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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-54183
REPORT DUE	
Any questions call 1–800–772–7851 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: www.ce Click on "Census Taker" and use your usern	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 No - Specify the firm's business activity and complete the report where applicable beginning with 2.

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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
		0007			
0006	2009 calendar year – Go to 3	From			
	P Other than calendar year – Enter the periods this report will cover.				
	(e.g., fiscal years, periods with less than a full calendar	0008			
	year).	То			

3 (Operating Revenue						
R	eport the total operating revenue for this firm's locations defined in 🚺 for the	e foll	lowing ca	tegorie	s.		
•	Enter "0" where applicable. Estimates are acceptable.						
	cclude: Transfers made within the company.						
1.	Media planning and/or buying services – Providing media planning or media buy		Mark "X"	2009) Operati	ng Reven	ue
	separately or in combination. Media planning involves developing plans for advertise to follow in selecting the types of media and specific media outlets to reach the targ		S if None	Bil.	Mil.	Thou.	Dol.
	audience within the advertising budget. Media buying involves buying space or time from the media on behalf of the advertisers or advertising agencies.	è	371	\$			
			5/1	Ţ			
2.	All other operating revenue – Revenue not reported in line 1. Include revenue fro	om					
	media research, analysis, and verification services and any other operating revenue reported above. If this item is greater than 20% of the total operating revenue,		Mark "X"				
1560	specify the primary source of the revenue here \vec{k}		if None				
		13	799	\$			

4 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 debt
 Impairment
- 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

 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.

- Mark "X" if None 1822 \$

Mark "X"	,		
if None			
823	\$		

Expensed	Materials,	Parts ar	a 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.
- 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.

Mark "X" if None 1824 \$

Mark "X"		
if None		
1825	\$	

Mark "X"		
if None		
1826	\$	

Mark "X"	,		
if None			
327	\$		

Mark "X"		
if None		
1828	\$	

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		2009 Operating Expenses				
	systems), structures, offices, machinery, vehicles, equipment, and computer hardware.	Mark "X" if None	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	829	\$				
		Mark "X"					
		if None					
10.	Purchased advertising and promotional services – Include marketing and public relations services.	830	\$				
Oth	er Operating Expenses						
11.	Depreciation and amortization charges – Include depreciation charges taken	Mark "X"					
	against tangible assets owned and used by your firm, tangible assets and improvements owned by your firm within leaseholds, tangible assets obtained	if None					
	through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). Exclude impairment	831	\$				
		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	832	\$				
13.	All other operating expenses – All other operating expenses not reported above,	Mark "X" if None					
	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 an	d					
	non-operating expenses.		\$				
14.	TOTAL OPERATING EXPENSES – Sum of lines 1–13.	1900	\$				

Not Applicable 6

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.

		2009 E-Commerce Revenue						
Did the revenue reported in 3 include any e-commerce revenue?	Bil.	Mil.	Thou.	Dol.				
1 🗌 Yes – What was this firm's e-commerce revenue?	\$							
⁰⁰¹¹ 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:

0

· Services provided to domestic subsidiaries of foreign firms.

			2009 Export Revenue			
Did the revenue reported in 3 include any revenue	Bil.	Mil.	Thou.	Dol.		
from exports?						
1 🗌 Yes – What was this firm's revenue from exports?	\$					
009 2 \square No – Go to \blacksquare						

10 Not Applicable

11 Change in Structure				
Did you have an Employer Identification Number	er (EIN) change in 2009?			
0015 0013 1 Yes – Enter the new EIN 2 No – Continue				
Was there a change in ownership or control?	Month Year			
₁	e 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 – Go to 12				
	Street address			
	City, State, ZIP Code			
C	019 —			
Specify the nature of this change here	K			
0035				
12 Remarks - Please provide an explanation for	r any inconsistent or incomplete data that would aid in understanding this report.			
address label area at the top of the	e pertaining to this report, please include the identification number shown in the he first page.			
0027				
13 Certification – This report is substantially ac	curate and has been prepared in accordance with the instructions.			
	4 1025 Date			
0021 Address (Street address, City, State, ZIP Code)				
0022 Telephone number 0023 Fax number Area code Number Extension Area code Numb	0026 E-mail address			
Return Completed form to: 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				
1201 East 10th Street reviewing the collection of infinition information, including sugges	ormation. Send comments regarding this burden estimate or any other aspect of this collection of tions for reducing this burden, to: Paperwork Project 0607-0422, U.S. Census Bureau, 4600			
"Paperwork Project 0607-042	18, Washington, DC 20233. You may e-mail comments to Paperwork@census.gov; use 12" as the subject. Please include form name and number in all correspondence. Respondents o any information collection unless it displays a valid approval number from the Office of			
	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