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



THE American Community Survey

Start Here

Respond online today at: https://respond.census.gov/acs

Complete this form and mail it back as soon as possible.

This form asks for information about the people who are living or staying at the address on the mailing label and about the house, apartment, or mobile home located at the address on the mailing label.



If you need help or have questions about completing this form, please call 1-888-595-1327. The telephone call is free.

Telephone Device for the Deaf (TDD): Call 1–800–582–8330. The telephone call is free.

¿NECESITA AYUDA? Si usted habla español y necesita ayuda para completar su cuestionario, llame sin cargo alguno al 1-888-369-3615. Usted también puede completar su entrevista por teléfono con un entrevistador que habla español. O puede responder por Internet en: https://respond.census.gov/acs

For more information about the American Community Survey, visit our web site at: http://www.census.gov/acs/www/

(Please print today's date.	
	Month Day Year	
(Please print the name and telephone number of illing out this form. We may contact you if there	
	Last Name	
	First Name	MI
	Area Code + Number How many people are living or staying at this a INCLUDE everyone who is living or staying here to INCLUDE yourself if you are living here for more INCLUDE anyone else staying here who does not stay, even if they are here for 2 months or less. DO NOT INCLUDE anyone who is living somewho 2 months, such as a college student living away or Armed Forces on deployment.	for more than 2 months. than 2 months. have another place to ere else for more than
•	Number of people Fill out pages 2, 3, and 4 for everyone, includin living or staying at this address for more than 2 complete the rest of the form.	
	FORM ACS-1(X)CTC (06-09-2015) Draft 4 V2	OMB No. 0607-0930

Pers	son 1			Pers	on 2		
(Person 1 is the person living or stay or apartment is owned, being bough	t, or rented. If there is no such		at is Person 2's nam Name (Please print)	ne?	First Nar	me	MI
person, start with the name of any ac	dult living or staying here.)	2 Hov	v is this person rela	ited to Pers	son 1? Ma	ark (X) ONE box. Son-in-law or daugh	ator in low
What is Person 1's name? Last Name (Please print)	First Name MI		Biological son or daugh Adopted son or daugh Stepson or stepdaugh Brother or sister	iter		Other relative Roomer or boarder Housemate or room Unmarried partner	
How is this person related to Pers	son 1?		Father or mother Grandchild Parent-in-law			Foster child Other nonrelative	
What is Person 1's sex? Mark (X) (ONE box.	3 Wha	at is Person 2's sex	? <i>Mark (X) (</i> emale	ONE box.		
NOTE: Please answer BOTH Que Question 6 about race. For this su Is Person 1 of Hispanic, Latino, or that apply AND print origins. Note, you make the poly and print or the poly and p	Anild is less than 1 year old. It is in boxes. Day Year of birth Section 5 about Hispanic origin and arvey, Hispanic origins are not races. It Spanish origin? Mark all boxes may report more than one group. In this is less than 1 year old. It is in boxes are not races. It is in boxes. It is in boxes.	Plea. Age → NG Qu 5 Is P that		O when the color Print number Month Pr BOTH Que For this sue, Latino, or Spain Am., Chicar Latino, or Spain Am., chicar	estion 5 ab arvey, Hisp r Spanish may report r nish origin	Year of birth Year of birth Dout Hispanic origination origins are noting the more than one group. In - Print details, for example of the more than one group.	n and ot races. xes
the spaces below. Note, you may report in White – Print details, for example, Ger	more than one group.	the s	spaces below. Note, you White – Print details, for	may report r	more than o	ne group.	5 111
Black or African Am. – Print detail Nigerian, etc.	ls, for example, African American, Jamaican,		Black or African Am Nigerian, etc.	ı. – Print detail	ls, for exampl	le, African American, Jai	maican,
American Indian or Alaska Nation for example, Navajo Nation, Mayan, Nation Government, etc.	ve – Print name of enrolled or principal tribe(s), tive Village of Barrow Inupiat Traditional		American Indian or a for example, Navajo Nation Government, etc.				
Chinese Vietr Filipino Kore Asian Indian Japa Other Asian – Print details, for example, Pakistani, Cambodian, Hmong, etc. Vietr			Chinese Filipino Asian Indian Other Asian – Print deta for example, Pakistani, Cambodian, Hmong, etc.	Kore Japa	namese an inese	Native Hawaiian Samoan Chamorro Other Pacific Islandetails, for example Fijian, Marshallese,	e, Tongan,
Some other race – Print race(s) or o	origin(s). 🗸		Some other race – Pr	rint race(s) or c	origin(s). 🍞		

Person :	3	Person 4
What is Person 3's name? Last Name (Please print) First	t Name MI	1 What is Person 4's name? Last Name (Please print) First Name MI
How is this person related to Person 1?	Mark (X) ONE box.	How is this person related to Person 1? Mark (X) ONE box.
Husband or wife	Son-in-law or daughter-in-law	Husband or wife Son-in-law or daughter-in-law
Biological son or daughter	Other relative	Biological son or daughter Other relative
Adopted son or daughter	Roomer or boarder	Adopted son or daughter Roomer or boarder
Stepson or stepdaughter	Housemate or roommate	Stepson or stepdaughter Housemate or roommate
Brother or sister	Unmarried partner	☐ Brother or sister ☐ Unmarried partner
Father or mother	Foster child	Father or mother Foster child
Grandchild	Other nonrelative	Grandchild Other nonrelative
Parent-in-law		Parent-in-law
What is Person 3's sex? Mark (X) ONE bo	ox.	3 What is Person 4's sex? Mark (X) ONE box.
Male Female		Male Female
	0. 1. 0	
What is Person 3's age and what is Person 9's age 0 when the child is le		4 What is Person 4's age and what is Person 4's date of birth? Please report babies as age 0 when the child is less than 1 year old.
Print numbers in box	xes.	Print numbers in boxes.
Age (in years) Month Day	Year of birth	Age (in years) Month Day Year of birth
→ NOTE: Please answer BOTH Question ! Question 6 about race. For this survey,	5 about Hispanic origin and Hispanic origins are not races.	→ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races
Is Person 3 of Hispanic, Latino, or Span that apply AND print origins. Note, you may rep	nish origin? Mark all boxes	Is Person 4 of Hispanic, Latino, or Spanish origin? Mark all boxes that apply AND print origins. Note, you may report more than one group.
No, not of Hispanic, Latino, or Spanish ori	igin	No, not of Hispanic, Latino, or Spanish origin
Yes, Mexican, Mexican Am., Chicano		Yes, Mexican, Mexican Am., Chicano
Yes, Puerto Rican		Yes, Puerto Rican
Yes, Cuban		Yes, Cuban
Yes, another Hispanic, Latino, or Spanish	origin – Print details, for example,	Yes, another Hispanic, Latino, or Spanish origin – <i>Print details, for example,</i>
Salvadoran, Dominican, Colombian, etc. 📈		Salvadoran, Dominican, Colombian, etc.
What is Person 3's race? Mark all boxes th the spaces below. Note, you may report more th	at apply AND print origins in	6 What is Person 4's race? Mark all boxes that apply AND print origins in the spaces below. Note, you may report more than one group.
White – Print details, for example, German, Le	banese, Egyptian, etc. ¥	White − Print details, for example, German, Lebanese, Egyptian, etc. ✓
Black or African Am. – Print details, for ex Nigerian, etc.	xample, African American, Jamaican,	Black or African Am. – Print details, for example, African American, Jamaican, Nigerian, etc.
American Indian or Alaska Native – Pri for example, Navajo Nation, Mayan, Native Villa Government, etc.	int name of enrolled or principal tribe(s), age of Barrow Inupiat Traditional	American Indian or Alaska Native – Print name of enrolled or principal tribe(s) for example, Navajo Nation, Mayan, Native Village of Barrow Inupiat Traditional Government, etc.
Chinese Vietnamese	Native Hawaiian	Chinese Vietnamese Native Hawaiian
Filipino Korean	Samoan	☐ Filipino ☐ Korean ☐ Samoan
Asian Indian Japanese	Chamorro	☐ Asian Indian ☐ Japanese ☐ Chamorro
Other Asian – Print details, for example, Pakistani, Cambodian, Hmong, etc.	Other Pacific Islander – Print details, for example, Tongan, Fijian, Marshallese, etc. 7	Other Asian – Print details, for example, Pakistani, Cambodian, Hmong, etc.
Some other race – Print race(s) or origin(s).	7	Some other race – Print race(s) or origin(s).

Pe	rson 5		If there are more than five peoprint their names in the spaces	ple living or staying here, s for Person 6 through Person 12
Vhat is Person 5's name?			We may call you for more informa	
ast Name (Please print)	First Name	MI	Person 6	
			Last Name (Please print)	First Name
ow is this person related to I	Person 1? Mark (X) ONE	box.	Last Hame (Froude print)	
Husband or wife		or daughter-in-law		
Biological son or daughter	Other relat	<u> </u>		
Adopted son or daughter	Roomer or		Sex Male Female	Age (in years)
_				
Stepson or stepdaughter		e or roommate	Person 7	
Brother or sister	Unmarried		Last Name (Please print)	First Name
Father or mother	Foster chil			
Grandchild	Other non	elative		
Parent-in-law				
Ihat is Person 5's sex? Mark (X) ONE box.		Sex Male Female	Age (in years)
Male Female		1	Person 8	
/hat is Person 5's age and wh	at is Person 5's date o	of birth?		
lease report babies as age 0 when th	ne child is less than 1 year o		Last Name (Please print)	First Name
Print num ge (in years) Month	<i>bers in boxes.</i> Day Year of birth			
NOTE: Please answer BOTH (Question 5 about Hispa	nic origin and	Sex Male Female	Age (in years)
Question 6 about race. For thi			Person 9	
Person 5 of Hispanic, Lating at apply AND print origins. Note, y		lark all boxes	Last Name (Please print)	First Name
No, not of Hispanic, Latino, or	• •	io group.	Last Name (Fiedse print)	Tistivanie
Yes, Mexican, Mexican Am., Ch				
Yes, Puerto Rican	icano			
			Sex Male Female	Age (in years)
Yes, Cuban	r Chaniah arigin . Driet dat	ila fan avanania		311 711 17
Yes, another Hispanic, Latino, of Salvadoran, Dominican, Colombian,		ils, for example,	Person 10	
	•		Last Name (Please print)	First Name
Ihat is Person 5's race? Mark a	all boxes that apply AND p	int origins in		
ne spaces below. Note, you may rep	ort more than one group.			
White - Print details, for example,	German, Lebanese, Egyptian,	etc. ₹		
			Sex Male Female	Age (in years)
Black or African Am Print of	etails, for example, African An	nerican, Jamaican,	Davison 44	
─ Nigerian, etc. _▼			Person 11	
			Last Name (Please print)	First Name
American Indian or Alaska N for example, Navajo Nation, Mayan				
Government, etc. 7				
Chinese	/ietnamese Native I	Hawaiian	Sex Male Female	Age (in years)
Filipino	Korean Samoar	1	Person 12	
Asian Indian	apanese Chamor	ro		F: N
Other Asian – Print details,		acific Islander – <i>Print</i>	Last Name (Please print)	First Name
for example, Pakistani, Cambodian, Hmong, etc. _✔		or example, Tongan, arshallese, etc. ⊋		
Some other race – Print race(s)	or origin(s). $ abla$			
			Sex Male Female	Age (in years)

