

Wave 6

— TOPICAL MODULES

— EARNINGS AND BENEFITS

STATEMENT C

The purpose of this part of our interview is to get the most accurate picture possible of the situation of persons and families during calendar year 1984. It would be very helpful to refer to records during this interview.

CHECK ITEM T1

Are the names of any businesses listed for . . . on the control card? (cc item 43)

8000 1 Yes — SKIP to 1b
2 No

CHECK ITEM T2

Were interviews obtained for . . . for each of the 2nd, 3rd, 4th, and 5th waves (cc items 44, 45, 46, and 47)?

8002 1 Yes — SKIP to Check Item T13
2 No

1 a. Did . . . own and operate a business at any time during calendar year 1984?

Include farms

8004 1 Yes
2 No — SKIP to Check Item T13

ASK OR VERIFY —

b. How many different businesses did . . . own and operate during calendar year 1984?

8006 Businesses
OR
x3 None — SKIP to Check Item T13

ASK OR VERIFY —

c. What were the names of the businesses that . . . owned and operated during calendar year 1984? (List up to 2 businesses; list according to net income from business beginning with the business providing the largest net income.)

PGM8	Business name	PGM8	Business name
8008	<input type="text"/>	8058	<input type="text"/>
	<input type="text"/>		<input type="text"/>

CHECK ITEM T3

Transcribe ID number for this business from the control card (cc item 42)

PGM7	<input type="checkbox"/> Business ID No.	PGM7	<input type="checkbox"/> Business ID No.
8010	OR	8060	OR
	x3 <input type="checkbox"/> Not listed on control card		x3 <input type="checkbox"/> Not listed on control card

CHECK ITEM T4

Has information about this business already been obtained in an interview for another household member?

8012	1 <input type="checkbox"/> Yes	8062	1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No — SKIP to 2a		2 <input type="checkbox"/> No — SKIP to 2a

INTERVIEWER INSTRUCTION:

Enter name, person number, and business ID Number of other owner to indicate location of information about this business.

Name	} SKIP to Check Item T10	Name	} SKIP to Check Item T11
<input type="text"/>		<input type="text"/>	
Person number		Person number	
8014 <input type="text"/> <input type="text"/> <input type="text"/>		8064 <input type="text"/> <input type="text"/> <input type="text"/>	
Business ID number		Business ID number	
8016 <input type="text"/>		8066 <input type="text"/>	
OR		OR	
x3 <input type="checkbox"/> None		x3 <input type="checkbox"/> None	

2 a. What was the form of this (business/practice) — was it a sole proprietorship, a partnership, or a corporation?

8018	1 <input type="checkbox"/> Sole proprietorship	8068	1 <input type="checkbox"/> Sole proprietorship
	2 <input type="checkbox"/> Partnership		2 <input type="checkbox"/> Partnership
	3 <input type="checkbox"/> Corporation — Obtain information in employee section — Go to Check Item T10		3 <input type="checkbox"/> Corporation — Obtain information in employee section — Go to Check Item T11
	x1 <input type="checkbox"/> DK		x1 <input type="checkbox"/> DK

CHECK ITEM T5

Was information on this business obtained in Part B1 (p. 18) or Part B2 (p. 20)?

8020	1 <input type="checkbox"/> Yes — SKIP to 2d	8070	1 <input type="checkbox"/> Yes — SKIP to 2d
	2 <input type="checkbox"/> No		2 <input type="checkbox"/> No

2 b. What kind of business or industry was (Name of company or business)?

PGM8	<input type="text"/>	PGM8	<input type="text"/>
8022	<input type="text"/>	8072	<input type="text"/>
	<input type="text"/>		<input type="text"/>

TOPICAL MODULES

Section 5 – TOPICAL MODULES (Continued)

Part A – EARNINGS AND BENEFITS (Continued)

2c. Was it mainly –	PGM 8 8100 1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale trade? 3 <input type="checkbox"/> Retail trade? 4 <input type="checkbox"/> Some other kind of business?	PGM 8 8150 1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale trade? 3 <input type="checkbox"/> Retail trade? 4 <input type="checkbox"/> Some other kind of business?
d. Was this business primarily located in ...'s own home or somewhere else?	PGM 7 8102 1 <input type="checkbox"/> Own home 2 <input type="checkbox"/> Somewhere else	PGM 7 8152 1 <input type="checkbox"/> Own home 2 <input type="checkbox"/> Somewhere else
CHECK ITEM T 6 Is "sole proprietorship" marked in item 2a?	8104 1 <input type="checkbox"/> Yes – SKIP to 2j 2 <input type="checkbox"/> No	8154 1 <input type="checkbox"/> Yes – SKIP to 2j 2 <input type="checkbox"/> No
2e. Were any other members of this household part-owners of this (business/practice)?	8106 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 2i	8156 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 2i
f. Which other household members were owners?	8108 Person No. <input type="text"/> Name _____	8158 Person No. <input type="text"/> Name _____
	8110 Person No. <input type="text"/> Name _____	8160 Person No. <input type="text"/> Name _____
g. Was this (business/practice) owned entirely by members of this household?	8112 1 <input type="checkbox"/> Yes – SKIP to 2i 2 <input type="checkbox"/> No	8162 1 <input type="checkbox"/> Yes – SKIP to 2i 2 <input type="checkbox"/> No
h. What percentage of this (business/practice) was owned by members of this household?	8114 <input type="text"/> Percent OR x1 <input type="checkbox"/> DK	8164 <input type="text"/> Percent OR x1 <input type="checkbox"/> DK
i. What percentage of this (business/practice) did ... own in ...'s own name?	8116 <input type="text"/> Percent OR x1 <input type="checkbox"/> DK	8166 <input type="text"/> Percent OR x1 <input type="checkbox"/> DK
j. What were the gross receipts of this (business/practice) in 1984? Please use records if they are available. ★ <i>Obtain estimate, if necessary.</i>	8118 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	8168 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
k. What were the total expenses of this (business/practice) in 1984? Please use records if they are available. ★ <i>Obtain estimate, if necessary.</i>	8120 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	8170 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM T 7 Is "DK" marked in either 2j or 2k?	8122 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T8	8172 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T8
2l. Information on (receipts/expenses) is especially important for this survey. If we were to call back later could you provide us with an estimate?	8124 1 <input type="checkbox"/> Yes – Mark Reminder Card, Item 11a or 11b 2 <input type="checkbox"/> No	8174 1 <input type="checkbox"/> Yes – Mark Reminder Card, Item 11a or 11b 2 <input type="checkbox"/> No

Section 5 -- TOPICAL MODULES (Continued)

Part A -- EARNINGS AND BENEFITS (Continued)

