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# 2009 Annual Services Report Service Annual Survey

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



FORM	SA-61TE
REPORT DUE	
Any questions call <b>1–800–772–7851</b> M–F, 8:30 a.m. to 5:00 p.m. EST. or <i>Visit</i> 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: <i>www.ce</i> Click on "Census Taker" and use your usern	Insus.gov/econhelp/sas Username: ame and password to login. 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.

FORM asr\_a\_09 (4-9-2009)

Annual	Services	Report
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- 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.

**Report Coverage** 

Does the above coverage describe this firm's business activity?

### 1 Yes - Go to 2

2

2 No - Specify the firm's business activity and complete the report where applicable beginning with 2.

0002

### 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.

		wonth	Da
	0007		
1 2009 and 2008 calendar years - Go to 3	From		
<sup>2</sup> Other than calendar year – Enter the periods			
this report will cover.	0008		
(e.g., fiscal years, periods with less than a full calendar	То		
year).			

		2009				2008	
	Month	Day	Year		Month	Day	Year
0007							
From				From			
0008							
То				То			

# 3 Operating Revenue

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 Operating Revenue					2008 Operating Revenue				
	Bil.	Mil.	Thou.	Dol.	_	Bil.	Mil.	Thou.	Dol.	
	¢					¢				
1. TOTAL OPERATING REVENUE 1800	Ψ				ļ	Ψ				

# Not Applicable

### 5 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.

#### Exclude:

- Transfers made within the company
- Capitalized expenses
- Interest
   Bad det
- Bad debtImpairment
- Income tax

### **Personnel Costs**

- 1. Gross annual payroll Total annual Medicare salaries and wages for all employees as reported on your firm's IRS Form 941, Employer's Quarterly 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, 401K and stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.
- **3.** Temporary staff and leased employee expense Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. Include all charges for payroll, benefits, and services.

## Expensed Materials, Parts and Supplies (not for resale

- Expensed equipment Expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs and monitors). Report packaged software in line 6. Report leased and rented equipment in line 8.
- 5. Expensed purchases of other materials, parts, and supplies Materials and supplies used in providing services to others; materials and parts used in repairs; 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 vendor customized software. Include software developed or customized by others, web-design services and purchases, licensing agreements, upgrades of software; and maintenance fees related to software upgrades and alterations. . . . .
- 7. Purchased electricity and fuels (except motor fuels) If the cost of electricity and heating fuels (e.g., natural gas, propane, oil, coal) are included in lease or rental payments, report in line 8.
- Lease and rental payments For land, buildings, offices, structures, machinery, equipment, and other tangible items. M Include lease and rental of transportation equipment without operators; and penalties incurred for broken leases. Exclude capital and financing lease agreements and licensing/leasing of software.

	2009 Operating Expenses					2008 Operating Expens						
Mark "X" if None	Bil.	Mil.	Thou.	Dol.	Mark "X"	Bil.	Mil.	Thou.	Dol.			
					if None							
1821 🗌 😫	6					\$						
or												
W.												
Mark "X"					Mark "X"							
if None					if None							
1822 🗌 💲	6					\$						
Mark "X"					Mark "X"							
if None					if None							
1823 📃 💲	6					\$						
or resale)												
Mark "X"												
if None					Mark "X" if None			1				
1824 🔲 💲	2					\$						
1824 🛄 🖣	)					Ψ						
Mark "X"												
if None					Mark "X" if None							
1825	6					\$						
Mark "X"												
if None					Mark "X" if None							
1826 🗌 💲	6					\$						
Mark "X"									,			
if None					Mark "X"							
1827					if None	\$						
1827 🛄 🖣	,	1				Ψ						
,												
B. Mark "X"					Mark "X"							
if None					if None							
1929	3					\$						

## 5 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 to buildings and integral building components (e.g., elevators, heating and cooling systems), structures, offices, machinery, vehicles, equipment, and		2009 Operating Expenses					2008 Operating Expenses			
	computer hardware. <b>Exclude</b> materials, parts, and supplies	Mark "X"	Bil.	Mil.	Thou.	Dol.	Mark "X"	Bil.	Mil.	Thou.	Dol.
	used for repair and maintenance performed by this firm's	' if None					if None				
	employees. Report janitorial and grounds maintenance services in line <b>13</b> .	1829	\$					\$			
		1029	<b>T</b> 1					. +	<u>.</u>		]
		Mark "X"	v				Mark "X"	r			
10.	Purchased advertising and promotional	if None					if None				
	services – Include marketing and public relations		ተ					¢			
	services	1830	\$					\$			
Othe	r Operating Expenses										
11.	depreciation charges taken against tangible assets owned and used by your firm, tangible assets and improvements	Mark "X"	,				Mark "X"				
	owned by your firm within leaseholds, tangible assets obtained through capital lease agreements, and	if None					if None				
	amortization charges against intangible assets (e.g.,		<b>†</b>					¢			
	patents, copyrights). <b>Exclude</b> impairment	1831	Þ					\$			
10	Covernmental teves and lisense fees. Doversate to	Mark "X"					Mark "X"				
12.	<b>Governmental taxes and license fees</b> – Payments to government agencies for taxes and licenses. <b>Include</b>	if None					if None				
	business and property taxes. Exclude income taxes, and		<b>†</b>					¢			
	sales and excise taxes collected from customers.	1832	Þ					\$			
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.	Mark "X"					Mark "X"				
	<b>Include</b> office postage and package delivery. <b>Exclude</b>	if None					if None				
	purchases of merchandise for resale and non-operating	1899	\$					\$			
	expenses	1899 🛄 🖸	Ψ					Ψ	<u> </u>	<u> </u>	
		E E							1		
			¢					\$			
14.	TOTAL OPERATING EXPENSES - Sum of lines 1-13	1900	Ψ					Ψ			

Not Applicable

11 Change in Structure	
Did you have an Employer Identification Numbe	r (EIN) change in 2009 or 2008?
0015 1 Ves – Enter the new EIN	
Was there a change in ownership or control?	Month Year
1	firm's information.
0016 (for multiple mergers, provide each firm's 0017	Information as an attachment to this report) Name of company acquired or merged with
2 🗌 No – <b>Go to 12</b>	
	Street address
	City, State, ZIP Code
 0	019
1	
Specify the nature of this change here	¥
-	
For any separate correspondence	any inconsistent or incomplete data that would aid in understanding this report. pertaining to this report, please include the identification number shown in the
address label area at the top of th	ie first page.
13 Certification – This report is substantially act	
	Title 0025 Date
0021 Address (Street address, City, State, ZIP Code)	
0022 Telephone number 0023 Fax number Area code Number Extension Area code Numbr	0026 E-mail address
ILS CENSUS BUREAU reviewing instructions, search	is collection of information is estimated to average per response, including the time for ing existing data sources, gathering and maintaining the data needed, and completing and
1201 East 10th Street reviewing the collection of information, including suggest	prmation. Send comments regarding this burden estimate or any other aspect of this collection of ions for reducing this burden, to: Paperwork Project 0607-0422, U.S. Census Bureau, 4600 8, Washington, DC 20233. You may e-mail comments to Paperwork@census.gov; use
"Paperwork Project 0607-042 are not required to respond to	2" as the subject. Please include form name and number in all correspondence. Respondents any information collection unless it displays a valid approval number from the Office of
or fax to: 1-800-447-4613 Management and Budget. Th	is 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/index.html