Housing

L		Answer questions 4 and 5 if this is a	Y	home have –		
•	Please answer the following	HOUSE OR A MOBILE HOME; otherwise, SKIP to question 6a.		a. hot and cold running water?	Yes	No
T	questions about the house, apartment, or mobile home at the			b. a bathtub or shower?		
	address on the mailing label.	How many acres is this house or mobile home on?		c. a sink with a faucet?		
1	Which best describes this building?			d. a stove or range?		
T	Include all apartments, flats, etc., even if vacant.	Less than 1 acre → SKIP to question 6a		e. a refrigerator?		
ı	A mobile home	1 to 9.9 acres	8	Can you or any member of this	house	hold
ı	_	10 or more acres		both make and receive phone this house, apartment, or mob	calls w	hen at
ı	A one-family house detached from any other house			Yes	110 11011	
	A one-family house attached to one or more houses	IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property?		No		
ı	A building with 2 apartments		9	At this house, apartment, or m	obile h	ome –
ı	A building with 3 or 4 apartments	None		do you or any member of this own or use any of the following	househ	old
ı	A building with 5 to 9 apartments	\$1 to \$999		EXCLUDE GPS devices, digital	music	olayers,
ı	A building with 10 to 19 apartments	\$1,000 to \$2,499		and devices with only limited of capabilities, for example: hous	omputi ehold	ing
ı	A building with 20 to 49 apartments	\$2,500 to \$4,999		appliances.	Yes	No
ı	A building with 50 or more apartments	\$5,000 to \$9,999		a. Desktop, laptop, netbook, or notebook computer		
ı	Boat, RV, van, etc.	\$10,000 or more		b. Handheld computer,		
ı				smart mobile phone, or other handheld wireless computer		
2	About when was this building first built?	a. How many separate rooms are in this house, apartment, or mobile home?		c. Some other type of computer		
ĺ		Rooms must be separated by built-in		Specify Z		
ı	2000 or later – Specify year –	archways or walls that extend out at least 6 inches and go from floor to ceiling.				
ı		INCLUDE bedrooms, kitchens, etc.		Addit by an analysis of the same	. 11 . 1	
	1990 to 1999	 EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements. 	W	At this house, apartment, or m do you or any member of this access the Internet?	oblie n rouseh	old
ı	1980 to 1989	Number of rooms		Yes, with a subscription to a	n Interr	net
ı	☐ 1970 to 1979			service		
	1960 to 1969	b. How many of these rooms are bedrooms	.7	Yes, without a subscription service → SKIP to question		ternet
	1950 to 1959	Count as bedrooms those rooms you would list if this house, apartment, or mobile home		No Internet access at this ho or mobile home → SKIP to o		
ı	1940 to 1949	were for sale or rent. If this is an efficiency/studio apartment, print "0".	0	At this house, apartment, or m	obile h	ome –
ı	1939 or earlier	Number of bedrooms		subscribe to the Internet using	j –	
ı				a Dial aamiiaa2	Yes	No
3	When did PERSON 1 (listed on page 2)			a. Dial-up service?b. DSL service?		
Ī	move into this house, apartment, or mobile home?			c. Cable modem service?		
	Month Year			d. Fiber-optic service?		
	00 0000			e. Mobile broadband plan for a computer or a cell phone?		
				f. Satellite Internet service?		
				g. Some other service? Specify service ✓		
				•		

Housing (continued)

1	How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household? None 1	of electricity for this house, apartment, or mobile home? Last month's cost – Dollars \$ 0,00 OR Included in rent or condominium fee	IN THE PAST 12 MONTHS, did you or any member of this household receive benefits from the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)? Do NOT include WIC, the School Lunch Program, or assistance from food banks. Yes No
	3 4 5 6 or more	b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home? Last month's cost – Dollars \$ 0,00	Is this house, apartment, or mobile home part of a condominium? Yes → What is the monthly condominium fee? For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box.
	Which FUEL is used MOST for heating this house, apartment, or mobile home? Gas: from underground pipes serving the neighborhood Gas: bottled, tank, or LP Electricity Fuel oil, kerosene, etc. Coal or coke Wood Solar energy Other fuel No fuel used	Included in rent or condominium fee Included in electricity payment entered above No charge or gas not used c. IN THE PAST 12 MONTHS, what was the cost of water and sewer for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost. Past 12 months' cost – Dollars OR Included in rent or condominium fee No charge d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost. Past 12 months' cost – Dollars \$	Monthly amount – Dollars \$ 1, 100 OR None No No Is this house, apartment, or mobile home – Mark (X) ONE box. Owned by you or someone in this household with a mortgage or loan? Include home equity loans. Owned by you or someone in this household free and clear (without a mortgage or loan)? Rented? Occupied without payment of rent? → SKIP to C on the next page

Housing ((continued)
Housing \	OUITEIIIGEG

	Housing (continued)	household have a mortgage, deed of trust, contract to purchase, or similar	a. Do you or any member of this household have a second mortgage or a home equity loan on THIS
E	Answer questions 18a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 19.	debt on THIS property? Yes, mortgage, deed of trust, or similar debt	property? Yes, home equity loan
		Yes, contract to purchase	Yes, second mortgage
1	a. What is the monthly rent for this house, apartment, or mobile home?	□ No → SKIP to question 23a	Yes, second mortgage and home equity loan
	Monthly amount – Dollars	b. How much is the regular monthly	
	b. Does the monthly rent include any meals?	mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase. Monthly amount – Dollars	b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?
	Yes No	\$ 00,000 .00	Monthly amount – Dollars
			OR
	Answer questions 19 – 23 if you or any member of this household OWNS or IS BUYING this house, apartment, or	No regular payment required → SKIP to question 23a	No regular payment required
1	About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale? Amount – Dollars	c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property? Yes, taxes included in mortgage payment No, taxes paid separately or taxes not required d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS	Answer question 24 if this is a MOBILE HOME. Otherwise, SKIP to E. What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site?
2	, , , , , , , , , , , , , , , , , , , ,	property? Yes, insurance included in mortgage	Exclude real estate taxes. Annual costs – Dollars
4	What are the annual real estate taxes on THIS property?	payment	
	Annual amount – Dollars \$.00	No, insurance paid separately or no insurance	\$.00
	OR		E Answer questions about PERSON 1 on the
	None		next page if you listed at least one person on page 2. Otherwise, SKIP to page 28 for the mailing instructions.
2	What is the annual payment for fire, hazard, and flood insurance on THIS property?		
	Annual amount – Dollars		
	\$ _,		
	OR		
	None		

	Name	
First	Name	MI
Whe	ere was this person born? In the United States – Print name of state	te.
	Outside the United States – Print name foreign country, or Puerto Rico, Guam,	of etc.
ls th	his person a citizen of the United State Yes, born in the United States → SKIP to question 10a	
	Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Mariana	as
	Yes, born abroad of U.S. citizen parent or parents	
	Yes, U.S. citizen by naturalization – Prin of naturalization	t year
	No, not a U.S. citizen	
Unit	en did this person come to live in the ted States? If this person came to live in the ded States more than once, print latest year.	

