

**Section 5 — TOPICAL MODULES**

**Part A — ANNUAL INCOME AND RETIREMENT ACCOUNTS**

**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 1985. It would be very helpful to refer to records during this part of the interview.

|  |   |                            |  |   |
|--|---|----------------------------|--|---|
| <b>CHECK ITEM T1</b>   | Are the names of any businesses listed for . . . on the control card? (cc item 43)  | <b>8000</b>                | 1 <input type="checkbox"/> Yes — SKIP to 1b<br>2 <input type="checkbox"/> No   |   |
| <b>CHECK ITEM T2</b>   | Was an interview obtained for . . . for each of the 1st, 2nd, 3rd, and 4th waves (cc items 44, 45, 46, and 47)?   | <b>8002</b>                | 1 <input type="checkbox"/> Yes — SKIP to Check Item T12, page 48<br>2 <input type="checkbox"/> No  |   |
| <b>1 a.</b>  | <b>Did . . . own and operate a business at any time during calendar year 1985?</b><br><i>Include farms</i>  | <b>8004</b>                | 1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No — SKIP to Check Item T12, page 48  |   |
| <b>b.</b>  | <b>How many different businesses did . . . own and operate during calendar year 1985?</b>   | <b>8006</b>                | <input type="text"/> <input type="text"/> Businesses<br>OR<br>x3 <input type="checkbox"/> None — SKIP to Check Item T12, page 48   |   |
| <b>c.</b>  | <b>What were the names of the businesses that . . . owned and operated during calendar year 1985?</b> (List up to 2 businesses; list according to net income from business beginning with the business providing the largest net income.) | <b>PGM8</b><br><b>8008</b> | Business name<br>_____<br>_____  | <b>PGM8</b><br><b>8058</b> Business name<br>_____<br>_____  |
| <b>CHECK ITEM T3</b>   | Transcribe ID number for this business from the control card (cc item 43)   | <b>PGM7</b><br><b>8010</b> | <input type="checkbox"/> Business ID No.<br>OR<br>x3 <input type="checkbox"/> Not listed on control card   | <b>PGM7</b><br><b>8060</b> <input type="checkbox"/> Business ID No.<br>OR<br>x3 <input type="checkbox"/> Not listed on control card   |
| <b>CHECK ITEM T4</b>   | Has information about this business already been obtained in an interview for another household member?   | <b>8012</b>                | 1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No — SKIP to 2a   | <b>8062</b> 1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No — SKIP to 2a  |
| <b>INTERVIEWER INSTRUCTION:</b><br>Enter name, person number, and business ID number of other owner to indicate location of information about this business. |   | <b>8014</b><br><b>8016</b> | Name _____<br>Person number <input type="text"/> <input type="text"/> <input type="text"/><br>Business ID number <input type="text"/><br>OR<br>x3 <input type="checkbox"/> Not listed on control card  | Name _____<br>Person number <input type="text"/> <input type="text"/> <input type="text"/><br>Business ID number <input type="text"/><br>OR<br>x3 <input type="checkbox"/> Not listed on control card   |
| <b>2 a.</b>  | <b>What was the form of this (business/practice) — was it a sole proprietorship, a partnership, or a corporation?</b>   | <b>8018</b>                | 1 <input type="checkbox"/> Sole proprietorship<br>2 <input type="checkbox"/> Partnership<br>3 <input type="checkbox"/> Corporation — Obtain information in employee section — SKIP to Check Item T9, page 48<br>x1 <input type="checkbox"/> DK | <b>8068</b> 1 <input type="checkbox"/> Sole proprietorship<br>2 <input type="checkbox"/> Partnership<br>3 <input type="checkbox"/> Corporation — Obtain information in employee section — SKIP to Check Item T10, page 48<br>x1 <input type="checkbox"/> DK |
| <b>b.</b>  | <b>Was this business primarily located in . . . 's own home or somewhere else?</b>  | <b>8020</b>                | 1 <input type="checkbox"/> Own home<br>2 <input type="checkbox"/> Somewhere else   | <b>8070</b> 1 <input type="checkbox"/> Own home<br>2 <input type="checkbox"/> Somewhere else  |

TOPICAL MODULES

**Section 5 – TOPICAL MODULES (Continued)**

**Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)**

|                       |   |   |   |
|-----------------------|---|---|---|
| <b>CHECK ITEM T 5</b> | Is "sole proprietorship" marked in item 2a?   | <b>8104</b> 1 <input type="checkbox"/> Yes – SKIP to 2h<br>2 <input type="checkbox"/> No  | <b>8154</b> 1 <input type="checkbox"/> Yes – SKIP to 2h<br>2 <input type="checkbox"/> No  |
| <b>2c.</b>            | Were any other members of this household part-owners of this (business/practice)?   | <b>8106</b> 1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No<br>x1 <input type="checkbox"/> DK } SKIP to 2g  | <b>8156</b> 1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No<br>x1 <input type="checkbox"/> DK } SKIP to 2g  |
| <b>d.</b>             | Which other household members were owners?  | Person No. <input type="text"/> <input type="text"/> <input type="text"/><br><b>8108</b> Name _____   | Person No. <input type="text"/> <input type="text"/> <input type="text"/><br><b>8158</b> Name _____   |
|                       |   | Person No. <input type="text"/> <input type="text"/> <input type="text"/><br><b>8110</b> Name _____   | Person No. <input type="text"/> <input type="text"/> <input type="text"/><br><b>8160</b> Name _____   |
| <b>e.</b>             | Was this (business/practice) owned entirely by members of this household?   | <b>8112</b> 1 <input type="checkbox"/> Yes – SKIP to 2g<br>2 <input type="checkbox"/> No  | <b>8162</b> 1 <input type="checkbox"/> Yes – SKIP to 2g<br>2 <input type="checkbox"/> No  |
| <b>f.</b>             | What percentage of this (business/practice) was owned by members of this household?   | <b>8114</b> <input type="text"/> <input type="text"/> Percent<br>OR<br>x1 <input type="checkbox"/> DK   | <b>8164</b> <input type="text"/> <input type="text"/> Percent<br>OR<br>x1 <input type="checkbox"/> DK   |
| <b>g.</b>             | What percentage of this (business/practice) did . . . own in . . . 's own name?   | <b>8116</b> <input type="text"/> <input type="text"/> Percent<br>OR<br>x1 <input type="checkbox"/> DK   | <b>8166</b> <input type="text"/> <input type="text"/> Percent<br>OR<br>x1 <input type="checkbox"/> DK   |
| <b>h.</b>             | What were the gross receipts of this (business/practice) in 1985? Please use records if they are available. ★<br><i>Obtain estimate, if necessary.</i>  | <b>8118</b> \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 00<br>x1 <input type="checkbox"/> DK<br>x2 <input type="checkbox"/> Ref. | <b>8168</b> \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 00<br>x1 <input type="checkbox"/> DK<br>x2 <input type="checkbox"/> Ref. |
| <b>i.</b>             | What were the total expenses of this (business/practice) in 1985? Please use records if they are available. ★<br><i>Obtain estimate, if necessary.</i>  | <b>8120</b> \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 00<br>x1 <input type="checkbox"/> DK<br>x2 <input type="checkbox"/> Ref. | <b>8170</b> \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 00<br>x1 <input type="checkbox"/> DK<br>x2 <input type="checkbox"/> Ref. |
| <b>CHECK ITEM T 6</b> | Is "DK" marked in either 2h or 2i?  | <b>8122</b> 1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No – SKIP to Check Item T7   | <b>8172</b> 1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No – SKIP to Check Item T7   |
| <b>2j.</b>            | If we were to call back later could you provide us with an estimate of (receipts/expenses)? (This information is especially important for this survey.) | <b>8124</b> 1 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 11a or 11b<br>2 <input type="checkbox"/> No  | <b>8174</b> 1 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 11a or 11b<br>2 <input type="checkbox"/> No  |
| <b>CHECK ITEM T 7</b> | Is "sole proprietorship" marked in item 2a?   | <b>8126</b> 1 <input type="checkbox"/> Yes – SKIP to Check Item T9<br>2 <input type="checkbox"/> No   | <b>8176</b> 1 <input type="checkbox"/> Yes – SKIP to Check Item T10<br>2 <input type="checkbox"/> No  |