CHECK ITEM T8	Is "sole proprietorship" marked in item 2a?	8200 1 <input type="checkbox"/> Yes -- SKIP to Check Item T10 2 <input type="checkbox"/> No	8250 1 <input type="checkbox"/> Yes -- SKIP to Check Item T11 2 <input type="checkbox"/> No
2m.	What was ...'s net income from this (business/practice) in 1984? Please use records if they are available. Obtain estimate, if necessary.	8202 \$ <input type="text"/> . <input type="text"/> 00 } SKIP to Check Item T9 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. -- SKIP to Check Item T9 8204 x4 <input type="checkbox"/> Lost money -- Enter amount of loss in box -- SKIP to Check Item T9	8252 \$ <input type="text"/> . <input type="text"/> 00 } SKIP to Check Item T9 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. -- SKIP to Check Item T9 8254 x4 <input type="checkbox"/> Lost money -- Enter amount of loss in box -- SKIP to Check Item T9
n.	This information is especially important for the purposes of this survey. If we were to call back later could you provide us with an estimate?	8206 1 <input type="checkbox"/> Yes -- Mark Reminder Card, Item 12 2 <input type="checkbox"/> No	8256 1 <input type="checkbox"/> Yes -- Mark Reminder Card, Item 12 2 <input type="checkbox"/> No
CHECK ITEM T9	Were any other household members part owners of this business? (See item 2f.)	8208 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -- SKIP to Check Item T10	8258 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -- SKIP to Check Item T11
20.	Apart from the net income already reported for ... , did (Read names of other household owners) receive any net income in 1984 from this (business/practice)?	8210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item T10	8260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item T11
p.	What was the amount of net income that was received by (Read names of other household owners)? Obtain estimate, if necessary.	Person No. <input type="text"/> 8212 <input type="text"/> 8214 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 8216 x4 <input type="checkbox"/> Lost money -- Enter amount of loss in box SECOND CO-OWNER Person No. <input type="text"/> 8218 <input type="text"/> 8220 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 8222 x4 <input type="checkbox"/> Lost money -- Enter amount of loss in box	Person No. <input type="text"/> 8262 <input type="text"/> 8264 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 8266 x4 <input type="checkbox"/> Lost money -- Enter amount of loss in box SECOND CO-OWNER Person No. <input type="text"/> 8268 <input type="text"/> 8270 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 8272 x4 <input type="checkbox"/> Lost money -- Enter amount of loss in box
CHECK ITEM T10	Is another business listed in 1c?	8274 1 <input type="checkbox"/> Yes -- Complete Check Item T3 for next business 2 <input type="checkbox"/> No -- Go to Check Item T12	Go to Check Item T11
CHECK ITEM T11	Is the number of businesses marked in 1b three or more?	8276 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -- SKIP to Check Item T12	
3.	What was ...'s net income from ...'s other businesses in 1984? Please use records if they are available.	8278 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 8280 x4 <input type="checkbox"/> Lost money -- Enter amount of loss in box	

Section 5 – TOPICAL MODULES (Continued)

Part A – EARNINGS AND BENEFITS (Continued)

CHECK ITEM T12	Was . . . identified as the owner of a corporation in item 2a?	8282	1 <input type="checkbox"/> Yes — <i>SKIP to 4b and consider . . . to be an employee of that corporation</i> 2 <input type="checkbox"/> No
CHECK ITEM T13	Are the names of any employers listed for . . . on the control card? (cc item 42)	8284	1 <input type="checkbox"/> Yes — <i>SKIP to 4b</i> 2 <input type="checkbox"/> No
CHECK ITEM T14	Were interviews obtained for . . . for each of the 2nd, 3rd, 4th, and 5th waves? (cc items 44, 45, 46, and 47)	8286	1 <input type="checkbox"/> Yes — <i>SKIP to Check Item T19</i> 2 <input type="checkbox"/> No
4a.	Did . . . work at a paid job at any time during calendar year 1984?	8288	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T19</i>
ASK OR VERIFY —			
b.	For how many different employers did . . . work during calendar year 1984? <i>(Include self-owned corporations.)</i>	8290	<input type="text"/> Employers OR x3 <input type="checkbox"/> None — <i>SKIP to Check Item T19</i>
ASK OR VERIFY —			
4c.	What were the names of the employers that . . . worked for in 1984?	PGM 8 8300	PGM 8 8350
	Address	PGM 8 8302	PGM 8 8352
	What is the address of that employer (the address of the physical location)?	PGM 8 8304	PGM 8 8354
	<i>List up to 3 employers; list employers according to amount of earnings received in 1984, beginning with employer from whom . . . received the greatest earnings.</i>	PGM 8 8304	PGM 8 8354
	ZIP code	PGM 8 8304	PGM 8 8354
		PGM 8 8304	PGM 8 8354
CHECK ITEM T15	Was information on this employer obtained in Part A1 (p. 14) or Part A2 (p. 16)?	PGM 7 8310	1 <input type="checkbox"/> Yes, ID number — <i>SKIP to 4i</i> OR 2 <input type="checkbox"/> No
		PGM 7 8360	1 <input type="checkbox"/> Yes, ID number — <i>SKIP to 4i</i> OR 2 <input type="checkbox"/> No
		PGM 7 8410	1 <input type="checkbox"/> Yes, ID number — <i>SKIP to 4i</i> OR 2 <input type="checkbox"/> No
4d.	What kind of business or industry was (Name of company or business)?	PGM 8 8312	PGM 8 8362
e.	Was it mainly —	PGM 8 8314	PGM 8 8364
	1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale trade? 3 <input type="checkbox"/> Retail trade? 4 <input type="checkbox"/> Some other kind of business?	PGM 8 8314	PGM 8 8364
		PGM 8 8414	PGM 8 8414
f.	What kind of work was . . . doing on this job?	PGM 8 8316	PGM 8 8366
g.	What were . . .'s main activities or duties?	PGM 8 8318	PGM 8 8368
		PGM 8 8318	PGM 8 8368
NOTES			

Section 5 – TOPICAL MODULES (Continued)

Part A – EARNINGS AND BENEFITS (Continued)

