

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 1986. It would be very helpful to refer to records during this part of the interview.

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| <p>CHECK ITEM T1</p> <p>Are the names of any businesses listed for . . . on the control card? (cc item 43)</p> | <p>8000</p> <p>1 <input type="checkbox"/> Yes – SKIP to 1b 2 <input type="checkbox"/> No</p> | |
| <p>CHECK ITEM T2</p> <p>Was an interview obtained for . . . for each of the 1st, 2nd, 3rd, AND 4th waves (cc items 44, 45, 46, and 47)?</p> | <p>8002</p> <p>1 <input type="checkbox"/> Yes – SKIP to Check Item T12, page 48 2 <input type="checkbox"/> No</p> | |
| <p>1 a. Did . . . own and operate a business at any time during calendar year 1986? <i>Include farms</i></p> | <p>8004</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T12, page 48</p> | |
| <p><i>ASK OR VERIFY –</i></p> <p>b. How many different businesses did . . . own and operate during calendar year 1986?</p> | <p>8006 <input type="text"/> <input type="text"/> Businesses</p> <p>OR</p> <p>x3 <input type="checkbox"/> None – SKIP to Check Item T12, page 48</p> | |
| <p><i>ASK OR VERIFY –</i></p> <p>c. What were the names of the businesses that . . . owned and operated during calendar year 1986? (List up to 2 businesses; list according to net income from business beginning with the business providing the largest net income.)</p> | <p>PGM8 8008 Business name</p> <p>_____</p> <p>_____</p> | <p>PGM8 8058 Business name</p> <p>_____</p> <p>_____</p> |
| <p>CHECK ITEM T3</p> <p>Transcribe ID number for this business from the control card (cc item 43)</p> | <p>PGM7 8010 <input type="checkbox"/> Business ID No.</p> <p>OR</p> <p>x3 <input type="checkbox"/> Not listed on control card</p> | <p>PGM7 8060 <input type="checkbox"/> Business ID No.</p> <p>OR</p> <p>x3 <input type="checkbox"/> Not listed on control card</p> |
| <p>CHECK ITEM T4</p> <p>Has information about this business already been obtained in an interview for another household member?</p> | <p>8012</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2a</p> | <p>8062</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2a</p> |
| <p>INTERVIEWER INSTRUCTION:</p> <p>Enter name, person number, and business ID number of other owner to indicate location of information about this business.</p> | <p>Name _____</p> <p>Person number <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8014</p> <p>Business ID number <input type="text"/></p> <p>8016 <input type="checkbox"/></p> <p>OR</p> <p>x3 <input type="checkbox"/> Not listed on control card</p> <p><i>SKIP to Check Item T9, page 48</i></p> | <p>Name _____</p> <p>Person number <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8064</p> <p>Business ID number <input type="text"/></p> <p>8066 <input type="checkbox"/></p> <p>OR</p> <p>x3 <input type="checkbox"/> Not listed on control card</p> <p><i>SKIP to Check Item T10, page 48</i></p> |
| <p><i>ASK OR VERIFY –</i></p> <p>2 a. What was the form of this (business/practice) – was it a sole proprietorship, a partnership, or a corporation?</p> | <p>8018</p> <p>1 <input type="checkbox"/> Sole proprietorship 2 <input type="checkbox"/> Partnership 3 <input type="checkbox"/> Corporation – Obtain information in employee section – SKIP to Check Item T9, page 48</p> <p>x1 <input type="checkbox"/> DK</p> | <p>8068</p> <p>1 <input type="checkbox"/> Sole proprietorship 2 <input type="checkbox"/> Partnership 3 <input type="checkbox"/> Corporation – Obtain information in employee section – SKIP to Check Item T10, page 48</p> <p>x1 <input type="checkbox"/> DK</p> |
| <p>b. Was this business primarily located in . . . 's own home or somewhere else?</p> | <p>8020</p> <p>1 <input type="checkbox"/> Own home 2 <input type="checkbox"/> Somewhere else</p> | <p>8070</p> <p>1 <input type="checkbox"/> Own home 2 <input type="checkbox"/> Somewhere else</p> |

TOPICAL MODULES

Section 5 – TOPICAL MODULES (Continued)

Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

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| CHECK ITEM T 5 | Is "sole proprietorship" marked in item 2a? | 8104 1 <input type="checkbox"/> Yes – SKIP to 2h 2 <input type="checkbox"/> No | 8154 1 <input type="checkbox"/> Yes – SKIP to 2h 2 <input type="checkbox"/> No |
| 2c. | 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 2g | 8156 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 2g |
| d. | 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 _____ |
| e. | Was this (business/practice) owned entirely by members of this household? | 8112 1 <input type="checkbox"/> Yes – SKIP to 2g 2 <input type="checkbox"/> No | 8162 1 <input type="checkbox"/> Yes – SKIP to 2g 2 <input type="checkbox"/> No |
| f. | 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 |
| g. | 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 |
| h. | What were the gross RECEIPTS of this (business/practice) in 1986? 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. |
| i. | What were the total EXPENSES of this (business/practice) in 1986? 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 6 | Is "DK" marked in either item 2h or 2i? | 8122 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T 7 | 8172 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T 7 |
| 2j. | 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.) | 8124 1 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 11a or 11b 2 <input type="checkbox"/> No | 8174 1 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 11a or 11b 2 <input type="checkbox"/> No |
| CHECK ITEM T 7 | Is "sole proprietorship" marked in item 2a? | 8126 1 <input type="checkbox"/> Yes – SKIP to Check Item T 9 2 <input type="checkbox"/> No | 8176 1 <input type="checkbox"/> Yes – SKIP to Check Item T 10 2 <input type="checkbox"/> No |

TOPICAL MODULES

Section 5 – TOPICAL MODULES (Continued)

Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

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| <p>2k. What was . . . 's net income from this (business/practice) in 1986? Please use records if they are available.</p> <p align="right">★</p> <p><i>Obtain estimate, if necessary.</i></p> | <p>8202 \$ <input type="text"/> . <input type="text"/> 00 } SKIP to Check Item T8</p> <p>x3 <input type="checkbox"/> None</p> <p>x2 <input type="checkbox"/> Ref.</p> <p>x1 <input type="checkbox"/> DK</p> <p>8204 x4 <input type="checkbox"/> Lost money — Enter amount of loss in box — SKIP to Check Item T8</p> | <p>8252 \$ <input type="text"/> . <input type="text"/> 00 } SKIP to Check Item T8</p> <p>x3 <input type="checkbox"/> None</p> <p>x2 <input type="checkbox"/> Ref.</p> <p>x1 <input type="checkbox"/> DK</p> <p>8254 x4 <input type="checkbox"/> Lost money — Enter amount of loss in box — SKIP to Check Item T8</p> |
| <p>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.)</p> | <p>8206 1 <input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Item 12</p> <p>2 <input type="checkbox"/> No</p> | <p>8256 1 <input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Item 12</p> <p>2 <input type="checkbox"/> No</p> |
| <p>CHECK ITEM T8 Were any other household members part owners of this business? (See item 2d.)</p> | <p>8208 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No — SKIP to Check Item T9</p> | <p>8258 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No — SKIP to Check Item T10</p> |
| <p>2m. Apart from the net income already reported for . . . , did (Read names of other household owners) receive any net income in 1986 from this (business/practice)?</p> | <p>8210 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No } SKIP to Check Item T9</p> <p>x1 <input type="checkbox"/> DK</p> | <p>8260 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No } SKIP to Check Item T10</p> <p>x1 <input type="checkbox"/> DK</p> |
| <p>n. What was the amount of net income that was received by (Read names of other household owners)?</p> <p><i>Obtain estimate, if necessary.</i></p> | <p>Person No. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8212 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8214 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p> <p>8216 x4 <input type="checkbox"/> Lost money — Enter amount of loss in box</p> <p>SECOND CO-OWNER</p> <p>Person No. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8218 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8220 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p> <p>8222 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>8262 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8264 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p> <p>8266 x4 <input type="checkbox"/> Lost money — Enter amount of loss in box</p> <p>SECOND CO-OWNER</p> <p>Person No. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8268 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8270 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p> <p>8272 x4 <input type="checkbox"/> Lost money — Enter amount of loss in box</p> |
| <p>CHECK ITEM T9 Is another business listed in item 1c?</p> | <p>8274 1 <input type="checkbox"/> Yes — Complete Check Item T3 for next business</p> <p>2 <input type="checkbox"/> No — Go to Check Item T11</p> | <p align="center">Go to Check Item T10</p> |
| <p>CHECK ITEM T10 Is the number of businesses marked in item 1b three or more?</p> | <p>8276 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No — SKIP to Check Item T11</p> | |
| <p>3. What was . . . 's net income from . . . 's other businesses in 1986? Please use records if they are available.</p> | <p>8278 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p> <p>8280 x4 <input type="checkbox"/> Lost money — Enter amount of loss in box</p> | |
| <p>CHECK ITEM T11 Was . . . identified as the owner of a corporation in item 2a?</p> | <p>8282 1 <input type="checkbox"/> Yes — SKIP to 4b and consider . . . to be an employee of that corporation</p> <p>2 <input type="checkbox"/> No</p> | |
| <p>CHECK ITEM T12 Are the names of any employers listed for . . . on the control card? (cc item 42)</p> | <p>8284 1 <input type="checkbox"/> Yes — SKIP to 4b</p> <p>2 <input type="checkbox"/> No</p> | |

Section 5 – TOPICAL MODULES (Continued)

Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

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|-------------------------|---|-----------------------------|--|-----------------------------|--|
| CHECK ITEM T13 | Was an interview obtained for . . . for each of the 1st, 2nd, 3rd, AND 4th waves? (cc items 44, 45, 46, and 47) | 8286 | 1 <input type="checkbox"/> Yes — <i>SKIP to Check Item T18</i> 2 <input type="checkbox"/> No | | |
| 4a. | Did . . . work at a paid job at any time during calendar year 1986? | 8288 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T18</i> | | |
| | <i>ASK OR VERIFY —</i> | 8290 | <input type="text"/> Employers OR x3 <input type="checkbox"/> None — <i>SKIP to Check Item T18</i> | | |
| C. | What were the names of the employers that . . . worked for in 1986? | PGM 8 8300 | Employer Name | PGM 8 8350 | Employer Name |
| | What is the address of that employer (the address of the physical location)? | PGM 8 8302 | Street address | PGM 8 8352 | Street address |
| | <i>List up to 2 employers; list employers according to amount of earnings received in 1986, beginning with employer from whom . . . received the greatest earnings.</i> | PGM 8 8303 | City/State | PGM 8 8353 | City/State |
| | | PGM 8 8304 | ZIP code | PGM 8 8354 | ZIP code |
| CHECK ITEM T14 | Transcribe ID number for this employer from the control card (cc item 42) | PGM 7 8309 | <input type="checkbox"/> Employer ID number OR x3 <input type="checkbox"/> Not listed on control card | PGM 7 8359 | <input type="checkbox"/> Employer ID number OR x3 <input type="checkbox"/> Not listed on control card |
| CHECK ITEM T14.1 | Is this a self-employed incorporated business? | 8310 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 8360 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| CHECK ITEM T14.2 | Has information about this employer already been obtained in part A1 (page 14) or part A2 (page 16)? | 8311 | 1 <input type="checkbox"/> Yes — <i>SKIP to 5a</i> 2 <input type="checkbox"/> No | 8361 | 1 <input type="checkbox"/> Yes — <i>SKIP to 5a</i> 2 <input type="checkbox"/> No |
| 4d. | What kind of business or industry was (Read name of company or business)? | PGM 8 8312 | | PGM 8 8362 | |
| e. | Was it mainly — | PGM 8 8314 | 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 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? |
| 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 | |
| h. | Was . . . an employee of — | PGM 8 8320 | 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 T16 | PGM 8 8370 | 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 T16 |
| 5a. | Do you have a W-2 form from (Read name of employer) or a completed worksheet that you can refer to? <i>(If "Yes," ask respondent to use the W-2 form or worksheet.)</i> | PGM 7 8322 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | PGM 7 8372 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| b. | (According to . . . 's W-2 form or worksheet) how much did . . . earn from . . . 's job with (Read name of employer) during 1986 before any deductions? <i>Obtain estimate, if necessary.</i> | 8324 | \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to Check Item T16</i> | 8374 | \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to Check Item T17</i> |

Section 5 – TOPICAL MODULES (Continued)

Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

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| CHECK ITEM T15 | Does . . . have a W-2 form or completed worksheet to refer to? | 8676 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T16</i> | 8726 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T17</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5c. | According to the W-2 form (or worksheet), what is the identification number of this employer? | Identification number 8678 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td></tr><tr><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td></tr></table> 8680 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td></tr><tr><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td></tr></table> 8682 x1 <input type="checkbox"/> DK | | | | | | | | | | | | | | | | | | | | | | | | | Identification number 8728 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td></tr><tr><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td></tr></table> 8730 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td></tr><tr><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td></tr></table> 8732 x1 <input type="checkbox"/> DK | | | | | | | | | | | | | | | | | | | | | | | | |
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| d. | In 1986, how much was deducted from . . . 's pay for – | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (1) Federal Income Taxes? | 8800 \$ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width:40px; height:20px;"></td><td style="width:20px; height:20px; text-align:center;">00</td></tr></table> x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref. | | 00 | 8850 \$ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width:40px; height:20px;"></td><td style="width:20px; height:20px; text-align:center;">00</td></tr></table> x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref. | | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (2) State and local income taxes? | 8802 \$ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width:40px; height:20px;"></td><td style="width:20px; height:20px; text-align:center;">00</td></tr></table> x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref. | | 00 | 8852 \$ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width:40px; height:20px;"></td><td style="width:20px; height:20px; text-align:center;">00</td></tr></table> x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref. | | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (3) Social Security (FICA) taxes? | 8804 \$ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width:40px; height:20px;"></td><td style="width:20px; height:20px; text-align:center;">00</td></tr></table> x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref. | | 00 | 8854 \$ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width:40px; height:20px;"></td><td style="width:20px; height:20px; text-align:center;">00</td></tr></table> x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref. | | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (4) Health insurance? | 8806 \$ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width:40px; height:20px;"></td><td style="width:20px; height:20px; text-align:center;">00</td></tr></table> x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref. | | 00 | 8856 \$ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width:40px; height:20px;"></td><td style="width:20px; height:20px; text-align:center;">00</td></tr></table> x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref. | | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHECK ITEM T16 | Is another employer listed in item 4c? | 8956 1 <input type="checkbox"/> Yes – <i>Complete Check Item T14 for next employer</i> 2 <input type="checkbox"/> No – <i>SKIP to Check Item T18</i> | <i>Go to Check Item T17</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHECK ITEM T17 | Is the number of employers marked in item 4b three or more? | 9058 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T18</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | What was the total amount . . . earned from . . . 's other employers in 1986 before deductions? (Please use W-2 forms if you have any.) <i>Obtain estimate, if necessary.</i> | 9060 \$ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width:40px; height:20px;"></td><td style="width:20px; height:20px; text-align:center;">00</td></tr></table> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. | | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHECK ITEM T18 | 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 1st, 2nd, 3rd, OR 4th waves? | 9100 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T20</i> 2 <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHECK ITEM T19 | Was an interview obtained for . . . for each of the 1st, 2nd, 3rd, AND 4th waves? (cc items 44, 45, 46, AND 47) | 9102 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 7b</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7a. | We recorded during our earlier interviews that . . . did not receive any income in the form of interest or dividends in calendar year 1986 – is that correct? | 9104 1 <input type="checkbox"/> Yes, correct – <i>SKIP to Check Item T23, page 53</i> 2 <input type="checkbox"/> No, not correct – <i>did receive interest or dividends – SKIP to Check Item T20</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. | Did . . . receive any income in the form of interest or dividends in calendar year 1986? <i>Mark "Yes" if received jointly or in own name.</i> | 9106 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T23, page 53</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHECK ITEM T20 | Interview status of . . . 's spouse | 9108 1 <input type="checkbox"/> No spouse in household } <i>SKIP to 8a,</i> 2 <input type="checkbox"/> Interview for spouse already completed } <i>page 52</i> 3 <input type="checkbox"/> Interview for spouse not yet completed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Section 5 – TOPICAL MODULES (Continued)

Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

| | | |
|---|---|--|
| <p><i>(HAND RESPONDENT CARD BB)</i></p> <p>7c. Please look at this card and tell me which of these assets . . . owned jointly with . . . 's (husband/wife) at any time during calendar year 1986. Do not count IRA or KEOGH investments.</p> | <p>9110 x3 <input type="checkbox"/> None — SKIP to 8a</p> | <p><i>(ASK FOR EACH ASSET OWNED)</i></p> <p>7d. How much income did . . . and . . . 's (husband/wife) receive from their jointly owned <i>(Read name of asset) in 1986?</i></p> |
| <p>Any others?</p> | | <p>9114 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> |
| <p>(1) Regular or passbook savings accounts</p> | <p>9112 1 <input type="checkbox"/> Owned</p> | |
| <p>(2) Money Market deposit accounts</p> | <p>9116 1 <input type="checkbox"/> Owned</p> | <p>9118 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> |
| <p>(3) Certificates of deposit or other savings certificates</p> | <p>9120 1 <input type="checkbox"/> Owned</p> | <p>9122 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> |
| <p>(4) Interest earning checking accounts (such as NOW or Super NOW accounts)</p> | <p>9124 1 <input type="checkbox"/> Owned</p> | <p>9126 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> |
| <p>(5) Money market mutual funds</p> | <p>9128 1 <input type="checkbox"/> Owned</p> | <p>9130 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> |
| <p>(6) Stocks and mutual fund shares</p> | <p>9132 1 <input type="checkbox"/> Owned</p> | <p>9134 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> |
| <p>(7) U.S. Savings Bonds (E, EE)</p> | <p>9136 1 <input type="checkbox"/> Owned</p> | <p>9138 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> |
| <p>(8) Other U.S. Government securities</p> | <p>9140 1 <input type="checkbox"/> Owned</p> | <p>9142 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> |
| <p>(9) Municipal bonds</p> | <p>9144 1 <input type="checkbox"/> Owned</p> | <p>9146 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> |
| <p>(10) Corporate bonds</p> | <p>9148 1 <input type="checkbox"/> Owned</p> | <p>9150 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> |
| <p>(11) Mortgages</p> | <p>9152 1 <input type="checkbox"/> Owned</p> | <p>9154 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> |
| <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> | <p>9156 1 <input type="checkbox"/> Owned</p> | <p>9158 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> |
| <p>CHECK ITEM T21 Is "DK" marked in item 7d for any of the assets?</p> | <p>9160 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 8a</p> | |
| <p>7e. What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held <i>(Read all asset types marked owned) during 1986?</i></p> | <p>9162 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> | |

Section 5 – TOPICAL MODULES (Continued)

Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

| <p><i>(HAND RESPONDENT CARD BB)</i></p> <p>8a. Please look at this card and tell me which of these assets . . . owned (in . . . 's own name) at any time during calendar year 1986? Do not count IRA or KEOGH investments.</p> <p>Anything else?</p> | | <p><i>(ASK FOR EACH ASSET OWNED)</i></p> <p>8b. How much income did . . . receive from (Read name of asset) in 1986?</p> |
|---|--|---|
| | <p>9164 x3 <input type="checkbox"/> None — SKIP to Check Item T23</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) Interest earning checking accounts (such as NOW or Super NOW 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 funds, 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 T22 | <p>Is "DK" marked in item 8b for any of the assets?</p> | <p>9214 1 <input type="checkbox"/> Yes 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>8c. What is your best estimate of the average amount that . . . had in these (Read all asset types marked owned) during 1986?</p> | <p>9216</p> | <p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/></p> | <p><input type="text"/></p> | <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> | |
| <p>CHECK ITEM T23 Refer to cc item 46 Is ISS Code 120 marked on the control card for . . . for the 1st, 2nd, 3rd, OR 4th waves?</p> | <p>9218</p> | <p>1 <input type="checkbox"/> Yes – SKIP to 9b 2 <input type="checkbox"/> No</p> | | | |
| <p>CHECK ITEM T24 Was an interview obtained for . . . for each of the 1st, 2nd, 3rd, and 4th waves (cc items 44, 45, 46, AND 47)?</p> | <p>9220</p> | <p>1 <input type="checkbox"/> Yes – SKIP to 10a 2 <input type="checkbox"/> No</p> | | | |
| <p>9a. Did . . . own any kind of rental property during 1986, either in . . . 's own name or jointly with someone else?</p> | <p>9222</p> | <p>1 <input type="checkbox"/> Yes – SKIP to 9c 2 <input type="checkbox"/> No – SKIP to 10a</p> | | | |
| <p>b. We learned from earlier interviews that . . . owned some rental property in calendar year 1986 – is that correct?</p> | <p>9224</p> | <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10a</p> | | | |
| <p>c. What kind of property did . . . own, either as sole owner or part owner?</p> <p align="center" style="font-size: 2em;">★</p> | <p>9d. (ASK FOR EACH PROPERTY OWNED) What was . . . 's net income from this property in 1986? If jointly owned, count only . . . 's share.</p> | | | | |
| <p>(1) Vacation home</p> | <p>9226</p> | <p>1 <input type="checkbox"/> Owned</p> | <p>9228</p> | <p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/></p> | <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 9230 x4 <input type="checkbox"/> Lost money – Enter amount of loss in box</p> |
| <p>(2) Other residential property (nonfarm)</p> | <p>9232</p> | <p>1 <input type="checkbox"/> Owned</p> | <p>9234</p> | <p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/></p> | <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 9236 x4 <input type="checkbox"/> Lost money – Enter amount of loss in box</p> |
| <p>(3) Farm property</p> | <p>9238</p> | <p>1 <input type="checkbox"/> Owned</p> | <p>9240</p> | <p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/></p> | <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 9242 x4 <input type="checkbox"/> Lost money – Enter amount of loss in box</p> |
| <p>(4) Commercial property</p> | <p>9244</p> | <p>1 <input type="checkbox"/> Owned</p> | <p>9246</p> | <p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/></p> | <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 9248 x4 <input type="checkbox"/> Lost money – Enter amount of loss in box</p> |
| <p>(5) Equipment</p> | <p>9250</p> | <p>1 <input type="checkbox"/> Owned</p> | <p>9252</p> | <p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/></p> | <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 9254 x4 <input type="checkbox"/> Lost money – Enter amount of loss in box</p> |
| <p>(6) Anything else</p> | <p>9256</p> | <p>1 <input type="checkbox"/> Owned</p> | <p>9258</p> | <p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/></p> | <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 9260 x4 <input type="checkbox"/> Lost money – Enter amount of loss in box</p> |
| <p>CHECK ITEM T25 Is "DK" marked in item 9d for any type of property?</p> | <p>9262</p> | <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10a</p> | | | |
| <p>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 1986? (Information on rental income is very important for the purposes of this survey.)</p> | <p>9264</p> | <p>1 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 13 2 <input type="checkbox"/> No</p> | | | |

Section 5 – TOPICAL MODULES (Continued)

Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

| | |
|--|---|
| <p>10a. Does . . . have an Individual Retirement Account – an IRA – in . . .’s OWN name? <i>Do not mark "Yes" if . . . is only included in . . .’s (husband’s/wife’s) IRA accounts.</i></p> | <p>9330 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 10h</i></p> |
| <p>b. Did . . . make any contributions to IRA accounts which applied to . . .’s 1986 tax return?</p> | <p>9332 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 10d</i></p> |
| <p>c. How much were . . .’s contributions to IRA accounts which applied to . . .’s 1986 tax return?</p> | <p>9334 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> |
| <p>d. Did . . . make any withdrawals from . . .’s IRA accounts during 1986? <i>Mark "No" if funds were "rolled over" within 60 days of the withdrawal.</i></p> | <p>9336 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 10f</i></p> |
| <p>e. How much did . . . withdraw from IRA accounts during 1986?</p> | <p>9338 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> |
| <p>f. Including ALL IRA accounts in . . .’s OWN name, how much did . . .’s IRA accounts earn during 1986?</p> | <p>9340 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> |
| <p>g. What types of assets did . . . have in . . .’s IRA accounts during 1986? <i>Mark all that apply.</i> Anything else?</p> | <p>9342 1 <input type="checkbox"/> Certificates of deposit or other savings certificates 9344 2 <input type="checkbox"/> Money Market Funds 9346 3 <input type="checkbox"/> U.S. Government Securities 9348 4 <input type="checkbox"/> Municipal or Corporate Bonds 9350 5 <input type="checkbox"/> U.S. Savings Bonds 9352 6 <input type="checkbox"/> Stocks or Mutual Fund Shares 9354 7 <input type="checkbox"/> Other Assets – <i>Specify</i> _____ 9356 x1 <input type="checkbox"/> DK</p> |
| <p>h. Does . . . have a KEOGH account in . . .’s OWN name?</p> | <p>9358 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 10o</i></p> |
| <p>i. Did . . . make any contributions to a KEOGH account which applied to . . .’s 1986 tax return?</p> | <p>9360 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 10k</i></p> |
| <p>j. How much were . . .’s contributions to KEOGH accounts which applied to . . .’s 1986 tax return?</p> | <p>9362 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> |
| <p>k. Did . . . make any withdrawals from . . .’s KEOGH accounts during 1986?</p> | <p>9364 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 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 1986?

9366 \$. 00

- x1 DK
x2 Ref.

m. Including ALL KEOGH accounts in . . .'s OWN name, how much did . . .'s KEOGH accounts earn during 1986?

9368 \$. 00

- x1 DK
x2 Ref.

n. What types of assets did . . . have in . . .'s KEOGH accounts during 1986?

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 1986, 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 1986?

9388 \$. 00

- x3 None
x1 DK
x2 Ref.