TOPICAL MODULES

**Section 5 – TOPICAL MODULES (Continued)**

**Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)**

|  |   |   |
|--|---|---|
| <p><b>2k. What was . . . 's net income from this (business/practice) in 1985? Please use records if they are available.</b> ★</p> <p align="right"><i>Obtain estimate, if necessary.</i></p> | <p><b>8202</b> \$ <input type="text"/> . <input type="text"/> 00 } SKIP to Check Item T8</p> <p>x3 <input type="checkbox"/> None<br/>x2 <input type="checkbox"/> Ref.<br/>x1 <input type="checkbox"/> DK</p> <p><b>8204</b> x4 <input type="checkbox"/> Lost money – Enter amount of loss in box – SKIP to Check Item T8</p>  | <p><b>8252</b> \$ <input type="text"/> . <input type="text"/> 00 } SKIP to Check Item T8</p> <p>x3 <input type="checkbox"/> None<br/>x2 <input type="checkbox"/> Ref.<br/>x1 <input type="checkbox"/> DK</p> <p><b>8254</b> x4 <input type="checkbox"/> Lost money – Enter amount of loss in box – SKIP to Check Item T8</p>  |
| <p><b>l. If we were to call back later could you provide us with an estimate? (This information is especially important for the purposes of this survey.)</b></p>                            | <p><b>8206</b> 1 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 12<br/>2 <input type="checkbox"/> No</p>  | <p><b>8256</b> 1 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 12<br/>2 <input type="checkbox"/> No</p>  |
| <p><b>CHECK ITEM T8</b> Were any other household members part owners of this business? (See item 2d.)</p>  | <p><b>8208</b> 1 <input type="checkbox"/> Yes<br/>2 <input type="checkbox"/> No – SKIP to Check Item T9</p>   | <p><b>8258</b> 1 <input type="checkbox"/> Yes<br/>2 <input type="checkbox"/> No – SKIP to Check Item T10</p>  |
| <p><b>2m. Apart from the net income already reported for . . . , did (Read names of other household owners) receive any net income in 1985 from this (business/practice)?</b></p>            | <p><b>8210</b> 1 <input type="checkbox"/> Yes<br/>2 <input type="checkbox"/> No } SKIP to Check Item T9<br/>x1 <input type="checkbox"/> DK</p>  | <p><b>8260</b> 1 <input type="checkbox"/> Yes<br/>2 <input type="checkbox"/> No } SKIP to Check Item T10<br/>x1 <input type="checkbox"/> DK</p>   |
| <p><b>n. What was the amount of net income that was received by (Read names of other household owners)?</b></p> <p align="right"><i>Obtain estimate, if necessary.</i></p>                   | <p>Person No. <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>8212</b> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>8214</b> \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None<br/>x1 <input type="checkbox"/> DK<br/>x2 <input type="checkbox"/> Ref.</p> <p><b>8216</b> x4 <input type="checkbox"/> Lost money – Enter amount of loss in box</p> <p>SECOND CO-OWNER<br/>Person No. <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>8218</b> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>8220</b> \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None<br/>x1 <input type="checkbox"/> DK<br/>x2 <input type="checkbox"/> Ref.</p> <p><b>8222</b> x4 <input type="checkbox"/> Lost money – Enter amount of loss in box</p> | <p>Person No. <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>8262</b> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>8264</b> \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None<br/>x1 <input type="checkbox"/> DK<br/>x2 <input type="checkbox"/> Ref.</p> <p><b>8266</b> x4 <input type="checkbox"/> Lost money – Enter amount of loss in box</p> <p>SECOND CO-OWNER<br/>Person No. <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>8268</b> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>8270</b> \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None<br/>x1 <input type="checkbox"/> DK<br/>x2 <input type="checkbox"/> Ref.</p> <p><b>8272</b> x4 <input type="checkbox"/> Lost money – Enter amount of loss in box</p> |
| <p><b>CHECK ITEM T9</b> Is another business listed in 1c?</p>  | <p><b>8274</b> 1 <input type="checkbox"/> Yes – Complete Check Item T3 for next business<br/>2 <input type="checkbox"/> No – Go to Check Item T11</p>   | <p align="center">Go to Check Item T10</p>  |
| <p><b>CHECK ITEM T10</b> Is the number of businesses marked in 1b three or more?</p>   | <p><b>8276</b> 1 <input type="checkbox"/> Yes<br/>2 <input type="checkbox"/> No – SKIP to Check Item T11</p>  |   |
| <p><b>3. What was . . . 's net income from . . . 's other businesses in 1985? Please use records if they are available.</b></p>  | <p><b>8278</b> \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None<br/>x1 <input type="checkbox"/> DK<br/>x2 <input type="checkbox"/> Ref.</p> <p><b>8280</b> x4 <input type="checkbox"/> Lost money – Enter amount of loss in box</p>  |   |
| <p><b>CHECK ITEM T11</b> Was . . . identified as the owner of a corporation in item 2a?</p>  | <p><b>8282</b> 1 <input type="checkbox"/> Yes – SKIP to 4b and consider . . . to be an employee of that corporation<br/>2 <input type="checkbox"/> No</p>   |   |
| <p><b>CHECK ITEM T12</b> Are the names of any employers listed for . . . on the control card? (cc item 42)</p>   | <p><b>8284</b> 1 <input type="checkbox"/> Yes – SKIP to 4b<br/>2 <input type="checkbox"/> No</p>  |   |

