

# 2009 Annual Services Report Service Annual Survey

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



FORM

SA-5615T

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](http://www.census.gov/econhelp/sas)

Please correct any error in the name, address, or ZIP Code.

#### Internet Reporting

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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 coverage describe this firm's business activity?

- 0001  Yes – Go to **2**
- 0002  No – Specify the firm'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.

- 0006  2009 calendar year – Go to **3**
- 0006  Other than calendar year – Enter the periods this report will cover. . . . .  
(e.g., fiscal years, periods with less than a full calendar year).

2009			
	Month	Day	Year
0007			
From			
0008			
To			

### 3 Operating Revenue

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

- Enter "0" where applicable.
- Estimates are acceptable.
- Travel agents, ticket offices/agencies, and reservation systems should include commissions or fees, not gross sales.

**Exclude:**

- Transfers made within the company.

#### Reservation Services – Include commissions or fees, not gross sales.

#### 2009 Operating Revenue

Mark "X" if None	Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				

1. **Commissions or fees from airline seats, domestic destinations** – Arranging and reserving airline seats to domestic destinations. **Exclude** fees paid directly to your agency by travelers; these should be included in trip planning, line 9. . . . . 3281  \$

Mark "X" if None	Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				

2. **Commissions or fees from airline seats, international destinations** – Arranging and reserving airline seats to international destinations. **Exclude** fees paid directly to your agency by travelers; these should be included in trip planning, line 9. . . . . 3282  \$

Mark "X" if None	Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				

3. **Commissions or fees from cruises** – Arranging and reserving cruises. **Exclude** fees paid directly to your agency by travelers; these should be included in trip planning, line 9. . . . . 3285  \$

Mark "X" if None	Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				

4. **Commissions or fees from lodging** – Arranging and reserving lodging. **Exclude** fees paid directly to your agency by travelers; these should be included in trip planning, line 9. . . . . 3286  \$

Mark "X" if None	Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				

5. **Commissions or fees from event tickets** – Assisting consumers in acquiring tickets and/or reservations for attendance at theatrical performances, concerts, sporting events, amusement and theme parks. **Exclude** fees paid directly to your agency by event attendees; these should be included in trip planning, line 9. . . . . 3287  \$

Mark "X" if None	Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				

6. **Commissions or fees from computerized reservation systems** – Subscription fees received for providing access to a computerized database and reservation system used by travel professionals and other subscribers to research, compare and plan travel itineraries; and to make associated travel, lodging and other reservations. . . . . 3288  \$

Mark "X" if None	Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				

7. **Commissions or fees from packaged tours** – Reserving prepackaged and customized tours. **Exclude** fees paid directly to your agency by event attendees; these should be included in trip planning, line 9. . . . . 3289  \$

Mark "X" if None	Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				

8. **Commissions or fees from other reservation services** – Commissions and fees received from all other travel service providers (e.g., ferry, bus, airport shuttle providers) for arranging and reserving service. **Exclude** fees paid directly to your agency by travelers; these should be included in trip planning, line 9. . . . . 3290  \$

#### Other Travel Arrangement Services – Include commissions or fees, not gross sales

9. **Commissions or fees from trip planning** – Assembling travel information; advising on alternatives; and arranging and reserving travel services. **Include** all receipts from travelers for services rendered on a fee basis such as ticket issuing fees, and other fees paid directly to travel agents by travelers. . . . . 3291  \$

Mark "X" if None	Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				

### 3 Operating Revenue – (Continued)

Report the total operating revenue for all 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			
		Bil.	Mil.	Thou.	Dol.
<b>10. Commissions or fees from automobile clubs and road and travel service –</b> Providing automobile road assistance (e.g., emergency road service, trip planning, guidebook and map supply, and discounts for accommodations) to members on a fee basis. . . . .	3293 <input type="checkbox"/>	\$			
		<i>Mark "X" if None</i>			
<b>11. Commissions or fees from other travel arrangement services revenue –</b> All other travel services rendered. <b>Include</b> travel insurance service; travel document service; travelers check service; foreign exchange services; wire transfer services; cellular phone service; corporate travel management software; and emergency travel services. . . . .	3294 <input type="checkbox"/>	\$			
		<i>Mark "X" if None</i>			
<b>12. All other operating revenue –</b> Revenue not reported in lines 1–11. <b>If this item is greater than 20% of total operating revenue, specify the primary source of the revenue here</b> ↗	1560 <input type="checkbox"/>				
		<i>Mark "X" if None</i>			
<b>13. TOTAL OPERATING REVENUE –</b> Sum of lines 1–12. . . . .	1800 <input type="checkbox"/>	\$			

### 4 Source of Revenue

Report the percent of this firm's REVENUE derived from business and leisure travel.