		utside the United States – Print name of preign country, or Puerto Rico, Guam, etc.
Is	this	person a citizen of the United States?
	Y	es, born in the United States → SKIP to uestion 10a
	_ U	es, born in Puerto Rico, Guam, the .S. Virgin Islands, or Northern Marianas
	0	es, born abroad of U.S. citizen parent r parents
	Y	es, U.S. citizen by naturalization – Print year f naturalization
	_	o, not a U.S. citizen
' Ur	nited nited	did this person come to live in the I States? If this person came to live in the States more than once, print latest year.
_	Λ4 -	THE LACE SMONTHS has
) a.	this	ree.
) a.	this Inclue elen which	person attended school or college? ude only nursery or preschool, kindergarten, nentary school, home school, and schooling ch leads to a high school diploma or a college
) a.	this Inclue elen which	person attended school or college? ude only nursery or preschool, kindergarten, nentary school, home school, and schooling sch leads to a high school diploma or a college ree. No, has not attended in the last 3
) a.	this Inclue elen which	person attended school or college? ude only nursery or preschool, kindergarten, nentary school, home school, and schooling ch leads to a high school diploma or a college ree. No, has not attended in the last 3 months → SKIP to question 11
	this Inclue elen which degrees which which the white degrees which were the whole the white degrees with the white degree with the white degrees with the white degree with the with the white degree with the way and the white degree with the weak with the way and the white degree with the way and the white degree with the way and the white degree with the way and the wi	person attended school or college? Ide only nursery or preschool, kindergarten, nentary school, home school, and schooling sch leads to a high school diploma or a college ree. No, has not attended in the last 3 months → SKIP to question 11 Yes, public school, public college Yes, private school, private college, home school
	this Inclue elen which degrees which which the white degrees which were the whole the white degrees with the white degree with the white degrees with the white degree with the with the white degree with the way and the white degree with the weak with the way and the white degree with the way and the white degree with the way and the white degree with the way and the wi	person attended school or college? Ide only nursery or preschool, kindergarten, nentary school, home school, and schooling Ich leads to a high school diploma or a college Ice. No, has not attended in the last 3 months → SKIP to question 11 Yes, public school, public college Yes, private school, private college, home school It grade or level was this person attending
	this Inclue elen which degrees which which the white degrees which were the whole the white degrees with the white degree with the white degrees with the white degree with the with the white degree with the way and the white degree with the weak with the way and the white degree with the way and the white degree with the way and the white degree with the way and the wi	person attended school or college? Ide only nursery or preschool, kindergarten, nentary school, home school, and schooling the leads to a high school diploma or a college ree. No, has not attended in the last 3 months → SKIP to question 11 Yes, public school, public college Yes, private school, private college, home school at grade or level was this person attending k (X) ONE box.
	this Inclue elen which degrees which which the white degrees which were the whole the white degrees with the white degree with the white degrees with the white degree with the with the white degree with the way and the white degree with the weak with the way and the white degree with the way and the white degree with the way and the white degree with the way and the wi	person attended school or college? Ide only nursery or preschool, kindergarten, nentary school, home school, and schooling sch leads to a high school diploma or a college ree. No, has not attended in the last 3 months → SKIP to question 11 Yes, public school, public college Yes, private school, private college, home school at grade or level was this person attending k (X) ONE box. Nursery school, preschool
	this Inclue elen which degrees which which the white degrees which were the whole the white degrees with the white degree with the white degrees with the white degree with the with the white degree with the way and the white degree with the weak with the way and the white degree with the way and the white degree with the way and the white degree with the way and the wi	person attended school or college? Ide only nursery or preschool, kindergarten, nentary school, home school, and schooling sch leads to a high school diploma or a college ree. No, has not attended in the last 3 months → SKIP to question 11 Yes, public school, public college Yes, private school, private college, home school at grade or level was this person attending k (X) ONE box. Nursery school, preschool Kindergarten Grade 1 through 12 − Specify
	this Inclue elen which degrees which which the white degrees which were the whole the white degrees with the white degree with the white degrees with the white degree with the with the white degree with the way and the white degree with the weak with the way and the white degree with the way and the white degree with the way and the white degree with the way and the wi	person attended school or college? Ide only nursery or preschool, kindergarten, nentary school, home school, and schooling sch leads to a high school diploma or a college ree. No, has not attended in the last 3 months → SKIP to question 11 Yes, public school, public college Yes, private school, private college, home school at grade or level was this person attending k (X) ONE box. Nursery school, preschool Kindergarten Grade 1 through 12 − Specify
	this Inclue elen which degrees which which the white degrees which will be the white degrees with the white degree with the white degrees with the white degree with the weak with the way with the weak with the weak with the weak with the way with the weak with the	person attended school or college? Ide only nursery or preschool, kindergarten, nentary school, home school, and schooling sch leads to a high school diploma or a college ree. No, has not attended in the last 3 months → SKIP to question 11 Yes, public school, public college Yes, private school, private college, home school at grade or level was this person attending k (X) ONE box. Nursery school, preschool Kindergarten Grade 1 through 12 − Specify grade 1 − 12 College undergraduate years (freshman to

What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.				
NO SC	CHOOLING COMPLETED			
	No schooling completed			
NURS	ERY OR PRESCHOOL THROUGH GRADE 12			
	Nursery school			
	Kindergarten			
	Grade 1 through 11 – Specify grade 1 – 11			
	12th grade – NO DIPLOMA			
	SCHOOL GRADUATE			
	Regular high school diploma			
	GED or alternative credential			
	EGE OR SOME COLLEGE			
	Some college credit, but less than 1 year of			
	college credit			
Ш.	or more years of college credit, no degree			
	Associate's degree (for example: AA, AS)			
	Bachelor's degree (for example: BA, BS)			
AFTER	R BACHELOR'S DEGREE			
	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)			
	Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)			
	Doctorate degree (for example: PhD, EdD)			
bach	wer question 12 if this person has a velor's degree or higher. Otherwise, I to question 13.			
BACH speci this p	question focuses on this person's IELOR'S DEGREE. Please print below the fic major(s) of any BACHELOR'S DEGREES lerson has received. (For example: chemical eering, elementary teacher education, izational psychology)			

13	w	hat is this person's ancestry or ethnic origin?
	Ca Fr	or example: Italian, Jamaican, African Am., ambodian, Cape Verdean, Norwegian, Dominican, ench Canadian, Haitian, Korean, Lebanese, Polish, igerian, Mexican, Taiwanese, Ukrainian, and so on.)
14	а.	Does this person speak a language other than English at home?
		Yes No -> SVIP to question 152
	b.	No → SKIP to question 15a What is this language?
	C.	For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English?
		Very well
		Well
		Not well
		Not at all
Œ	а.	Did this person live in this house or apartment 1 year ago?
		Person is under 1 year old → SKIP to
		question 16 Yes, this house → SKIP to question 16
7		No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16
		No, different house in the United States or Puerto Rico
	b.	Where did this person live 1 year ago?
		Address (Number and street name)
		No. 11 of 15
		Name of city, town, or post office
		Name of U.S. county or municipio in Puerto Rico
		Name of U.S. state or
		Puerto Rico ZIP Code

Person 1 (continued)

Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type	Answer question 19a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.	Answer question 25 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.
of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member)	a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?	Has this person given birth to any children in the past 12 months? Yes No
b. Insurance purchased directly from an insurance company (by this person or another family member)	☐ Yes ☐ No	6 a. Does this person have any of his/her own grandchildren under the age of 18 living in
c. Medicare, for people 65 and older, or people with certain disabilities	b. Does this person have serious difficulty walking or climbing stairs?	this house or apartment?
d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	Yes No	 Yes No → SKIP to question 27 b. Is this grandparent currently responsible for
e. TRICARE or other military health care	c. Does this person have difficulty dressing or bathing?	most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?
f. VA (including those who have ever used or enrolled for VA health care) g. Indian Health Service	Yes No	Yes No → SKIP to question 27
h. Any other type of health insurance or health coverage plan – Specify	Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.	c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.
Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.	Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping? Yes	Less than 6 months 6 to 11 months 1 or 2 years 3 or 4 years
a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.	No What is this person's marital status? Now married	5 or more years Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
YesNo → SKIP to question 18a	☐ Widowed ☐ Divorced	Never served in the military → SKIP to question 30a Only on active duty for training in the Reserves
b. Does this person or another family member	SeparatedNever married → SKIP to J	 Only on active duty for training in the Reserves or National Guard → SKIP to question 29a Now on active duty
receive a tax credit or subsidy based on	In the PAST 12 MONTHS did this person get - Yes No	On active duty in the past, but not now
Yes No	a. Married?	When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.
a. Is this person deaf or does he/she have serious difficulty hearing?	c. Divorced?	September 2001 or later
Yes	How many times has this person been married?	August 1990 to August 2001 (including Persian Gulf War)
No	Once	May 1975 to July 1990
 b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? 	Two times Three or more times	Vietnam era (August 1964 to April 1975) February 1955 to July 1964 Verson Way (July 1960 to Japanese 1955)
Yes	In what year did this person last get married? Year	Korean War (July 1950 to January 1955) January 1947 to June 1950
No	0000	World War II (December 1941 to December 1946) November 1941 or earlier

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29		WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance. Car, truck, or van Motorcycle Bus or trolley bus Bicycle	c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work? ☐ Yes → SKIP to question 38 ☐ No
	b. What is this person's service-connected disability rating? 0 percent 10 or 20 percent 30 or 40 percent	Streetcar or trolley car Subway or elevated Railroad Ferryboat Walked Worked at home → SKIP to question 40a Other method Taxicab	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work? Yes No → SKIP to question 39 LAST WEEK, could this person have started a
30	a. LAST WEEK, did this person work for pay at a job (or business)?	Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.	job if offered one, or returned to work if recalled? Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.
		How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s) What time did this person usually leave home	When did this person last work, even for a few days? Within the past 12 months 1 to 5 years ago → SKIP to M Over 5 years ago or never worked → SKIP to question 48
31	WEEK? If this person worked at more than one location, print where he or she worked most last week. a. Address (Number and street name)	to go to work LAST WEEK? Hour Minute a.m. p.m. How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes	 a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work. Yes → SKIP to question 41 No b. How many weeks DID this person work, even
	b. Name of city, town, or post office c. Is the work location inside the limits of that city or town?	Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 40a.	for a few hours, including paid vacation, paid sick leave, and military service? 50 to 52 weeks 48 to 49 weeks 40 to 47 weeks
	d. Name of county	 a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 36c No 	27 to 39 weeks 14 to 26 weeks 13 weeks or less During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person
	e. Name of U.S. state or foreign country	b. LAST WEEK, was this person TEMPORARILY absent from a job or business?	usually work each WEEK? Usual hours worked each WEEK

Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39

No → SKIP to question 37



f. ZIP Code



Person 1 (continued)

M Answer questions 42 – 47 if this person worked in the past 5 years. Otherwise, SKIP to question 48.

42 - 47 CURRENT OR MOST RECENT JOB

ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.

Was this person -Mark (X) ONE box.

	an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?
	an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
	a local GOVERNMENT employee (city, county, etc.)?
	a state GOVERNMENT employee?
	a Federal GOVERNMENT employee?
	SELF-EMPLOYED in own NOT INCORPORATI

ED business, professional practice, or farm? SELF-EMPLOYED in own INCORPORATED

business, professional practice, or farm?

working WITHOUT PAY in family business or farm?

For whom did this person work?

If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces.

Name of company, business, or other employer

What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

Is this mainly – Mark (X) ONE box.

manufacturing?
wholesale trade

retail trade?

other (agriculture, construction, service, government, etc.)?

What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

48) INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.

Yes →	\$ 0,000,000.00
No	TOTAL AMOUNT for past 12 months

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

	Yes →	\$, 00 , 00	
Ш	No	TOTAL AMOUNT for past 12 months	Loss

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.

	Yes →	\$ 0,000,000.00	
Ш	No	TOTAL AMOUNT for past	Loss

d. Social Security or Railroad Retirement.

	Yes →	\$ 00,000.00
Ш	No	TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

Yes →	\$.00
No	ТОТ	AL A	MOL 2 mo	JNT	for	past

f. Any public assistance or welfare payments from the state or local welfare office.