**Section 5 – TOPICAL MODULES (Continued)**

**Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)**

|                       |  |                             |  |
|-----------------------|--|-----------------------------|--|
| <b>CHECK ITEM T13</b> | Was an interview obtained for . . . for each of the 1st, 2nd, 3rd, and 4th waves? (cc items 44, 45, 46, and 47)  | <b>8286</b>                 | 1 <input type="checkbox"/> Yes — SKIP to Check Item T18<br>2 <input type="checkbox"/> No   |
| <b>4a.</b>            | Did . . . work at a paid job at any time during calendar year 1985?  | <b>8288</b>                 | 1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No — SKIP to Check Item T18   |
|                       | ASK OR VERIFY —  |                             |  |
| <b>b.</b>             | For how many different employers did . . . work during calendar year 1985?<br>(Include self-owned corporations.)   | <b>8290</b>                 | <input type="text"/> Employers<br>OR<br>x3 <input type="checkbox"/> None — SKIP to Check Item T18  |
|                       | ASK OR VERIFY —  |                             |  |
| <b>c.</b>             | What were the names of the employers that . . . worked for in 1985?  | <b>PGM 8</b><br><b>8300</b> | Employer Name<br><input type="text"/>  |
|                       | What is the address of that employer (the address of the physical location)?   | <b>PGM 8</b><br><b>8302</b> | Street address<br><input type="text"/>   |
|                       | City/State   | <b>PGM 8</b><br><b>8303</b> | City/State<br><input type="text"/>   |
|                       | ZIP code   | <b>PGM 8</b><br><b>8304</b> | ZIP code<br><input type="text"/>   |
|                       | List up to 2 employers; list employers according to amount of earnings received in 1985, beginning with employer from whom . . . received the greatest earnings.             | <b>PGM 8</b><br><b>8350</b> | Employer Name<br><input type="text"/>  |
|                       | Street address   | <b>PGM 8</b><br><b>8352</b> | Street address<br><input type="text"/>   |
|                       | City/State   | <b>PGM 8</b><br><b>8353</b> | City/State<br><input type="text"/>   |
|                       | ZIP code   | <b>PGM 8</b><br><b>8354</b> | ZIP code<br><input type="text"/>   |
| <b>CHECK ITEM T14</b> | If information on this employer was obtained in part A1(p.14) or part A2(p.16), transcribe the employer ID number.   | <b>PGM 7</b><br><b>8310</b> | <input type="checkbox"/> Employer ID number — SKIP to 5a<br>OR<br>x3 <input type="checkbox"/> No information in A1 or A2   |
|                       |  | <b>PGM 7</b><br><b>8360</b> | <input type="checkbox"/> Employer ID number — SKIP to 5a<br>OR<br>x3 <input type="checkbox"/> No information in A1 or A2   |
| <b>4d.</b>            | What kind of business or industry was (Read name of company or business)?  | <b>PGM 8</b><br><b>8312</b> | <input type="text"/>   |
| <b>e.</b>             | Was it mainly —  | <b>PGM 8</b><br><b>8314</b> | 1 <input type="checkbox"/> Manufacturing?<br>2 <input type="checkbox"/> Wholesale trade?<br>3 <input type="checkbox"/> Retail trade?<br>4 <input type="checkbox"/> Some other kind of business?  |
|                       |  | <b>PGM 8</b><br><b>8364</b> | 1 <input type="checkbox"/> Manufacturing?<br>2 <input type="checkbox"/> Wholesale trade?<br>3 <input type="checkbox"/> Retail trade?<br>4 <input type="checkbox"/> Some other kind of business?  |
| <b>f.</b>             | What kind of work was . . . doing on this job?   | <b>PGM 8</b><br><b>8316</b> | <input type="text"/>   |
|                       |  | <b>PGM 8</b><br><b>8366</b> | <input type="text"/>   |
| <b>g.</b>             | What were . . . 's main activities or duties?  | <b>PGM 8</b><br><b>8318</b> | <input type="text"/>   |
|                       |  | <b>PGM 8</b><br><b>8368</b> | <input type="text"/>   |
| <b>h.</b>             | Was . . . an employee of —   | <b>PGM 8</b><br><b>8320</b> | 1 <input type="checkbox"/> A private company or individual?<br>2 <input type="checkbox"/> Federal Government? (Exclude Armed Forces)<br>3 <input type="checkbox"/> State government?<br>4 <input type="checkbox"/> Local government?<br>5 <input type="checkbox"/> Armed Forces?<br>6 <input type="checkbox"/> Unpaid in family business or farm? — SKIP to Check Item T16 |
|                       |  | <b>PGM 8</b><br><b>8370</b> | 1 <input type="checkbox"/> A private company or individual?<br>2 <input type="checkbox"/> Federal Government? (Exclude Armed Forces)<br>3 <input type="checkbox"/> State government?<br>4 <input type="checkbox"/> Local government?<br>5 <input type="checkbox"/> Armed Forces?<br>6 <input type="checkbox"/> Unpaid in family business or farm? — SKIP to Check Item T16 |
| <b>5a.</b>            | Do you have a W-2 form from (Read name of employer) that you can refer to?<br><br>(If "Yes," ask respondent to use the W-2 form.)  | <b>PGM 7</b><br><b>8322</b> | 1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No  |
|                       |  | <b>PGM 7</b><br><b>8372</b> | 1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No  |
| <b>b.</b>             | (According to . . . 's W-2 form) how much did . . . earn from . . . 's job with (Read name of employer) during 1985 before any deductions?<br>Obtain estimate, if necessary. | <b>8324</b>                 | \$ <input type="text"/> . <input type="text"/> 00<br>x1 <input type="checkbox"/> DK<br>x2 <input type="checkbox"/> Ref. — SKIP to Check Item T16   |
|                       |  | <b>8374</b>                 | \$ <input type="text"/> . <input type="text"/> 00<br>x1 <input type="checkbox"/> DK<br>x2 <input type="checkbox"/> Ref. — SKIP to Check Item T17   |

**Section 5 – TOPICAL MODULES (Continued)**

**Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)**

|                       |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>CHECK ITEM T15</b> | Does . . . have a W-2 form to refer to?  | <b>8676</b> 1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No – <i>SKIP to Check Item T16</i>   | <b>8726</b> 1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No – <i>SKIP to Check Item T17</i> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>5c.</b>            | According to the W-2 form, what is the identification number of this employer?   | Identification number<br><b>8678</b> <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table><br><b>8680</b> <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table><br><b>8682</b> x1 <input type="checkbox"/> DK |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Identification number<br><b>8728</b> <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table><br><b>8730</b> <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table><br><b>8732</b> x1 <input type="checkbox"/> DK |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>d.</b>             | In 1985, how much was deducted from . . . 's pay for –   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | (1) Federal Income Taxes?  | <b>8800</b> \$ <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 40px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> . <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table><br>x3 <input type="checkbox"/> None<br>x2 <input type="checkbox"/> Ref.  |   |  |  |  | <b>8850</b> \$ <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 40px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> . <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table><br>x3 <input type="checkbox"/> None<br>x2 <input type="checkbox"/> Ref. |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | (2) State and local income taxes?  | <b>8802</b> \$ <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 40px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> . <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table><br>x3 <input type="checkbox"/> None<br>x2 <input type="checkbox"/> Ref.  |   |  |  |  | <b>8852</b> \$ <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 40px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> . <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table><br>x3 <input type="checkbox"/> None<br>x2 <input type="checkbox"/> Ref. |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | (3) Social Security (FICA) taxes?  | <b>8804</b> \$ <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 40px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> . <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table><br>x3 <input type="checkbox"/> None<br>x2 <input type="checkbox"/> Ref.  |   |  |  |  | <b>8854</b> \$ <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 40px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> . <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table><br>x3 <input type="checkbox"/> None<br>x2 <input type="checkbox"/> Ref. |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | (4) Health insurance?  | <b>8806</b> \$ <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 40px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> . <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table><br>x3 <input type="checkbox"/> None<br>x2 <input type="checkbox"/> Ref.  |   |  |  |  | <b>8856</b> \$ <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 40px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> . <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table><br>x3 <input type="checkbox"/> None<br>x2 <input type="checkbox"/> Ref. |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>CHECK ITEM T16</b> | Is another employer listed in 4c?  | <b>8956</b> 1 <input type="checkbox"/> Yes – <i>Complete Check Item T14 for next employer</i><br>2 <input type="checkbox"/> No – <i>SKIP to Check Item T18</i>  | Go to Check Item T17  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>CHECK ITEM T17</b> | Is the number of employers marked in 4b three or more?   | <b>9058</b> 1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No – <i>SKIP to Check Item T18</i>   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>6.</b>             | What was the total amount . . . earned from . . . 's other employers in 1985 before deductions? (Please use W-2 forms if you have any.)<br><br><i>Obtain estimate, if necessary.</i> | <b>9060</b> \$ <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 40px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> . <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table><br>x1 <input type="checkbox"/> DK<br>x2 <input type="checkbox"/> Ref.  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>CHECK ITEM T18</b> | Refer to cc items 46 and 47.<br>Are any of the ISS codes 100–110, 130, or 174 marked on the control card for . . . for the 1st, 2nd, 3rd, or 4th waves?                              | <b>9100</b> 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T20</i><br>2 <input type="checkbox"/> No   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>CHECK ITEM T19</b> | Was an interview obtained for . . . for each of the 1st, 2nd, 3rd, and 4th waves? (cc items 44, 45, 46, and 47)  | <b>9102</b> 1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No – <i>SKIP to 7b</i>   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>7a.</b>            | We recorded during our earlier interviews that . . . did not receive any income in the form of interest or dividends in calendar year 1985 – is that correct?                        | <b>9104</b> 1 <input type="checkbox"/> Yes, correct – <i>SKIP to Check Item T23, page 53</i><br>2 <input type="checkbox"/> No, not correct – did receive interest or dividends – <i>SKIP to Check Item T20</i>  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>b.</b>             | Did . . . receive any income in the form of interest or dividends in calendar year 1985?<br><br><i>Mark "Yes" if received jointly or in own name.</i>                                | <b>9106</b> 1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No – <i>SKIP to Check Item T23, page 53</i>  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>CHECK ITEM T20</b> | Interview status of . . . 's spouse  | <b>9108</b> 1 <input type="checkbox"/> No spouse in household<br>2 <input type="checkbox"/> Interview for spouse already completed<br>3 <input type="checkbox"/> Interview for spouse not yet completed   | } <i>SKIP to 8a</i>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Section 5 – TOPICAL MODULES (Continued)**

**Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)**

**7c.** (HAND RESPONDENT CARD Z)  
Please look at this card and tell me which of these assets . . . owned jointly with . . . 's (husband/wife) at any time during calendar year 1985. Do not count IRA or KEOGH investments.

**9110** x3  None —  
SKIP to 8a

(ASK FOR EACH ASSET OWNED)  
**7d.** How much income did . . . and . . . 's (husband/wife) receive from their jointly owned (Read name of asset) in 1985?  
(ENTER \$1 IF ASSET WAS OWNED BUT NO INCOME WAS RECEIVED)

Any others?

(1) Regular or passbook savings accounts . . . . .

**9112** 1  Owned

**9114** \$  .  00  
x1  DK  
x2  Ref.

(2) Money Market deposit accounts . . . . .

**9116** 1  Owned

**9118** \$  .  00  
x1  DK  
x2  Ref.

(3) Certificates of deposit or other savings certificates . . . . .

**9120** 1  Owned

**9122** \$  .  00  
x1  DK  
x2  Ref.

(4) NOW, Super NOW, or other interest earning checking accounts . . . . .

**9124** 1  Owned

**9126** \$  .  00  
x1  DK  
x2  Ref.

(5) Money market mutual funds . . . . .

**9128** 1  Owned

**9130** \$  .  00  
x1  DK  
x2  Ref.

(6) Stocks and mutual fund shares . . . . .

**9132** 1  Owned

**9134** \$  .  00  
x1  DK  
x2  Ref.

(7) U.S. Savings Bonds (E, EE) . . . . .

**9136** 1  Owned

**9138** \$  .  00  
x1  DK  
x2  Ref.

(8) Other U.S. Government securities . . . . .

**9140** 1  Owned

**9142** \$  .  00  
x1  DK  
x2  Ref.

(9) Municipal bonds . . . . .

**9144** 1  Owned

**9146** \$  .  00  
x1  DK  
x2  Ref.

(10) Corporate bonds . . . . .

**9148** 1  Owned

**9150** \$  .  00  
x1  DK  
x2  Ref.

(11) Mortgages . . . . .

**9152** 1  Owned

**9154** \$  .  00  
x1  DK  
x2  Ref.

(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

**9158** \$  .  00  
x1  DK  
x2  Ref.

**CHECK ITEM T21**

Is "DK" marked in 7d for any of the assets?

**9160** 1  Yes  
2  No — SKIP to 8a

**7e.** What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held (Read all asset types marked owned) during 1985?

**9162** \$  .  00  
x1  DK  
x2  Ref.

**Section 5 – TOPICAL MODULES (Continued)**

**Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)**

|   |  |   |
|---|--|---|
| <p><i>(HAND RESPONDENT CARD Z)</i></p> <p><b>8a. Please look at this card and tell me which of these assets . . . owned (in . . . 's own name) at any time during calendar year 1985? Do not count IRA or KEOGH investments.</b></p> <p><b>Anything else?</b></p> | <p><b>9164</b> x3 <input type="checkbox"/> None –<br/>SKIP to<br/>Check Item<br/>T23</p> | <p><i>(ASK FOR EACH ASSET OWNED)</i></p> <p><b>8b. How much income did . . . receive from (Read name of asset) in 1985?</b></p> <p><i>(ENTER \$1 IF ASSET WAS OWNED BUT NO INCOME WAS RECEIVED)</i></p> |
| <p>(1) Regular or passbook savings accounts . . .</p>   | <p><b>9166</b> 1 <input type="checkbox"/> Owned</p>                                      | <p><b>9168</b> \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK<br/>x2 <input type="checkbox"/> Ref.</p>               |
| <p>(2) Money Market deposit accounts . . . . .</p>  | <p><b>9170</b> 1 <input type="checkbox"/> Owned</p>                                      | <p><b>9172</b> \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK<br/>x2 <input type="checkbox"/> Ref.</p>               |
| <p>(3) Certificates of deposit or other savings certificates . . . . .</p>  | <p><b>9174</b> 1 <input type="checkbox"/> Owned</p>                                      | <p><b>9176</b> \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK<br/>x2 <input type="checkbox"/> Ref.</p>               |
| <p>(4) NOW, Super NOW, or other interest earning checking accounts . . . . .</p>  | <p><b>9178</b> 1 <input type="checkbox"/> Owned</p>                                      | <p><b>9180</b> \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK<br/>x2 <input type="checkbox"/> Ref.</p>               |
| <p>(5) Money market mutual funds . . . . .</p>  | <p><b>9182</b> 1 <input type="checkbox"/> Owned</p>                                      | <p><b>9184</b> \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK<br/>x2 <input type="checkbox"/> Ref.</p>               |
| <p>(6) Stocks and mutual fund shares . . . . .</p>  | <p><b>9186</b> 1 <input type="checkbox"/> Owned</p>                                      | <p><b>9188</b> \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK<br/>x2 <input type="checkbox"/> Ref.</p>               |
| <p>(7) U.S. Savings Bonds (E, EE) . . . . .</p>   | <p><b>9190</b> 1 <input type="checkbox"/> Owned</p>                                      | <p><b>9192</b> \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK<br/>x2 <input type="checkbox"/> Ref.</p>               |
| <p>(8) Other U.S. Government securities . . . . .</p>   | <p><b>9194</b> 1 <input type="checkbox"/> Owned</p>                                      | <p><b>9196</b> \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK<br/>x2 <input type="checkbox"/> Ref.</p>               |
| <p>(9) Municipal bonds . . . . .</p>  | <p><b>9198</b> 1 <input type="checkbox"/> Owned</p>                                      | <p><b>9200</b> \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK<br/>x2 <input type="checkbox"/> Ref.</p>               |
| <p>(10) Corporate bonds . . . . .</p>   | <p><b>9202</b> 1 <input type="checkbox"/> Owned</p>                                      | <p><b>9204</b> \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK<br/>x2 <input type="checkbox"/> Ref.</p>               |
| <p>(11) Mortgages . . . . .</p>   | <p><b>9206</b> 1 <input type="checkbox"/> Owned</p>                                      | <p><b>9208</b> \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK<br/>x2 <input type="checkbox"/> Ref.</p>               |
| <p>(12) Other interest or dividend earning assets not counting IRA or KEOGH accounts. (Mutual bond funds, unit bond trusts, money loaned to a private individual, etc.) . . . . .</p>   | <p><b>9210</b> 1 <input type="checkbox"/> Owned</p>                                      | <p><b>9212</b> \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK<br/>x2 <input type="checkbox"/> Ref.</p>               |
| <p><b>CHECK ITEM T22</b></p>  | <p>Is "DK" marked in 8b for any of the assets?</p>                                       | <p><b>9214</b> 1 <input type="checkbox"/> Yes<br/>2 <input type="checkbox"/> No – SKIP to Check Item T23</p>  |

