2009 Annual Services Report Service Annual Survey



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REPORT DUE

Any questions call **1–800–772–7851** M–F, 8:30 a.m. to 5:00 p.m. EST. or

Visit our web site: www.census.gov/econhelp/sas Please correct any error in the name, address, or ZIP Code.

Internet Reporting

To complete this report online go to: www.census.gov/econhelp/sas Click on "Census Taker" and use your username and password to login.

Username:

Password:

YOUR RESPONSE IS REQUIRED BY LAW

Title 13, U.S. Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau.

YOUR RESPONSE IS CONFIDENTIAL BY LAW

Title 13, U.S. Code, requires that your response 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.**

YOUR RESPONSE IS IMPORTANT

The services industries account for nearly 70 percent of all economic activity. We conduct this survey to obtain timely, comprehensive and consistent measures needed by policy-makers, businesses, and the public to accurately assess domestic economic performance.

Annual Services Report

- This report should be completed and returned on or before the due date in the preaddressed envelope provided.
- If filing within the required time frame will cause an undue burden and you would like an extension, or if you have any questions, please write to:

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

or call a Census Bureau Representative at 1-800-772-7851, weekdays from 8:30 a.m. to 5:00 p.m., Eastern Standard Time.

1 Report Coverage

Does the above covera	ge describe this firm's business activity?
1 Yes – Go to 2	
2 ☐ No - Specify the firm'	s business activity and complete the report where applicable beginning with 🙎 . ——————————————————————————————————
0002	

2 Report Periods

What periods of time will this data represent?

- Report data for the 2009 calendar year if possible.
- For locations that were sold or acquired during the year, only report for the periods that this firm operated the locations.

			Month	Day	Year
		0007			
0006	1 ☐ 2009 calendar year – Go to 3	From			
	2 Other than calendar year – Enter the periods this report will cover				
	(e.g., fiscal years, periods with less than a full calendar	8000			
	year).	То			

2009

3	Revenue					
	Report the total revenue for this firm's locations defined in 1 for the following of Enter "0" where applicable. Estimates are acceptable. Do not combine data for two or more detail lines.	categories.				
	Tax Status					
	Is this establishment operated on a not-for-profit basis?					
	1 ☐ Yes – Complete lines 1–4					
00	³¹ ₂ ☐ No – Go to line 4	Mark "X"	Bil.	2009 R Mil.	tevenue Thou.	Dol.
		if None	DII.	IVIII.	THOU.	DOI.
	1. Contributions, gifts, and grants received	1741	\$			
		Mark "X" if None				
	2. Investment and property income – Include interest and dividends. Exclude gains (losses) from assets sold	1742	\$			
	3. Program service and all other revenue – Revenue not reported in lines 1 and 2. Include capital gains and losses. If this item is greater than 20% of the total revenue, specify the primary source of the revenue here	Mark "X" if None				
- '	7					
		1798 📖	\$			
	4. TOTAL REVENUE – Sum of lines 1–3					

4 Not Applicable

Operating Expenses Report operating expenses for this firm's locations as defined in 1 for the following categories. Enter "0" where applicable. Estimates are acceptable. Transfers made within the company Capitalized expenses Interest Bad debt Impairment Income tax Personnel Costs 2009 Operating Expenses Thou. 1. Gross annual payroll - Total annual Medicare salaries and wages for all Mark "X" employees as reported on your firm's IRS Form 941, Employer's Quarterly if None Federal Tax Return, line 5(c) for the four quarters that correspond to the survey period or IRS Form 944 Employer's Annual Federal Tax Return line 4(c). 2. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, Mark "X" 401K and stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life if None Mark "X" 3. Temporary staff and leased employee expense - Total costs paid to Professional if None Employer Organizations (PEOs) and staffing agencies for personnel. Include all \$ Expensed Materials, Parts and Supplies (not for resale) Mark "X" 4. Expensed equipment - Expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs and if None monitors). Report packaged software in line 6. Report leased and rented equipment 1824 5. Expensed purchases of other materials, parts, and supplies - Materials and Mark "X" supplies used in providing services to others; materials and parts used in repairs; if None office and janitorial supplies; small tools; containers and other packaging materials; and motor fuels. **Expensed Purchased Services** 6. Expensed purchases of software - Purchases of prepackaged, custom coded, or Mark "X" vendor customized software. Include software developed or customized by others, if None web-design services and purchases, licensing agreements, upgrades of software, and maintenance fees related to software upgrades and alterations. 1826 Mark "X" 7. Purchased electricity and fuels (except motor fuels) - If the cost of electricity and if None heating fuels (e.g., natural gas, propane, oil, coal) are included in lease or rental \$ 8. Lease and rental payments - For land, buildings, offices, structures, machinery, Mark "X" equipment, and other tangible items. Include lease and rental of transportation if None equipment without operators; and penalties incurred for broken leases. Exclude capital and financing lease agreements and licensing/leasing of software.