	Yes →	\$ 00,000.00
Ш	No	TOTAL AMOUNT for past

g. Retirement, survivor, or disability pensions. Do NOT include Social Security.

☐ Yes →	\$.00
No	TOTAL AMOUNT for past

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support **or alimony.** Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

	Yes →	\$ 000,000.00
Ш	No	TOTAL AMOUNT for past

What was this person's total income during the PAST 12 MONTHS? Add entries in questions 48a to 48h; subtract any losses. If net income was a loss,

the dollar	amount.	(1 10
OR	\$ 00,000,000.00	
None	TOTAL AMOUNT for past 12 months	Loss

Continue with the questions for Person 2 on the next page. If no one is listed as Person 2 on page 2, SKIP to page 28 for mailing instructions.



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Person 2 Please copy the name of Person 2 from page	What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or	13 What is this person's ancestry or ethnic origin?
then continue answering questions below.	nignest degree received.	
Last Name	NO SCHOOLING COMPLETED	(For example: Italian, Jamaican African Am
	No schooling completed	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican,
First Name	NURSERY OR PRESCHOOL THROUGH GRADE 12	French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.
	Nursery school Kindergarten	a. Does this person speak a language other than English at home?
7 Where was this person born?	Grade 1 through 11 – Specify	
In the United States – Print name of state.	grade 1 – 11 –	Yes
		No → SKIP to question 15a
	_	b. What is this language?
Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	12th grade – NO DIPLOMA	
	HIGH SCHOOL GRADUATE	
	Regular high school diploma	For example: Korean, Italian, Spanish, Vietnamese
8 Is this person a citizen of the United States?	GED or alternative credential	c. How well does this person speak English?
Yes, born in the United States → SKIP to question 10a	COLLEGE OR SOME COLLEGE	☐ Very well
Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	Some college credit, but less than 1 year of	Well
	college credit	Not well
Yes, born abroad of U.S. citizen parent or parents	1 or more years of college credit, no degree	
Yes, U.S. citizen by naturalization – Print year	Associate's degree (for example: AA, AS)	Not at all
of naturalization	Bachelor's degree (for example: BA, BS)	a. Did this person live in this house or apartmen
	AFTER BACHELOR'S DEGREE	1 year ago?
No, not a U.S. citizen	Master's degree (for example: MA, MS, MEng,	Person is under 1 year old → SKIP to
9 When did this person come to live in the	MEd, MSW, MBA)	question 16 Yes, this house → SKIP to question 16
United States? If this person came to live in the	Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)	e
United States more than once, print latest year. Year	Doctorate degree (for example: PhD, EdD)	No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16
a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarter elementary school, home school, and schoolin	Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.	No, different house in the United States or Puerto Rico
which leads to a high school diploma or a colle degree.	ege	b. Where did this person live 1 year ago?
No, has not attended in the last 3		Address (Number and street name)
months → SKIP to question 11	This question focuses on this person's	Talances (Talances and Street Hame)
Yes, public school, public college Yes, private school, private college,	BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES	
home school	this person has received. (For example: chemical	
b. What grade or level was this person attend Mark (X) ONE box.	ling? engineering, elementary teacher education, organizational psychology)	Name of city, town, or post office
Nursery school, preschool		
Kindergarten		Name of U.S. county or
Grade 1 through 12 – Specify		municipio in Puerto Rico
grade 1 – 12 –		
K		
College undergraduate years (freshman t		Name of U.S. state or Puerto Rico ZIP Code
senior)		
Graduate or professional school beyond bachelor's degree (for example: MA or Professional school beyond	a hD	
program, or medical or law school)		

Person 2 (continued)

9		Answer question 19a – c if this person is 5 years old or over. Otherwise, SKIP to female and 15 – 50 years old. Otherwise,
	Is this person CURRENTLY covered by any of the	
	following types of health insurance or health	
	coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.	Passage of a physical mental or ametional 25 Has this person given birth to any children in
	Yes No	a. Because of a physical, mental, or emotional condition, does this person have serious
	a. Insurance through a current or	difficulty concentrating, remembering, or
	person or another family member)	making decisions?
	b. Insurance purchased directly from	Yes
	an insurance company (by this person or another family member)	No 26 a. Does this person have any of his/her own
		grandchildren under the age of 18 living in this house or apartment?
	c. Medicare, for people 65 and older, or people with certain disabilities	walking or climbing stairs?
	d. Medicaid, Medical Assistance, or	Yes Yes No 2 SVIP to question 27
	any kind of government-assistance plan for those with low incomes	No 3 SKIF to question 27
	or a disability	b. Is this grandparent currently responsible for
	e. TRICARE or other military health care	c. Does this person have difficulty dressing or bathing? most of the basic needs of any grandchildren under the age of 18 who live in this house or
	· ·	bathing? under the age of 18 who live in this house or apartment?
	f. VA (including those who have ever used or enrolled for VA health care)	Yes
	g. Indian Health Service	No.
		No → SKIP to question 27
	h. Any other type of health insurance or health coverage plan – Specify	C. How long has this grandparent been responsible for these grandchildren?
		15 years old or over. Otherwise, SKIP to If the grandparent is financially responsible for
		the questions for Person 3 on page 16. more than one grandchild, answer the question for the grandchild for whom the grandparent has
		been responsible for the longest period of time.
		Because of a physical, mental, or emotional Less than 6 months
	Answer question 17a if this person is	condition, does this person have difficulty
	covered by health insurance. Otherwise,	doing errands alone such as visiting a doctor's office or shopping?
	SKIP to question 18a.	2 or Avenue
		165
7	a. Is there a premium for this plan? A premium	□ No □ 5 or more years
	is a fixed amount of money paid on a regular basis for health coverage. It does not include	What is this person's marital status? Has this person ever served on active duty in the
	basis for health coverage. It does not include copays, deductibles, or other expenses such	U.S. Armed Forces, Reserves, or National Guard?
	basis for health coverage. It does not include	Now married U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
	basis for health coverage. It does not include copays, deductibles, or other expenses such	U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a
	basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.	 U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Only on active duty for training in the Reserves
	basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a	U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Divorced Separated U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
	basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member	U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Widowed Never served in the military → SKIP to question 30a Divorced Only on active duty for training in the Reserves or National Guard → SKIP to question 29a Never married → SKIP to J Now on active duty
	basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on	U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Divorced Separated U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
	basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium?	 Now married Widowed Divorced Separated Never married → SKIP to J Never married → SKIP to J In the PAST 12 MONTHS did this person get - Yes No
	basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes	 Now married Widowed Divorced Separated Never married → SKIP to Never married → SKIP to In the PAST 12 MONTHS did this person get - Yes Now on active duty in the past, but not now When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period
	basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium?	 Now married Widowed Divorced Separated Never married → SKIP to J Never married → SKIP to J In the PAST 12 MONTHS did this person get - Yes No a. Married? Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Only on active duty for training in the Reserves or National Guard → SKIP to question 29a Now on active duty On active duty in the past, but not now When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the
	basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No	 Now married Widowed Divorced Separated Never married → SKIP to J Never married → SKIP to J In the PAST 12 MONTHS did this person get - Yes No a. Married? b. Widowed? U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Only on active duty for training in the Reserves or National Guard → SKIP to question 29a Now on active duty On active duty in the past, but not now U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.
	basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes	 Now married Widowed Divorced Separated Never married → SKIP to J In the PAST 12 MONTHS did this person get - Yes No a. Married? b. Widowed? c. Divorced? U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Only on active duty for training in the Reserves or National Guard → SKIP to question 29a Now on active duty On active duty in the past, but not now 28 When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period. September 2001 or later
	basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No No a. Is this person deaf or does he/she have serious difficulty hearing?	 Now married Widowed Divorced Separated Never married → SKIP to J Never married → SKIP to J In the PAST 12 MONTHS did this person get - Yes No a. Married? b. Widowed? U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Only on active duty for training in the Reserves or National Guard → SKIP to question 29a Now on active duty On active duty in the past, but not now U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.
	basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No a. Is this person deaf or does he/she have serious difficulty hearing?	 Now married Widowed Divorced Separated Never married → SKIP to J In the PAST 12 MONTHS did this person get – Yes No a. Married? b. Widowed? c. Divorced? How many times has this person been married? U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Only on active duty for training in the Reserves or National Guard? Mark (X) on active duty in the question 29a Now on active duty in the past, but not now 28 When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period. September 2001 or later August 1990 to August 2001 (including Persian Gulf War)
3	basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No a. Is this person deaf or does he/she have serious difficulty hearing? Yes No	Now married Widowed Divorced Divorced Only on active duty for training in the Reserves or National Guard → SKIP to question 30a Only on active duty for training in the Reserves or National Guard → SKIP to question 29a Now on active duty On active duty in the past, but not now On active duty in the past, but not now When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period. September 2001 or later August 1990 to August 2001 (including Persian Gulf War) May 1975 to July 1990 Vistorem erg (August 1064 to April 1075)
3	basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No a. Is this person deaf or does he/she have serious difficulty hearing? Yes No b. Is this person blind or does he/she have	 Now married Widowed Divorced Separated Never married → SKIP to J Now on active duty for training in the Reserves or National Guard → SKIP to question 30a Only on active duty for training in the Reserves or National Guard → SKIP to question 29a Now on active duty On active duty in the past, but not now Yes No a. Married? b. Widowed? c. Divorced? How many times has this person been married? Once Two times U.S. Armed Forces, Reserves, or National Guard? Mere did the person duty for training in the Reserves or National Guard? Meserves erved in the military → SKIP to question 29a Now on active duty On active duty in the past, but not now When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period. September 2001 or later August 1990 to August 2001 (including Persian Gulf War) May 1975 to July 1990 Vietnam era (August 1964 to April 1975)
3	basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No a. Is this person deaf or does he/she have serious difficulty hearing? Yes No	 Now married Widowed Divorced Separated Never married → SKIP to J Now on active duty for training in the Reserves or National Guard → SKIP to question 30a Only on active duty for training in the Reserves or National Guard → SKIP to question 29a Now on active duty On active duty in the past, but not now Yes No a. Married? b. Widowed? c. Divorced? How many times has this person been married? Once Two times Three or more times U.S. Armed Forces, Reserves, or National Guard? Mexit process, Reserves, or National Guard? Never served in the military → SKIP to question 30a Only on active duty in the past, but not now When did this person serve on active duty in the past, but not now September 2001 or later August 1990 to August 2001 (including Persian Gulf War) May 1975 to July 1990 Vietnam era (August 1964 to April 1975) February 1955 to July 1964
3	basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No a. Is this person deaf or does he/she have serious difficulty hearing? Yes No b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?	 Now married Widowed Divorced Separated Never married → SKIP to J Never married → SKIP to J Now on active duty for training in the Reserves or National Guard → SKIP to question 30a Only on active duty for training in the Reserves or National Guard → SKIP to question 29a Now on active duty in the past, but not now When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period. September 2001 or later August 1990 to August 2001 (including Persian Gulf War) May 1975 to July 1990 Vietnam era (August 1964 to April 1975) February 1955 to July 1964 Korean War (July 1950 to January 1955)
3	basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No a. Is this person deaf or does he/she have serious difficulty hearing? Yes No b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?	Now married Widowed Divorced Divorced Never married → SKIP to J Now on active duty for training in the Reserves or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Only on active duty for training in the Reserves or National Guard → SKIP to question 29a Now on active duty in the past, but not now On active duty in the past, but not now On active duty in the past, but not now When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period. September 2001 or later August 1990 to August 2001 (including Persian Gulf War) May 1975 to July 1990 Vietnam era (August 1964 to April 1975) February 1955 to July 1964 Korean War (July 1950 to January 1955) January 1947 to June 1950 January 1947 to June 1950
3	basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No a. Is this person deaf or does he/she have serious difficulty hearing? Yes No b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?	 Now married Widowed Divorced Separated Never married → SKIP to J Never married → SKIP to J Now on active duty for training in the Reserves or National Guard → SKIP to question 30a Only on active duty for training in the Reserves or National Guard → SKIP to question 29a Now on active duty in the past, but not now When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period. September 2001 or later August 1990 to August 2001 (including Persian Gulf War) May 1975 to July 1990 Vietnam era (August 1964 to April 1975) February 1955 to July 1964 Korean War (July 1950 to January 1955)