<p>4h. Was ... an employee of –</p>	<p align="center">PGM 8 8500</p> <p>1 <input type="checkbox"/> A private company or individual? 2 <input type="checkbox"/> Federal Government? (Exclude Armed Forces) 3 <input type="checkbox"/> State Government? 4 <input type="checkbox"/> Local Government? 5 <input type="checkbox"/> Armed Forces? 6 <input type="checkbox"/> Unpaid in family business or farm? – SKIP to Check Item T17</p>	<p align="center">PGM 8 8550</p> <p>1 <input type="checkbox"/> A private company or individual? 2 <input type="checkbox"/> Federal Government? (Exclude Armed Forces) 3 <input type="checkbox"/> State Government? 4 <input type="checkbox"/> Local Government? 5 <input type="checkbox"/> Armed Forces? 6 <input type="checkbox"/> Unpaid in family business or farm? – SKIP to Check Item T17</p>	<p align="center">PGM 8 8600</p> <p>1 <input type="checkbox"/> A private company or individual? 2 <input type="checkbox"/> Federal Government? (Exclude Armed Forces) 3 <input type="checkbox"/> State Government? 4 <input type="checkbox"/> Local Government? 5 <input type="checkbox"/> Armed Forces? 6 <input type="checkbox"/> Unpaid in family business or farm? – SKIP to Check Item T18</p>
<p>ASK OR VERIFY – i. Did ... stop working for (Employer's name) at any time during 1984?</p>	<p align="center">PGM 7 8502</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a</p>	<p align="center">PGM 7 8552</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a</p>	<p align="center">PGM 7 8602</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a</p>
<p>j. What was the main reason ... stopped working for (Name of employer)? Was it because ... (Read categories) – Mark only one.</p>	<p align="center">8504</p> <p>1 <input type="checkbox"/> Was laid off? 2 <input type="checkbox"/> Quit that job to take another job? – SKIP to 4q 3 <input type="checkbox"/> Retired? } SKIP to 5a 4 <input type="checkbox"/> Was discharged? } 5 <input type="checkbox"/> Job was temporary and ended? – SKIP to 5a 6 <input type="checkbox"/> Quit that job for some other reason? – SKIP to 4q</p>	<p align="center">8554</p> <p>1 <input type="checkbox"/> Was laid off? 2 <input type="checkbox"/> Quit that job to take another job? – SKIP to 4q 3 <input type="checkbox"/> Retired? } SKIP to 5a 4 <input type="checkbox"/> Was discharged? } 5 <input type="checkbox"/> Job was temporary and ended? – SKIP to 5a 6 <input type="checkbox"/> Quit that job for some other reason? – SKIP to 4q</p>	<p align="center">8604</p> <p>1 <input type="checkbox"/> Was laid off? 2 <input type="checkbox"/> Quit that job to take another job? – SKIP to 4q 3 <input type="checkbox"/> Retired? } SKIP to 5a 4 <input type="checkbox"/> Was discharged? } 5 <input type="checkbox"/> Job was temporary and ended? – SKIP to 5a 6 <input type="checkbox"/> Quit that job for some other reason? – SKIP to 4q</p>
<p>k. Did the place where ... worked close down either at the time ... was laid off or sometime after?</p>	<p align="center">8508</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4o</p>	<p align="center">8556</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4o</p>	<p align="center">8606</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4o</p>
<p>l. When did it close down?</p>	<p align="center">Month 8508 [] []</p> <p align="center">Year 8510 [1] [9] [8] []</p> <p align="center">x1 <input type="checkbox"/> DK</p>	<p align="center">Month 8558 [] []</p> <p align="center">Year 8560 [1] [9] [8] []</p> <p align="center">x1 <input type="checkbox"/> DK</p>	<p align="center">Month 8608 [] []</p> <p align="center">Year 8610 [1] [9] [8] []</p> <p align="center">x1 <input type="checkbox"/> DK</p>
<p>m. Is it still closed down?</p>	<p align="center">8512</p> <p>1 <input type="checkbox"/> Yes – SKIP to 5a 2 <input type="checkbox"/> No</p>	<p align="center">8562</p> <p>1 <input type="checkbox"/> Yes – SKIP to 5a 2 <input type="checkbox"/> No</p>	<p align="center">8612</p> <p>1 <input type="checkbox"/> Yes – SKIP to 5a 2 <input type="checkbox"/> No</p>
<p>n. When did it reopen?</p>	<p align="center">Month 8514 [] []</p> <p align="center">Year 8516 [1] [9] [8] []</p> <p align="center">x1 <input type="checkbox"/> DK</p>	<p align="center">Month 8564 [] []</p> <p align="center">Year 8566 [1] [9] [8] []</p> <p align="center">x1 <input type="checkbox"/> DK</p>	<p align="center">Month 8614 [] []</p> <p align="center">Year 8616 [1] [9] [8] []</p> <p align="center">x1 <input type="checkbox"/> DK</p>
<p>ASK OR VERIFY – o. Did ... return to work for (Name of employer) after being laid off?</p>	<p align="center">8518</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a</p>	<p align="center">8568</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a</p>	<p align="center">8618</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a</p>

Section 5 – TOPICAL MODULES (Continued)

Part A – EARNINGS AND BENEFITS (Continued)

4p. For how many weeks was ... laid off?

8650 Weeks

OR

x1 DK

SKIP to 5a

8700 Weeks

OR

x1 DK

SKIP to 5a

8750 Weeks

OR

x1 DK

SKIP to 5a

q. What were the reasons ... decided to change jobs/leave that job?

Mark all that apply.

8652 Level of earnings

8654 Type of work

8656 Work conditions

8658 Job location

8660 Family or personal reasons

8662 Job was temporary and ended

8664 Other

8702 Level of earnings

8704 Type of work

8706 Work conditions

8708 Job location

8710 Family or personal reasons

8712 Job was temporary and ended

8714 Other

8752 Level of earnings

8754 Type of work

8756 Work conditions

8758 Job location

8760 Family or personal reasons

8762 Job was temporary and ended

8764 Other

ASK OR VERIFY –

f. After the time that ... stopped working for (Name of employer) did ... return to work for (Name of employer)?

8666 Yes

No – SKIP to 5a

8716 Yes

No – SKIP to 5a

8766 Yes

No – SKIP to 5a

s. When did ... return to work for (Name of employer)?

8668 Month

8670 Year 1 9 8

8718 Month

8720 Year 1 9 8

8768 Month

8770 Year 1 9 8

5a. Do you have a W-2 form from (Read name of employer) that you can refer to?

(If "Yes," ask respondent to use the W-2 form.)

8672 Yes

No

8722 Yes

No

8772 Yes

No

b. (According to ...'s W-2 form) how much did ... earn from ...'s job with (Read name of employer) during 1984 before any deductions?

Obtain estimate, if necessary.

8674 \$.00

x1 DK

x2 Ref. – SKIP to 5e

8724 \$.00

x1 DK

x2 Ref. – SKIP to 5e

8774 \$.00

x1 DK

x2 Ref. – SKIP to 5e

CHECK ITEM T16

Does ... have a W-2 form to refer to?

8676 Yes

No – SKIP to 5e

8726 Yes

No – SKIP to 5e

8776 Yes

No – SKIP to 5e

5c. According to the W-2 form, what is the identification number of this employer?

