



2015 ANNUAL SERVICES REPORT

Worksheet

SA-62000E

(DRAFT)

Due Date

WORKSHEET

DO NOT use this worksheet to respond to the survey, it is intended to assist you with gathering and preparing your data prior to reporting online.

Need help or have questions?

Call 1-877-787-9860, option "1"
 (8:00 a.m. - 5:00 p.m. ET, M-F)
 or **Visit**

<https://econhelp.census.gov/sas>

Please view the online report for specific instructions that may apply to your EIN or firm.

Return to <https://econhelp.census.gov/sas> when you are ready to report online.

YOUR RESPONSE IS REQUIRED BY LAW.

Title 13, United States Code, Sections 131 and 182 authorizes this collection. Sections 224 and 225 requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the U.S. Census Bureau. By Section 9 of the same law, **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. Under the same law, 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.

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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 ⑰.
- For establishments sold or acquired in 2015, 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.
- Do not combine data for two or more detailed lines.
- Report data on an accrual basis, except for payroll.
- 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	030	280	456

Include:

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

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1 A. MAILING ADDRESS

Is this firm's name and mailing address the same as shown in the mailing address above?

Yes

0035

No - Enter corrections in the mailing address above

1 B. SURVEY COVERAGE

Did this firm provide the business activities described below?

- 0001 Yes
- No - Specify this firm's business activity ↴

0002

2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)

Does this firm report payroll under EIN

- 0013 Yes
- No - Enter current 9-digit EIN **AND** date payroll was first reported for this EIN 0015

EIN (9 digits)		
	-	
Month	Day	Year

0088

3 ORGANIZATIONAL CHANGE

A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2015?

- 0016 Yes
- No - Go to **4**

B. Which of the following organizational changes occurred in 2015?

Check all that apply. If more than one organizational change occurred during the reporting period, explain in **17**.

- | | | |
|--|---|--|
| <p>0091 <input type="checkbox"/> Acquisition</p> <p><input type="checkbox"/> Sale</p> <p><input type="checkbox"/> Merger</p> <p><input type="checkbox"/> Divestiture</p> | } | <p>Date of organizational change 0018</p> <p>AND</p> <p>Enter detailed information below ↴</p> |
|--|---|--|

Month	Day	Year

0017 Name of company	0019 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

NOTE: Calendar year data are preferred. If it is not available, please report for the fiscal year that includes at least six months of data for the 2015 calendar year.

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

- Calendar year
- Fiscal or partial year - *Report beginning and ending dates*

2015		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

0006

0007
0008

5 TAX STATUS

A. Is this establishment operated on a not-for-profit basis?

- Yes
- No - Go to **6**

0031

B. Was all or part of the income of this establishment or organization exempt from Federal income taxes under section 501 of the Internal Revenue Code?

- Yes
- No

0030

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6 SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2015?

Include:

- Report gross billings, **except** where noted elsewhere on the form.
- Dues and assessments from members and affiliates.
- E-commerce revenue.

Exclude:

- Transfers made within the company.
- Taxes collected directly from customers or clients and paid directly to a local, state, or federal tax agency.

INSTRUCTIONS FOR TAXABLE FIRMS

Include:

- Amounts received for work subcontracted to others.
- For locations that were sold or acquired during a year, only report for the periods that this firm operated the locations.
- Revenue from services performed by domestic locations of foreign parent firms, subsidiaries, branches, etc.

Exclude:

- Rents from and revenue of separately operated departments, concessions, etc., which are leased to others.
- Commissions from vending machine operators.
- Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, District of Columbia, U.S. Commonwealth Territories, or U.S. Possessions).

INSTRUCTIONS FOR TAX-EXEMPT FIRMS

Include:

- Program service revenue for services provided in the applicable period, whether or not payment was received in the applicable period.
- Gross sales of merchandise minus returns and allowances.
- Income from interest, dividends, gross rents (including display space rentals and share of receipts from departments operated by other companies), royalties, and other investments.
- Gross contributions, gifts, and grants (whether or not restricted for use in operations).
- Commissions earned from the sale of merchandise owned by others (including commissions from vending machine operators).
- Gross receipts from fundraising activities.

Exclude:

- Gross receipts of departments or concessions operated by other companies.
- Amounts transferred to operating funds from capital or reserve funds.