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part B – TAXES

| CHECK ITEM T26 | Has tax information for . . . already been obtained in an interview for a spouse with whom . . . filed a joint return? | 9390 | 1 <input type="checkbox"/> Yes — <i>SKIP to 11a, page 58</i> 2 <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | |
|-----------------------|--|--|---|--|-----------------|------------------|-------------|--|--|--|--|--|-------------|--|--|-------------|--|--|-------------|--|--|-------------|--|--|
| 1 a. | Did . . . file a Federal income tax return for 1986? <i>Mark "Yes" if . . . filed alone or jointly.</i> | 9392 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 11a, page 58</i> | | | | | | | | | | | | | | | | | | | | | |
| b. | Do you have a copy of the tax form or a worksheet that you could refer to for the next few questions? | 9394 | 1 <input type="checkbox"/> Yes — <i>Allow person time to get form</i> 2 <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | |
| 2. | What was . . . 's filing status on . . . 's 1986 Federal tax return? Did . . . file as — <i>Read categories — Mark (X) one</i> | 9396 | 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? x1 <input type="checkbox"/> DK | | | | | | | | | | | | | | | | | | | | | |
| 3a. | What were the total number of exemptions claimed on . . . 's tax return? | 9398 | <input style="width:30px;" type="text"/> Exemptions — <i>If "01" SKIP to 4</i> x1 <input type="checkbox"/> DK | | | | | | | | | | | | | | | | | | | | | |
| CHECK ITEM T27 | <i>Refer to cc item 20.</i> Number of current household members. | 9400 | 1 <input type="checkbox"/> One — <i>SKIP to 3c</i> 2 <input type="checkbox"/> Two or more | | | | | | | | | | | | | | | | | | | | | |
| 3b. | Besides . . . which persons in this household did . . . claim as an exemption? | | <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:30%;">Person No.</th> <th style="width:60%;">Name</th> </tr> </thead> <tbody> <tr> <td>9402</td> <td><input style="width:30px;" type="text"/></td> <td><input style="width:60px;" type="text"/></td> </tr> <tr> <td>9404</td> <td><input style="width:30px;" type="text"/></td> <td><input style="width:60px;" type="text"/></td> </tr> <tr> <td>9406</td> <td><input style="width:30px;" type="text"/></td> <td><input style="width:60px;" type="text"/></td> </tr> <tr> <td>9408</td> <td><input style="width:30px;" type="text"/></td> <td><input style="width:60px;" type="text"/></td> </tr> <tr> <td>9410</td> <td><input style="width:30px;" type="text"/></td> <td><input style="width:60px;" type="text"/></td> </tr> <tr> <td>9412</td> <td colspan="2">1 <input type="checkbox"/> None in household</td> </tr> </tbody> </table> | | Person No. | Name | 9402 | <input style="width:30px;" type="text"/> | <input style="width:60px;" type="text"/> | 9404 | <input style="width:30px;" type="text"/> | <input style="width:60px;" type="text"/> | 9406 | <input style="width:30px;" type="text"/> | <input style="width:60px;" type="text"/> | 9408 | <input style="width:30px;" type="text"/> | <input style="width:60px;" type="text"/> | 9410 | <input style="width:30px;" type="text"/> | <input style="width:60px;" type="text"/> | 9412 | 1 <input type="checkbox"/> None in household | |
| | Person No. | Name | | | | | | | | | | | | | | | | | | | | | | |
| 9402 | <input style="width:30px;" type="text"/> | <input style="width:60px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | |
| 9404 | <input style="width:30px;" type="text"/> | <input style="width:60px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | |
| 9406 | <input style="width:30px;" type="text"/> | <input style="width:60px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | |
| 9408 | <input style="width:30px;" type="text"/> | <input style="width:60px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | |
| 9410 | <input style="width:30px;" type="text"/> | <input style="width:60px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | |
| 9412 | 1 <input type="checkbox"/> None in household | | | | | | | | | | | | | | | | | | | | | | | |
| | <i>ASK OR VERIFY —</i> c. Did . . . claim exemptions for any persons who lived outside of . . . 's home for the entire year? | 9414 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 4</i> | | | | | | | | | | | | | | | | | | | | | |
| d. | What was the relationship of this (these) person(s) to . . . ? <i>Record two persons only</i> | | <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:25%;">FIRST DEPENDENT</th> <th style="width:25%;">SECOND DEPENDENT</th> </tr> </thead> <tbody> <tr> <td>9416</td> <td>1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Brother/sister 4 <input type="checkbox"/> Other</td> <td>9418</td> <td>1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Brother/sister 4 <input type="checkbox"/> Other</td> </tr> </tbody> </table> | | FIRST DEPENDENT | SECOND DEPENDENT | 9416 | 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Brother/sister 4 <input type="checkbox"/> Other | 9418 | 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Brother/sister 4 <input type="checkbox"/> Other | | | | | | | | | | | | | | |
| | FIRST DEPENDENT | SECOND DEPENDENT | | | | | | | | | | | | | | | | | | | | | | |
| 9416 | 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Brother/sister 4 <input type="checkbox"/> Other | 9418 | 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Brother/sister 4 <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | | |
| 4. | Did . . . file form 1040, the long form or did . . . file one of the short forms, 1040A or 1040EZ? | 9420 | 1 <input type="checkbox"/> Form 1040 2 <input type="checkbox"/> Form 1040A 3 <input type="checkbox"/> Form 1040EZ x1 <input type="checkbox"/> DK } <i>SKIP to Check Item T28</i> | | | | | | | | | | | | | | | | | | | | | |
| 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 1986 tax return. | | | | | | | | | | | | | | | | | | | | | | | |
| | (1) Schedule A, Itemized Deductions | 9422 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK | | | | | | | | | | | | | | | | | | | | | |
| | (2) Schedule D, Capital Gains and Losses | 9424 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK | | | | | | | | | | | | | | | | | | | | | |
| | (3) Schedule E, Supplemental Income Schedule | 9426 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK | | | | | | | | | | | | | | | | | | | | | |

Section 5 – TOPICAL MODULES (Continued)

Part B – TAXES (Continued)

**CHECK
ITEM T28**

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

9428 1 Yes
2 No – *SKIP to 9a, page 58*

**CHECK
ITEM T29**

Is "Form 1040" marked in item 4?

9430 1 Yes
2 No – *SKIP to 8, page 58*

**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 1986?
(Form 1040, line 34a)

9434 \$. 00
x1 DK } *SKIP to Check Item T31*
x2 Ref. }

b. How much were . . . 's (and . . . 's husband's/wife's) deductions for interest paid during 1986?
(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 1986?

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 1986?

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
(Form 1040, line 42)

9450 1 Yes
2 No

9452 \$. 00
x1 DK
x2 Ref.