8678 Identification number -

8680

8682 x1 DK

8728 Identification number -

8730

8732 x1 DK

8778 Identification number -

8780

8782 x1 DK

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part A – EARNINGS AND BENEFITS (Continued)

5d. In 1984, how much was deducted from ...'s pay for –	8800 \$ <input type="text"/> . <input type="text"/> 00 (1) Federal Income Taxes? x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.	8850 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.	8900 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.
	8802 \$ <input type="text"/> . <input type="text"/> 00 (2) State and local income taxes? x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.	8852 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.	8902 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.
	8804 \$ <input type="text"/> . <input type="text"/> 00 (3) Social Security (FICA) taxes? x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.	8854 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.	8904 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.
	8806 \$ <input type="text"/> . <input type="text"/> 00 (4) Health insurance? x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.	8856 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.	8906 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.
θ. On this job, was ... covered by life insurance that was provided through ...'s employer?	8808 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5g	8858 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5g	8908 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5g
f. Did ...'s employer pay for all, part, or none of the cost of that plan?	8810 1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part 3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK	8860 1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part 3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK	8910 1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part 3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK
g. Did ... have the use of a company car or truck on that job? (Count vehicles licensed for highway driving only.)	8812 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5i	8862 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5i	8912 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5i
h. Did ... keep the car or truck at home when ... was not working?	8814 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8864 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8914 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
i. Did ... have an expense account on that job?	8816 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5k	8866 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5k	8916 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5k
j. Could the expense account be used to pay for some of the expenses of the persons with whom ... did business?	8818 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8868 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8918 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
k. Did ... regularly receive meals as part of that job?	8820 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5m	8870 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5m	8920 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5m

Section 5 – TOPICAL MODULES (Continued)

Part A – EARNINGS AND BENEFITS (Continued)

<p>5l. How many meals a week did . . . usually receive as part of that job?</p>	<p>8950 <input type="text"/> <input type="text"/> Meals x1 <input type="checkbox"/> DK</p>	<p>9000 <input type="text"/> <input type="text"/> Meals x1 <input type="checkbox"/> DK</p>	<p>9050 <input type="text"/> <input type="text"/> Meals x1 <input type="checkbox"/> DK</p>
<p>m. Did . . . regularly receive lodging as part of that job?</p>	<p>8952 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to Check Item T17</i> x1 <input type="checkbox"/> DK }</p>	<p>9002 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to Check Item T17</i> x1 <input type="checkbox"/> DK }</p>	<p>9052 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to Check Item T18</i> x1 <input type="checkbox"/> DK }</p>
<p>n. How many nights of lodging per week did . . . receive as part of that job?</p>	<p>8954 <input type="text"/> <input type="text"/> Nights x1 <input type="checkbox"/> DK</p>	<p>9004 <input type="text"/> <input type="text"/> Nights x1 <input type="checkbox"/> DK</p>	<p>9054 <input type="text"/> <input type="text"/> Nights x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM T17 Is another employer listed in 4c?</p>	<p>8956 1 <input type="checkbox"/> Yes – Complete Check Item T15 for next employer 2 <input type="checkbox"/> No – SKIP to Check Item T19</p>	<p>9006 1 <input type="checkbox"/> Yes – Complete Check Item T15 for next employer 2 <input type="checkbox"/> No – SKIP to Check Item T19</p>	<p align="center">Go to Check Item T18</p>
<p>CHECK ITEM T18 Is the number of employers marked in 4b four or more?</p>	<p>9058 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T19</p>		
<p>6. What was the total amount . . . earned from . . . 's other employers in 1984 before deductions? (Please use W-2 forms if you have any.) <i>Obtain estimate, if necessary.</i></p>	<p>9060 \$ <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>		

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part B – PROPERTY INCOME AND TAXES

CHECK ITEM T19	Refer to cc items 46 and 47 Are any of the ISS codes 100–110, 130, or 174 marked on the control card for . . . for the 2nd, 3rd, 4th, or 5th waves?	9100	1 <input type="checkbox"/> Yes – SKIP to Check Item T21 2 <input type="checkbox"/> No
CHECK ITEM T20	Was an interview obtained for . . . for each of the 2nd, 3rd, 4th, and 5th waves? (cc items 44, 45, 46, and 47)	9102	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 1b
1 a.	We recorded during our earlier interviews that . . . did not receive any income in the form of interest or dividends in calendar year 1984 – is that correct?	9104	1 <input type="checkbox"/> Yes, correct – SKIP to Check Item T24 2 <input type="checkbox"/> No, not correct – did receive interest or dividends – SKIP to Check Item T21
b.	Did . . . receive any income in the form of interest or dividends in calendar year 1984? <i>Mark "Yes" if received jointly or in own name.</i>	9106	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T24
CHECK ITEM T21	Interview status of . . . 's spouse.	9108	1 <input type="checkbox"/> No spouse in household 2 <input type="checkbox"/> Interview for spouse already completed 3 <input type="checkbox"/> Interview for spouse not yet completed } SKIP to 2a
<i>(HAND RESPONDENT CARD X)</i>		<i>(ASK FOR EACH ASSET OWNED)</i>	
1 c.	Please look at Card X and tell me which of these assets . . . owned jointly with . . . 's (husband/wife) at any time during calendar year 1984. Do not count IRA or KEOGH investments. Any others? ★	9110	x3 <input type="checkbox"/> None – SKIP to 2a
(1) Regular or passbook savings accounts	9112	1 <input type="checkbox"/> Owned	9114 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2) Money Market deposit accounts	9116	1 <input type="checkbox"/> Owned	9118 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3) Certificates of deposit or other savings certificates	9120	1 <input type="checkbox"/> Owned	9122 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4) NOW, Super NOW, or other interest earning checking accounts	9124	1 <input type="checkbox"/> Owned	9126 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(5) Money market mutual funds	9128	1 <input type="checkbox"/> Owned	9130 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(6) Stocks and mutual fund shares	9132	1 <input type="checkbox"/> Owned	9134 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(7) U.S. Savings Bonds (E, EE)	9136	1 <input type="checkbox"/> Owned	9138 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(8) Other U.S. Government securities	9140	1 <input type="checkbox"/> Owned	9142 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(9) Municipal bonds	9144	1 <input type="checkbox"/> Owned	9146 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

Section 5 – TOPICAL MODULES (Continued)

Part B – PROPERTY INCOME AND TAXES (Continued)

1c. (Continued)

(10) Corporate bonds **9148** 1 Owned

(11) Mortgages **9152** 1 Owned

(12) Other interest or dividend earning assets not counting IRA or KEOGH accounts. (Mutual bond fund, unit bond trusts, money loaned to a private individual, etc.) **9156** 1 Owned

1d. (Continued)

9150 \$. 00
 x1 DK
 x2 Ref.

9154 \$. 00
 x1 DK
 x2 Ref.

9158 \$. 00
 x1 DK
 x2 Ref.

CHECK ITEM T22

Is "DK" marked in 1d for any of the assets?

9160 1 Yes
 2 No – SKIP to 2a

1e. Information on interest and dividends is very important for the purposes of this survey. If we were to call back later, could you provide us with an estimate of the total amount of interest and dividends that . . . and . . .'s (husband/wife) received jointly in 1984?