	Person 2	(continued
9	a Does this nerson	have a VA service-co

29	a. Does this person have a VA service-connected disability rating?	How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.	36 c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?
	Yes (such as 0%, 10%, 20%,, 100%)	Car, truck, or van Motorcycle	☐ Yes → SKIP to question 38
		Bus or trolley bus Bicycle	□ No
	b. What is this person's service-connected disability rating?	Streetcar or trolley car Walked Subway or elevated Worked at	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?
	0 percent	home → SKIP Railroad to question 400	Yes
	10 or 20 percent	Ferryboat Other method	No → SKIP to question 39
	30 or 40 percent	Taxicab	38 LAST WEEK, could this person have started a
	50 or 60 percent	Taxicab	job if offered one, or returned to work if
	70 percent or higher	Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise,	recalled? Yes, could have gone to work
30	a. LAST WEEK, did this person work for pay	SKIP to question 34.	No, because of own temporary illness
Ī	at a job (or business)?		No, because of all other reasons (in school, etc.)
	Yes → SKIP to question 31	How many people, including this person, usually rode to work in the car, truck, or van	
	No – Did not work (or retired)	LAST WEEK?	39 When did this person last work, even for a few
	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?	Person(s)	days?
	Yes		Within the past 12 months
	No → SKIP to question 36a		1 to 5 years ago → SKIP to M
	No y okn to question oou	34 What time did this person usually leave home	Over 5 years ago or never worked → SKIP to question 48
	At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week. a. Address (Number and street name)	Hour Minute a.m.	a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.
	If the exact address is not known, give a	How many minutes did it usually take this person to get from home to work LAST WEEK?	Yes → SKIP to question 41No
	description of the location such as the building name or the nearest street or intersection.	Minutes	b. How many weeks DID this person work, even for a few hours, including paid vacation, paid
	b. Name of city, town, or post office		sick leave, and military service?
			50 to 52 weeks
		Answer questions 36 – 39 if this person	48 to 49 weeks
	c. Is the work location inside the limits of that city or town?	did NOT work last week. Otherwise, SKIP to question 40a.	40 to 47 weeks
	Yes		27 to 39 weeks
	No, outside the city/town limits	36 a. LAST WEEK, was this person on layoff from	14 to 26 weeks
	d. Name of county	a job?	13 weeks or less
	and or county	Yes → SKIP to question 36c	10 WOOKS OF 1000
		No	During the PAST 12 MONTHS, in the WEEKS
	e. Name of U.S. state or foreign country	b. LAST WEEK, was this person TEMPORARILY	WORKED, how many hours did this person usually work each WEEK?
		absent from a job or business?	Usual hours worked each WEEK
	f. ZIP Code	Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39	
	00000	No → SKIP to question 37	



Person 2 (continued)

M Answer questions 42 – 47 if this person worked in the past 5 years. Otherwise, SKIP to question 48.

42 - 47 CURRENT OR MOST RECENT JOB

ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.

Was this person -Mark (X) ONE box.

	an employee of a PRIVATE FOR-PROFIT
	company or business, or of an individual, for wages, salary, or commissions?
	an employee of a PRIVATE NOT-FOR-PROFIT
	tax-exempt, or charitable organization?
	a local GOVERNMENT employee (city, county, etc.)?
	a state GOVERNMENT employee?

a Federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?

SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?

working WITHOUT PAY in family business or farm?

For whom did this person work?

If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces.

Name of company, business, or other employer

What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

Is this mainly – Mark (X) ONE box.

manufacturing?
wholesale trade?
retail trade?

other (agriculture, construction, service, government, etc.)?

What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

48) INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.

	Yes →	\$ 0,000,000.00
Ш	No	TOTAL AMOUNT for past
		12 months

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

	Yes →	\$, 00 , 00	
Ш	No	TOTAL AMOUNT for past 12 months	Loss

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.

	Yes →	\$ _,00	
ш	No	TOTAL AMOUNT for past	Loss
		TOTAL AMOUNT for past 12 months	

d. Social Security or Railroad Retirement.

	Yes →	\$ 00,000.00
Ш	No	TOTAL AMOUNT for past

e. Supplemental Security Income (SSI).

Yes →	\$ 00,000.00)
No	TOTAL AMOUNT for pas	st

f. Any public assistance or welfare payments from the state or local welfare office.

	Yes →	\$ 00,000.00
Ш	No	TOTAL AMOUNT for past

g. Retirement, survivor, or disability pensions. Do NOT include Social Security.

☐ Yes →	\$ 000,000.00
No	TOTAL AMOUNT for past

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support **or alimony.** Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

	Yes →	\$ 000,000.00
Ш	No	TOTAL AMOUNT for past

What was this person's total income during the PAST 12 MONTHS? Add entries in questions 48a to 48h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to

the dollar	amount.	
OR	\$ 00,000,000.00	
None	TOTAL AMOUNT for past 12 months	Loss

Continue with the questions for Person 3 on the next page. If no one is listed as Person 3 on page 3, SKIP to page 28 for mailing instructions.



			13066162
5	Please copy the name of Person 3 from page 3, then continue answering questions below. Last Name	What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received. NO SCHOOLING COMPLETED	3 What is this person's ancestry or ethnic origin?
7	First Name MI Where was this person born? In the United States – Print name of state.	No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE 12 Nursery school Kindergarten Grade 1 through 11 – Specify grade 1 – 11	 (For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on. a. Does this person speak a language other than English at home? Yes No → SKIP to question 15a
	Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE	b. What is this language?
9	Is this person a citizen of the United States? Yes, born in the United States → SKIP to question 10a Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas Yes, born abroad of U.S. citizen parent or parents Yes, U.S. citizen by naturalization – Print year of naturalization No, not a U.S. citizen When did this person come to live in the United States? If this person came to live in the United States more than once, print latest year. Year	 □ Regular high school diploma □ GED or alternative credential COLLEGE OR SOME COLLEGE □ Some college credit, but less than 1 year of college credit □ 1 or more years of college credit, no degree □ Associate's degree (for example: AA, AS) □ Bachelor's degree (for example: BA, BS) AFTER BACHELOR'S DEGREE □ Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) □ Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) □ Doctorate degree (for example: PhD, EdD) 	C. How well does this person speak English? Very well Well Not at all a. Did this person live in this house or apartmen 1 year ago? Person is under 1 year old → SKIP to question 16 Yes, this house → SKIP to question 16 No, outside the United States and Puerto Rico - Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16
1	Yes, private school, private college, home school	Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13. This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education,	No, different house in the United States or Puerto Rico b. Where did this person live 1 year ago? Address (Number and street name)
	b. What grade or level was this person attending? Mark (X) ONE box. Nursery school, preschool Kindergarten Grade 1 through 12 – Specify grade 1 – 12	organizational psychológy)	Name of U.S. county or municipio in Puerto Rico Name of U.S. state or
П	College undergraduate years (freshman to		Puerto Rico ZIP Code

Person 3 (continued)

