2009 Annual Services Report Service Annual Survey



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SA-51919

REPORT DUE

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

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? |
|-----------------------|-----------------------------------------------------------------------------------|
| | s business activity and complete the report where applicable beginning with 2.——— |
| 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.

2009

| | | | Month | Day | Year |
|------|-------------------------------------------------------------------------|------|-------|-----|------|
| | 1 □ 2009 calendar year – Go to 3 | 0007 | | | |
| 0006 | 2 ☐ Other than calendar year – Enter the periods this report will cover | From | | | |
| | (e.g., fiscal years, periods with less than a full calendar | 0008 | | | |
| | year). | То | | | |

| 3 | Operating Revenue | | | | | | |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------|------|-------|------|--|
| • • | eport the total operating revenue for this firm's locations defined in for the factor "0" where applicable. Estimates are acceptable. Exclude: Transfers made within the company. | following ca | tegorie | s. | | | |
| · | nansiers made within the company. | | | | | | |
| | | 2009 Operating Revenue | | | | | |
| | | Mark "X" if None | Bil. | Mil. | Thou. | Dol. | |
| 1. | Information search and retrieval services – Providing a systematic search for and retrieval of information (e.g., documents, databases, archived publications) based on established search criteria. | .6391 | \$ | | | | |
| | | Mark "X" | | | | | |
| 2. | Information services – Storing collections of information for dissemination or other access. Include stock photo services, telephone based recordings, provision of real time financial market data, bulletin broadcasting | if None | \$ | | | | |
| | <u>g</u> | Mark "X" | | | | | |
| 3. | Media monitoring and analysis – Collecting and recording editorial coverage | if None | | | | | |
| | published in various mass media (e.g., clipping service) about a subject (e.g., | 6393 | \$ | | | | |
| | process, and proposed and processing | Mark "X" | | | | | |
| | | if None | | | | | |
| 4. | Advertising – Advertising from publications, web sites and another medium | .6394 | \$ | | | | |
| | , | | | | | | |
| 5. | All other operating revenue – Revenue not reported in lines 1–4. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue here $_{\not\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!$ | Mark "X" | | | | | |
| 1560 | | if None | | | | | |
| | | 1799 | \$ | | | | |
| | | | | | | | |
| | | | | | 1 | | |
| 6. | TOTAL OPERATING REVENUE – Sum of lines 1–5 | | \$ | | | | |
| | | | | | | | |
| | | | | | | | |
| 4 | Not Applicable | | | | | | |
| | bb sees a | | | | | | |
| | | | | | | | |
| | | | | | | | |
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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.

| 5 | Operating Expenses – (Continued) | | | | | | |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------|---------|-----------|-----------|------|
| - | Report operating expenses for this firm's locations as defined in 🚺 for the follow | vina | cated | nories | | | |
| • | Enter "0" where applicable. Estimates are acceptable. | •9 | outo | ,01100. | | | |
| | Exclude: | | | | | | |
| • | Transfers made within the company | | | | | | |
| • | Capitalized expenses Interest | | | | | | |
| • | Bad debt | | | | | | |
| • | Impairment Income tax | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Fxr | pensed Purchased Services – (Continued) | | | | | | |
| | | | | | | | |
| 9. | Purchased repair and maintenance – Include expensed repair and maintenance to buildings and integral building components (e.g., elevators, heating and cooling | 1.4- | l . //X | 20 | 09 Operat | ing Exper | nses |
| | systems), structures, offices, machinery, vehicles, equipment, and computer hardware. | ;£ 1 | ark "X Vone | Bil. | Mil. | Thou. | Dol. |
| | Exclude materials, parts, and supplies used for repair and maintenance performed by this firm's employees. Report janitorial and grounds maintenance services in | | | | | | |
| | line 13 | 1829 | Ш | \$ | | | |
| | | 1.1. | ark "X | ıı | | | |
| | | | Vone | | | | |
| 10. | Purchased advertising and promotional services – Include marketing and public | | | _ | | | |
| | relations services | 1830 | Ш | \$ | | | |
| | | | | | | | |
| Oth | er Operating Expenses | | | | | | |
| 11. | Depreciation and amortization charges - Include depreciation charges taken | Ma | ark "X | ıı | | | |
| | against tangible assets owned and used by your firm, tangible assets and improvements owned by your firm within leaseholds, tangible assets obtained | | Vone | | | | |
| | through capital lease agreements, and amortization charges against intangible | | | \$ | | | |
| | assets (e.g., patents, copyrights). Exclude impairment | 1831 | Ш | Ψ | | | |
| | | Ma | ark "X | ıı . | | | |
| 12. | Governmental taxes and license fees – Payments to government agencies for | if I | Vone | | | | |
| | taxes and licenses. Include business and property taxes. Exclude income taxes, and sales and excise taxes collected from customers. | 1022 | | \$ | | | |
| | and sales and excise taxes collected norm customers | 1032 | | Ψ | | | |
| | | Ma | ark "X | ıı . | | | |
| 13. | All other operating expenses – All other operating expenses not reported above, unless specifically excluded in the general instructions at the top of the page. Include | if I | Vone | | | | |
| | office postage and package delivery. Exclude purchases of merchandise for resale an | ıd | | \$ | | | |
| | non-operating expenses. | 1899 | ш | Ψ | | | |
| | | | | | | | |
| | | | | | | | |
| 14. | TOTAL OPERATING EXPENSES – Sum of lines 1–13 | | .1900 | \$ | | | |
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| | | | | | | | |
| 6 | Not Applicable | | | | | | |
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| | | | | | | | |