**Section 5 — TOPICAL MODULES (Continued)**

**Part A — ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)**

|   |   |
|---|---|
| <p><b>8c. What is your best estimate of the average amount that . . . had in these (Read all asset types marked owned) during 1985?</b></p>   | <p><b>9216</b> \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK<br/>x2 <input type="checkbox"/> Ref.</p>  |
| <p><b>CHECK ITEM T23</b> Refer to cc item 46<br/>Is ISS Code 120 marked on the control card for . . . for the 1st, 2nd, 3rd, or 4th waves?</p>  | <p><b>9218</b> 1 <input type="checkbox"/> Yes — SKIP to 9b<br/>2 <input type="checkbox"/> No</p>  |
| <p><b>CHECK ITEM T24</b> Was an interview obtained for . . . for each of the 1st, 2nd, 3rd, and 4th waves (cc items 44, 45, 46, and 47)?</p>  | <p><b>9220</b> 1 <input type="checkbox"/> Yes — SKIP to 10a<br/>2 <input type="checkbox"/> No</p>   |
| <p><b>9a. Did . . . own any kind of rental property during 1985, either in . . . 's own name or jointly with someone else?</b></p>  | <p><b>9222</b> 1 <input type="checkbox"/> Yes — SKIP to 9c<br/>2 <input type="checkbox"/> No — SKIP to 10a</p>  |
| <p><b>b. We learned from earlier interviews that . . . owned some rental property in calendar year 1985 — is that correct?</b></p>  | <p><b>9224</b> 1 <input type="checkbox"/> Yes<br/>2 <input type="checkbox"/> No — SKIP to 10a</p>   |
| <p><b>c. What kind of property did . . . own, either as sole owner or part owner?</b></p>   | <p align="right"><i>(ASK FOR EACH PROPERTY OWNED)</i></p> <p><b>9d. What was . . . 's net income from this property in 1985? If jointly owned, count only . . . 's share.</b> ★</p>   |
| <p>(1) Vacation home . . . . .</p>  | <p><b>9226</b> 1 <input type="checkbox"/> Owned</p> <p><b>9228</b> \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None<br/>x1 <input type="checkbox"/> DK<br/>x2 <input type="checkbox"/> Ref.</p> <p><b>9230</b> x4 <input type="checkbox"/> Lost money — Enter amount of loss in box</p> |
| <p>(2) Other residential property (nonfarm) . . .</p>   | <p><b>9232</b> 1 <input type="checkbox"/> Owned</p> <p><b>9234</b> \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None<br/>x1 <input type="checkbox"/> DK<br/>x2 <input type="checkbox"/> Ref.</p> <p><b>9236</b> x4 <input type="checkbox"/> Lost money — Enter amount of loss in box</p> |
| <p>(3) Farm property . . . . .</p>  | <p><b>9238</b> 1 <input type="checkbox"/> Owned</p> <p><b>9240</b> \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None<br/>x1 <input type="checkbox"/> DK<br/>x2 <input type="checkbox"/> Ref.</p> <p><b>9242</b> x4 <input type="checkbox"/> Lost money — Enter amount of loss in box</p> |
| <p>(4) Commercial property . . . . .</p>  | <p><b>9244</b> 1 <input type="checkbox"/> Owned</p> <p><b>9246</b> \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None<br/>x1 <input type="checkbox"/> DK<br/>x2 <input type="checkbox"/> Ref.</p> <p><b>9248</b> x4 <input type="checkbox"/> Lost money — Enter amount of loss in box</p> |
| <p>(5) Equipment . . . . .</p>  | <p><b>9250</b> 1 <input type="checkbox"/> Owned</p> <p><b>9252</b> \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None<br/>x1 <input type="checkbox"/> DK<br/>x2 <input type="checkbox"/> Ref.</p> <p><b>9254</b> x4 <input type="checkbox"/> Lost money — Enter amount of loss in box</p> |
| <p>(6) Anything else . . . . .</p>  | <p><b>9256</b> 1 <input type="checkbox"/> Owned</p> <p><b>9258</b> \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None<br/>x1 <input type="checkbox"/> DK<br/>x2 <input type="checkbox"/> Ref.</p> <p><b>9260</b> x4 <input type="checkbox"/> Lost money — Enter amount of loss in box</p> |
| <p><b>CHECK ITEM T25</b> Is "DK" marked in 9d for any type of property?</p>   | <p><b>9262</b> 1 <input type="checkbox"/> Yes<br/>2 <input type="checkbox"/> No — SKIP to 10a</p>   |
| <p><b>9e. 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 1985? (Information on rental income is very important for the purposes of this survey.)</b></p> | <p><b>9264</b> 1 <input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Item 13<br/>2 <input type="checkbox"/> No</p>  |



**Section 5 – TOPICAL MODULES (Continued)**

**Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)**

|   |   |
|---|---|
| <p><b>10a. Does . . . have an Individual Retirement Account – an IRA – in . . .’s OWN name?</b></p> <p><i>Do not mark "Yes" if . . . is only included in . . .’s (husband’s/wife’s) IRA accounts.</i></p> | <p><b>9330</b> 1 <input type="checkbox"/> Yes<br/>                 2 <input type="checkbox"/> No<br/>                 x1 <input type="checkbox"/> DK } <i>SKIP to 10h</i></p>   |
| <p><b>b. Did . . . make any contributions to IRA accounts which applied to . . .’s 1985 tax return?</b></p>   | <p><b>9332</b> 1 <input type="checkbox"/> Yes<br/>                 2 <input type="checkbox"/> No<br/>                 x1 <input type="checkbox"/> DK } <i>SKIP to 10d</i></p>   |
| <p><b>c. How much were . . .’s contributions to IRA accounts which applied to . . .’s 1985 tax return?</b></p>  | <p><b>9334</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK<br/>                 x2 <input type="checkbox"/> Ref.</p>  |
| <p><b>d. Did . . . make any withdrawals from . . .’s IRA accounts during 1985?</b></p> <p><i>Mark "No" if funds were "rolled over" within 60 days of the withdrawal.</i></p>                              | <p><b>9336</b> 1 <input type="checkbox"/> Yes<br/>                 2 <input type="checkbox"/> No<br/>                 x1 <input type="checkbox"/> DK } <i>SKIP to 10f</i></p>   |
| <p><b>e. How much did . . . withdraw from IRA accounts during 1985?</b></p>   | <p><b>9338</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK<br/>                 x2 <input type="checkbox"/> Ref.</p>  |
| <p><b>f. Including ALL IRA accounts in . . .’s OWN name, how much did . . .’s IRA accounts earn during 1985?</b></p>  | <p><b>9340</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK<br/>                 x2 <input type="checkbox"/> Ref.</p>  |
| <p><b>g. What types of assets did . . . have in . . .’s IRA accounts during 1985?</b></p> <p><i>Mark all that apply.</i></p> <p><b>Anything else?</b></p>   | <p><b>9342</b> 1 <input type="checkbox"/> Certificates of deposit or other savings certificates</p> <p><b>9344</b> 2 <input type="checkbox"/> Money Market Funds</p> <p><b>9346</b> 3 <input type="checkbox"/> U.S. Government Securities</p> <p><b>9348</b> 4 <input type="checkbox"/> Municipal or Corporate Bonds</p> <p><b>9350</b> 5 <input type="checkbox"/> U.S. Savings Bonds</p> <p><b>9352</b> 6 <input type="checkbox"/> Stocks or Mutual Fund Shares</p> <p><b>9354</b> 7 <input type="checkbox"/> Other Assets – <i>Specify</i> ↓</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p><b>9356</b> x1 <input type="checkbox"/> DK</p> |
| <p><b>h. Does . . . have a KEOGH account in . . .’s OWN name?</b></p>   | <p><b>9358</b> 1 <input type="checkbox"/> Yes<br/>                 2 <input type="checkbox"/> No<br/>                 x1 <input type="checkbox"/> DK } <i>SKIP to 10o</i></p>   |
| <p><b>i. Did . . . make any contributions to a KEOGH account which applied to . . .’s 1985 tax return?</b></p>  | <p><b>9360</b> 1 <input type="checkbox"/> Yes<br/>                 2 <input type="checkbox"/> No<br/>                 x1 <input type="checkbox"/> DK } <i>SKIP to 10k</i></p>   |
| <p><b>j. How much were . . .’s contributions to KEOGH accounts which applied to . . .’s 1985 tax return?</b></p>  | <p><b>9362</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK<br/>                 x2 <input type="checkbox"/> Ref.</p>  |
| <p><b>k. Did . . . make any withdrawals from . . .’s KEOGH accounts during 1985?</b></p>  | <p><b>9364</b> 1 <input type="checkbox"/> Yes<br/>                 2 <input type="checkbox"/> No<br/>                 x1 <input type="checkbox"/> DK } <i>SKIP to 10m</i></p>   |