9162 1 Yes – Mark Reminder Card, Item 13
 2 No

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part B – PROPERTY INCOME AND TAXES (Continued)

<p><i>(HAND RESPONDENT CARD X)</i></p> <p>2a. Please look at card X and tell me which of these assets . . . owned (in . . . 's own name) at any time during calendar year 1984? Do not count IRA or KEOGH investments.</p> <p>Anything else? ★</p>		<p><i>(ASK FOR EACH ASSET OWNED)</i></p> <p>2b. How much income did . . . receive from (Read name of asset) in 1984?</p>
	<p>9164 x3 <input type="checkbox"/> None – SKIP to Check Item T24</p>	
(1) Regular or passbook savings accounts . . .	<p>9166 1 <input type="checkbox"/> Owned</p>	<p>9168 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
(2) Money Market deposit accounts	<p>9170 1 <input type="checkbox"/> Owned</p>	<p>9172 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
(3) Certificates of deposit or other savings certificates	<p>9174 1 <input type="checkbox"/> Owned</p>	<p>9176 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
(4) NOW, Super NOW, or other interest earning checking accounts	<p>9178 1 <input type="checkbox"/> Owned</p>	<p>9180 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
(5) Money market mutual funds	<p>9182 1 <input type="checkbox"/> Owned</p>	<p>9184 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
(6) Stocks and mutual fund shares	<p>9186 1 <input type="checkbox"/> Owned</p>	<p>9188 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
(7) U.S. Savings Bonds (E, EE)	<p>9190 1 <input type="checkbox"/> Owned</p>	<p>9192 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
(8) Other U.S. Government securities	<p>9194 1 <input type="checkbox"/> Owned</p>	<p>9196 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
(9) Municipal bonds	<p>9198 1 <input type="checkbox"/> Owned</p>	<p>9200 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
(10) Corporate bonds	<p>9202 1 <input type="checkbox"/> Owned</p>	<p>9204 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
(11) Mortgages	<p>9206 1 <input type="checkbox"/> Owned</p>	<p>9208 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
(12) Other interest or dividend earning assets not counting IRA or KEOGH accounts. (Mutual bond fund, unit bond trusts, money loaned to a private individual, etc.)	<p>9210 1 <input type="checkbox"/> Owned</p>	<p>9212 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
CHECK ITEM T23	<p>Is "DK" marked in 2b for any of the assets?</p>	<p>9214 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T24</p>

Section 5 — TOPICAL MODULES (Continued)

Part B — PROPERTY INCOME AND TAXES (Continued)

<p>2c. Information on interest and dividends is very important for the purposes of this survey. If we were to call back later, could you provide us with an estimate of the total amount of interest and dividends that ... received (in ...'s own name in 1984)?</p>	<p>9216 1 <input type="checkbox"/> Yes — <i>Mark Reminder Card, Item 14</i> 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM T24 Refer to cc item 46 Is ISS Code 120 marked on the control card for ... for the 2nd, 3rd, 4th, or 5th waves?</p>	<p>9218 1 <input type="checkbox"/> Yes — <i>SKIP to 3b</i> 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM T25 Was an interview obtained for ... for each of the 2nd, 3rd, 4th, and 5th waves (cc items 44, 45, 46, and 47)?</p>	<p>9220 1 <input type="checkbox"/> Yes — <i>SKIP to Check Item T27</i> 2 <input type="checkbox"/> No</p>
<p>3a. Did ... own any kind of rental property during 1984, either by ...'s self or jointly with someone else?</p>	<p>9222 1 <input type="checkbox"/> Yes — <i>SKIP to 3c</i> 2 <input type="checkbox"/> No — <i>SKIP to Check Item T27</i></p>
<p>b. We learned from earlier interviews that ... owned some rental property in calendar year 1984 — is that correct?</p>	<p>9224 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T27</i></p>
<p>c. What kind of property did ... own, either as sole owner or part owner?</p> <p align="center">★</p>	<p align="center">3d. (ASK FOR EACH PROPERTY OWNED) What was ...'s net income from this property in 1984? If jointly owned, count only ...'s share.</p>
<p>(1) Vacation home</p>	<p>9226 1 <input type="checkbox"/> Owned</p> <p>9228 \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 9230 x4 <input type="checkbox"/> Lost money — <i>Enter amount of loss in box</i></p>
<p>(2) Other residential property (nonfarm)</p>	<p>9232 1 <input type="checkbox"/> Owned</p> <p>9234 \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 9236 x4 <input type="checkbox"/> Lost money — <i>Enter amount of loss in box</i></p>
<p>(3) Farm property</p>	<p>9238 1 <input type="checkbox"/> Owned</p> <p>9240 \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 9242 x4 <input type="checkbox"/> Lost money — <i>Enter amount of loss in box</i></p>
<p>(4) Commercial property</p>	<p>9244 1 <input type="checkbox"/> Owned</p> <p>9246 \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 9248 x4 <input type="checkbox"/> Lost money — <i>Enter amount of loss in box</i></p>
<p>(5) Equipment</p>	<p>9250 1 <input type="checkbox"/> Owned</p> <p>9252 \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 9254 x4 <input type="checkbox"/> Lost money — <i>Enter amount of loss in box</i></p>
<p>(6) Anything else</p>	<p>9256 1 <input type="checkbox"/> Owned</p> <p>9258 \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 9260 x4 <input type="checkbox"/> Lost money — <i>Enter amount of loss in box</i></p>
<p>CHECK ITEM T26 Is "DK" marked in 3d for any type of property?</p>	<p>9262 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T27</i></p>
<p>3e. Information on rental income is very important for the purposes of this survey. If we were to call back later, could you provide us with an estimate of the total amount of net income from rental property ... received in 1984?</p>	<p>9264 1 <input type="checkbox"/> Yes — <i>Mark Reminder Card, Item 15</i> 2 <input type="checkbox"/> No</p>

Section 5 – TOPICAL MODULES (Continued)

Part B – PROPERTY INCOME AND TAXES (Continued)