•		
	Is this person CURRENTLY covered by any of the	5 years old or over. Otherwise, SKIP to female and 15 – 50 years old. Otherwise, SKIP to question 26a.
	following types of health insurance or health	The quantum series and page an
	coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.	25 Has this person given birth to any children in
	Yes No	a. Because of a physical, mental, or emotional condition, does this person have serious
	a. Insurance through a current or	difficulty concentrating, remembering, or
	person or another family member)	making decisions?
	b. Insurance purchased directly from	Yes
	an insurance company (by this person or another family member)	No 26 a. Does this person have any of his/her own
	c. Medicare, for people 65 and older,	grandchildren under the age of 18 living in this house or apartment?
	c. Medicare, for people 65 and older, or people with certain disabilities	walking or climbing stairs?
	d. Medicaid, Medical Assistance, or	Yes No. > SVIP to question 27
	any kind of government-assistance plan for those with low incomes	No 7 Skir to question 27
	or a disability	b. Is this grandparent currently responsible for
	e. TRICARE or other military health care	c. Does this person have difficulty dressing or bathing? most of the basic needs of any grandchildren under the age of 18 who live in this house or
		bathing? under the age of 18 who live in this house or apartment?
	f. VA (including those who have ever used or enrolled for VA health care)	Yes
	g. Indian Health Service	No.
		No → SKIP to question 27
	h. Any other type of health insurance or health coverage plan – Specify –	C. How long has this grandparent been responsible for these grandchildren?
		15 years old or over. Otherwise, SKIP to If the grandparent is financially responsible for
		the questions for Person 4 on page 20. more than one grandchild, answer the question for the grandchild for whom the grandparent has
		been responsible for the longest period of time.
		Because of a physical, mental, or emotional Less than 6 months
	Answer question 17a if this person is	condition, does this person have difficulty
	covered by health insurance. Otherwise,	doing errands alone such as visiting a doctor's office or shopping?
	SKIP to question 18a.	
		2 or 4 years
		Yes 3 or 4 years
7	a. Is there a premium for this plan? A premium	2 or 4 years
7	a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular	Yes No Sor 4 years To r more years Has this person ever served on active duty in the
	a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such	Yes No What is this person's marital status? 3 or 4 years 5 or more years What is this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?
	a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include	Yes No What is this person's marital status? Now married 3 or 4 years 5 or more years U.S. Armed Forces, Reserved on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
	a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such	Yes
	a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes	 Yes No Sor more years What is this person's marital status? Now married Widowed Divorced 3 or 4 years 5 or more years Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Only on active duty for training in the Reserves
	a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a	Yes No What is this person's marital status? Now married Widowed Divorced Separated 3 or 4 years 5 or more years Now more years Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
	 a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member 	Yes No What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to J 3 or 4 years 5 or more years What is this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Only on active duty for training in the Reserves or National Guard → SKIP to question 29a Now on active duty
	 a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on 	Yes No What is this person's marital status? Now married Widowed Divorced Separated 3 or 4 years 5 or more years Now more years Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
	 a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? 	 Yes No What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to J In the PAST 12 MONTHS did this person get - Yes No 3 or 4 years 5 or more years Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Only on active duty for training in the Reserves or National Guard → SKIP to question 29a Now on active duty On active duty in the past, but not now
	 a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes 	Yes
	 a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? 	Yes
	 a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No 	Yes
	 a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes 	Yes
	 a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No a. Is this person deaf or does he/she have serious difficulty hearing? 	Yes
	 a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No a. Is this person deaf or does he/she have serious difficulty hearing? Yes 	Yes
3	 a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No a. Is this person deaf or does he/she have serious difficulty hearing? Yes No 	Yes
3	 a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No a. Is this person deaf or does he/she have serious difficulty hearing? Yes No b. Is this person blind or does he/she have 	Yes
3	 a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No a. Is this person deaf or does he/she have serious difficulty hearing? Yes No 	Yes
3	 a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No a. Is this person deaf or does he/she have serious difficulty hearing? Yes No b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? 	Yes
3	 a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No a. Is this person deaf or does he/she have serious difficulty hearing? Yes No b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Yes 	Yes
3	 a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No a. Is this person deaf or does he/she have serious difficulty hearing? Yes No b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? 	Yes

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	Person 3 (continued) a. Does this person have a VA service-connected disability rating?	How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.	36 c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?
	 ☐ Yes (such as 0%, 10%, 20%,, 100%) ☐ No → SKIP to question 30a 	Car, truck, or van Motorcycle Bus or trolley bus Bicycle Streeteer or trolley ear Welked	Yes → SKIP to question 38 No
'	b. What is this person's service-connected disability rating? 0 percent 10 or 20 percent 30 or 40 percent 50 or 60 percent	Streetcar or trolley car Subway or elevated Railroad Ferryboat Worked at home → SKIP to question 40a Other method Taxicab	No → SKIP to question 39 LAST WEEK, could this person have started a job if offered one, or returned to work if
3 0 4		Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34. How many people, including this person,	recalled? Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)
	 No – Did not work (or retired) b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour? Yes No → SKIP to question 36a 	usually rode to work in the car, truck, or van LAST WEEK? Person(s)	When did this person last work, even for a few days? Within the past 12 months 1 to 5 years ago → SKIP to M Over 5 years ago or never worked → SKIP to
	At what location did this person work LAST NEEK? If this person worked at more than one location, print where he or she worked most last week. a. Address (Number and street name)	What time did this person usually leave home to go to work LAST WEEK? Hour Minute a.m. p.m. How many minutes did it usually take this	 question 48 a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work. Yes → SKIP to question 41
	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection. b. Name of city, town, or post office	person to get from home to work LAST WEEK? Minutes	b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service? 50 to 52 weeks
•	c. Is the work location inside the limits of that city or town?	Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 40a.	48 to 49 weeks 40 to 47 weeks 27 to 39 weeks
	✓ No, outside the city/town limitsd. Name of county	a. LAST WEEK, was this person on layoff from a job? ☐ Yes → SKIP to question 36c ☐ No	14 to 26 weeks 13 weeks or less During the PAST 12 MONTHS, in the WEEKS
	e. Name of U.S. state or foreign country f. ZIP Code	b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to	WORKED, how many hours did this person usually work each WEEK? Usual hours worked each WEEK
		question 39	

No → SKIP to question 37



Person 3 (continued)

M Answer questions 42 – 47 if this person worked in the past 5 years. Otherwise, SKIP to question 48.

42 - 47 CURRENT OR MOST RECENT JOB

ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.

Was this person -Mark (X) ONE box.

an employee of a PRIVATE FOR-PROFIT
company or business, or of an individual, for wages, salary, or commissions?
an employee of a PRIVATE NOT-FOR-PROFIT tax-exempt, or charitable organization?
a local GOVERNMENT employee (city, county, etc.)?

- a state GOVERNMENT employee?
- a Federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED
- business, professional practice, or farm? SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
- working WITHOUT PAY in family business or farm?

For whom did this person work?

If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces.

Name of company, business, or other employer

What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

Is this mainly - Mark (X) ONE box.

manufacturing?

- wholesale trade?
- retail trade?
- other (agriculture, construction, service, government, etc.)?

What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

48) INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person - or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.

	Yes →	\$ 0,000,000.00
Ш	No	TOTAL AMOUNT for past
		12 months

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

Yes →	\$ 0,000,000.00	
No	TOTAL AMOUNT for past 12 months	Loss
	12 months	

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.

	Yes →	\$ _,00	
Ш	No	TOTAL AMOUNT for past	Loss
		TOTAL AMOUNT for past 12 months	

d. Social Security or Railroad Retirement.

	Yes →	\$ 00,000.00
Ш	No	TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

Yes →	\$ 00 000 .0	0
No	TOTAL AMOUNT for pa	st

f. Any public assistance or welfare payments from the state or local welfare office.

	Yes →	\$ 00,000.00
Ш	No	TOTAL AMOUNT for past
		12 months

g. Retirement, survivor, or disability pensions. Do NOT include Social Security.

	Yes →	\$ 00,000.00
Ш	No	TOTAL AMOUNT for past

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support **or alimony.** Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

	Yes →	\$ 000,000.00
Ш	No	TOTAL AMOUNT for past

What was this person's total income during the PAST 12 MONTHS? Add entries in questions 48a to 48h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to

the dollar	amount.	AL 10
OR	\$ 00,000,000.00	
None	TOTAL AMOUNT for past 12 months	Loss

Continue with the questions for Person 4 on the next page. If no one is listed as Person 4 on page 3, SKIP to page 28 for mailing instructions.



lease copy the name of Person 4 from page 3, nen continue answering questions below.	What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received. NO SCHOOLING COMPLETED	
rst Name MI	 □ No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE 12 □ Nursery school 	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominica French Canadian, Haitian, Korean, Lebanese, Polis Nigerian, Mexican, Taiwanese, Ukrainian, and so
In the United States – Print name of state.	Grade 1 through 11 – Specify grade 1 – 11	a. Does this person speak a language other the English at home? Yes No → SKIP to question 15a
Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE	b. What is this language? For example: Korean, Italian, Spanish, Vietnam
Yes, born in the United States? Yes, born in the United States → SKIP to question 10a Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas Yes, born abroad of U.S. citizen parent or parents Yes, U.S. citizen by naturalization – Print year of naturalization No, not a U.S. citizen When did this person come to live in the inited States? If this person came to live in the inited States more than once, print latest year. At any time IN THE LAST 3 MONTHS, has	Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit 1 or more years of college credit, no degree Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS) AFTER BACHELOR'S DEGREE Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD) Answer question 12 if this person has a	c. How well does this person speak English? Very well Well Not well Not at all a. Did this person live in this house or apartm 1 year ago? Person is under 1 year old → SKIP to question 16 Yes, this house → SKIP to question 16 No, outside the United States and Puerto Rico - Print name of foreign coun or U.S. Virgin Islands, Guam, etc., below, then SKIP to question 16
this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree. No, has not attended in the last 3 months → SKIP to question 11 Yes, public school, public college	bachelor's degree or higher. Otherwise, SKIP to question 13. This question focuses on this person's BACHELOR'S DEGREE. Please print below the	No, different house in the United States Puerto Rico b. Where did this person live 1 year ago? Address (Number and street name)
Yes, private school, private college, home school What grade or level was this person attending? Mark (X) ONE box.	specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)	Name of city, town, or post office
Nursery school, preschool Kindergarten Grade 1 through 12 – Specify grade 1 – 12		Name of U.S. county or municipio in Puerto Rico
College undergraduate years (freshman to senior) Graduate or professional school beyond a		Name of U.S. state or Puerto Rico ZIP Code

Person 4 (continued)