**Section 5 – TOPICAL MODULES (Continued)**

**Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)**

**10 l.** How much did . . . withdraw from KEOGH accounts during 1985?

**9366** \$  .  00

- x1  DK  
x2  Ref.

**m.** Including ALL KEOGH accounts in . . . 's OWN name, how much did . . . 's KEOGH accounts earn during 1985?

**9368** \$  .  00

- x1  DK  
x2  Ref.

**n.** What types of assets did . . . have in . . . 's KEOGH accounts during 1985?

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

**o.** During 1985, did . . . participate in a salary reduction plan, sometimes called a 401k plan? Such a plan allows employees to defer part of their salary and not have to pay taxes on their deferred salary until they retire or make a withdrawal.

- 9386** 1  Yes  
 2  No } SKIP to Check Item T26  
 x1  DK }

**p.** How much did . . . contribute to this plan during 1985?

**9388** \$  .  00

- x3  None  
x1  DK  
x2  Ref.

NOTES

**Section 5 – TOPICAL MODULES (Continued)**

**Part B – TAXES**

| <p><b>CHECK ITEM T26</b> Has tax information for . . . already been obtained in an interview for a spouse with whom . . . filed a joint return?</p>  | <p><b>9390</b> 1 <input type="checkbox"/> Yes – SKIP to 11a<br/>2 <input type="checkbox"/> No</p>  |                      |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
|--|--|----------------------|------------------|--|--|----------------------|----------------------|-------------|----------------------|----------------------|-------------|----------------------|----------------------|-------------|----------------------|----------------------|-------------|----------------------|----------------------|-------------|--|--|
| <p><b>1 a. Did . . . file a Federal income tax return for 1985?</b><br/><i>Mark "Yes" if . . . filed alone or jointly.</i></p>   | <p><b>9392</b> 1 <input type="checkbox"/> Yes<br/>2 <input type="checkbox"/> No – SKIP to 11a</p>  |                      |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
| <p><b>b. Do you have a copy of the tax form or a worksheet that you could refer to for the next few questions?</b></p>   | <p><b>9394</b> 1 <input type="checkbox"/> Yes – Allow person time to get form<br/>2 <input type="checkbox"/> No</p>  |                      |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
| <p><b>2. What was . . . 's filing status on . . . 's 1985 Federal tax return? Did . . . file as –</b><br/><i>Read categories – Mark (X) one</i></p>  | <p><b>9396</b> 1 <input type="checkbox"/> <b>A single taxpayer?</b><br/>2 <input type="checkbox"/> <b>Married, filing a joint return?</b><br/>3 <input type="checkbox"/> <b>Married, filing separately?</b><br/>4 <input type="checkbox"/> <b>Unmarried head of household?</b><br/>5 <input type="checkbox"/> <b>Qualifying widow(er) with dependent child?</b><br/>x1 <input type="checkbox"/> DK</p>   |                      |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
| <p><b>3a. What were the total number of exemptions claimed on . . . 's tax return?</b></p>   | <p><b>9398</b> <input type="text"/> <input type="text"/> Exemptions – If "01" SKIP to 4<br/>x1 <input type="checkbox"/> DK</p>   |                      |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
| <p><b>CHECK ITEM T27</b> Refer to cc item 20.<br/>Number of current household members.</p>   | <p><b>9400</b> 1 <input type="checkbox"/> One – SKIP to 3c<br/>2 <input type="checkbox"/> Two or more</p>  |                      |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
| <p><b>3b. Besides . . . which persons in this household did . . . claim as an exemption?</b></p>   | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:40%;">Person No.</th> <th style="width:50%;">Name</th> </tr> </thead> <tbody> <tr> <td><b>9402</b></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><b>9404</b></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><b>9406</b></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><b>9408</b></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><b>9410</b></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><b>9412</b></td> <td colspan="2">1 <input type="checkbox"/> None in household</td> </tr> </tbody> </table> |                      | Person No.       | Name   | <b>9402</b>  | <input type="text"/> | <input type="text"/> | <b>9404</b> | <input type="text"/> | <input type="text"/> | <b>9406</b> | <input type="text"/> | <input type="text"/> | <b>9408</b> | <input type="text"/> | <input type="text"/> | <b>9410</b> | <input type="text"/> | <input type="text"/> | <b>9412</b> | 1 <input type="checkbox"/> None in household |  |
|  | Person No.   | Name                 |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
| <b>9402</b>  | <input type="text"/>   | <input type="text"/> |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
| <b>9404</b>  | <input type="text"/>   | <input type="text"/> |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
| <b>9406</b>  | <input type="text"/>   | <input type="text"/> |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
| <b>9408</b>  | <input type="text"/>   | <input type="text"/> |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
| <b>9410</b>  | <input type="text"/>   | <input type="text"/> |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
| <b>9412</b>  | 1 <input type="checkbox"/> None in household   |                      |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
| <p><b>ASK OR VERIFY –</b><br/><b>c. Did . . . claim exemptions for any persons who lived outside of . . . 's home for the entire year?</b></p>   | <p><b>9414</b> 1 <input type="checkbox"/> Yes<br/>2 <input type="checkbox"/> No – SKIP to 4</p>  |                      |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
| <p><b>d. What was the relationship of this (these) person(s) to . . . ?</b><br/><i>Record two persons only</i></p>   | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">FIRST DEPENDENT</th> <th style="width:50%;">SECOND DEPENDENT</th> </tr> </thead> <tbody> <tr> <td><b>9416</b> 1 <input type="checkbox"/> Parent<br/>2 <input type="checkbox"/> Child<br/>3 <input type="checkbox"/> Brother/sister<br/>4 <input type="checkbox"/> Other</td> <td><b>9418</b> 1 <input type="checkbox"/> Parent<br/>2 <input type="checkbox"/> Child<br/>3 <input type="checkbox"/> Brother/sister<br/>4 <input type="checkbox"/> Other</td> </tr> </tbody> </table>  | FIRST DEPENDENT      | SECOND DEPENDENT | <b>9416</b> 1 <input type="checkbox"/> Parent<br>2 <input type="checkbox"/> Child<br>3 <input type="checkbox"/> Brother/sister<br>4 <input type="checkbox"/> Other | <b>9418</b> 1 <input type="checkbox"/> Parent<br>2 <input type="checkbox"/> Child<br>3 <input type="checkbox"/> Brother/sister<br>4 <input type="checkbox"/> Other |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
| FIRST DEPENDENT  | SECOND DEPENDENT   |                      |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
| <b>9416</b> 1 <input type="checkbox"/> Parent<br>2 <input type="checkbox"/> Child<br>3 <input type="checkbox"/> Brother/sister<br>4 <input type="checkbox"/> Other                         | <b>9418</b> 1 <input type="checkbox"/> Parent<br>2 <input type="checkbox"/> Child<br>3 <input type="checkbox"/> Brother/sister<br>4 <input type="checkbox"/> Other   |                      |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
| <p><b>4. Did . . . file form 1040, the long form or did . . . file one of the short forms, 1040A or 1040EZ?</b></p>  | <p><b>9420</b> 1 <input type="checkbox"/> Form 1040<br/>2 <input type="checkbox"/> Form 1040A<br/>3 <input type="checkbox"/> Form 1040EZ<br/>x1 <input type="checkbox"/> DK</p> <p style="text-align: right;">} SKIP to Check Item T28</p>   |                      |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
| <p><b>5. 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 1985 tax return.</b></p> |  |                      |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
| <p><b>(1) Schedule A, Itemized Deductions . . . . .</b></p>  | <p><b>9422</b> 1 <input type="checkbox"/> Yes<br/>2 <input type="checkbox"/> No<br/>x1 <input type="checkbox"/> DK</p>   |                      |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
| <p><b>(2) Schedule D, Capital Gains and Losses . . . . .</b></p>   | <p><b>9424</b> 1 <input type="checkbox"/> Yes<br/>2 <input type="checkbox"/> No<br/>x1 <input type="checkbox"/> DK</p>   |                      |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |
| <p><b>(3) Schedule E, Supplemental Income Schedule . . . . .</b></p>   | <p><b>9426</b> 1 <input type="checkbox"/> Yes<br/>2 <input type="checkbox"/> No<br/>x1 <input type="checkbox"/> DK</p>   |                      |                  |  |  |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |                      |                      |             |  |  |