| 1 | Not Applicable | | | | |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|----------------------|-------------------------|
| | | | | | |
| 8 | E-Commerce Revenue | | | | |
| | E-commerce includes sales, receipts, and contributions from any transaction completed over an I network, electronic mail or other online system. Transactions are agreements between buyers an ownership of, or rights to use, goods or services. Payment for these goods and services may or online. | d sellers | to tran | sfer | |
| | Did the revenue reported in 3 include any | 2009 Bil. | E-Comm Mil. | | renue Dol. |
| | e-commerce revenue? | DII. | IVIII. | Thou. | DOI. |
| | 1 Yes – What was this firm's e-commerce revenue? | \$ | | | |
| | 2 □ No – Go to 9 | | | | |
| 9 | Export Revenue | | | | |
| | An exported service is a service performed for a customer or client (individual, government, busing outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Tinclude: | ness es erritorie | tablishm s, or U.S | ent, etc S. posse | c.) locate essions). |
| | • Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subside Exclude: | liaries, b | ranches | s, etc.). | |
| | Services provided to domestic subsidiaries of foreign firms. | | | | |
| | | | | | |
| | Did the revenue reported in [3] include any revenue | Bil. | 09 Expo | Thou. | ue Dol. |
| | from exports? | D | | THOU. | |
| 0009 | 1 Yes – What was this firm's revenue from exports? | \$ | | | |
| | 2 LNo − Go to 11 | | | | |
| | | | | | |
| 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 | Year |
| 2 No - Go to 12 | |
| Street address | |
| City, State, ZIP Code | |
| 0019 EIN — | |
| Specify the nature of this change here | |
| 0035 | |
| Remarks — Please provide an explanation for any inconsistent or incomplete data that would aid in unde For any separate correspondence pertaining to this report, please include the identification nu address label area at the top of the first page. 0027 | rstanding this report. |
| 13 Certification — This report is substantially accurate and has been prepared in accordance with the instru | ctions. |
| 0020 Name of person completing this report – Please print 0024 Title 0025 Date | |
| 0021 Address (Street address, City, State, ZIP Code) | |
| O022 Telephone number 0023 Fax number 0026 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 or fax to: 1–800–447–4613 Public reporting burden for this collection of information is estimated to average per response, information. Send comments regarding this burden estimate or any other aspecting suggestions for reducing this burden, to: Paperwork Project 0607-0422, U.S. Census Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may e-mail comments to Paperwork@census "Paperwork Project 0607-0422" as the subject. Please include form name and number in all correspondent are not required to respond to any information collection unless it displays a valid approval number from the 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/service. | t of this collection of s Bureau, 4600 s.gov; use ce. Respondents ne Office of |