CHECK ITEM T27	Has tax information for . . . already been obtained in an interview for a spouse with whom . . . filed a joint return?	9266	1 <input type="checkbox"/> Yes – SKIP to 15a, page 60 2 <input type="checkbox"/> No										
4a.	Did . . . file a Federal income tax return for 1984? <i>Mark "Yes" if . . . filed alone or jointly.</i>	9268	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 15a, page 60										
b.	Do you have a copy of the tax form or a worksheet that you could refer to for the next few questions?	9270	1 <input type="checkbox"/> Yes – Allow person time to get form 2 <input type="checkbox"/> No										
5.	What was . . . 's filing status on . . . 's 1984 Federal tax return? Did . . . file as – <i>Read categories – Mark (X) one</i>	9272	1 <input type="checkbox"/> A single taxpayer? 2 <input type="checkbox"/> Married, filing a joint return? 3 <input type="checkbox"/> Married, filing separately? 4 <input type="checkbox"/> Unmarried head of household? 5 <input type="checkbox"/> Qualifying widow(er) with dependent child? 6 <input type="checkbox"/> DK										
6a.	What were the total number of exemptions claimed on . . . 's tax return? <i>ASK OR VERIFY –</i>	9274	<table style="border: none;"> <tr> <td style="border: none;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Exemptions </td> </tr> <tr> <td style="border: none;">x1 <input type="checkbox"/> DK</td> </tr> </table>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Exemptions	x1 <input type="checkbox"/> DK								
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Exemptions													
x1 <input type="checkbox"/> DK													
b.	Did . . . claim exemptions for any dependents that lived outside of . . . 's home for the entire year?	9276	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 7										
c.	What was the relationship of this (these) dependent(s) to . . . ? <i>Record two dependents only</i>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%; text-align: center;">FIRST DEPENDENT</th> <th style="width:50%; text-align: center;">SECOND DEPENDENT</th> </tr> </thead> <tbody> <tr> <td>9278 1 <input type="checkbox"/> Parent</td> <td>9280 1 <input type="checkbox"/> Parent</td> </tr> <tr> <td>2 <input type="checkbox"/> Child</td> <td>2 <input type="checkbox"/> Child</td> </tr> <tr> <td>3 <input type="checkbox"/> Brother/Sister</td> <td>3 <input type="checkbox"/> Brother/Sister</td> </tr> <tr> <td>4 <input type="checkbox"/> Other</td> <td>4 <input type="checkbox"/> Other</td> </tr> </tbody> </table>	FIRST DEPENDENT	SECOND DEPENDENT	9278 1 <input type="checkbox"/> Parent	9280 1 <input type="checkbox"/> Parent	2 <input type="checkbox"/> Child	2 <input type="checkbox"/> Child	3 <input type="checkbox"/> Brother/Sister	3 <input type="checkbox"/> Brother/Sister	4 <input type="checkbox"/> Other	4 <input type="checkbox"/> Other
FIRST DEPENDENT	SECOND DEPENDENT												
9278 1 <input type="checkbox"/> Parent	9280 1 <input type="checkbox"/> Parent												
2 <input type="checkbox"/> Child	2 <input type="checkbox"/> Child												
3 <input type="checkbox"/> Brother/Sister	3 <input type="checkbox"/> Brother/Sister												
4 <input type="checkbox"/> Other	4 <input type="checkbox"/> Other												
7.	Did . . . file Form 1040, the long form or did . . . file one of the short forms, 1040A or 1040EZ?	9282	1 <input type="checkbox"/> Form 1040 2 <input type="checkbox"/> Form 1040A 3 <input type="checkbox"/> Form 1040EZ x1 <input type="checkbox"/> DK										
} SKIP to Check Item T28													
8.	I am going to read a list of forms that people are sometimes required to attach to their tax return. Please tell me if these were included with . . . 's 1984 tax return.												
	(1) Schedule A, Itemized Deductions	9284	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK										
	(2) Schedule B, Part I, Interest	9286	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK										
	(3) Schedule B, Part II, Dividends	9288	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK										
	(4) Schedule D, Gains and Losses on Sales or Exchange of Personal Assets	9290	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK										
	(5) Schedule E, Income from Pensions, Annuities, Rents, Royalties, Partnerships, Estates, Trusts, and Small Business Corporations	9292	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK										
	(6) Form 4835 – Farm Rental Income	9294	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK										
CHECK ITEM T28	Does the respondent have a copy of . . . 's Federal income tax form or a worksheet to refer to?	9296	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12a										

Section 5 — TOPICAL MODULES (Continued)

Part B — PROPERTY INCOME AND TAXES (Continued)

CHECK ITEM T29	Is "Form 1040" marked in item 7?	9298	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 11a</i>
CHECK ITEM T30	Is "Schedule A, Itemized Deductions" marked "Yes" in 8(1)?	9300	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T31</i>
9.	How much were ...'s (and ...'s husband's/wife's) itemized deductions for 1984? <i>(Form 1040, line 34a.)</i>	9302	\$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM T31	Is "Schedule D, Gains and Losses on Sales or Exchange of Personal Assets" marked "Yes" in 8(4)?	9304	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 11a</i>
10.	How much were ...'s (and ...'s husband/wife's) capital gains or losses from the sale or exchange of personal assets for 1984? <i>(Form 1040, line 13.)</i>	9306	\$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 9308 x4 <input type="checkbox"/> Lost money — <i>Enter amount of loss in box</i>
11.	(SHOW FLASHCARD Y WITH APPROPRIATE TAX FORM) This shows the portion of the tax return that deals with adjusted gross income and with the net tax liability for the year. (1) Adjusted gross income is total income less certain types of adjustments and exclusions. What was ...'s (and ...'s husband's/wife's) adjusted gross income in 1984? (2) Federal income tax liability is the total tax as determined by the tax table or schedule plus or minus certain adjustments. What was ...'s (and ...'s husband's/wife's) net tax liability in 1984?	9310	\$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 9312 x4 <input type="checkbox"/> Lost money — <i>Enter amount of loss in box</i>
			} <i>SKIP to 13a</i>
CHECK ITEM T32	Amount of gross income reported in 11a.	9314	\$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
12a.	Can you give me an estimate of ...'s Federal income tax liability for 1984?	9316	1 <input type="checkbox"/> \$10,000 or more — <i>SKIP to 14a</i> 2 <input type="checkbox"/> Less than \$10,000 — <i>SKIP to 13a</i>
b.	How much was ...'s Federal income tax liability?	9318	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 13a</i>
		9320	\$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00
13a.	Did ... claim an earned income credit on ...'s Federal income tax return?	9322	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 14a</i>
b.	What was the amount of earned income credit claimed?	9324	\$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
14a.	Did ... claim a child care credit or disabled dependent credit on ...'s Federal income tax return?	9326	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 15a</i>
b.	What was the amount of the child care (disabled dependent) credit claimed?	9328	\$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

Section 5 – TOPICAL MODULES (Continued)

Part B – PROPERTY INCOME AND TAXES (Continued)

15a. Does ... have an Individual Retirement Account – an IRA – in ...'s OWN name?
Do not mark "Yes" if ... is only included in ...'s (husband's/wife's) IRA accounts.

9330 1 Yes
 2 No
 x1 DK } **SKIP to 15h**

b. Did ... make any contributions to IRA accounts which applied to ...'s 1984 tax return?

9332 1 Yes
 2 No
 x1 DK } **SKIP to 15d**

c. How much were ...'s contributions to IRA accounts which applied to ...'s 1984 tax return?