**Section 5 – TOPICAL MODULES (Continued)**

**Part B – TAXES (Continued)**

**CHECK  
ITEM T28**

Does the respondent have a copy of . . . 's  
Federal income tax form to refer to?

**9428** 1  Yes  
2  No – SKIP to 9a

**CHECK  
ITEM T29**

Is "Form 1040" marked in item 4?

**9430** 1  Yes  
2  No – SKIP to 8

**CHECK  
ITEM T30**

Is "Schedule A, Itemized Deductions"  
marked "Yes" in item 5(1)?

**9432** 1  Yes  
2  No – SKIP to 6c

**6a. How much were . . . 's (and . . . 's husband's/wife's)  
itemized deductions for 1985?**  
(Form 1040, line 34a.)

**9434** \$  .  00  
x1  DK } SKIP to 7  
x2  Ref. }

**b. How much were . . . 's (and . . . 's husband's/wife's)  
deductions for interest paid during 1985?**  
(Schedule A, line 14)

**9436** \$  .  00  
x1  DK  
x2  Ref.

**c. Did . . . (and . . . 's husband/wife) have any taxable  
pensions, annuities, or IRA distributions during  
1985?**

**9438** 1  Yes  
2  No – SKIP to 6e

**d. How much were . . . 's taxable pensions,  
annuities, and IRA distributions?** (Form 1040,  
lines 16 and 17b.)

**9440** \$  .  00  
x1  DK  
x2  Ref.

**e. Did . . . (and . . . 's husband/wife) have any taxable  
social security benefits during 1985?**

**9442** 1  Yes  
2  No – SKIP to 6g

**f. How much were . . . 's (and . . . 's husband's/wife's)  
taxable social security benefits?** (Form 1040, line  
21b.)

**9444** \$  .  00  
x1  DK  
x2  Ref.

**g. On . . . 's Form 1040, did . . . (and . . . 's  
husband/wife) claim –**

(Ask for each credit  
claimed.)

**6h. What was the  
amount of the (Read  
name of credit)  
claimed?**

**(1) A child and dependent care expense credit . . .**  
(Form 1040, line 41)

**9446** 1  Yes  
2  No

**9448** \$  .  00  
x1  DK  
x2  Ref.

**(2) A credit for the elderly and the permanently  
and totally disabled . . . . .**

**9450** 1  Yes  
2  No

**9452** \$  .  00  
x1  DK  
x2  Ref.

**(3) A general business credit . . . . .**  
(Form 1040, line 48)

**9454** 1  Yes  
2  No

**9456** \$  .  00  
x1  DK  
x2  Ref.

**CHECK  
ITEM T31**

Is "Schedule D, Capital Gains and  
Losses" marked "Yes" in item 5(2)?

**9458** 1  Yes  
2  No – SKIP to 8

**Section 5 — TOPICAL MODULES (Continued)**

**Part B — TAXES (Continued)**

|  |   |
|--|---|
| <p><b>7. How much were . . . 's (and . . . 's husband's/wife's) capital gains or losses from the sale or exchange of personal assets for 1985?</b><br/>(Form 1040, line 13.)</p>   | <p><b>9460</b> \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None<br/> x1 <input type="checkbox"/> DK<br/> x2 <input type="checkbox"/> Ref.<br/> x4 <input type="checkbox"/> Lost money — Enter amount of loss in box</p>   |
| <p>(SHOW FLASHCARD BB WITH APPROPRIATE TAX FORM)</p> <p><b>8. This card shows the portion of the tax return that deals with adjusted gross income and with the net tax liability for the year.</b></p> <p><b>a. 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 1985?</b></p> | <p><b>9462</b> \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None<br/> x1 <input type="checkbox"/> DK<br/> x2 <input type="checkbox"/> Ref.<br/> x4 <input type="checkbox"/> Lost money — Enter amount of loss in box</p> <p style="text-align: right;">} SKIP to 10a</p> |
| <p><b>b. 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 1985?</b></p>  | <p><b>9464</b> \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None<br/> x1 <input type="checkbox"/> DK<br/> x2 <input type="checkbox"/> Ref.</p>   |
| <p><b>CHECK ITEM T32</b> Amount of gross income reported in 8a.</p>  | <p><b>9466</b> 1 <input type="checkbox"/> \$11,000 or more — SKIP to 11a<br/> 2 <input type="checkbox"/> Less than \$11,000 — SKIP to 10a</p>   |
| <p><b>9a. Can you give me an estimate of . . . 's Federal income tax liability for 1985?</b></p>   | <p><b>9468</b> 1 <input type="checkbox"/> Yes<br/> 2 <input type="checkbox"/> No — SKIP to 10a</p>  |
| <p><b>b. How much was . . . 's Federal income tax liability? Count all taxes paid or withheld minus any refunds.</b></p>   | <p><b>9470</b> \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> 00</p>   |
| <p><b>10a. Did . . . claim an earned income credit on . . . 's Federal income tax return?</b></p>  | <p><b>9472</b> 1 <input type="checkbox"/> Yes<br/> 2 <input type="checkbox"/> No<br/> x1 <input type="checkbox"/> DK } SKIP to 11a</p>  |
| <p><b>b. What was the amount of earned income credit claimed?</b></p>  | <p><b>9474</b> \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK<br/> x2 <input type="checkbox"/> Ref.</p>   |
| <p><b>11a. Did . . . file a State and/or local income tax return for 1985?</b></p>   | <p><b>9476</b> 1 <input type="checkbox"/> Yes<br/> 2 <input type="checkbox"/> No<br/> x1 <input type="checkbox"/> DK } SKIP to Check Item T35</p>   |
| <p><b>CHECK ITEM T33</b> ASK OR VERIFY —<br/> Was . . . married as of December 31, 1985?<br/> Mark "Yes" if spouse died during 1985.</p>   | <p><b>9478</b> 1 <input type="checkbox"/> Yes<br/> 2 <input type="checkbox"/> No — SKIP to 11c</p>  |
| <p><b>11b. Did . . . file a State and/or local income tax return jointly with . . . 's (husband/wife)?</b></p>   | <p><b>9480</b> 1 <input type="checkbox"/> Yes<br/> 2 <input type="checkbox"/> No — SKIP to 11c</p>  |
| <p><b>CHECK ITEM T34</b> Has an interview already been obtained for . . . 's spouse?</p>   | <p><b>9482</b> 1 <input type="checkbox"/> Yes — SKIP to Check Item T35<br/> 2 <input type="checkbox"/> No</p>   |

