



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

FORM

**SBO-2** (08-31-2011) Draft 1

## 2012 SURVEY OF BUSINESS OWNERS AND SELF-EMPLOYED PERSONS

OMB No. 0607-0943: Approval Expires xx/xx/xxxx

**DUE DATE****30 days after receipt of form***Mail your completed form to:*

**U.S. CENSUS BUREAU**  
1201 East 10th Street  
Jeffersonville, IN 47132-0001

- OR -

*Report online at:*

www.census.gov/econhelp/sbo

**Need help or have questions  
about completing this form?***Visit* www.census.gov/econhelp

*Call* 1-888-824-9954, between  
8 a.m. and 6 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.

(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 principal business owners

**INSTRUCTIONS**

**Please read the enclosed insert before answering the questions.**

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

MM	DD	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

Area code	Number
<input type="text"/>	<input type="text"/>

Extension
<input type="text"/>



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 2012, did another company or organization own more than 50% of this business?

Yes - Go to **26** on Page 5  No

**2** In 2012, did employees under an Employee Stock Ownership Plan (ESOP) own more than 50% of this business?

Yes - Go to **26** on Page 5  No

**3** In 2012, did members in a cooperative or club own more than 50% of this business?

Yes - Go to **26** on Page 5  No

**4** In 2012, did an estate or trust own more than 50% of this business?

Yes - Go to **26** on Page 5  No

**5** In 2012, did an Alaska Native Regional or Village Corporation or an American Indian tribal entity own more than 50% of this business?

Yes - Go to **26** on Page 5  No

**6** In 2012, was this business a nonprofit organization?

Yes - Go to **26** on Page 5  No

**7** In 2012, was this business a publicly held corporation?

Yes  No

**8** In 2012, did any individual own 10% or more of the rights, claims, interests, or stock in this business?

Yes  No - Go to **26** on Page 5

**9 A.** In 2012, was 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 2012, did two or more members of the same family own the majority of this business? (Family refers to spouses, parents/guardians, children, siblings, or close relatives.)

Yes  No

**C.** As of December 31, 2012, 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.

<input type="checkbox"/> 1	<input type="checkbox"/> 5 – 9
<input type="checkbox"/> 2	<input type="checkbox"/> 10 – 49
<input type="checkbox"/> 3	<input type="checkbox"/> 50 or more
<input type="checkbox"/> 4	<input type="checkbox"/> Unknown

**D.** For the person(s) owning the largest percentage(s) in this business in 2012, 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 this business equally, select any 4.
- Round percentages to whole numbers. For example, report 1/3 ownership (33.3%) as:

.  %

**Percentage Owned**  
(Estimates are acceptable)

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

<b>Owner 1:</b>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> . <input type="text" value="0"/> %	<input type="text" value=""/>
<b>Owner 2:</b>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> . <input type="text" value="0"/> %	<input type="text" value=""/>
<b>Owner 3:</b>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> . <input type="text" value="0"/> %	<input type="text" value=""/>
<b>Owner 4:</b>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> . <input type="text" value="0"/> %	<input type="text" value=""/>



## Owner 1

Please answer the following questions about **Owner 1** listed in **9 D** on Page 2.

**10** What is the sex of **Owner 1**?

Male

Female

**NOTE:** Please answer **BOTH** Question **11** about Hispanic origin and Question **12** about race. For this survey, Hispanic origins are not races.

**11** 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, Spaniard, and so on.* ↘

**12** 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, Cambodian, and so on.* ↘

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander - *Print race, for example, Fijian, Tongan, and so on.* ↘

Some other race - *Print race* ↘

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

Yes

No - Go to **14**

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

Yes

No

## Owner 2

Please answer the following questions about **Owner 2** listed in **9 D** on Page 2.

**14** What is the sex of **Owner 2**?

Male

Female

**NOTE:** Please answer **BOTH** Question **15** about Hispanic origin and Question **16** about race. For this survey, Hispanic origins are not races.

**15** 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, Spaniard, and so on.* ↘

**16** 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, Cambodian, and so on.* ↘

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander - *Print race, for example, Fijian, Tongan, and so on.* ↘

Some other race - *Print race* ↘

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

Yes

No - Go to **18**

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

Yes

No



## Owner 3

Please answer the following questions about **Owner 3** listed in **9 D** on Page 2.

**18** What is the sex of **Owner 3**?

Male

Female

**NOTE:** Please answer **BOTH** Question **19** about Hispanic origin and Question **20** about race. For this survey, Hispanic origins are not races.

**19** 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, Spaniard, and so on.* ↘

**20** 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, Cambodian, and so on.* ↘

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander - *Print race, for example, Fijian, Tongan, and so on.* ↘

Some other race - *Print race* ↘

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

Yes

No - Go to **22**

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

Yes

No

## Owner 4

Please answer the following questions about **Owner 4** listed in **9 D** on Page 2.

**22** What is the sex of **Owner 4**?

Male

Female

**NOTE:** Please answer **BOTH** Question **23** about Hispanic origin and Question **24** about race. For this survey, Hispanic origins are not races.

**23** 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, Spaniard, and so on.* ↘

**24** 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, Cambodian, and so on.* ↘

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander - *Print race, for example, Fijian, Tongan, and so on.* ↘

Some other race - *Print race* ↘

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

Yes

No - Go to **26**

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

Yes

No



**26 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 the form to:  
 U.S. Census Bureau  
 1201 East 10th Street  
 Jeffersonville, IN 47132-0001

**Remarks**