

2009 Annual Services Report Service Annual Survey

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



FORM

SA-48T

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 coverage describe this firm's business activity?

- 0001 1 Yes – Go to **2**
- 0002 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 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.

- 0006 1 2009 and 2008 calendar years – Go to **3**
- 0007 2 Other than calendar year – Enter the periods this report will cover.
(e.g., fiscal years, periods with less than a full calendar year).

2009			2008		
Month	Day	Year	Month	Day	Year
0007	From	<input type="text"/>	From	<input type="text"/>	<input type="text"/>
0008	To	<input type="text"/>	To	<input type="text"/>	<input type="text"/>

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	\$				\$			

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).

Mark "X" if None

2009 Operating Expenses					
Bil.	Mil.	Thou.	Dol.		
1821	<input type="checkbox"/>	\$			

Mark "X" if None

2008 Operating Expenses					
Bil.	Mil.	Thou.	Dol.		
	<input type="checkbox"/>	\$			

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.

Mark "X" if None

1822	<input type="checkbox"/>	\$			
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Mark "X" if None

	<input type="checkbox"/>	\$			
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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.

Mark "X" if None

1823	<input type="checkbox"/>	\$			
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Mark "X" if None

	<input type="checkbox"/>	\$			
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Expensed Materials, Parts and Supplies (not for resale)

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.

Mark "X" if None

1824	<input type="checkbox"/>	\$			
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Mark "X" if None

	<input type="checkbox"/>	\$			
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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. Report the cost of motor fuels in line 11.

Mark "X" if None

1825	<input type="checkbox"/>	\$			
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Mark "X" if None

	<input type="checkbox"/>	\$			
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Expensed Purchased Services

6. Expensed purchases of software – Purchases of pre-packaged, 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.

Mark "X" if None

1826	<input type="checkbox"/>	\$			
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Mark "X" if None

	<input type="checkbox"/>	\$			
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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.

Mark "X" if None

1827	<input type="checkbox"/>	\$			
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Mark "X" if None

	<input type="checkbox"/>	\$			
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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

1828	<input type="checkbox"/>	\$			
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Mark "X" if None

	<input type="checkbox"/>	\$			
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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

Expensed Purchased Services – (Continued)

	2009 Operating Expenses				2008 Operating Expenses					
	Bil.	Mil.	Thou.	Dol.	Bil.	Mil.	Thou.	Dol.		
9. Purchased freight transportation – Contract payments to railroads, airlines, waterborne, and other motor carriers. Report the cost of leased and rented transportation equipment without operators in line 8. Report travel expenses in line 16.	Mark "X" if None 5097 <input type="checkbox"/>	\$				Mark "X" if None <input type="checkbox"/>	\$			
10. Purchased repair and maintenance – Expensed repair and maintenance services to motor vehicles, vessels, aircraft and other transportation equipment; machinery, equipment, and computer hardware; integral parts of building (e.g., elevators, heating systems, etc.) Exclude materials, parts and supplies used for repairs and maintenance performed by this firm's employees. Report janitorial and grounds maintenance services in line 16. .	Mark "X" if None 1829 <input type="checkbox"/>	\$				Mark "X" if None <input type="checkbox"/>	\$			
11. Purchased fuels for transportation equipment – Gasoline and fuels purchased for trucks, truck-tractors, and other motor vehicles.	Mark "X" if None 5098 <input type="checkbox"/>	\$				Mark "X" if None <input type="checkbox"/>	\$			
12. Purchased advertising and promotional services – Include marketing and public relations services.	Mark "X" if None 1830 <input type="checkbox"/>	\$				Mark "X" if None <input type="checkbox"/>	\$			
Other Operating Expenses										
13. Cost of insurance – Premiums for bonding and insurance not included in line 2.	Mark "X" if None 5099 <input type="checkbox"/>	\$				Mark "X" if None <input type="checkbox"/>	\$			
14. 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 "X" if None 1831 <input type="checkbox"/>	\$				Mark "X" if None <input type="checkbox"/>	\$			
15. 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 "X" if None 1832 <input type="checkbox"/>	\$				Mark "X" if None <input type="checkbox"/>	\$			
16. 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 nonoperating expenses.	Mark "X" if None 1899 <input type="checkbox"/>	\$				Mark "X" if None <input type="checkbox"/>	\$			
17. TOTAL OPERATING EXPENSES – Sum of lines 1–16. . . 1900		\$					\$			

6 Not Applicable