**Section 5 – TOPICAL MODULES (Continued)**

**Part B – TAXES (Continued)**

**11 C.** How much was . . . 's total State and local income tax liability for 1985? Count all taxes paid or withheld minus any refunds.

Obtain estimate, if necessary.

**9484** \$  .  00

x3  None  
 x1  DK  
 x2  Ref.

**CHECK ITEM T35**

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

**9486** 1  Owned or being bought?  
 2  Rented for cash?  
 3  Occupied without cash payment? } *SKIP to part C, page 60*

**CHECK ITEM T36**

Interview status of . . . 's spouse

**9488** 1  No spouse in household  
 2  Interview for spouse not yet conducted  
 3  Interview for spouse already conducted –  
*SKIP to part C, page 60*

**12 a.** Did . . . pay any property taxes on . . . 's residence(s) in 1985?

**9490** 1  Yes  
 2  No – *SKIP to part C, page 60*

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

**9492** 1  Yes  
 2  No – *SKIP to 12d*

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

|             |                      |                      |
|-------------|----------------------|----------------------|
|             | Person No.           | Name                 |
| <b>9494</b> | <input type="text"/> | <input type="text"/> |
|             |                      |                      |
|             | Person No.           | Name                 |
| <b>9496</b> | <input type="text"/> | <input type="text"/> |

**d.** What was the property tax bill for . . . 's residence(s) in 1985?

Obtain estimate, if necessary.

**9498** \$  .  00

x1  DK  
 x2  Ref.

NOTES

**Section 5 – TOPICAL MODULES (Continued)**

**Part C – SCHOOL ENROLLMENT AND FINANCING**

**Statement D** → The next few questions are about school enrollment and financing.

|  |  |
|--|--|
| <p><b>1. Was . . . enrolled in school anytime during the past 12 months? (Include any regular school, such as elementary, high school, or college, or any vocational, technical or business school.)</b></p> | <p><b>9610</b> 1 <input type="checkbox"/> Yes<br/>                 2 <input type="checkbox"/> No — SKIP to Check Item M1, page 62</p>  |
| <p><b>2. At what level or grade was . . . enrolled? (If enrolled at more than one level in the past 12 months, check level in which greatest amount of time was spent.)</b></p>                              | <p><b>9612</b> 1 <input type="checkbox"/> Elementary grades 1–8<br/>                 2 <input type="checkbox"/> High school grades 9–12<br/>                 3 <input type="checkbox"/> College year 1<br/>                 4 <input type="checkbox"/> College year 2<br/>                 5 <input type="checkbox"/> College year 3<br/>                 6 <input type="checkbox"/> College year 4<br/>                 7 <input type="checkbox"/> College year 5<br/>                 8 <input type="checkbox"/> College year 6+<br/>                 9 <input type="checkbox"/> Vocational school<br/>                 10 <input type="checkbox"/> Technical school<br/>                 11 <input type="checkbox"/> Business school<br/>                 12 <input type="checkbox"/> Other or DK</p> |
| <p><b>CHECK ITEM T37</b> Was . . . enrolled in elementary or high school?</p>  | <p><b>9614</b> 1 <input type="checkbox"/> Yes<br/>                 2 <input type="checkbox"/> No — SKIP to 4</p>   |
| <p><b>3. Was . . . enrolled in a public school? (Mark "Yes" if the school at which . . . spent the greatest amount of time was public.)</b></p>  | <p><b>9616</b> 1 <input type="checkbox"/> Yes — SKIP to Check Item M1, page 62<br/>                 2 <input type="checkbox"/> No</p>  |
| <p><b>4. During the past 12 months –</b></p> <p><b>a. What was the total cost of . . . 's tuition and fees?</b></p>  | <p><b>9618</b> \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00<br/>                 x3 <input type="checkbox"/> None<br/>                 x1 <input type="checkbox"/> DK</p>   |
| <p><b>b. What was the total cost of . . . 's books and supplies?</b></p>   | <p><b>9620</b> \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00<br/>                 x3 <input type="checkbox"/> None<br/>                 x1 <input type="checkbox"/> DK</p>   |
| <p><b>c. Did . . . live away from home while attending school?</b></p>   | <p><b>9622</b> 1 <input type="checkbox"/> Yes<br/>                 2 <input type="checkbox"/> No — SKIP to 5</p>   |
| <p><b>d. What was the total cost for room and board while away at school?</b></p>  | <p><b>9624</b> \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00<br/>                 x1 <input type="checkbox"/> DK</p>   |

NOTES

**Section 5 – TOPICAL MODULES (Continued)**

**Part C – SCHOOL ENROLLMENT AND FINANCING (Continued)**

(HAND RESPONDENT CARD CC)

**5a. Please look at this card and tell me if . . . received any of these types of educational assistance during the past 12 months.**

**Anything else?**

**5b. How much did . . . receive?**

**9626** x3  None —  
SKIP to  
Check Item  
M1

(1) The GI Bill? . . . . .

**9628** 1  Received

**9630** \$  .  00  
x1  DK

(2) Other Veteran's Educational Assistance Programs? (Include survivors and dependents, vocational rehabilitation and post-Vietnam veterans assistance.)

**9632** 1  Received

**9634** \$  .  00  
x1  DK

(3) College Work Study Program? . . . . .

**9636** 1  Received

**9638** \$  .  00  
x1  DK

(4) A Pell Grant? . . . . .

**9640** 1  Received

**9642** \$  .  00  
x1  DK

(5) A Supplemental Educational Opportunity Grant (SEOG)? . . . . .

**9644** 1  Received

**9646** \$  .  00  
x1  DK

(6) A National Direct Student Loan (NDSL)?

**9648** 1  Received

**9650** \$  .  00  
x1  DK

(7) A guaranteed student loan? . . . . .

**9652** 1  Received

**9654** \$  .  00  
x1  DK

(8) A JTPA Training Program? . . . . .

**9656** 1  Received

**9658** \$  .  00  
x1  DK

(9) Employer assistance . . . . .

**9660** 1  Received

**9662** \$  .  00  
x1  DK

(10) A fellowship or scholarship? . . . . .

**9664** 1  Received

**9666** \$  .  00  
x1  DK

(11) A tuition reduction? . . . . .

**9668** 1  Received

**9670** \$  .  00  
x1  DK

(12) Anything else (other than assistance from relatives and friends)? . . . . .

**9672** 1  Received

**9674** \$  .  00  
x1  DK

NOTES