9334 \$. 00
 x1 DK
 x2 Ref.

d. Did ... make any withdrawals from ...'s IRA accounts during 1984?

Mark "No" if funds were "rolled over" within 60 days of the withdrawal.

9336 1 Yes
 2 No
 x1 DK } **SKIP to 15f**

e. How much did ... withdraw from IRA accounts during 1984?

9338 \$. 00
 x1 DK
 x2 Ref.

f. Including ALL IRA accounts in ...'s OWN name, how much did ...'s IRA accounts earn during 1984?

9340 \$. 00
 x1 DK
 x2 Ref.

g. What types of assets did ... have in ...'s IRA accounts during 1984?

Mark all that apply.

Anything else?

9342 1 Certificates of deposit or other savings certificates
9344 2 Money Market Funds
9346 3 U.S. Government Securities
9348 4 Municipal or Corporate Bonds
9350 5 U.S. Savings Bonds
9352 6 Stocks or Mutual Fund Shares
9354 7 Other Assets – *Specify* _____
9356 x1 DK

h. Does ... have a KEOGH account in ...'s OWN name?

9358 1 Yes
 2 No
 x1 DK } **SKIP to 16a**

i. Did ... make any contributions to a KEOGH account which applied to ...'s 1984 tax return?

9360 1 Yes
 2 No
 x1 DK } **SKIP to 15k**

j. How much were ...'s contributions to KEOGH accounts which applied to ...'s 1984 tax return?

9362 \$. 00
 x1 DK
 x2 Ref.

k. Did ... make any withdrawals from ...'s KEOGH accounts during 1984?

9364 1 Yes
 2 No
 x1 DK } **SKIP to 15m**

Section 5 – TOPICAL MODULES (Continued)

Part B – PROPERTY INCOME AND TAXES (Continued)

15l. How much did ... withdraw from KEOGH accounts during 1984?

9366 \$. 00

- x1 DK
x2 Ref.

m. Including ALL KEOGH accounts in ...'s OWN name, how much did ...'s KEOGH accounts earn during 1984?

9368 \$. 00

- x1 DK
x2 Ref.

n. What types of assets did ... have in ...'s KEOGH accounts during 1984?

Mark all that apply.

Anything else?

- 9370** 1 Certificates of deposit or other savings certificates
9372 2 Money Market Funds
9374 3 U.S. Government Securities
9376 4 Municipal or Corporate Bonds
9378 5 U.S. Savings Bonds
9380 6 Stocks or Mutual Fund Shares
9382 7 Other Assets – Specify

9384 x1 DK

16a. Did ... file a State and/or local income tax return for 1984?

- 9386** 1 Yes
 2 No
 x1 DK } SKIP to Check Item T35

CHECK ITEM T33

Was ... married as of December 31, 1984?

- 9388** 1 Yes
 2 No – SKIP to 16c

16b. Did ... file a State and/or local income tax return jointly with ...'s (husband/wife)?

- 9390** 1 Yes
 2 No – SKIP to 16c

CHECK ITEM T34

Has an interview already been obtained for ...'s spouse?

- 9392** 1 Yes – SKIP to Check Item T35
 2 No

16c. How much was ...'s total State and local income tax liability for 1984?

Obtain estimate, if necessary.

9394 \$. 00

- x3 None
 x1 DK
 x2 Ref.

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part B – PROPERTY INCOME AND TAXES (Continued)

**CHECK
ITEM T35**

Refer to cc item 15 –
Tenure
Are ...'s living quarters –

- 9396** 1 Owned or being bought?
2 Rented for cash?
3 Occupied without cash payment? } *SKIP to Statement D*

**CHECK
ITEM T36**

Interview status of ...'s spouse.

- 9398** 1 No spouse in household
2 Interview for spouse not yet conducted
3 Interview for spouse already conducted –
SKIP to Statement D

17a. Did ... pay any property taxes on ...'s residence(s) in 1984?

- 9400** 1 Yes
2 No – *SKIP to Statement D*

b. Did ... pay these jointly with someone else living here?

- 9402** 1 Yes
2 No – *SKIP to 17d*

c. Who made these joint payments with ...?

9404	Person No.	Name
	<input type="text"/>	<input type="text"/>
9406	Person No.	Name
	<input type="text"/>	<input type="text"/>

d. What was the property tax bill for ...'s residence(s) in 1984?

Obtain estimate, if necessary.

9408 \$. 00

x1 DK
x2 Ref.

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – EDUCATION AND TRAINING

Statement D →

The next few questions are about education and training.

1. Was . . . enrolled in school anytime during the past year? (Include any regular school, such as elementary, high school, or college, or any vocational, technical or business school.)

- 9410** 1 Yes
2 No – SKIP to Check Item T38

2. At what level or grade was . . . enrolled (If enrolled at more than one level in the past year, check level in which greatest amount of time was spent.)

- 9412** 1 Elementary grades 1–8
2 High school grades 9–12
3 College year 1
4 College year 2
5 College year 3
6 College year 4
7 College year 5
8 College year 6+
9 Vocational school
10 Technical school
11 Business school
12 Other or DK

CHECK ITEM T37

Was . . . enrolled in elementary or high school?

- 9414** 1 Yes
2 No – SKIP to 4

3. Was . . . enrolled in a public school? (Mark "Yes" if the school at which . . . spent the greatest amount of time was public.)

- 9416** 1 Yes – SKIP to Check Item T38
2 No

4. During the past year –

a. What was the total cost of . . . 's tuition and fees?

- 9418** \$. 00
x3 None
x1 DK

b. What was the total cost of . . . 's books and supplies?

- 9420** \$. 00
x3 None
x1 DK

c. Did . . . live away from home while attending school?

- 9422** 1 Yes
2 No – SKIP to 5

d. What was the total cost for room and board while away at school?

- 9424** \$. 00
x1 DK

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – EDUCATION AND TRAINING (Continued)