Operating Expenses – (Continued) Report operating expenses for this firm's locations as defined in 1 for the following categories. Enter "0" where applicable. Estimates are acceptable. **Exclude:** Transfers made within the company Capitalized expenses Interest Bad debt Impairment Income tax Expensed Purchased Services – (Continued) 9. Purchased repair and maintenance - Include expensed repair and maintenance 2009 Operating Expenses to buildings and integral building components (e.g., elevators, heating and cooling systems), structures, offices, machinery, vehicles, equipment, and computer hardware. Mil. Thou. Mark "X" Dol Exclude materials, parts, and supplies used for repair and maintenance performed if None by this firm's employees. Report janitorial and grounds maintenance services in . 1829 Mark "X" if None Purchased advertising and promotional services – Include marketing and public . 1830 Other Operating Expenses 11. Depreciation and amortization charges - Include depreciation charges taken against tangible assets owned and used by your firm, tangible assets and Mark "X" improvements owned by your firm within leaseholds, tangible assets obtained if None through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). Exclude impairment. 1831 Mark "X" 12. Governmental taxes and license fees - Payments to government agencies for taxes if None and licenses. Include business and property taxes. Exclude income taxes, and sales . 1832 ____\$ 13. All other operating expenses – All other operating expenses not reported above, Mark "X" unless specifically excluded in the general instructions at the top of the page. Include if None office postage paid and package delivery. Exclude purchases of merchandise for

1899

resale and nonoperating expenses.

6 Interest Expenses

Report operating expenses for this firm's locations as defined in 1 for the following categories.

- Enter "0" where applicable.
 Estimates are acceptable.
 Do not combine data of two or more lines.

- Exclude:
 Transfers made within the company
- Capitalized expenses
- ImpairmentBad debt
- Income tax

		2009 Interest Expense			se
	Mark "X" if None	Bil.	Mil.	Thou.	Dol.
Interest expense – Interest expenses incurred in the financing of operations and long lived assets used in continuing operations		\$			

7	Not Applicable				
8	E-Commerce Revenue				
	E-commerce includes sales, receipts, and contributions from any transaction completed over an Inte network, electronic mail or other online system. Transactions are agreements between buyers and so ownership of, or rights to use, goods or services. Payment for these goods and services may or may online.	ellers to	transfe		
	Did the revenue reported in include any e-commerce revenue?	2009 Bil.	E-Comm Mil.	Thou.	/enue Dol.
001	1 Yes – What was this firm's e-commerce revenue?	\$			
9	Not Applicable				

10 Not Applicable

11 Change in Structure	
Did you have an Employer Identification Number (EIN) change in 2009?	
1 Yes – Enter the new EIN	
Was there a change in ownership or control? 1 Yes - Provide the date of the change and the firm's information	r
2 No - Go to 12 Name of company acquired or merged with	
Street address	
City, State, ZIP Code	
0019 — — — — — — — — — — — — — — — — — — —	
Specify the nature of this change here	
0035	
Remarks — Please provide an explanation for any inconsistent or incomplete data that would aid in understanding For any separate correspondence pertaining to this report, please include the identification number of address label area at the top of the first page. 0027	g this report.
13 Certification — This report is substantially accurate and has been prepared in accordance with the instructions.	
0020 Name of person completing this report – Please print 0024 Title 0025 Date	
0021 Address (Street address, City, State, ZIP Code)	
O022 Telephone number O023 Fax number O026 E-mail address Area code Number Extension Area code Number	
Return Completed form to: U.S. CENSUS BUREAU 1201 East 10th Street Jeffersonville, IN 47132-0001 For fax to: 1–800–447–4613 Public reporting burden for this collection of information is estimated to average per response, including reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this conformation, including suggestions for reducing this burden, to: Paperwork Project 0607-0422, U.S. Census Bureau, Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may e-mail comments to Paperwork@census.gov; usure are not required to respond to any information collection unless it displays a valid approval number from the Office Management and Budget. This 8-digit number appears in the top right corner on the front of this form. To see aggregate industry results of previous Service Annual Surveys, go to the following website: www.census.gov/services/ind	and ollection of 4600 ondents of