(3) A general business credit
(Form 1040, line 47)

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>7. How much were ...'s (and ...'s husband's/wife's) capital gains or losses from the sale or exchange of personal assets for 1986? <i>(Form 1040, line 13.)</i></p> | <p>9460 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>9461 x4 <input type="checkbox"/> Lost money – <i>Enter amount of loss in box</i></p> |
| <p><i>(SHOW FLASHCARD CC WITH APPROPRIATE TAX FORM)</i></p> <p>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.</p> <p>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 1986?</p> | <p>9462 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>9463 x4 <input type="checkbox"/> Lost money – <i>Enter amount of loss in box</i> } <i>SKIP to 10a</i></p> |
| <p>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 1986?</p> | <p>9464 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> |
| <p>CHECK ITEM T32 Amount of gross income reported in item 8a.</p> | <p>9466 1 <input type="checkbox"/> \$11,000 or more – <i>SKIP to 11a</i> 2 <input type="checkbox"/> Less than \$11,000 – <i>SKIP to 10a</i></p> |
| <p>9a. Can you give me an estimate of ...'s Federal income tax liability for 1986?</p> | <p>9468 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 10a</i></p> |
| <p>b. How much was ...'s Federal income tax liability? Count all taxes paid or withheld minus any refunds.</p> | <p>9470 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> |
| <p>10a. Did ... claim an earned income credit on ...'s Federal income tax return?</p> | <p>9472 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to 11a</i> x1 <input type="checkbox"/> DK</p> |
| <p>b. What was the amount of earned income credit claimed?</p> | <p>9474 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> |
| <p>11a. Did ... file a State and/or local income tax return for 1986?</p> | <p>9476 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to Check Item T35</i> x1 <input type="checkbox"/> DK</p> |
| <p>CHECK ITEM T33 <i>ASK OR VERIFY –</i> Was ... married as of December 31, 1986? <i>Mark "Yes" if spouse died during 1986.</i></p> | <p>9478 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 11c</i></p> |
| <p>11b. Did ... file a State and/or local income tax return jointly with ...'s (husband/wife)?</p> | <p>9480 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 11c</i></p> |
| <p>CHECK ITEM T34 Has an interview already been obtained for ...'s spouse?</p> | <p>9482 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T35</i> 2 <input type="checkbox"/> No</p> |

Section 5 — TOPICAL MODULES (Continued)

Part B — TAXES (Continued)

11c. How much was ...'s total State and local income tax liability for 1986? 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

12a. Did ... pay any property taxes on ...'s residence(s) in 1986?

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 |
|----------------------------------|-------|
| 9494 <input type="text"/> | _____ |
| 9496 <input type="text"/> | _____ |

d. What was the property tax bill for ...'s residence(s) in 1986?

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.

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.)

- 9610** 1 Yes
 2 No — SKIP to Check Item M1, page 62

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.)

- 9612** 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?

- 9614** 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.)

- 9616** 1 Yes — SKIP to Check Item M1, page 62
 2 No

4. During the past 12 months –

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

- 9618** \$. 00
 x3 None
 x1 DK

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

- 9620** \$. 00
 x3 None
 x1 DK

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

- 9622** 1 Yes
 2 No — SKIP to 5

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

- 9624** \$. 00
 x1 DK

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – SCHOOL ENROLLMENT AND FINANCING (Continued)

| | | |
|---|--|---|
| <p><i>(HAND RESPONDENT CARD DD)</i></p> <p>5a. Please look at this card and tell me if . . . received any of these types of educational assistance during the past 12 months.</p> <p>Anything else?</p> | <p>9626 x3 <input type="checkbox"/> None – <i>SKIP to Check Item M1</i></p> | <p>5b. How much did . . . receive?</p> |
| <p>(1) The GI Bill?</p> | <p>9628 1 <input type="checkbox"/> Received</p> | <p>9630 \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 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>9632 1 <input type="checkbox"/> Received</p> | <p>9634 \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK</p> |
| <p>(3) College Work Study Program?</p> | <p>9636 1 <input type="checkbox"/> Received</p> | <p>9638 \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK</p> |
| <p>(4) A Pell Grant?</p> | <p>9640 1 <input type="checkbox"/> Received</p> | <p>9642 \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK</p> |
| <p>(5) A Supplemental Educational Opportunity Grant (SEOG)?</p> | <p>9644 1 <input type="checkbox"/> Received</p> | <p>9646 \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK</p> |
| <p>(6) A National Direct Student Loan (NDSL)?</p> | <p>9648 1 <input type="checkbox"/> Received</p> | <p>9650 \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK</p> |
| <p>(7) A guaranteed student loan?</p> | <p>9652 1 <input type="checkbox"/> Received</p> | <p>9654 \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK</p> |
| <p>(8) A JTPA Training Program?</p> | <p>9656 1 <input type="checkbox"/> Received</p> | <p>9658 \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK</p> |
| <p>(9) Employer assistance</p> | <p>9660 1 <input type="checkbox"/> Received</p> | <p>9662 \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK</p> |
| <p>(10) A fellowship or scholarship?</p> | <p>9664 1 <input type="checkbox"/> Received</p> | <p>9666 \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK</p> |
| <p>(11) A tuition reduction?</p> | <p>9668 1 <input type="checkbox"/> Received</p> | <p>9670 \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK</p> |
| <p>(12) Anything else (other than assistance from relatives and friends)?</p> | <p>9672 1 <input type="checkbox"/> Received</p> | <p>9674 \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK</p> |

NOTES