# **2009 Annual Services Report Service Annual Survey**



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SA-84182

### **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?
	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

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.

					_	
1.	<b>Full public relations services</b> – Developing and implementing a communications strategy with various target sectors of the public to influence their attitudes and	Mark "X"		Operati Mil.	ng Rever Thou.	Dol.
	opinions in the interest of promoting a person, product, place or idea. Various	if None	DII.	IVIII.	mou.	D01.
	sectors of the public include community groups, constituents, minority groups,	2001	\$			
	employees, investors, etc.	3001	Ψ			
2	Media relations – Developing and implementing strategies for communicating with					
	media to help shape public perception, respond to media inquiries, and providing					
	appropriate information on behalf of the client. <b>Include</b> providing training to an organization's spokespersons or to employees in general on communicating correctly	Mark "X"	ı			
	with the media, and developing and disseminating planned messages through selecter	d <i>if None</i>				
	media without payment to further an organization's interest, product, service, cause,	2004	\$			
	or event	3231 📖	Ψ	1		
3.	Crisis management – Identifying potential problem areas for the client and developing	Mark "X"	1			
	strategies to prevent situations from developing into crisis. <b>Include</b> developing and	if None				
	implementing communications strategies for handling a crisis which has already occurred	3232	\$			
		Mark "X'	ı			
4.	<b>Lobbying</b> – Developing strategies to influence key legislature and regulatory	if None		1		
	government officials to support public policy positions favorable to the client's		\$			
	objectives. This may also be known as governmental affairs	3233	Φ	<u> </u>		
		Mark "X"	ı			
_		if None				
Э.	<b>Event management</b> – Developing and implementing a communication strategy through the use of special events or event sponsorships	3234	\$			
		Mark "X"	ı			
6.	Media monitoring and analysis – Collecting and recording editorial coverage	if None		1		
	published in various mass media about the client or its competition (clipping service) and preparing analysis of the coverage	3235	\$			
	and proparing analysis of the coverage.	3233				
7.	All other operating revenue – Revenue not reported in lines 1–6. Include sale or					
•	licensing of merchandise, rental or leasing of equipment and fundraising development					
	services. If this item is greater than 20% of total operating revenue, specify the primary source of the revenue here		,			
1560		Mark "X' if None		,		
1300		_				
		1799	\$	<u> </u>		
				1	1	
			_			
8.	TOTAL OPERATING REVENUE – Sum of lines 1–7.	1800	Ф	ļ		

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. . . . . . .

5	Operating Expenses – (Continued)						
	Report operating expenses for this firm's locations as defined in 🚺 for the follow	/ina	cated	noriae			
•	Enter "0" where applicable.  Estimates are acceptable.	,g	outo	<b>J</b> 01100			
	Exclude:						
•	Transfers made within the company						
•	Capitalized expenses Interest						
•	Bad debt						
•	Impairment Income tax						
Evi	pensed Purchased Services – (Continued)						
니	Defised Fulchased Services - (Continued)						
9.	<b>Purchased repair and maintenance – Include</b> expensed repair and maintenance to buildings and integral building components (e.g., elevators, heating and cooling			20	009 Operat	ing Exper	ises
	systems), structures, offices, machinery, vehicles, equipment, and computer hardware.	;£ 1	ark "X Vone	" Bil.	Mil.	Thou.	Dol.
	<b>Exclude</b> materials, parts, and supplies used for repair and maintenance performed by this firm's employees. Report janitorial and grounds maintenance services in	11 1	vone				
	line 13	1829		\$			
			ark "X 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		- 1 112	ıı			
	against tangible assets owned and used by your firm, tangible assets and		ark "X Vone				
	improvements owned by your firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible						
	assets (e.g., patents, copyrights). <b>Exclude</b> impairment	1831		\$			
		Ma	ark "X	ıı			
12	Governmental taxes and license fees – Payments to government agencies for		Vone			<del>                                     </del>	
	taxes and licenses. <b>Include</b> business and property taxes. <b>Exclude</b> income taxes,			Φ.			
	and sales and excise taxes collected from customers	1832	ш	\$			
		1/1/	ark "X	ıı			
13.	<b>All other operating expenses</b> – All other operating expenses not reported above, unless specifically excluded in the general instructions at the top of the page. <b>Include</b>		None		<u> </u>		
	office postage and package delivery. <b>Exclude</b> purchases of merchandise for resale an						
	non-operating expenses.	1899	Ш	\$			
14.	TOTAL OPERATING EXPENSES – Sum of lines 1–13		1900	\$			
6	Not Applicable						

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		E-Comm		
	e-commerce revenue?	Bil.	Mil.	Thou.	Dol.
	1 Yes – What was this firm's e-commerce revenue?	\$			
0011	2 $\square$ No – Go to $\bigcirc$				
9	Export Revenue				
	An exported service is a service performed for a customer or client (individual, government, busi 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 <b>Exclude:</b>	liaries, b	ranches	s, etc.).	
	Services provided to domestic subsidiaries of foreign firms.				
		20	09 Expo	rt Reven	IIA
	Did the revenue reported in [3] include any revenue	Bil.	Mil.	Thou.	Dol.
	from exports?				
0009	1 Yes – What was this firm's revenue from exports?	\$			
	2 1 10 - GO 10 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	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