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 and 2008 calendar years if possible.
- For locations that were sold or acquired during the year, only report for the periods that this firm operated the locations.

2009

2008

			Month	Day	Year	_	Month	Day	Year
	1 ☐ 2009 and 2008 calendar years – Go to 3	0007				F			
0006	2 Other than calendar year – Enter the periods	From				From			
	this report will cover.	8000							
	(e.g., fiscal years, periods with less than a full calendar year).	To				То			

3	Operating	Revenue
U	Operating	Ticveriuc

Report the total operating revenue for this firm's locations defined in 1 for the following categories.

- Enter "0" where applicable.Estimates are acceptable.

Exclude:

• Transfers made within the company.

	2009	Operatir	ng Rever	nue		2008	Operati	ing Reve	nue
_	Bil.	Mil.	Thou.	Dol.	_	Bil.	Mil.	Thou.	Dol.
1. TOTAL OPERATING REVENUE	\$					\$			

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 1. Gross annual payroll - Total annual Medicare salaries 2009 Operating Expenses 2008 Operating Expenses and wages for all employees as reported on your firm's Mark "X" IRS Form 941, Employer's Quarterly Federal Tax Return, Thou. Thou. Dol. Dol Mark "X" if None line 5(c) for the four quarters that correspond to the if None survey period or IRS Form 944 Employer's Annual Federal Tax Return line 4(c). \$ 1821 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, 401K and stock option plans); and Mark "X" other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state Mark "X" if None if None disability insurance programs, life insurance benefits, \$ Medicare). Exclude employee contributions. 1822 Mark "X" 3. Temporary staff and leased employee expense -Mark "X if None Total costs paid to Professional Employer Organizations if None (PEOs) and staffing agencies for personnel. Include all 1823 |\$ charges for payroll, benefits, and services. Expensed Materials, Parts and Supplies (not for resale) Expensed equipment – Expensed computer hardware Mark "X" and other equipment (e.g., copiers, fax machines, Mark "X" if None telephones, shop and lab equipment, CPUs and monitors). if None Report packaged software in line 6. Report leased and rented equipment in line 8. 1824 5. Expensed purchases of other materials, parts, and Mark "X" supplies - Materials and supplies used in providing Mark "X" if None 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. 1825 **Expensed Purchased Services** 6. Expensed purchases of software - Purchases of prepackaged, custom coded, or vendor customized software. Mark "X" **Include** software developed or customized by others, Mark "X" if None web-design services and purchases, licensing if None agreements, upgrades of software; and maintenance fees related to software upgrades and alterations. . . . \$ 1826 Mark "X" 7. Purchased electricity and fuels (except motor fuels) -Mark "X if None If the cost of electricity and heating fuels (e.g., natural if None gas, propane, oil, coal) are included in lease or rental \$ \$ 1827 Lease and rental payments – For land, buildings, offices, structures, machinery, equipment, and other tangible items. Mark "X" Include lease and rental of transportation equipment Mark "X" if None without operators; and penalties incurred for broken if None leases. Exclude capital and financing lease agreements \$ and licensing/leasing of software. 1828

F	Operating Expenses – (Continued) Report operating expenses for this firm's locations Enter "0" where applicable. Estimates are acceptable. Exclude: Transfers made within the company Capitalized expenses Interest Bad debt Impairment Income tax	s as de	fined in	1 for	the foll	owing c	categories	3.			
Expe	ensed 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 systems), structures, offices, machinery, vehicles, equipment, and computer hardware. 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.	N / / -	"X" Bil	Operati Mil.	ng Expe	nses Dol.	Mark "X" if None	2008 Bil.	3 Operati Mil.	ing Exper	nses Dol.
10.	Purchased advertising and promotional services – Include marketing and public relations services.	Mark if Non					Mark "X" if None	\$			
Othe	r Operating Expenses										
	Depreciation and amortization charges – Include depreciation charges taken against tangible assets owned and used by your firm, tangible assets and improvements owned by your firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). Exclude impairment.	Mark if Non					Mark "X" if None	\$			
12.	Governmental taxes and license fees – Payments to government agencies for taxes and licenses. Include business and property taxes. Exclude income taxes, and sales and excise taxes collected from customers	Mark if Non					Mark "X" if None	\$			
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 office postage and package delivery. Exclude purchases of merchandise for resale and non-operating expenses.	Mark if Non					Mark "X" if None	\$			
14.	TOTAL OPERATING EXPENSES – Sum of lines 1–13	190	\$					\$			
6	Not Applicable										

	nge in Struc	ture										
Did yo	u have an Emplo	yer Identi	ification Nu	mber (EIN) chan	ge in 20	009 or	2008?	•			
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