Mark "X" if None

				2015			
				\$ Bil.	Mil.	Thou.	Dol.
1. NET REVENUE - Patient Care Revenue - Using net patient revenues, report your sources of funding in each of the following categories	a. Government (includes Medicare, Medicaid, Other Government, and Workers' Compensation) - Report revenue from workers' compensation and all government entities. Include fee-for-service revenue from Medicare parts A, B, and D (exclude part C); fee-for-service revenue from Medicaid (exclude Medicaid managed care plans); funding from the Children's Health Insurance Program (CHIP); and all other government entities (e.g., state and local medical assistance, Civilian Health and Medical Programs of the Department of Veteran's Affairs (CHAMPVA), Department of Defense, TRICARE, Substance Abuse and Mental Health Services Administration (SAMHSA), Indian Health Services (IHS), etc.) 4100	<input type="checkbox"/>					
	b. Private insurance (includes Health, Property, and Auto) - Report health benefits paid for by property/casualty insurance and auto insurance; and benefits paid for by employers and/or individuals and financed by insurance premiums, such as group or self-insured plans; HMO; Federal, State, and Local government health insurance; Medicare Part C and Supplemental Insurance; and Medicaid managed care plans 4101	<input type="checkbox"/>					
	c. Patient out-of-pocket - Payments from patients and their families 4171	<input type="checkbox"/>					
	d. Patient out-of-pocket - Patients' assigned Social Security benefits 4172	<input type="checkbox"/>					

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6 SALES, RECEIPTS, OR REVENUE - Continued

Mark "X" if None

2015			
\$ Bil.	Mil.	Thou.	Dol.

1. NET REVENUE - Patient Care Revenue - Using net patient revenues, report your sources of funding in each of the following categories - Continued

e. Other patient care revenue - Include all other revenue for patient care not included in lines **1a through 1d** - Specify ↴

	4103	<input type="checkbox"/>				
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2. NET REVENUE - Non-Patient Care Revenue

a. Contributions, gifts, and grants received 1741

b. Investment and property income - Include interest and dividends. **Exclude** gains (losses) from assets sold 1742

c. All other non-patient care revenue - Include other operating and non-operating revenue (e.g., gift shop sales, cafeteria sales, parking lot receipts, florist receipts) - *Specify the primary source of revenue below* ↴

	4105	<input type="checkbox"/>				
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3. TOTAL NET REVENUE

Sum of lines 1a through 2c 1800

7 GROSS PATIENT REVENUE/CHARGES

2015			
\$ Bil.	Mil.	Thou.	Dol.

Gross patient revenue/charges - Include the full-established rates (charges) for all services rendered to inpatients and outpatients 4012

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8 E-COMMERCE

E-commerce is the sale of goods and services where the buyer places an order, or the price and terms of the sale are negotiated, over an Internet, mobile device (M-Commerce), extranet, EDI network, electronic mail, or other comparable online system. Payment may or may not be made online.

A. Did this firm have any e-commerce revenue in 2015?

0011 Yes

No - Go to **14**

2015			
\$ Bil.	Mil.	Thou.	Dol.

B. What was the total e-commerce revenue in 2015? 2000

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9-13 Not Applicable.

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14 OPERATING EXPENSES

What were the operating expenses for this firm in 2015?

Exclude:

- Transfers made within the company.
- Capitalized expenses.
- Interest.
- Bad debt.
- Impairment.
- Income tax.

Gross annual payroll

Include salaries and wages, commissions, dismissal pay, bonuses, employee contributions to Social Security, income tax withholding, union dues, group insurance premiums, savings bonds, cash equivalent in-kind, allowances, holiday pay, vacation pay, sick leave, stock purchase plans, and employee contributions to pension plans. **Exclude** the cost of leased employees, employer's cost for fringe benefits, and temporary staff obtained from temporary help services. For unincorporated businesses, **exclude** profit or other compensation of proprietors or partners.

All other operating expenses

Include travel and entertainment; postage, shipping or delivery services; warehousing and storage services; royalties; security services; janitorial and grounds maintenance services; purchased transportation with operators; and other expenses not reported elsewhere.

Mark "X" if None

2015			
\$ Bil.	Mil.	Thou.	Dol.

1. Personnel Costs

a. Gross annual payroll - Total annual Medicare salaries and wages for all employees as reported on this firm's IRS Form 941, Employer's Quarterly Federal Tax Return, line 5(c) for the four quarters that correspond to the survey period or IRS Form 944 Employer's Annual Federal Tax Return, line 4(c). **Include** the spread on stock options that are taxable to employees as wages . 1821

<input type="checkbox"/>																				
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b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law:

1. Health insurance - Insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs). **Include** premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs). **Exclude** employee contributions 1841

<input type="checkbox"/>																				
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2. Pension plans:

a. Defined benefit pension plans - Costs for both qualified and unqualified defined pension plans. Pension plans that specify the benefit to be paid to employees upon retirement, generally either a specific amount or a percentage of compensation. Employer contributions are based on actuarial computations that include the employee's compensation and years of service and are not allocated to specific accounts maintained for employees . . . 1842

