

QUARTERLY SERVICES SURVEY



FORM

DUE DATE ↗

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?

- 1 Yes – Continue with 2
- 2 No – Specify your business activity and continue with 2 ↗

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 Federal Tax Return (Treasury Form 941 or 944)?

- 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)

Month | Year

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 A above book figures or estimates?

\$ Bil.	Mil.	Thou.	Dol.

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		

5 SOURCE OF GROSS BILLINGS

What percentage of gross billings (reported in 3A) 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**

	%
	%
	%
100%	

6 ORGANIZATIONAL CHANGE 13 1 <input type="checkbox"/> YES → 1 <input type="checkbox"/> acquired 2 <input type="checkbox"/> merged with 3 <input type="checkbox"/> sold to 2 <input type="checkbox"/> NO	14 Name of company acquired/merged with/sold to													
	Number and street													
	City, State, and ZIP Code													
	Date of acquisition merger or sale. → <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 40px;">Month</td> <td style="width: 40px;">Year</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table> EIN → <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;">-</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>	Month	Year					-						
Month	Year													
		-												

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
21 Company website	Area code Number

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, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. 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 informaiton collection unless it displays a valid number from the Office of Management and Budget. This 8-digit number appears in the top right corner on the front of this form.