



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

FORM

QSS-1pE (DRAFT)

QUARTERLY SERVICES SURVEY

Due Date	
Need help or have questions? Call 1-800-772-7851 (8:30 a.m. - 5:00 p.m. ET, M-F) or Visit econhelp.census.gov/qss	
YOUR CENSUS REPORT IS CONFIDENTIAL. This report is authorized by law (Title 13, United States Code, Sections 131 and 132). Under Section 9 of the same law, your report to the Census Bureau 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. The law also provides that information that you report cannot be used for taxation, regulation, or investigation and are exempt from release under the Freedom of Information Act. Further, copies of your response retained in your files are immune from legal process.	<i>(Please correct any errors in name, address, and ZIP Code.)</i>

Return via Internet: econhelp.census.gov/qss	Return via Fax: 1-800-447-4613	To view Survey Results: census.gov/services
Username: <input style="width: 80%;" type="text"/>		
Password: <input style="width: 80%;" type="password"/>		

GENERAL INSTRUCTIONS

Throughout this survey, any reference to **"this firm"** is referring to the EIN that is printed in the mailing address area or the new EIN that was provided as a response in ②. Any responses related to "this firm" should only include data for the EIN referenced.

- Any significant change in this firm's operations should be noted in ③
- 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.
1	0	3	0
2	8	0	4
5	6		

Include:

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operated by this firm
- 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 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)

Does this firm report payroll under EIN

Yes

No - Enter current 9-digit EIN **AND** date payroll was first reported for this EIN

EIN (9 digits)		
	-	
Month	Day	Year

3 ORGANIZATIONAL CHANGE

A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in the

Yes

No - Go to **4**

B. Which of the following organizational changes occurred in the

Check all that apply. If more than one organizational change occurred during the reporting period, explain in **8**.

Acquisition

Merger

Sale

Divestiture

Date of organizational change

AND

Enter detailed information below ↴

Month	Day	Year

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

Beginning Date		
Month	Day	Year
End Date		
Month	Day	Year

5 SALES, RECEIPTS, OR REVENUE

A. What were this firm's gross billings/professional service fees in the

B. What were this firm's direct costs of worksite employees in the

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

5A minus 5B.

\$ Bil.	Mil.	Thou.	Dol.

6 CLASS OF CUSTOMER

What percentage of gross billings/professional service fees reported in **5A** was received from the following classes of customer in the

A. Household consumers and individual users

B. Business firms and not-for-profit organizations

C. Government (Federal, state, and local) +

Percent	
	%
	%
	%
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: ECON Survey Comments 0607-0907, U.S. Census Bureau, 4600 Silver Hill Road, Room EMD-8K122, Washington, DC 20233. You may e-mail comments to ECON.Survey.Comments@census.gov; use "ECON Survey Comments 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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