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Samples of Questionnaires Sent out by Department of Commerce

UNITED STATES DEPARTMENT OF COMMERCE

Confidential Data for Use Only in Preparing Estimates of the National Income by
Direction of United States Senate Resolution 220

	<u>DENTAL PROFESSION</u>			
	<u>1929</u>	<u>1930</u>	<u>1931</u>	<u>1932</u>
1. Gross annual receipts from practice:	_____	_____	_____	_____
2. Net annual income from practice (gross annual receipts minus expenses of the practice):	_____	_____	_____	_____
3. Number of assistants employed, full time: (average for the year)	_____	_____	_____	_____
part time:	_____	_____	_____	_____
4. Salaries and wages paid assistants, full time:	_____	_____	_____	_____
part time:	_____	_____	_____	_____
5. Amount of net income withdrawn, whether as salary or profit:	_____	_____	_____	_____

Kindly fill out the above, giving your closest estimates where actual figures are not available, and return in the enclosed envelope, which requires no postage.

UNITED STATES DEPARTMENT OF COMMERCE

Division of Economic Research

Dentists

	<u>1932</u>	<u>1933</u>	<u>1934</u>
Gross income	_____	_____	_____
Net income	_____	_____	_____
Number of professional employees	_____	_____	_____
Number of other employees	_____	_____	_____
Salaries and wages paid professional employees	_____	_____	_____
Salaries and wages paid other employees	_____	_____	_____

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United States Senate Resolution 220.

MEDICAL PROFESSION

Dollars

Gross receipts from practice:	1929
	1930	.....
	1931	.....
	1932	.....
Net Income (gross receipts less expenses of practice):	1929
	1930
	1931
	1932

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PUBLIC ACCOUNTANTS

1. Is the business individual or partnership?
2. Total number of offices operated
3. Total number of offices included in this report (all if possible)	.....	.....	.....
	<u>1929</u>	<u>1930</u>	<u>1931</u>
4. Number of partners or firm members:	.....	.....	.....
5. Number of employees, full time: (average for the year)	.....	.....	.....
part time:	.....	.....	.....
6. Gross annual receipts:	.....	.....	.....
7. Salaries and wages paid, full time: (excluding compensation of firm members)	.....	.....	.....
part time:	.....	.....	.....
8. Net income (gross receipts less operating expenses):	.....	.....	.....
9. Withdrawals by firm members (include salaries if on salary basis):	.....	.....	.....

Kindly fill out the above giving your closest estimates where actual figures are not available, and return in the enclosed envelope, which requires no postage.

UNITED STATES DEPARTMENT OF COMMERCE

Bureau of Foreign and Domestic Commerce

Division of Economic Research

Public Accountants

(Practicing on Own Account and Members of Public Accounting Firms)

NOTE: If received by a firm member please enter data below for the entire firm and enter for Item 1 the number of members of the firm. One return from entire firm is preferred to individual returns from each firm member or for each branch office.

	<u>1932</u>	<u>1933</u>	<u>1934</u>
1. Number of firm members (if practicing on own account, answer "one")	_____	_____	_____
2. Gross income from independent practice of profession	_____	_____	_____
3. Net income (gross income less all expenses incurred in professional practice, before payment of Federal income taxes)	_____	_____	_____
4. Total cash withdrawals by the individual or by all members of the firm submitting questionnaires	_____	_____	_____
5. Number of accountants (other than firm members) employed (average monthly)	_____	_____	_____
6. Number of other employees (average monthly)	_____	_____	_____
7. Total salaries, wages, commissions, bonuses, etc., paid to accountants (other than firm members) employed	_____	_____	_____
8. Total salaries, wages, commissions, bonuses, etc., paid to other employees	_____	_____	_____

UNITED STATES DEPARTMENT OF COMMERCE
Bureau of Foreign and Domestic Commerce
Division of Economic Research.

To Public Accountants:

If this questionnaire is received by a public accountant who is a salaried employee of an accounting firm, please hand it to the employer; if received by a public accountant who is a salaried employee of a non-accounting firm or public institution, please disregard our request, since this questionnaire is designed to obtain information for independent professional service, and should be filled in only by accounting firms and independent practitioners. We desire only one return for each office. We do not ask for your signature.

Items	1929	1934	1935	1936
1. Number of firm members (if independent practitioner, answer "one").				
2. Gross income of firm from professional practice (if independent practitioner, exclude salaries from firms or public institutions; but in both cases exclude income from investments and other sources).				
3. Net income (Gross income less expenses incidental to your professional practice only, as rents and salaries. Such expenses should <u>not</u> include your living expenses nor your income taxes, state or Federal).				
4. Total cash withdrawals by the individual or by all members of the firm.				
5. Average monthly number of accountants employed other than firm members.				
6. Total salaries, commissions, bonuses, etc., paid to accountants included in item No. 5.				
7. Average monthly number of other employees, such as secretaries and other non-professional assistants.				
8. Total salaries paid each year to all employees included in item No. 7.				

