



QUARTERLY SERVICES SURVEY

FORM

QSS-1p(A) (DRAFT)

Due Date	
Need help or have questions? Call 1-800-772-7851 (8:30 a.m. - 5:00 p.m. ET, M-F)	
YOUR CENSUS REPORT IS CONFIDENTIAL. It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.	

(Please correct any errors in name, address, and ZIP Code.)

Return via Internet: econhelp.census.gov/qss	Return via Fax: 1-800-447-4613	To view Survey Results: census.gov/services
Username: <input type="text"/>		
Password: <input type="text"/>		

GENERAL INSTRUCTIONS

- Any significant change in this firm's operations should be noted in **8**
- For establishments sold or acquired during the quarter(s), report data only for the period the establishments were operated by this firm
- Estimates are acceptable if book figures are not available
- Enter "0" where applicable
- Report data on an accrual basis
- Dollars should be rounded to the nearest dollar
- If a figure is \$1,030,280,456 it should be reported as →

Bil.	Mil.	Thou.	Dol.

Include:

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) as defined by the survey coverage in **1**
- Data for auxiliary facilities primarily engaged in supporting services to this firm's establishment(s) such as warehouses, garages, central administrative offices, and repair services

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1 SURVEY COVERAGE

Did this firm provide the business activities described below?

Yes

No - Specify this firm's business activity ↴

2 Not Applicable.

3 ORGANIZATIONAL CHANGE

A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in third or second quarter of 2012?

Yes

No - Go to **4**

B. Which of the following organizational changes occurred in third or second quarter of 2012?

Check all that apply. If more than one organizational change occurred during the reporting period, explain in **3**.

Acquisition

Sale

Merger

Divestiture

Date of organizational change

Month	Day	Year

AND

Enter detailed information below ↴

Name of company		EIN (9 digits)		
			-	
Address (Number and street, P.O. Box, etc.)				
City, town, village, etc.		State	ZIP Code	
				-

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4 REPORTING PERIOD

What time period is covered by the data provided in this report?

Calendar quarter

Other - Report beginning and ending dates

Third Quarter			Second Quarter		
Beginning Date			Beginning Date		
Month	Day	Year	Month	Day	Year
End Date			End Date		
Month	Day	Year	Month	Day	Year

5 SALES, RECEIPTS, OR REVENUE

A. What were this firm's gross billing/professional service fees in third and second quarters of 2012?

Report the professional service fee, or gross billing for the company.

B. What were this firm's direct costs of worksite employees in third and second quarters of 2012?

Report salaries, wages, employment-related taxes, benefit premiums, worker's compensation insurance costs, for PEO worksite employees.

C. What was this firm's net revenue in third and second quarters of 2012?

5A minus 5B.

Third Quarter				Second Quarter			
\$ Bil.	Mil.	Thou.	Dol.	\$ Bil.	Mil.	Thou.	Dol.

6 CLASS OF CUSTOMER

What percentage of gross billing/professional service fees reported in 5A was received from the following classes of customer in third and second quarters of 2012?

- 1. Household consumers and individual users
- 2. Business firms and not-for-profit organizations
- 3. Government (Federal, state, and local) +

Third Quarter		Second Quarter	
Percent	Percent	Percent	Percent
	%		%
	%		%
	%		%
100	%	100	%

7 Not Applicable.

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8 REMARKS - Please use this space to explain any significant quarter-to-quarter changes, to clarify responses, or indicate where data were estimated.

9 CONTACT INFORMATION

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
		-					-	
Website								

THANK YOU
for completing your QUARTERLY SERVICES SURVEY.
 We suggest you keep a copy for your records.

Public reporting burden for this collection of voluntary information is estimated to average 15 minutes 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 0607-0907, 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 0607-0907" 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.

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