

Green Goods and Services Survey



O.M.B. No. 1220-0181
Expires September 30, 2010

Please return this form **within 14 days**. If you need help completing this form, contact information is listed on the last page. Thank you!

Please report for location(s) in [redacted] using Unemployment Insurance account # [redacted]

1 What is the address where your business establishment is physically located?

Report data for the location below. If this address is no longer correct, please provide us with an updated address in the space provided.

Enter Physical Location Address Corrections

Here

T_name
Phy_addr2
Phy_addr1
Phy_city, Phy_state phy_zip-phy_zip_ext

2 Have we identified your main business activity correctly?

We have listed below a description of your main business activity at this location. If this description is incorrect, please call 202-691-5185 or email GGG@bls.gov.

| NAICS code: 621111 Offices of physicians (except mental health) | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| We have identified your main business activity as the following: | Does NOT include: |
| Establishments of: <ul style="list-style-type: none"> Health practitioners having the degree of M.D. or D.O. primarily engaged in the independent practice of general or specialized medicine | <ul style="list-style-type: none"> Physicians primarily engaged in the independent practice of psychiatry or psychoanalysis Freestanding medical centers primarily engaged in providing emergency medical care for accident or catastrophe victims and freestanding ambulatory surgical centers primarily engaged in providing surgery on an outpatient basis Oral pathologists Speech or voice pathologists |

3 What is your business establishment's fiscal year?

Please provide us with your fiscal year that includes **April 15, 2009** for the location listed in Item 1.

| Start of Fiscal Year | | | End of Fiscal Year | | |
|----------------------|----|------|--------------------|----|----------|
| MM | DD | YYYY | MM | DD | YYY Y |
| | | | | | |

4 What is your business establishment's employment?

Please provide us with the employment figure you reported on your State's Quarterly Contributions Report for September 2009 for the location listed in Item 1. This figure is the count of all employees

subject to State Unemployment Insurance taxes that worked or received pay for the pay period that included September 12th, 2009.

**Employment for pay period
that includes September 12,
2009**

5 What is your percent revenue from specific business activities?
In Columns 1 and 3, please estimate the percent of total revenue at the location listed in Item 1 that comes from the listed services. Please base your estimate on total revenue for your fiscal year from Item 3. The sum of Columns 1 and 3 may not equal 100%.

Note: This section may best be completed by someone at your firm with access to financial data.

Percent of total revenue for fiscal year listed in Item 3

| 1 | 2 | 3 | 4 |
|--------------------------|---------------------------------------------------------------|--------------------------|-------------------------|
| Percent of total revenue | Business activities | Percent of total revenue | Business activities |
| | Acupuncturists' (MDs or DOs) offices (e.g., centers, clinics) | | Ophthalmologist |
| | Allergist | | Orthopedic physician |
| | Anesthesiologist | | Orthopedic surgeon |
| | Cardiologist | | Otolaryngologist |
| | Clinical pathologist | | Pathologists |
| | Dermatologist | | Pediatrician |
| | Doctors of osteopathy (DOs, except mental health) | | Plastic surgeon |
| | Family physician | | Proctologist |
| | Forensic pathologist | | Pulmonary specialist |
| | Gastroenterologist | | Radiologist |
| | Gynecologist | | Surgeon (except dental) |
| | Health screening services in physicians' offices | | Surgical pathologist |
| | Immunologist | | Urologist |
| | Internist | | Walk-in physician |
| | Neurologist | | Other (please specify): |
| | Neuropathologist | | Other (please specify): |
| | Obstetrician | | Other (please specify): |
| | Oncologist | | Other (please specify): |

6 What is your contact information? For the person or persons who helped complete this form.

1. Contact 1's name: _____
 Title: _____
 Phone number: (____) _____ - _____ email: _____
 Business website: _____
2. Contact 2's name: _____
 Title: _____

Phone number: (____)____ - _____ email: _____

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Do you have any questions about completing this form?

Please send an email to GGS@bls.gov, or call (202)-691-5185.

Confidentiality Statement. The Bureau of Labor Statistics, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent. This report is authorized by law 29 U.S.C.2. **Paperwork Reduction Act Statement.** Your voluntary cooperation is needed to make the results of this survey comprehensive, accurate, and timely. We estimate that completing this form will take an average of 20 minutes. This estimate takes into account time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. If you have any comments regarding this survey, including suggestions for reducing the burden, send them to the Bureau of Labor Statistics, Office of Industry Employment Statistics, Paperwork Reduction Project, 2 Massachusetts Avenue, N.E., Room 4840, Washington, DC 20212. The OMB control number for this voluntary survey is 1220-0181 and expires on September 30, 2010. Without a currently valid number BLS would not be able to conduct this survey.