

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

# QUARTERLY SERVICES SURVEY



FORM

QSS-1E-PEO

**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 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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Month | Year

05

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**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.
A. Gross billings/professional service fees				
B. Direct costs of worksite employees				
C. NET REVENUE				

<sup>07</sup> 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 ORGANIZATIONAL CHANGE**  
 Did your firm experience any organizational change during Jan, Feb, or March 2007?

13 1  Yes →

acquired  
 merged with  
 sold to

NO

14 Name of company acquired/merged with/sold to

Number and street

City, State, and ZIP Code

Date of acquisition, sale, 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.