	Is this person CURRENTLY covered by any of the	5 years old or over. Otherwise, SKIP to	
	is this person conneiller covered by any or the	the questions for Person 5 on page 24.	female and 15 – 50 years old. Otherwise, SKIP to question 26a.
	following types of health insurance or health	and queenens of the same same page 2 in	
	coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.	0 - P	Has this person given birth to any children in
	Yes No	19 a. Because of a physical, mental, or emotional condition, does this person have serious	the past 12 months?
	a. Insurance through a current or	difficulty concentrating, remembering, or	Yes
	person or another family member)	making decisions?	□ No
	b. Insurance purchased directly from	Yes	INO
	an insurance company (by this person or another family member)	□ No 26	a. Does this person have any of his/her own
		b. Does this person have serious difficulty	grandchildren under the áge of 18 living in this house or apartment?
	c. Medicare, for people 65 and older, or people with certain disabilities	walking or climbing stairs?	· _
	d. Medicaid, Medical Assistance, or	Yes	Yes
	any kind of government-assistance plan for those with low incomes		No → SKIP to question 27
	or a disability	□ No	b. Is this grandparent currently responsible for
	e. TRICARE or other military health care	c. Does this person have difficulty dressing or	most of the basic needs of any grandchildren under the age of 18 who live in this house or
	· ·	bathing?	apartment?
	f. VA (including those who have ever used or enrolled for VA health care)	Yes	Yes
	g. Indian Health Service	□ No	
	h. Any other type of health insurance or health coverage plan – Specify	Answer question 20 if this person is	c. How long has this grandparent been responsible for these grandchildren?
		15 years old or over. Otherwise, SKIP to	If the grandparent is financially responsible for
		the questions for Person 5 on page 24.	more than one grandchild, answer the question for the grandchild for whom the grandparent has
			been responsible for the longest period of time.
		Because of a physical, mental, or emotional	Less than 6 months
	Answer question 17a if this person is	condition, does this person have difficulty	6 to 11 months
	covered by health insurance. Otherwise,	doing errands alone such as visiting a doctor's	
		office or chonning?	1 or 2 years
	SKIP to question 18a.	office or shopping?	1 or 2 years
	SKIP to question 18a.	Yes	3 or 4 years
	a. Is there a premium for this plan? A premium		
	a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular	Yes No No What is this paragrap's movital status?	3 or 4 years 5 or more years Has this person ever served on active duty in the
•	a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such	Yes No What is this person's marital status?	3 or 4 years 5 or more years
	a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include	Yes No What is this person's marital status? Now married	3 or 4 years 5 or more years Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
•	a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such	Yes No What is this person's marital status? Now married Widowed	3 or 4 years 5 or more years Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?
	a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.	Yes No What is this person's marital status? Now married Widowed Divorced	3 or 4 years 5 or more years Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Only on active duty for training in the Reserves
	 a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a 	Yes No What is this person's marital status? Now married Widowed Divorced Separated	3 or 4 years 5 or more years Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
	 a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member 	Yes No What is this person's marital status? Now married Widowed Divorced	3 or 4 years 5 or more years Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Only on active duty for training in the Reserves or National Guard → SKIP to question 29a Now on active duty
	 a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on 	Yes No What is this person's marital status? Now married Widowed Divorced Separated	3 or 4 years 5 or more years Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
	 a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? 	Yes No What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to J In the PAST 12 MONTHS did this person get – Yes No	3 or 4 years 5 or more years Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Only on active duty for training in the Reserves or National Guard → SKIP to question 29a Now on active duty On active duty in the past, but not now
	 a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? 	Yes No What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to J In the PAST 12 MONTHS did this person get - Yes No 27	3 or 4 years 5 or more years Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Only on active duty for training in the Reserves or National Guard → SKIP to question 29a Now on active duty On active duty in the past, but not now When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period
	 a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? 	Yes No What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to J In the PAST 12 MONTHS did this person get - Yes No a. Married?	3 or 4 years 5 or more years Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Only on active duty for training in the Reserves or National Guard → SKIP to question 29a Now on active duty On active duty in the past, but not now When did this person serve on active duty in the
	 a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No 	Yes No What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to J In the PAST 12 MONTHS did this person get - Yes No a. Married? b. Widowed?	3 or 4 years 5 or more years Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Only on active duty for training in the Reserves or National Guard → SKIP to question 29a Now on active duty On active duty in the past, but not now When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.
	 a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? 	Yes No What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to J In the PAST 12 MONTHS did this person get - Yes No a. Married?	3 or 4 years 5 or more years Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Only on active duty for training in the Reserves or National Guard → SKIP to question 29a Now on active duty On active duty in the past, but not now When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period. September 2001 or later
	 a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No a. Is this person deaf or does he/she have serious difficulty hearing? 	Yes No What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to J In the PAST 12 MONTHS did this person get - Yes No a. Married? b. Widowed?	3 or 4 years 5 or more years Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Only on active duty for training in the Reserves or National Guard → SKIP to question 29a Now on active duty On active duty in the past, but not now When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.
	 a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No a. Is this person deaf or does he/she have serious difficulty hearing? Yes 	Yes	3 or 4 years 5 or more years Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Only on active duty for training in the Reserves or National Guard → SKIP to question 29a Now on active duty On active duty in the past, but not now When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period. September 2001 or later August 1990 to August 2001 (including
	 a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No a. Is this person deaf or does he/she have serious difficulty hearing? Yes No 	Yes	 3 or 4 years 5 or more years Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Only on active duty for training in the Reserves or National Guard → SKIP to question 29a Now on active duty On active duty in the past, but not now When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period. September 2001 or later August 1990 to August 2001 (including Persian Gulf War) May 1975 to July 1990
	 a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No a. Is this person deaf or does he/she have serious difficulty hearing? Yes No b. Is this person blind or does he/she have 	Yes No No No No No No Mat is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to J In the PAST 12 MONTHS did this person get - Yes No a. Married? Divorced? No No No No No No No	3 or 4 years 5 or more years Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Only on active duty for training in the Reserves or National Guard → SKIP to question 29a Now on active duty On active duty in the past, but not now When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period. September 2001 or later August 1990 to August 2001 (including Persian Gulf War) May 1975 to July 1990 Vietnam era (August 1964 to April 1975)
	 a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No a. Is this person deaf or does he/she have serious difficulty hearing? Yes No 	Yes	3 or 4 years 5 or more years Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Only on active duty for training in the Reserves or National Guard → SKIP to question 29a Now on active duty On active duty in the past, but not now When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period. September 2001 or later August 1990 to August 2001 (including Persian Gulf War) May 1975 to July 1990 Vietnam era (August 1964 to April 1975) February 1955 to July 1964
	 a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No a. Is this person deaf or does he/she have serious difficulty hearing? Yes No b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? 	Yes	□ 3 or 4 years □ 5 or more years Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. □ Never served in the military → SKIP to question 30a □ Only on active duty for training in the Reserves or National Guard → SKIP to question 29a □ Now on active duty □ On active duty in the past, but not now When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period. □ September 2001 or later □ August 1990 to August 2001 (including Persian Gulf War) □ May 1975 to July 1990 □ Vietnam era (August 1964 to April 1975) □ February 1955 to July 1964 □ Korean War (July 1950 to January 1955)
	 a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No a. Is this person deaf or does he/she have serious difficulty hearing? Yes No b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Yes 	Yes	3 or 4 years 5 or more years Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Only on active duty for training in the Reserves or National Guard → SKIP to question 29a Now on active duty On active duty in the past, but not now When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period. September 2001 or later August 1990 to August 2001 (including Persian Gulf War) May 1975 to July 1990 Vietnam era (August 1964 to April 1975) February 1955 to July 1964 Korean War (July 1950 to January 1955) January 1947 to June 1950
3	 a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No a. Is this person deaf or does he/she have serious difficulty hearing? Yes No b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? 	Yes	□ 3 or 4 years □ 5 or more years Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. □ Never served in the military → SKIP to question 30a □ Only on active duty for training in the Reserves or National Guard → SKIP to question 29a □ Now on active duty □ On active duty in the past, but not now When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period. □ September 2001 or later □ August 1990 to August 2001 (including Persian Gulf War) □ May 1975 to July 1990 □ Vietnam era (August 1964 to April 1975) □ February 1955 to July 1964 □ Korean War (July 1950 to January 1955)

		13066220
29	a. Does this person have a VA service-connected	2 How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance. 36 c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?
	disability rating? Yes (such as 0%, 10%, 20%,, 100%) No → SKIP to question 30a b. What is this person's service-connected	 Car, truck, or van Bus or trolley bus Streetcar or trolley car Motorcycle Yes → SKIP to question 38 No During the LAST 4 WEEKS, has this person been
	disability rating? 0 percent 10 or 20 percent 30 or 40 percent	Subway or elevated Railroad Ferryboat Taxicab Worked at home → SKIP to question 40a Other method Worked at home → SKIP to question 39 ACTIVELY looking for work? Yes No → SKIP to question 39 LAST WEEK, could this person have started a job if offered one, or returned to work if
30	 50 or 60 percent 70 percent or higher a. LAST WEEK, did this person work for pay at a job (or business)? Yes → SKIP to question 31 	Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34. Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)
	 No – Did not work (or retired) b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour? Yes No → SKIP to question 36a 	usually rode to work in the car, truck, or van LAST WEEK? Person(s) When did this person last work, even for a few days? Within the past 12 months 1 to 5 years ago → SKIP to M
3	At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week. a. Address (Number and street name)	What time did this person usually leave home to go to work LAST WEEK? Hour And And
	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection. b. Name of city, town, or post office	How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service? 50 to 52 weeks
	c. Is the work location inside the limits of that city or town?	Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 40a. 48 to 49 weeks 40 to 47 weeks 27 to 39 weeks
	No, outside the city/town limitsd. Name of county	a. LAST WEEK, was this person on layoff from a job? ☐ Yes → SKIP to question 36c ☐ No ☐ No ☐ During the PAST 12 MONTHS, in the WEEKS
	e. Name of U.S. state or foreign country f. ZIP Code	b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39
		question oo

No → SKIP to question 37



Person 4 (continued)

M Answer questions 42 – 47 if this person worked in the past 5 years. Otherwise, SKIP to question 48.

42 - 47 CURRENT OR MOST RECENT JOB

ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.

Was this person -Mark (X) ONE box.

	•
	an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?
	an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
	a local GOVERNMENT employee (city, county, etc.)?
	a state GOVERNMENT employee?
	a Federal GOVERNMENT employee?
	SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?

SELF-EMPLOYED in own INCORPORATED

working WITHOUT PAY in family business

business, professional practice, or farm?

or farm? For whom did this person work?

> If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces.

Name of company, business, or other employer

What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

Is this mainly - Mark (X) ONE box.

manufacturing?
wholesale trade

retail trade?

other (agriculture, construction, service, government, etc.)?

What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

48) INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.

	Yes →	\$ 0,000,000.00
Ш	No	TOTAL AMOUNT for past

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

Yes →	\$ 0,000,000.00	
No	TOTAL AMOUNT for past 12 months	Loss
	12 months	

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.

