

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

QUARTERLY SERVICES SURVEY



FORM

QSS-1A-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 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 <input type="checkbox"/> Book figures <input type="checkbox"/> 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	%
100%	

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.