

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

FORM

SBO-2 (02/28/2012) Draft 7

2010 SURVEY OF BUSINESS OWNERS AND SELF-EMPLOYED PERSONS

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

DUE DATE 30 DAYS AFTER RECEIPT

Need help or have questions?

Visit econhelp.census.gov/sbo

- OR -

Call 1-888-824-9954, between 8 a.m. and 6 p.m., Eastern time, Monday through Friday.

Please reference your 11-digit Census File Number (CFN) printed in the mailing address with all communications.

Mail your completed form to: U.S. CENSUS BUREAU 1201 East 10th Street Jeffersonville, IN 47132-0001

- OR -

Report Online - It's convenient and secure! **Go to:** econhelp.census.gov/sbo

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:

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.

7	0

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

Contact Name

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

MM	DD	YYYY					

Area code	Number	Extension			



Please answer the following questions for the person(s) or For the person(s) owning the largest percentage(s) business named in the mailing label for all or any part in this business as of December 31, 2010, please list of 2010, even if the business has been sold, reorganized, the percentage owned by each person and his or her or ceased operation since December 31, 2010. position title. · Do not report percentages owned by parent You may use estimates if this form requests information companies, estates, trusts, or other entities. that is not available in your business records. If more than 4 persons owned this business equally, On December 31, 2010, how many people owned this select any 4 persons. business? · Round percentages to Include yourself if you were a sole proprietor or whole numbers. For % 3 3 worked as a consultant or independent contractor. example, report 1/3 ownership (33.3%) as: -· Do not combine two or more owners to create one owner. **Position Title** Percentage Owned (Example: sole owner, co-owner, shareholder, president, vice president, etc.) · Count spouses and partners as separate owners. (Estimates are acceptable) 1 person . 0 % Owner 1: 2 - 4 people Go to 5 5 - 10 people % 0 Owner 2: 11 or more people None - Business is owned by a parent company, 0 estate, trust, or other entity. Owner 3: Unknown % 0 Owner 4: 3 Is this business owned by a government or tribal entity? NOTE: Do not list more than 4 owners. Yes No 6 A. In 2010, did two or more members of one family Did any one person own 10 % or more of this business? own the majority of this business? (Family refers to spouses, parents/guardians, children, siblings, or close relatives.) No - Go to 62 Yes No - Go to 7 B. (If Yes) Did spouses jointly own this business? No - Go to 🕡 C. (If Yes) Was this business operated equally by both spouses? Yes, equally operated by spouses No, primarily operated by Owner 1 No, primarily operated by Owner 2

Owner 1				0	wner 2	2						
Please answer the following questions about Owner 1 listed in 5 on Page 2.				Please answer the following questions about Owner 2 listed in 5 on Page 2.								
7 What is the sex of Owner 1?					11 What is the sex of Owner 2?							
		Male		Female		Male		☐ Fe	emale			
DF				uestion 8 about 9 about race. For	NOTE: Please answer BOTH Question 12 about Hispanic origin and Question 13 about race. For							
_	thi	s survey, Hisp	panic origins a	are not races.	this survey, Hispanic origins are not races.							
8	IsOwner 1 of Hispanic, Latino or Spanish origin? No, not of Hispanic,					12 Is Owner 2 of Hispanic, Latino, or Spanish origin? No, not of Hispanic,						
	Ш	Latino, or Spa	nish origin	Yes, Puerto Rican	Ш	Latino, or Spar	nish origin	□ Ye	es, Puerto Rican			
		Yes, Mexican, Am., Chicano		Yes, Cuban		Yes, Mexican, Am., Chicano			es, Cuban			
		Yes, another F origin, for exa Nicaraguan, S	Hispanic, Latino, d Imple, Argentinea Salvadoran, Spani	or Spanish origin - Print nn, Colombian, Dominican, ard, and so on.		Yes, another Hispanic, Latino, or Spanish origin, for example, Argentinean, Colombi Nicaraguan, Salvadoran, Spaniard, and so						
9	Wh	at is Owner 1's r	race? Mark x all	that apply.	13 Wha	at is Owner 2's ra	ace? Mark	x all tha	at apply.			
		White	Black, Afri	can Am., or Negro		White	☐ Bla	ck, Afric	an Am., or Negro			
			an or Alaska Nati incipal tribe. 🍃	ve - Print name of		American Indian or Alaska Native - Print name of enrolled or principal tribe.						
		Asian Indian	Japanese	Native Hawaiian		Asian Indian	Japan	ese	Native Hawaiian			
		Chinese	☐ Korean	Guamanian or Chamorro		Chinese	☐ Korea	n	Guamanian or Chamorro			
		Filipino	Vietnamese	Samoan		Filipino	☐ Vietna	mese	Samoan			
		Other Asian - Prace, for example Hmong, Laotian, Pakistani, Camband so on.	le, , Thai,	Other Pacific Islander - Print race, for example, Fijian, Tongan, and so on.		Other Asian - Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.						
		<u> </u>				2						
		Some other ra	ace - Print race 🏻			Some other rac	ce - Print rad	ce 🗸				
0	A.	Armed Forces, in	ncluding the Coas	oranch of the U.S. st Guard, the National of any service branch?		Has Owner 2 eve Armed Forces, in Guard, or a Rese	cluding the	Coast G	nch of the U.S. duard, the National ny service branch?			
		Yes		No		Yes		No				
			of the following cl ary service? <i>Mark</i>	haracteristics describe **X all that apply.		If Yes) Do any o Owner 2's militar			acteristics describe all that apply.			
			active duty milita or the Reserves or	ary service, not including National Guard	3.				service, not including tional Guard			
			is the result of ill ated during milita	ness or injury incurred iry service			s the result ted during r		s or injury incurred service			
		Served on September	active duty milit r 11, 2001	ary service after		Served on September	active duty 11, 2001	military :	service after			
		☐ Served on	active duty milita	ary service in 2010		Served on	active duty	military :	service in 2010			
				rd or as a reservist of ed Forces in 2010					or as a reservist of Forces in 2010			



