| | U.S. DEPARTMENT OF Economics and Statistics A U.S. CENSUS BUREAU FORM OSS-4f(A) (DR | dministration | QUARTER | RLY SERVIO | CES SURVEY |
|---|--|--|---|--|--|
| D | ue Date | | | | |
| | | | | | |
| | | | | | |
| Need help of | or have questions? | | | | |
| | -800-772-7851 | | | | |
| | 5:00 p.m. ET, M-F) | | | | |
| CONFIDENT only by perso the confident Bureau inforn used only for Further, copi | SUS REPORT IS TIAL. It may be seen ons sworn to uphold itality of Census mation and may be statistical purposes. es retained in files are immune occess. | | Please correct any erro | rs in name address | and ZIP Code) |
| Return via | Intornoti | (| Return via Fax: | | |
| | internet: ensus.gov/gss | | 1-800-447-4613 | | To view Survey Results: census.gov/services |
| | | | | | |
| Username: Password: | | | | | |
| | | GEN | ERAL INSTRUCTIO | NS | |
| Followe Est Entition Report Do If a Inclusion Inclusion Data Co Data Co Data Co | r establishments sol re operated by this imates are acceptal ter "0" where applic port data on an accu llars should be rour figure is \$1,030,280 ude: ta for all Services es nstruction operatior ta for auxiliary facili | e in this firm's operatio Id or acquired during th firm ble if book figures are r table rual basis nded to the nearest dol 0,456 it should be repo stablishments (excludir ns) as defined by the su | ns should be noted in the quarter(s), report not available lar rted as ing data for Retail, Wi urvey coverage in in supporting service | n (2) data only for the p Mil. Thou. | Dol. |
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| QSS-4 t | (A) (DRAFT) | | | | | Page |
|--------------------|--------------------|--|-------------------|---------------------|----------------|-------------------------|
| SURVEY | COVERAGE | | | | | |
| Did this | firm provide th | ne business activities des | scribed below? | | | |
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| | Yes | | | | | |
| | | с. , , , , , , , , , , , , , , , , , , , | | | | |
| | No - Specify this | s firm's business activity | | | | |
| | | | | | | |
| | | | | | | |
| Not Appli | icable. | | | | | |
| OBCANI | ZATIONAL CH | NGE | | | | |
| | | | alaa maxaaxa ay | nd/ar divactitura | in third or | accord quarter |
| A. Did tr of 20 | 12? | ence any acquisitions, sa | ales, mergers, al | na/or alvestitures | s in third or | secona quarter |
| Г | | | | | | |
| L | Yes | | | | | |
| Г | No - Go to 4 | | | | | |
| L | | , | | | | |
| | | ing organizational chang | | | | |
| Check | all that apply. If | more than one organizatio | onal change occur | rred during the rep | orting period | , explain in 8 . |
| Г | Acquisition | | | | Month | Day Year |
| L | | Date of organizational | Labanga | | | |
| Г | Sale | Date of organizational | change | | · · · L | |
| _ | | AND | | | | |
| | Merger | | | | | |
| | | Enter detailed informa | ation below | | | |
| E | Divestiture | | | | | |
| | |) | | | 1 | |
| Name | of company | | | | EIN (9 digits) | |
| | | | | | - | |
| Addre | ss (Number and st | reet, P.O. Box, etc.) | | | | |
| | | , | | | | |
| | | | | | | |
| City, to | own, village, etc. | | | State | ZIP Code | |
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| orm (| 2SS-4f(A) (draft) | | | | | | | Page 3 |
|------------|---|--|----------------|----------|---------------------------------|----------------|--------|---------|
| 4 R | EPORTING PERIOD | | | | | | | |
| V | What time period is covered by the data provided i | n this re | port? | | | | | |
| | | | | Third C | Quarter | 5 | Second | Quarter |
| | Calendar guarter | | Beginning Date | | | Beginning Date | | |
| | | | Month | Day | Year | Month | Day | Year |
| | Other - <i>Report beginning and ending dates</i> | | | | | | | |
| | | | | End | Date | End Date | | |
| | | | Month | Day | Year | Month | Day | Year |
| | | | | | | | | |
| | | | 1 | | | | | |
| 5 s | ALES, RECEIPTS, OR REVENUE | | | | | | | |
| | irms operating on a commission basis should report co ot gross billings or sales. | mmissior | ns, fees | , and c | ther operating | g revenue | incom | 1е, |
| I | NCLUDE | EXCLU | DE | | | | | |
| | Net realized gains as well as losses within specified area(s) of activity | collect | ed dire | ctly for | ment, occupa m customers | or clients | and p | |
| • | Earned interest | directly | / to a lo | ocal, St | ate, or Federa | al tax age | ncy | |
| | Commissions and fees received from all sources, including fees earned for exchanging currencies, | | | | nestic parent o ions owned b | | on, or | |
| | selling money orders, and cashing checks | Revenue of departments or concessions operated | | | | | | |
| | Net gains (losses) from the sale of real property | (losses) from the sale of real property by other companies at this establishment | | | | | | |
| | owned by this establishment for investment, rent, or lease (NOT gross sales) | | | | ., outside the | | | ct |

- Gross sales (NOTE net gains (losses)) of real property developed or buildings built by this establishment for sale
- Gross rents from real property leased by this establishment to others
- Total value of service contracts
- Amounts received for work subcontracted to others
- Revenue from services performed by domestic locations for foreign parent firms, subsidiaries, branches, etc.
- Rents from departments or concessions operated by other companies at this establishment
- Franchise sales, fees, and royalties
- Sale or licensing of rights to intellectual property protected by copyright or as industrial property (e.g., patents, trademarks)

- outside the U.S., i.e., outside the 50 states, District of Columbia, U.S. Commonwealth Territories, or U.S. Possessions)
- Intracompany transfers

| | Third Quarter | | | | Second Quarter | | | |
|--|---------------|------|-------|------|----------------|------|-------|------|
| | \$ Bil. | Mil. | Thou. | Dol. | \$ Bil. | Mil. | Thou. | Dol. |
| . What was this firm's revenue in third and second quarters of 2012? | | | | | | | | |
| | | | | | | | | |

B. Does the revenue reported in **G**A represent book figure(s) or estimate(s)?

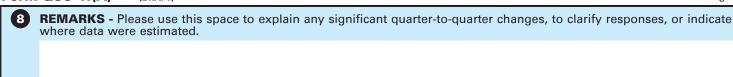


Estimates

6 and 7 Not Applicable.

A. W

Form QSS-4f(A) (DRAFT)



9

| | | Area code | Number | |
|----------|-----------|-----------|--------|--|
| 46 | Telephone | | - | |
| 20 | Website | | | |
| 21915046 | | | | |
| L N | | | | |

Name of person to contact regarding this report (Please print)

CONTACT INFORMATION

THANK YOU

for completing your QUARTERLY SERVICES SURVEY.

Extension

Title

Area code

Fax

We suggest you keep a copy for your records.

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