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



FORM QSS-4(A) (4-21-2004)

### DUE DATE **▶**

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Fax: 1-800-447-4613

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Visit our web site: http://www.census.gov/econhelp/qss or

**Call** 1–800–772–7851 between 8:30 a.m. and 5:00 p.m. EST, Monday through Friday.

| QUARTERLY | SERVICES | SURVEY |
|-----------|----------|--------|
|           |          |        |

(Please correct any errors in name, address, or ZIP Code)

|   | INTERNET REPORTING You may complete thi |           | http://www.census.gov/econhelp/qss  |  |  |  |
|---|---|-----------|---|--|--|--|
|   | Username:                               | Password: | using your firm's unique username and original password. If you change your password, please keep a record for reference. |  |  |  |
| 0 | SURVEY COVERAGE                         |           |   |  |  |  |
|   |   |           |   |  |  |  |
|   |   |           |   |  |  |  |
|   |   |           |   |  |  |  |

Does this firm have domestic locations providing the business activities described in the above survey coverage statement?

- o1 1 ☐ Yes Continue with 2

02

**2** NOT APPLICABLE TO THIS FORM

| 3        | REVENUE   |  |             |         |          |          |         |        |  |
|----------|---|--|-------------|---------|----------|----------|---------|--------|--|
|          |   |  |             |         |          |          |         |        |  |
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|          |   |  |             | \$ Bil. | Mil.     | Thou     |         | Dol.   |  |
| Α        | . What was this firm's quarterly  | y revenue for the domestic locations<br>t? |             |         | 1 1      |          |         |        |  |
|          | (See 1) covered by this report  | t?   | L!          |         |          |          | $\perp$ |        |  |
|          |   |  |             |         |          |          |         |        |  |
|          |   |  |             | (       | )7 ₁□ Bo | ook fiai | ire     |        |  |
| В        | B. Is the revenue reported in A above a book figure or estimate?        |  |             |         |          |          |         |        |  |
|          |   |  |             |         |          |          |         |        |  |
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| 4        | REPORT PERIOD   |  |             |         |          |          |         |        |  |
|          |   |  |             |         |          |          |         |        |  |
|          | 1 Yes – Continue with 6   | all and detection                          |             |         |          |          |         |        |  |
|          | <sup>2</sup> ■ No – Provide beginning and e<br>the most recent quarter. | ending dates for                           | Most Recent |         |          |          |         |        |  |
|          | the meet recent quarter   |  | М           | onth    | Day      |          | Year    |        |  |
|          |   |  | 08          |         |          |          | Т       | $\top$ |  |
|          |   | Beginning date                             |             |         |          |          |         |        |  |
|          |   |  | 09          |         |          |          |         |        |  |
|          |   |  |             |         |          |          |         |        |  |
|          |   | Ending date                                |             |         |          |          |         |        |  |
|          |   | Ending date                                |             | •       |          |          |         |        |  |
|          |   | Ending date                                |             |         |          |          |         |        |  |
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| 6 ACQUISITIONS OR MERGERS                       | Name of company acquired or merged with    |           |                |           |  |
|---|--|-----------|----------------|-----------|--|
| Accolorione on Mendens                          |  |           |                |           |  |
|   | Number and street                          |           |                |           |  |
|   |  |           |                |           |  |
| 13 1 Yes  | City, State, and ZIP Code                  |           |                |           |  |
| 2 🗀 NO  | oity, state, and zii oode                  |           |                |           |  |
|   |  |           |                |           |  |
|   | 15 Month Year                              |           |                |           |  |
|   | Date of acquisition                        | 16        |                |           |  |
|   | or merger EIN                              | 1         |                | <u> </u>  |  |
|   |  |           |                |           |  |
| <b>7</b> REMARKS - Please use this space for    | r comments or to explain any significant o | lifferend | e between your |           |  |
| current and prior quarte                        | er revenue.                                |           |                |           |  |
|   |  |           |                |           |  |
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| <b>2</b>  |  |           |                |           |  |
| 3 CONTACT INFORMATION                           |  |           |                |           |  |
| 17 Name of person to contact regarding this rep | port                                       | 18        | Telephone      |           |  |
|   |  | Area code | Number         | Extension |  |
|   |  |           |                |           |  |
| 20 E-mail address                               |  |           |                |           |  |
|   |  | 19        | Fax            |           |  |
|   |  | Area code | <u> </u>       |           |  |
| 21 Company website                              |  |           |                |           |  |
|   |  |           |                |           |  |
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|   |  |           |                |           |  |
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|   |  |           |                |           |  |
|   | THABIN MOLL                                |           |                |           |  |
|   | THANK YOU                                  |           |                |           |  |
| for completi                                    | ing your Quarterly Service                 | s Su      | rvey.          |           |  |
|   | ,    |           | •              |           |  |

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# **INSTRUCTIONS FOR 3**

### **Taxable Firms**

Firms operating on a commission basis should report commissions, fees, and other operating income, not gross billings or sales.

#### Include -

- Total value of service contracts.
- Amounts received for work subcontracted to others.
- Market value of compensation in lieu of cash.
- Revenue from services performed by domestic locations for foreign parent firms, subsidiaries, branches, etc.
- Dues and assessments from members and affiliates.

#### Exclude -

- Taxes (sales, amusement, occupancy, use, or other) collected directly from customers or clients and paid directly to a local, State, or Federal tax agency.
- Revenue from a domestic parent organization, or from franchise locations owned by others and any franchise or license fees.
- Rents from and revenue of separately operated departments, concessions, etc., which are leased to others.
- Revenue from customers for carrying or other credit charges.
- Commissions from vending machine operators.
- Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, District of Columbia, U.S. Commonwealth Territories, or U.S. Possessions).
- Nonoperating revenue such as income from investments, sales of company-owned real estate (land and building), or other assets, (except inventory held for resale), securities, gifts, loans, contributions, royalties, or grants.
- Revenue from the sale of used equipment.
- Installment payments from leasing under capital, finance, or full-payout leases.
- Intracompany transfers.
- Interest income.

# **Tax-Exempt Firms**

Firms operating on a commission basis should report commissions, fees, and other operating income, not gross billings or sales.

#### Include -

- Program service revenue for services provided in the quarter, whether or not payment was received in that quarter.
- Gross sales of merchandise, minus returns and allowances.
- Income from interest, dividends, gross rents (including display space rentals and share of receipts from departments operated by other companies), royalties, and other investments.
- Net gains (or losses) from the sale of real estate (land and buildings), investments, or other assets (except inventory held for resale).
- Gross contributions, gifts, and grants (whether or not restricted for use in operations).
- Dues and assessments from members and affiliates.
- Commissions earned from the sale of merchandise owned by others (including commissions from vending machine operators).
- Gross receipts from fundraising activities.

## Exclude -

- Sales and other taxes collected directly from customers or clients and paid directly to a local, State, or Federal tax agency.
- Gross receipts of departments or concessions operated by other companies.
- Amounts transferred to operating funds from capital or reserve funds.

Public reporting burden for this collection of voluntary information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0907, U.S. Census Bureau, 4700 Silver Hill Road, Stop 1500, Washington, DC 20233-1500. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-0907" as the subject. PLEASE INCLUDE FORM NAME AND NUMBER IN ALL CORRESPONDENCE.

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