<input type="checkbox"/>																				
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b. Defined contribution plans - Costs under defined contribution plans. Pension plans that define the employer contributions to a separate account provided for each employee. The employee "benefit" at retirement depends on the amount contributed and the results of the account's activity. Examples include profit sharing plans, money purchase (e.g., 401k, 403b) and stock bonus plans (e.g., ESOPs) 1843

<input type="checkbox"/>																				
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3. Payroll taxes, employer paid insurance premiums (except health), and other employer benefits - **Include** legally-required fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, Medicare). **Include** benefits for life insurance, "quality of life" benefits (e.g., childcare assistance, subsidized commuting), employer contributions to pre-tax benefit accounts (e.g., health savings accounts), education assistance, and other benefits not specified above. **Exclude** disbursements from trusts or funds to satisfy health insurance claims 1844

<input type="checkbox"/>																				
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14 OPERATING EXPENSES - Continued

Mark "X" if None

				2015			
				\$ Bil.	Mil.	Thou.	Dol.
1. Personnel Costs - Continued							
c. Temporary staff and leased employee expense - Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. Include all charges for payroll, benefits, and services	1823	<input type="checkbox"/>					
2. Expensed Materials, Parts, and Supplies (not for resale)							
a. Medical supplies - Materials and supplies used in providing medical services to others. Report medical equipment in line 2b	4011	<input type="checkbox"/>					
b. Expensed equipment - Expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Report packaged software in line 3a . Report leased and rented equipment in line 3i	1824	<input type="checkbox"/>					
c. Expensed purchases of other materials, parts, and supplies - Materials and supplies used in providing services to others; materials and parts used in repairs; office and janitorial supplies; small tools; containers and other packaging materials; and motor fuels	1825	<input type="checkbox"/>					
3. Expensed Purchased Services							
a. Expensed purchases of software - Purchases of prepackaged, custom coded, or vendor customized software. Include software developed or customized by others, web-design services and purchases, licensing agreements, upgrades of software, and maintenance fees related to software upgrades and alterations	1826	<input type="checkbox"/>					
b. Data processing and other purchased computer services - Include web hosting, computer facilities management services, computer input preparation, data storage, computer time rental, optical scanning services, and other computer-related advice and services, including training. Exclude expensed integrated systems, repair and maintenance of computer equipment, payroll processing and credit card transaction fees, and expenses for telecommunication services (e.g., Internet, connectivity, telephone)	1845	<input type="checkbox"/>					
c. Purchased communication services - Telephone, cellular, and fax services; computer-related communications (e.g., Internet, connectivity, online), and other wired and wireless communication services	1846	<input type="checkbox"/>					
d. Purchased repairs and maintenance to machinery and equipment - Expensed repair and maintenance services to machinery, vehicles, equipment, and computer hardware. Exclude materials, parts, and supplies used for repairs and maintenance performed by this firm's employees	1848	<input type="checkbox"/>					
e. Purchased repairs and maintenance to buildings, structures, and offices - Include repair and maintenance to integral parts of buildings (e.g., elevators, heating systems). Exclude materials, parts, and supplies used for repairs and maintenance performed by this firm's employees. Report janitorial and grounds maintenance services in line 4c	1849	<input type="checkbox"/>					
f. Purchased electricity - If the cost of electricity is included in lease or rental payments, report in line 3j	1850	<input type="checkbox"/>					
g. Purchased fuels (except motor fuels) - Fuel for heating, power, or generating electricity (e.g., natural gas, propane, oil, coal). If the costs are included in lease or rental payments, report in line 3j	1851	<input type="checkbox"/>					
h. Water, sewer, refuse removal, and other utility payments - Include the cost of hazardous waste removal. If the costs of these utilities are included in lease or rental payments, report in line 3j	1852	<input type="checkbox"/>					
i. Lease and rental payments for machinery, equipment, and other tangible items - Include lease and rental of transportation equipment without operators and penalties incurred for broken leases. Exclude capital and financing lease agreements and licensing/leasing of software	1853	<input type="checkbox"/>					
j. Lease and rental payments for land, buildings, structures, store spaces, and offices - Include penalties incurred for broken leases	1854	<input type="checkbox"/>					
k. Purchased advertising and promotional services - Include marketing and public relations services	1830	<input type="checkbox"/>					

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14 OPERATING EXPENSES - Continued

Mark "X" if None

				2015			
				\$ Bil.	Mil.	Thou.	DoI.
3. Expensed Purchased Services - Continued							
l. Purchased professional and technical services - