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



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.

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

Month

05

Year

You may complete this survey online at:			http://www.census.gov/econhelp/gss		
	ername:	Password:	using your firm's unique username and original password. If you change your password, please keep a record for reference.		
) su	RVEY COV	/ERAGE			
		nve domestic locations providing verage statement?	the business activities described in the		
01		Continue with 2			
	2 ∐ No − .	Specify your business activity and c	ontinue with ② 🖟		
2 FEI	DERAL EM	PLOYER IDENTIFICATION NUME	BER (EIN)		
s the	Federal Em	pployer Identification Number (E	IN) printed in the upper left of the address label the same as uarterly Federal Tax Return (Treasury Form 941)?		
		Go to Item <b>3</b>	ualterly reueral lax neturn (lieasury roini 341):		
	2 □ No - 1	Enter current EIN and date you start	ed reporting payroll under this EIN.		

Federal Employer Identification Number (EIN)

3 REVENUE					
		06 \$ Bil.	Mil.	Thou.	Dol.
A. Gross billings/professional serv	ice fees – Report the professional service fee, or				
g					
B. Direct costs of worksite employ benefit premiums, and worker's compe	ees – Report salaries, wages, employment-related taxes, nsation insurance costs, for PEO worksite employees				
C. NET REVENUE - Difference between					
	above book figures or estimates?			ook figures timates	5
4 REPORT PERIODS					
1 ☐ Yes – Continue with <b>5</b>					
<sup>2</sup> ☐ No – Provide beginning and ending the most recent and prior qua	g dates for rters	Most recent quarter			
the most recent and phor qua	11615.	Month Day Year			
	Beginning date	08			
		09			
	Ending date				
	Ending date				
5 SOURCE OF REVENUE	Ending date		!		
5 SOURCE OF REVENUE  What percentage of revenue (reports received from each of the follows of customers?	rted in ᢒ)		-		
What percentage of revenue (reports received from each of the follow	rted in ③) ring types				
What percentage of revenue (reports received from each of the follow of customers?  Estimates are acceptable if actual data is	rted in ③) ring types	10			%
What percentage of revenue (reports received from each of the follows of customers?  Estimates are acceptable if actual data is  1. Government (local, State, and Federal)	rted in ③) ring types not available.	11			%
What percentage of revenue (reports received from each of the follows of customers?  Estimates are acceptable if actual data is  1. Government (local, State, and Federal)  2. Business firms and not-for-profit organic	rted in ③) ring types not available.	11 12			
What percentage of revenue (reports received from each of the follows of customers?  Estimates are acceptable if actual data is  1. Government (local, State, and Federal)  2. Business firms and not-for-profit organical. Household consumers and individual units.	rted in ③) ring types  not available.  zations	11 12	10	0%	%

ORGANIZATIONAL CHANGE Did your firm experience any organizational change during Jan, Feb,or March 2007?  13 1 Yes	Date of acquisition, sale, or merger  To comments or to explain any significant deer revenue.	, L	ce between your	
3 CONTACT INFORMATION				
17 Name of person to contact regarding this rep	port	18	Telephone	Futuraina
20 E-mail address		Area code	Number	Extension
2 maii addiooo			_	
		19 Area code	Fax 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.

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