	O	wner	3			0	W	ner 4	4			
Please answer the following questions about Owner 3 listed in 5 on Page 2.				Please answer the following questions about Owner 4 listed in 5 on Page 2.								
15	Wha	at is the sex of O	wner 3?			19 Wh	at is t	the sex of O	wner 4?			
31		Male		□ F	- emale		Ma	le			Female	
	His	TE: Please an panic origin a s survey, Hisp	and Ques	tion (estion 16 about about race. For a not races.	NOTE: Please answer BOTH Question about Hispanic origin and Question about race. For this survey, Hispanic origins are not races.						
		wner 3 Spanish/						4 Spanish/				
		No, not of Hisp Latino, or Spar			Yes, Puerto Rican		No Lat	, not of Hisp ino, or Spar	oanic, nish origin		Yes, Puerto Rican	
		Yes, Mexican, Am., Chicano	Mexican		Yes, Cuban		Yes	s, Mexican, n., Chicano	Mexican		Yes, Cuban	
		Yes, another H origin, for exam Nicaraguan, Sa		Yes, another Hispanic, Latino, or Spanish origin origin, for example, Argentinean, Colombian, Dicaraguan, Salvadoran, Spaniard, and so on.								
1	Wha	at is Owner 3's ra	ace? Mark	X all th	nat anniv	21 Wh	at is	Owner 4's r	ace? Mark	X all	that apply.	
u		White			n Am., or Negro		Wh				frican Am., or Negro	
	American Indian or Alaska Native - Print name of enrolled or principal tribe.							nerican India rolled or pri		Alaska Native - Print name of		
		Asian Indian	☐ Japa	nese	Native Hawaiian		Asi	an Indian	☐ Japa	nese	Native Hawaiian	
		Chinese	☐ Kore	an	Guamanian or Chamorro		Chi	nese	☐ Kore	an	Guamanian or Chamorro	
		Filipino	☐ Vietn	amese	Samoan		Fili	pino	☐ Vietr	amese	Samoan	
		Other Asian - Pr race, for example Hmong, Laotian, Pakistani, Cambo and so on.	e, Thai,		Other Pacific Islander - Print race, for example, Fijian, Tongan, and so on.		race Hm Pak	ner Asian - Pi e, for example ong, Laotian, ristani, Cambo I so on.	e, Thai,		Other Pacific Islander - Print race, for example, Fijian, Tongan, and so on.	
		Some other rac	ce - Print r	ace 🏅			So	me other ra	ce - Print r	ace <table-cell></table-cell>		
18		Has Owner 3 eve Armed Forces, in Guard, or a Rese	ncluding th	e Coast (nnch of the U.S. Guard, the National any service branch?		Arme	ed Forces, in	cluding th	e Coas	ranch of the U.S. t Guard, the National f any service branch?	
		Yes		☐ No)			Yes			No	
	В.	If Yes) Do any or Owner 3's milita	f the follow ary service	ving char ? Mark	racteristics describe X all that apply.	В.	(If Ye	s) Do any o er 4's milita	f the follow ry service?	ving ch <i>Mark</i>	aracteristics describe X all that apply.	
					service, not including lational Guard						ry service, not including National Guard	
		Disabled a or aggrava			ess or injury incurred			Disabled as			ness or injury incurred ry service	
			active duty	0.00	y service after			Page 5	active duty		ry service after	
		☐ Served on	active duty	/ military	y service in 2010			Served on	active duty	/ milita	ry service in 2010	
					or as a reservist of Forces in 2010						d or as a reservist of ed Forces in 2010	
Pleas	e reti				pating in the Survey of							

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.

U.S. Census Bureau

If the envelope has been misplaced, please mail the form to:

U.S. Census Bureau 1201 East 10th Street Jeffersonville, IN 47132-0001