

# 2009 Annual Services Report Service Annual Survey

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



FORM

SA-53T

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

To complete this report online go to: [www.census.gov/econhelp/sas](http://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
- 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				Mark "X" if None	2008 Operating Expenses			
	Bil.	Mil.	Thou.	Dol.		Bil.	Mil.	Thou.	Dol.
1821 <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					Mark "X" if None				
1822 <input type="checkbox"/>	\$					\$			

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

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

**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. . . . .

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

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

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

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

## 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. . . . .

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

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

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

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

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

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

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

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. . . . .

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

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

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

\$				
----	--	--	--	--

\$				
----	--	--	--	--

6 Not Applicable