<p><i>(HAND RESPONDENT CARD Z)</i></p> <p>5a. Please look at this card and tell me if . . . received any of these types of educational assistance during the past year.</p> <p>Anything else?</p>	<p>9426 x3 <input type="checkbox"/> None – SKIP to Check Item T38</p>	<p>5b. How much did . . . receive?</p>
<p>(1) The GI Bill?</p>	<p>9428 1 <input type="checkbox"/> Received</p>	<p>9430 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(2) Other Veteran's Educational Assistance Programs? (Include survivors and dependents, vocational rehabilitation and post-Vietnam veterans assistance.)</p>	<p>9432 1 <input type="checkbox"/> Received</p>	<p>9434 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(3) College Work Study Program?</p>	<p>9436 1 <input type="checkbox"/> Received</p>	<p>9438 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(4) A Pell Grant?</p>	<p>9440 1 <input type="checkbox"/> Received</p>	<p>9442 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(5) A Supplemental Educational Opportunity Grant (SEOG)?</p>	<p>9444 1 <input type="checkbox"/> Received</p>	<p>9446 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(6) A National Direct Student Loan?</p>	<p>9448 1 <input type="checkbox"/> Received</p>	<p>9450 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(7) A guaranteed student loan?</p>	<p>9452 1 <input type="checkbox"/> Received</p>	<p>9454 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(8) A JTPA Training Program?</p>	<p>9456 1 <input type="checkbox"/> Received</p>	<p>9458 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(9) Employer assistance</p>	<p>9460 1 <input type="checkbox"/> Received</p>	<p>9462 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(10) A fellowship or scholarship?</p>	<p>9464 1 <input type="checkbox"/> Received</p>	<p>9466 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(11) A tuition reduction?</p>	<p>9468 1 <input type="checkbox"/> Received</p>	<p>9470 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(12) Anything else (other than assistance from relatives and friends)?</p>	<p>9472 1 <input type="checkbox"/> Received</p>	<p>9474 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – EDUCATION AND TRAINING (Continued)

CHECK ITEM T38	Refer to control card item 24. Is . . . 65 years of age or over?	9476	1 <input type="checkbox"/> Yes – SKIP to Check Item M1, page 67 2 <input type="checkbox"/> No
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CHECK ITEM T39	Was an interview obtained for . . . during Wave 3 (cc item 44 – 992 or entries in cc items 45, 46, or 47 for W3)?	9478	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
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INTERVIEWER INSTRUCTION:
 If Check Item T39 is marked "No," ask Question 6a "Did . . . ever"; otherwise ask for prior 12 months.

6a.	(During the past 12 months/Did . . . ever), (did) . . . receive training designed to help people find a job, improve job skills or learn a new job?	9480	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item M1, page 67
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b.	Does . . . use this training on . . . 's (most recent) job?	9482	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
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c.	Where did . . . receive this training? Mark (X) all that apply.	9484	1 <input type="checkbox"/> Apprenticeship program
		9486	2 <input type="checkbox"/> Business, commercial, or vocational school
		9488	3 <input type="checkbox"/> Junior or community college
		9490	4 <input type="checkbox"/> Program completed at a 4 year college or graduate school
		9492	5 <input type="checkbox"/> High school vocational program
		9494	6 <input type="checkbox"/> Training program at work
		9496	7 <input type="checkbox"/> Military (exclude basic training)
		9498	8 <input type="checkbox"/> Correspondence course
		9500	9 <input type="checkbox"/> Training or experience received on previous job
		9502	10 <input type="checkbox"/> Sheltered workshop
		9504	11 <input type="checkbox"/> Vocational rehabilitation center
		9506	12 <input type="checkbox"/> Other

CHECK ITEM T40	Are 2 or more categories marked in item 6c above?	9508	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6e
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6d.	Where did . . . receive . . . 's latest training?	9510	<input type="text"/> <input type="text"/> Enter code from 6c
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e.	For how many weeks did . . . attend this (most recent) program?	9512	<input type="text"/> <input type="text"/> <input type="text"/> Weeks OR 9514 1 <input type="checkbox"/> Less than one week x1 <input type="checkbox"/> DK
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f.	Who paid for this (most recent) program?	9516	1 <input type="checkbox"/> Self or family 2 <input type="checkbox"/> Employer 3 <input type="checkbox"/> Federal, State, or local government 4 <input type="checkbox"/> Someone else
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g.	When did . . . receive . . . 's (most recent) training?	9518	1 <input type="checkbox"/> Now attending 2 <input type="checkbox"/> 1985 3 <input type="checkbox"/> 1984 4 <input type="checkbox"/> 1983 5 <input type="checkbox"/> 1982 6 <input type="checkbox"/> 1981 7 <input type="checkbox"/> 1980 or before } SKIP to Check Item M1, page 67 x1 <input type="checkbox"/> DK
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CHECK ITEM T41	Was an interview obtained for . . . during Wave 3 (cc item 44 – 992 or entries in cc items 45, 46, or 47 for W3)?	9520	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
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INTERVIEWER INSTRUCTION:
 If Check Item T41 is marked "No," ask Question 6h for a period since January 1, 1982; otherwise ask for prior 12 months.

Section 5 – TOPICAL MODULES (Continued)

Part C – EDUCATION AND TRAINING (Continued)

6h. (During the past 12 months/Since January 1, 1982), did . . . receive training that was sponsored by any of the following programs –

(1) The Job Training Partnership Act or the Comprehensive Employment Training Act (JTPA or CETA)? **9522** 1 Yes
2 No
x1 DK

(2) The Work Incentive Program (WIN)? **9524** 1 Yes
2 No
x1 DK

(3) The Job Corps Program? **9526** 1 Yes
2 No
x1 DK

(4) The Trade Adjustment Assistance Act? **9528** 1 Yes
2 No
x1 DK

CHECK ITEM T41 Is "Yes" marked for one or more of the programs in item 6h? **9530** 1 Yes – Ask 6i–6k for each program marked
2 No – SKIP to Check Item M1

	PROGRAM 1		PROGRAM 2	
	Code	Name of program	Code	Name of program
Enter parenthetical number from 6h and name of training program. →	9532 <input type="text"/>		9582 <input type="text"/>	
6i. In what year did . . . start his/her (Read name of program) training? If more than one training episode, ask about most recent one first.	9534 1 <input type="checkbox"/> 1985 2 <input type="checkbox"/> 1984 3 <input type="checkbox"/> 1983 4 <input type="checkbox"/> 1982		9584 1 <input type="checkbox"/> 1985 2 <input type="checkbox"/> 1984 3 <input type="checkbox"/> 1983 4 <input type="checkbox"/> 1982	
j. For how many weeks did . . . attend this training program?	9536 <input type="text"/> <input type="text"/> Weeks OR 9538 1 <input type="checkbox"/> Less than 1 week x1 <input type="checkbox"/> DK		9586 <input type="text"/> <input type="text"/> Weeks OR 9588 1 <input type="checkbox"/> Less than 1 week x1 <input type="checkbox"/> DK	
k. What type of training program is (was) this? Mark (X) all that apply.	9540 1 <input type="checkbox"/> Classroom training-job skills 9542 2 <input type="checkbox"/> Classroom training-basic education 9544 3 <input type="checkbox"/> On-the-job training 9546 4 <input type="checkbox"/> Job search assistance 9548 5 <input type="checkbox"/> Work experience 9550 6 <input type="checkbox"/> Other		9590 1 <input type="checkbox"/> Classroom training-job skills 9592 2 <input type="checkbox"/> Classroom training-basic education 9594 3 <input type="checkbox"/> On-the-job training 9596 4 <input type="checkbox"/> Job search assistance 9598 5 <input type="checkbox"/> Work experience 9600 6 <input type="checkbox"/> Other	

NOTES

