



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

FORM

**QSS-0A** (DRAFT)

# QUARTERLY SERVICES SURVEY

<b>Due Date</b>	
<b>Need help or have questions?</b> Call 1-800-772-7851 (8:30 a.m. - 5:00 p.m. ET, M-F) or Visit <a href="http://econhelp.census.gov/qss">econhelp.census.gov/qss</a>	
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<b>Return via Internet:</b> <a href="http://econhelp.census.gov/qss">econhelp.census.gov/qss</a>	<b>Return via Fax:</b> 1-800-447-4613	<b>To view Survey Results:</b> <a href="http://census.gov/services">census.gov/services</a>
Username: <input style="width: 100%;" type="text"/>		
Password: <input style="width: 100%;" type="text"/>		

**GENERAL INSTRUCTIONS**

- 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
- Dollars should be rounded to the nearest dollar
- If a figure is \$1,030,280,456 it should be reported as →

Bil.	Mil.	Thou.	DoI.
1	030	280	456

**Include:**

- All accommodation establishments located in the U.S (including the District of Columbia) operated by this firm and its subsidiaries
- 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

**Exclude:**

- Data for franchised establishments not owned or managed by this firm
- Departments and concessions operated by other firms in this firm's establishment(s)
- Data for establishments located in U.S Territories (such as Puerto Rico, American Samoa, Guam, U.S. Virgin Islands and Northern Mariana Islands)

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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 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
		-

**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

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**5 SALES, RECEIPTS, OR REVENUE**

**Include:**

- Receipts from guest rooms or unit rentals for all establishments owned by this firm
- Receipts from rentals of public rooms such as ballrooms, conference rooms, etc.
- Sales of meals, alcoholic beverages, and other merchandise
- Sales of gaming operations
- Site rental and equipment usage fees
- Receipts from valet, laundry, parking, and other guest services provided by this firm
- For casino hotels, report sales net of promotional allowances
- Credit and cash net sales of merchandise
- Franchise or royalty fees
- Management fees
- Cost reimbursables from managed hotels

**Exclude:**

- Revenue from casinos without accommodations
- Revenue from timeshares or vacation ownership
- Occupancy taxes
- Carrying or other finance charges
- Commissions (such as vending machine operators, government lottery tickets, or other stores)
- Non-operating receipts (such as interest income, income from investments, and receipts from the rental or sale of real estate)
- Sales made by departments and concessions operated by other firms in this firm's accommodation establishment(s)

**Deduct:**

- The actual value of rebates and discounts granted to the purchaser, even if granted as an increase in trade-in allowances

\$ Bil.	Mil.	Thou.	DoI.

**A. What was this firm's total revenue in the** . . . . .

**B. Did this firm manage hotels for another firm in the**

Yes

No - Go to **8**

\$ Bil.	Mil.	Thou.	DoI.

**C. What was the revenue of the hotels that this firm managed in the** . . . . .

**6 and 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.

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