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

		Source of Revenue 2009	
<b>1. Business</b> . . . . .	3295 <input type="checkbox"/>		%
<b>2. Leisure</b> . . . . .	3296 <input type="checkbox"/>		%
		+	%
		100%	

## 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 debt
- Impairment
- Income tax

### Personnel Costs

2009 Operating Expenses				
	Bil.	Mil.	Thou.	Dol.
1821				

Mark "X" if None

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). . . . .

1822				
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Mark "X" if None

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. . . . .

1823				
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Mark "X" if None

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)

1824				
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Mark "X" if None

4. **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. . . . .

1825				
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Mark "X" if None

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

1826				
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Mark "X" if None

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. . . . .

1827				
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Mark "X" if None

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. . . . .

1828				
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Mark "X" if None

8. **Lease and rental payments** – For land, buildings, offices, structures, machinery, equipment, and other tangible items. **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. . . . .

## 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 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. . . . . 1829

2009 Operating Expenses			
Bil.	Mil.	Thou.	Dol.
\$			

Mark "X" if None

Mark "X" if None

10. **Purchased advertising and promotional services** – Include marketing and public relations services. . . . . 1830

\$			
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### Other Operating Expenses

11. **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. . . . . 1831

Mark "X" if None

\$			
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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. . . . . 1832

Mark "X" if None

\$			
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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. . . . . 1899

Mark "X" if None

\$			
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14. **TOTAL OPERATING EXPENSES** – Sum of lines 1–13. . . . . 1900

\$			
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## 6 Not Applicable

**7** Not Applicable

**8** E-Commerce Revenue

E-commerce includes sales, receipts, and contributions from any transaction completed over an Internet, extranet, EDI network, electronic mail or other online system. Transactions are agreements between buyers and sellers to transfer ownership of, or rights to use, goods or services. Payment for these goods and services may or may not be made online.

Did the revenue reported in **3** include any e-commerce revenue?

**2009 E-Commerce Revenue**  
Bil. Mil. Thou. Dol.

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- 1  Yes – What was this firm’s e-commerce revenue? .....2000 \$
- 2  No – Go to **9**

**9** Export Revenue

An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

**Include:**

- Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.).

**Exclude:**

- Services provided to domestic subsidiaries of foreign firms.

Did the revenue reported in **3** include any revenue from exports?

**2009 Export Revenue**  
Bil. Mil. Thou. Dol.

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- 1  Yes – What was this firm’s revenue from exports? .....2100 \$
- 2  No – Go to **11**

**10** Not Applicable

## 11 Change in Structure

Did you have an Employer Identification Number (EIN) change in 2009?

0013 1  Yes – Enter the new EIN. . . . . EIN   –

2  No – Continue

Was there a change in ownership or control?

0016 1  Yes – Provide the date of the change and the firm's information. . . . . 0018 

Month	Year
<input type="text"/>	<input type="text"/>

(for multiple mergers, provide each firm's information as an attachment to this report)

0016 2  No – Go to **12**

0017 Name of company acquired or merged with


Street address

City, State, ZIP Code

0019 

<input type="text"/>	<input type="text"/>	–	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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EIN

Specify the nature of this change here 

0035

## 12 Remarks – Please provide an explanation for any inconsistent or incomplete data that would aid in understanding this report. For any separate correspondence pertaining to this report, please include the identification number shown in the address label area at the top of the first page.

0027

## 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)

0022 Telephone number			0023 Fax number		0026 E-mail address	
Area code	Number	Extension	Area code	Number	<input type="text"/>	

**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, 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 0607-0422, 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 0607-0422" as the subject. Please include form name and number in all correspondence. Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of 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/index.html](http://www.census.gov/services/index.html)