

2009 Annual Services Report Service Annual Survey

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



FORM

SA-52T

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 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 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 2009 and 2008 calendar years – 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			2008		
Month	Day	Year	Month	Day	Year
0007	From		From		
0008	To		To		

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
- Bad debt
- Impairment
- Income tax

Personnel Costs

- | | 2009 Operating Expenses | | | | 2008 Operating Expenses | | | | | |
|---|-------------------------|------|-------|------|-------------------------|---------------------|-------|------|--|--|
| | Bil. | Mil. | Thou. | Dol. | Bil. | Mil. | Thou. | Dol. | | |
| <p>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).</p> | Mark "X"
if None | | | | | Mark "X"
if None | | | | |
| <p>1821 <input type="checkbox"/> \$</p> | | | | | | | | | | |
| <p>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.</p> | Mark "X"
if None | | | | | Mark "X"
if None | | | | |
| <p>1822 <input type="checkbox"/> \$</p> | | | | | | | | | | |
| <p>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.</p> | Mark "X"
if None | | | | | Mark "X"
if None | | | | |
| <p>1823 <input type="checkbox"/> \$</p> | | | | | | | | | | |

Expensed Materials, Parts and Supplies (not for resale)

- | | | | | | | | | | | |
|---|---------------------|--|--|--|--|---------------------|--|--|--|--|
| <p>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.</p> | Mark "X"
if None | | | | | Mark "X"
if None | | | | |
| <p>1824 <input type="checkbox"/> \$</p> | | | | | | | | | | |
| <p>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.</p> | Mark "X"
if None | | | | | Mark "X"
if None | | | | |
| <p>1825 <input type="checkbox"/> \$</p> | | | | | | | | | | |

Expensed Purchased Services

- | | | | | | | | | | | |
|--|---------------------|--|--|--|--|---------------------|--|--|--|--|
| <p>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.</p> | Mark "X"
if None | | | | | Mark "X"
if None | | | | |
| <p>1826 <input type="checkbox"/> \$</p> | | | | | | | | | | |
| <p>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.</p> | Mark "X"
if None | | | | | Mark "X"
if None | | | | |
| <p>1827 <input type="checkbox"/> \$</p> | | | | | | | | | | |
| <p>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.</p> | Mark "X"
if None | | | | | Mark "X"
if None | | | | |
| <p>1828 <input type="checkbox"/> \$</p> | | | | | | | | | | |

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
- 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 14.

2009 Operating Expenses					2008 Operating Expenses				
Mark "X" if None	Bil.	Mil.	Thou.	Dol.	Mark "X" if None	Bil.	Mil.	Thou.	Dol.
1829 <input type="checkbox"/>	\$				<input type="checkbox"/>	\$			

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

Mark "X" if None	Bil.	Mil.	Thou.	Dol.	Mark "X" if None	Bil.	Mil.	Thou.	Dol.
1830 <input type="checkbox"/>	\$				<input type="checkbox"/>	\$			

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.

Mark "X" if None	Bil.	Mil.	Thou.	Dol.	Mark "X" if None	Bil.	Mil.	Thou.	Dol.
1831 <input type="checkbox"/>	\$				<input type="checkbox"/>	\$			

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.

Mark "X" if None	Bil.	Mil.	Thou.	Dol.	Mark "X" if None	Bil.	Mil.	Thou.	Dol.
1832 <input type="checkbox"/>	\$				<input type="checkbox"/>	\$			

13. Operating interest expense – Report non-operating interest expense in 6 line 1 below.

Mark "X" if None	Bil.	Mil.	Thou.	Dol.	Mark "X" if None	Bil.	Mil.	Thou.	Dol.
2110 <input type="checkbox"/>	\$				<input type="checkbox"/>	\$			

14. 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.

Mark "X" if None	Bil.	Mil.	Thou.	Dol.	Mark "X" if None	Bil.	Mil.	Thou.	Dol.
1899 <input type="checkbox"/>	\$				<input type="checkbox"/>	\$			

15. TOTAL OPERATING EXPENSES – Sum of lines 1–14.

1900	\$				\$				
------	----	--	--	--	----	--	--	--	--

6 Non-operating Interest Expense

Report non-operating interest expense for all this firm's locations as defined in 1 for the following category.

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

Exclude:

- Transfers made within the company
- Capitalized interest

1. Non-operating interest expense – Non-operating interest expenses incurred in the financing of operations and long lived assets used in continuing operations.

2009 Non-operating Interest Expense					2008 Non-operating Interest Expense				
Mark "X" if None	Bil.	Mil.	Thou.	Dol.	Mark "X" if None	Bil.	Mil.	Thou.	Dol.
1857 <input type="checkbox"/>	\$				<input type="checkbox"/>	\$			

11 Change in Structure

Did you have an Employer Identification Number (EIN) change in 2009 or 2008?

- 0013
- 1 Yes – Enter the new EIN. 0015 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
-
- Street address
-
- City, State, ZIP Code
-

0019 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

Area code	Number	Extension
<input type="text"/>	<input type="text"/>	<input type="text"/>

0023 Fax number

Area code	Number
<input type="text"/>	<input type="text"/>

0026 E-mail address

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