	Yes →	\$ _,00	
Ш	No	TOTAL AMOUNT for past	Loss
		TOTAL AMOUNT for past 12 months	

d. Social Security or Railroad Retirement.

Yes -	\$ 10,000.00
No	TOTAL AMOUNT for past

e. Supplemental Security Income (SSI).

Yes →	\$.00
No	ТОТ	AL A	MOL 2 mo	JNT	for	past

f. Any public assistance or welfare payments from the state or local welfare office.

	Yes →	\$.00
Ш	No	TOTAL AMOUNT for past

g. Retirement, survivor, or disability pensions. Do NOT include Social Security.

	Yes →	\$ 000,000 .00
Ш	No	TOTAL AMOUNT for past 12 months

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support **or alimony.** Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

	Yes →	\$ 000,000.00
Ш	No	TOTAL AMOUNT for past 12 months

What was this person's total income during the PAST 12 MONTHS? Add entries in questions 48a to 48h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to

the dollar	amount.	
OR	\$ 00,000,000.00	
None	TOTAL AMOUNT for past 12 months	Loss

Continue with the questions for Person 5 on the next page. If no one is listed as Person 5 on page 4, SKIP to page 28 for mailing instructions.



Please copy the name of Person 5 from page 4, then continue answering questions below. Last Name	What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received. NO SCHOOLING COMPLETED	3 What is this person's ancestry or ethnic origin?
First Name MI	No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE 12 Nursery school	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)
Where was this person born? In the United States – Print name of state. Outside the United States – Print name of	☐ Kindergarten ☐ Grade 1 through 11 – Specify grade 1 – 11 –	 a. Does this person speak a language other than English at home? Yes No → SKIP to question 15a b. What is this language?
foreign country, or Puerto Rico, Guam, etc. 8 Is this person a citizen of the United States? Yes, born in the United States → SKIP to	☐ 12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE ☐ Regular high school diploma ☐ GED or alternative credential	For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English?
Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas Yes, born abroad of U.S. citizen parent or parents Yes, U.S. citizen by naturalization – Print year	COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit 1 or more years of college credit, no degree Associate's degree (for example: AA, AS)	Very well Well Not well Not at all
No, not a U.S. citizen		a. Did this person live in this house or apartment 1 year ago? □ Person is under 1 year old → SKIP to question 16
When did this person come to live in the United States? If this person came to live in the United States more than once, print latest year. Year	Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD)	Yes, this house → SKIP to question 16 No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16
a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.	Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.	No, different house in the United States or Puerto Rico b. Where did this person live 1 year ago?
No, has not attended in the last 3 months → SKIP to question 11 Yes, public school, public college Yes, private school, private college, home school b. What grade or level was this person attending? Mark (X) ONE box.	This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)	Address (Number and street name) Name of city, town, or post office
Nursery school, preschool Kindergarten Grade 1 through 12 – Specify grade 1 – 12		Name of U.S. county or municipio in Puerto Rico
College undergraduate years (freshman to senior) Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)		Name of U.S. state or Puerto Rico ZIP Code



Person 5 (continued)

Is this person CURRENTLY covered by any of the following types of health insurance or health	Answer question 19a – c if this person 5 years old or over. Otherwise, SKIP to the mailing instructions on page 28.	
coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care f. VA (including those who have ever used or enrolled for VA health care) g. Indian Health Service	a. Because of a physical, mental, or emcondition, does this person have ser difficulty concentrating, remember making decisions? Yes No Does this person have serious diffic walking or climbing stairs? Yes No c. Does this person have difficulty dresbathing? Yes No	ing, or Yes No No a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No → SKIP to question 27 b. Is this grandparent currently responsible for
h. Any other type of health insurance or health coverage plan – Specify	Answer question 20 if this person is 15 years old or over. Otherwise, SKIP the mailing instructions on page 28.	to c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.
Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.	Because of a physical, mental, or emot condition, does this person have diffic doing errands alone such as visiting a office or shopping? Yes	ulty 6 to 11 months
a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a	No What is this person's marital status? Now married Widowed Divorced Separated	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 30a Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No	Never married → SKIP to J In the PAST 12 MONTHS did this perso Yes No a. Married?	Now on active duty On active duty in the past, but not now When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the
a. Is this person deaf or does he/she have serious difficulty hearing?	b. Widowed? c. Divorced? Divorced? Divorced?	period. September 2001 or later August 1990 to August 2001 (including
No b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?	Once Two times Three or more times	May 1975 to July 1990 Vietnam era (August 1964 to April 1975) February 1955 to July 1964 Korean War (July 1950 to January 1955)
☐ Yes ☐ No	In what year did this person last get ma	January 1947 to June 1950 World War II (December 1941 to December 1946) November 1941 or earlier

			13066261
	a. Does this person have a VA service-connected	How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.	36 c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?
	disability rating? ☐ Yes (such as 0%, 10%, 20%,, 100%) ☐ No → SKIP to question 30a	Car, truck, or van Motorcycle Bus or trolley bus Bicycle	Yes → SKIP to question 38No
k	0. What is this person's service-connected disability rating? 0 percent 10 or 20 percent 30 or 40 percent 50 or 60 percent	Streetcar or trolley car Walked Subway or elevated Worked at home → SKIP to question 40a Ferryboat Other method Taxicab	Ouring the LAST 4 WEEKS, has this person been ACTIVELY looking for work? Yes No → SKIP to question 39 LAST WEEK, could this person have started a job if offered one, or returned to work if
30 a	70 percent or higher LAST WEEK, did this person work for pay at a job (or business)?	Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.	recalled? Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)
ls	Yes → SKIP to question 31 No – Did not work (or retired) LAST WEEK, did this person do ANY work for pay, even for as little as one hour? Yes No → SKIP to question 36a	Person(s)	When did this person last work, even for a few days? Within the past 12 months 1 to 5 years ago → SKIP to M
V	At what location did this person work LAST NEEK? If this person worked at more than one ocation, print where he or she worked most ast week. Address (Number and street name)	What time did this person usually leave home to go to work LAST WEEK? Hour Minute a.m. p.m. How many minutes did it usually take this	Over 5 years ago or never worked → SKIP to question 48 a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work. Yes → SKIP to question 41 No
ls	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection. Name of city, town, or post office	person to get from home to work LAST WEEK? Minutes Answer questions 36 – 39 if this person	b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service? 50 to 52 weeks 48 to 49 weeks
C	e. Is the work location inside the limits of that city or town? Yes No, outside the city/town limits	did NOT work last week. Otherwise, SKIP to question 40a. 6 a. LAST WEEK, was this person on layoff from	40 to 47 weeks 27 to 39 weeks 14 to 26 weeks
	I. Name of county	a job? ☐ Yes → SKIP to question 36c ☐ No b. LAST WEEK, was this person TEMPORARILY	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?
f	. ZIP Code	absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39	Usual hours worked each WEEK

No → SKIP to question 37



Person 5 (continued)

M Answer questions 42 – 47 if this person worked in the past 5 years. Otherwise, SKIP to question 48.

42 - 47 CURRENT OR MOST RECENT JOB

ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.

Was this person -Mark (X) ONE box.

	an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?
	an employee of a PRIVATE NOT-FOR-PROFIT tax-exempt, or charitable organization?
	a local COVERNMENT amplayed

Ш	a local GOVERNMENT	employee
	(city, county, etc.)?	

a state GOVERNMENT	employee?
--------------------	-----------

	a Federal	GOVERNMENT	employee?
--	-----------	------------	-----------

SELF-EMPLOYED in own NOT INCORPORATED
business, professional practice, or farm?

SELF-EMPLOYED in own INCORPORATED
business, professional practice, or farm?

working WITHOUT PAY in family business
or farm?

For whom did this person work?

If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces.

Name of company, business, or other employer

What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

Is this mainly - Mark (X) ONE box.

	manufacturing?
--	----------------

	retail	trade?
--	--------	--------

other (agriculture, construction, servic	е
government, etc.)?	

What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

48 INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.

Yes →	\$ 0,000,000.00
No	TOTAL AMOUNT for past 12 months

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

Yes →	\$ 0,000,000.00	
No	TOTAL AMOUNT for past 12 months	Loss
	12 months	

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.

	Yes →	\$ 0,000,000.00	
Ш	No	TOTAL AMOUNT for past	Loss

d. Social Security or Railroad Retirement.

	es → \$.00
∐ No	тот	AL AMOUI	NT for past ths

e. Supplemental Security Income (SSI).

Yes →	\$ 00,000.00
No	TOTAL AMOUNT for past

f. Any public assistance or welfare payments from the state or local welfare office.

	Yes →	\$ 00,000.00	
Ш	No	TOTAL AMOUNT for past	

g. Retirement, survivor, or disability pensions. Do NOT include Social Security.

	Yes →	\$ 000,000.00
Ш	No	TOTAL AMOUNT for past

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support **or alimony.** Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

	Yes →	\$ 000,000.00
Ш	No	TOTAL AMOUNT for past

What was this person's total income during the PAST 12 MONTHS? Add entries in questions 48a to 48h; subtract any losses. If net income was a loss,

the dollar	amount and mark (X) the "Loss" box ne.	xt to
OR	\$ 00,000,000.00	
None	TOTAL AMOUNT for past 12 months	Loss

Now continue with the mailing instructions on page 28.



Mailing Instructions

Please make sure you have...

- listed all names and answered the questions on pages 2, 3, and 4
- answered all Housing questions
- answered all Person questions for each person.

🔁 Then...

 put the completed questionnaire into the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:

U.S. Census Bureau P.O. Box 5240 Jeffersonville, IN 47199-5240

 make sure the barcode above your address shows in the window of the return envelope.

Thank you for participating in the American Community Survey.

For Census Bureau Use			
POP	EDIT PHONE	JIC1 JIC2	
EDIT CLERK	TELEPHONE CLERK	JIC3 JIC4	

The Census Bureau estimates that, for the average household, this form will take 40 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0936, U.S. Census Bureau, 4600 Silver Hill Road, AMSD – 3K138, Washington, D.C. 20233. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-0936" as the subject. Please DO NOT RETURN your questionnaire to this address. Use the enclosed preaddressed envelope to return your completed questionnaire.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the bottom right on the front cover of this form.

Form ACS-1(X)CTC (06-09-2015)