rent, depreciation, taxes, and other overhead:

(Exclude capital expenditures, funds invested, and losses from the sale of assets.). . . 3520

2007		
\$ Mil.	Thou.	Dol.

**D. FRANCHISE**

Was this establishment operating under a trademark authorized by a franchisor in 2007? (Mark "X" only ONE box.)

- 0237 ☐ Yes - franchisee owned establishment
- 0238 ☐ Yes - franchisor owned establishment
- 0239 ☐ No

**27-29** Not Applicable.

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

REMARKS (Please use this space for any explanations that may be essential in understanding your reported data.)

**30** CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.

Is the time period covered by this report a calendar year?

☐ Yes

☐ No - Enter time period covered →

FROM

Month

Year

TO

Month

Year

Name of person to contact regarding this report

Title

Telephone

Area code

Number

Extension

Fax

Area code

Number

Internet e-mail address

Date  
completed

Month

Day

Year

**Thank you for completing your 2007 ECONOMIC CENSUS form.**

**PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.**