Indicate the city and state in which your office is located.

4-277

(City)

(State)

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ENGINEERING PROFESSION

	<u>1929</u>	<u>1930</u>	<u>1931</u>	<u>1932</u>
1. Branch of engineering:
2. Is the firm individual or partnership?
3. Number of partners or firm members:
4. Number of employees, full time: (average for the year)
part time:
5. Gross annual receipts:
6. Salaries and wages paid, full time: (excluding compensation of firm members)
part time:
7. If incorporated:
a. Net income less taxes:
b. Dividends paid:
8. If unincorporated:
a. Net income (gross receipts less operating expenses):
b. Withdrawals by firm members (include salaries if on salary basis)

Kindly fill out the above giving your closest estimates where actual figures are not available, and return in the enclosed envelope, which requires no postage.

DEPARTMENT OF COMMERCE
Bureau of Foreign and Domestic Commerce
Division of Economic Research

To Attorneys at Law:

Instructions - If this questionnaire is received by an attorney who is a salaried employee of a legal firm, please hand it to your employer since there should be only one return for an entire firm for the first seven questions. For the last five questions (number 8-12) each firm member and each salaried attorney of the firm should make separate returns. If we have not enclosed sufficient copies of questions (8-12) we shall be pleased to send additional ones on request or attorneys may write letters giving the complete information in the order stated. Individual practitioners should answer all 12 questions. Attorneys employed by non-legal firms or public institutions should answer only questions 8-12, inclusive.

Where data are not provided, please indicate whether it means "None" or "Information not available." This distinction is important for statistical purposes. The information asked will be held in STRICT CONFIDENCE. To assure complete anonymity, please do not state the name of your firm or of firm members and give no signature.

Questions	1929	1932	1933	1934	1935	1936
1. Number of members in law firms (if practicing alone answer "one".)						
2. Gross income of individual practitioner or of firm from legal practice, including retainers (if practicing alone exclude salaries whether from part-time positions from firms or public institutions; but in all cases exclude income from investments and other sources.).						
3. Net Income (Gross income less current expenses applicable to legal practice only. Do not deduct capital outlays, income taxes, or personal expenses.).						
4. Average monthly number of professional employees (Lawyers on salary).						
5. Total Salaries paid to all employees included in question No. 4.						
6. Average monthly number of other employees (Secretaries, etc.)						
7. Total Salaries paid to all other employees included in question No. 6.						

(questions 8-12, inclusive, are to be answered by individual attorneys)

Name of the city and state where the major part of your practice occurs. City _____ State _____

8. Educational Qualifications:

A. Non-legal and pre-legal education -

(Circle year completed)		Graduated Yes or no	Degrees	Name of Institution
High School	1 2 3 4			
College	1 2 3 4			
Graduate	1 2 3			

B. Legal education -

Studied law in office (Yes or no) _____ Studied law in school (Yes or no) _____ In law school? (Yes or no) _____
 If in a law school, name of institution _____
 Day School _____ Night School _____ Have you a law degree? (Yes or no) _____ Number of years _____

C. General -

Were you in the upper quarter of your class in college? (Yes or no) _____ In law school? (Yes or no) _____
 Number of times bar examination taken in State _____ (Name) where admitted to practice _____ (Number) _____

9. Number of years engaged in legal practice as of December 31, 1936: Total _____ As salaried employee of legal firm _____ Of non-legal firm _____ As individual practitioner _____ Firm member _____

10. Nature of principal legal practice as of 1936:

Domestic Relations _____ Criminal _____ General Corporate Work _____ Probate _____ Negligence _____
 Public Utility _____ Banking _____ Real Estate _____ Insurance _____ Public Office (Specify) _____
 Other (Specify) _____ General _____

11. Net Income (Defined as in question number 3) or salary:

From practice as individual or with legal firm in 1933 _____ 1933 _____ 1936 _____
 If with non-legal firm, salary in 1929 _____ 1933 _____ 1936 _____

12. Are you actively engaged in remunerative activities other than practice of law? (Yes or no)

A. If so, state nature of such activities: Banking and finance _____ Insurance _____ Real Estate _____
 General Mercantile _____ Industrial _____ Other (Specify) _____

B. Net income from 12A exclusive of inheritance and rents, interest and dividends on investments:

1929 _____ 1933 _____ 1936 _____

