

**PAPERWORK REDUCTION ACT  
CHANGE WORKSHEET**

Agency/Subagency: Commerce/Census/SSSD		OMB Control Number 0607-0907
Enter only items that change		
	Current Record	New Record
Agency form numbers(s)	QSS-1(A), QSS-1(E), QSS-2(A), QSS-2(E), QSS-3(A), QSS-3(E), QSS-4(A), QSS-4(E), QSS-5(A), QSS-5(E)	QSS-1(A), QSS-1(E), QSS-2(A), QSS-2(E), QSS-3(A), QSS-3(E), QSS-4(A), QSS-4(E), QSS-5(A), QSS-5(E), <b>QSS-1A- PEO, QSS-1E-PEO</b>
Annual reporting and recordkeeping hour burden		
Number of respondents		
Total annual responses		
Percent of these responses collected electronically	%	%
Total annual hours		
Difference		
Explanation of difference Program change Adjustment		_____ _____
Annual reporting and recordkeeping cost burden (in thousands of dollars)		
Total annualized Capital/Startup costs		
Total annual costs (O&M)		
Total annualized cost requested		
Difference		
Explanation of difference Program change Adjustment		_____ _____
<b>Other Change**</b>		
Signature of Senior Official or designee:	Date:	For OIRA Use _____ _____

\*\*This form cannot be used to extend an expiration date.

The U.S. Census Bureau plans to introduce two new survey forms in its Quarterly Services Survey (QSS) – the QSS-1A-PEO and QSS-1E-PEO. These new survey forms will be used to capture specific data for the North American Industry Classification System (NAICS) 561330, Professional Employer Organizations (PEOs).<sup>1</sup>

Since 2003, the QSS has collected and published data for NAICS 5613 (Employment Services). However, due to different interpretations between the QSS revenue reporting instructions and accounting/record keeping practices of select sampled cases in NAICS 561330, collected data in NAICS 5613 often contained unstable revenue levels<sup>2</sup>. As a result, the quarterly revenue levels have to be adjusted to reflect the correct level for the sampled industry.<sup>3</sup>

To alleviate this discrepancy, the Census Bureau will create two new survey forms that will specifically address NAICS 561330. The new forms will request data for:

- Gross billings/professional service fees
- Direct costs of worksite employees
- Net Revenue (difference between gross billings/professional fees and direct costs of worksite employees)
- An indicator of whether net revenue is a book figure or estimate

The new survey forms will not cause any adjustment to the current sample size. Currently, the QSS sample contains 86 cases that will receive the new survey forms. The new forms will not affect public reporting burden which is approximately 15 minutes per response. The new survey forms will request data similar to the industry's public reporting, accounting, and /record keeping procedures.

This change will be effective June 30th, 2007<sup>4</sup>

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<sup>1</sup>See attachment A.

<sup>2</sup>Revenue reporting instructions are located on page 2 of the QSS-1(A) and QSS-1(E) for question 3. NAICS 561330 represent, Professional Employer Organizations.

<sup>3</sup>All adjusted QSS revenue levels are partially based on reconciliation efforts with the Service Annual Survey (SAS).

<sup>4</sup>Mailout date for the 2<sup>nd</sup> quarter of 2007.

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



FORM

QSS-1A-PEO

# QUARTERLY SERVICES SURVEY

**NOTICE** — Your report to the Census Bureau is **confidential** by law (**Title 13, U.S. Code**). It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. The law also provides that copies retained in your files are **immune from legal process**.

**RETURN COMPLETED FORM TO:**

**U.S. CENSUS BUREAU**  
1201 East 10th Street  
Jeffersonville, IN 47132-0001

OR

Fax: 1-800-447-4613

**NEED HELP?**

**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.

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

**INTERNET REPORTING**

You may complete this survey online at:

<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.

**1 SURVEY COVERAGE**

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

01 1  Yes – Continue with 2

2  No – Specify your business activity and continue with 2 ↗

02

**2 NOT APPLICABLE TO THIS FORM**

**3 REVENUE**

**A. Gross billings/professional service fees** – Report the professional service fee, or gross billings, for the company . . . . .

**B. Direct costs of worksite employees** – Report salaries, wages, employment-related taxes, benefit premiums, and worker’s compensation insurance costs, for PEO worksite employees . . . . .

**C. NET REVENUE** – Difference between lines **A** and **B**. . . . .

**D. Are the revenues reported in C above book figures or estimates?** . . . . .

06 \$ Bil.	Mil.	Thou.	Dol.

07 1  Book figures  
2  Estimates

**4 REPORT PERIODS**

- 1  Yes – Continue with 5
- 2  No – Provide beginning and ending dates for the most recent and prior quarters.

Beginning date . . . . .

Ending date . . . . .

Most recent quarter		
Month	Day	Year
08		
09		

**5 SOURCE OF REVENUE**

**What percentage of revenue (reported in 3) is received from each of the following types of customers?**

*Estimates are acceptable if actual data is not available.*

- 1. Government (local, State, and Federal) . . . . .
- 2. Business firms and not-for-profit organizations . . . . .
- 3. Household consumers and individual users . . . . .
- Total** . . . . .

10	%
11	%
12	%
<b>100%</b>	

**6 ACQUISITIONS OR MERGERS**

14 Name of company acquired or merged with

Number and street

13 1  Yes  
2  No

City, State, and ZIP Code

Date of acquisition  
or merger →

15

Month	Year

EIN →

16

		-							
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**7 REMARKS – Please use this space for comments or to explain any significant difference between your current and prior quarter revenue.****8 CONTACT INFORMATION**

17 Name of person to contact regarding this report

18 Telephone

Area code Number Extension

20 E-mail address

19 Fax

Area code Number

21 Company website

**THANK YOU**  
**for completing your Quarterly Services Survey.**

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. Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the top right corner on the front of this form.

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



FORM

QSS-1E-PEO

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01 1  Yes – Continue with 2

2  No – Specify your business activity and continue with 2 ↘

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**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Is the Federal Employer Identification Number (EIN) printed in the upper left of the address label the same as that used for this firm on its latest Employer's Quarterly Federal Tax Return (Treasury Form 941)?

03 1  Yes – Go to Item 3

2  No – Enter current EIN and date you started reporting payroll under this EIN.

Federal Employer Identification Number (EIN)

04

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05

Month		Year	



**6 ACQUISITIONS OR MERGERS**

14 Name of company acquired or merged with

Number and street

13 1  Yes  
2  No

City, State, and ZIP Code

Date of acquisition  
or merger →

15

Month	Year

EIN →

16

		-							
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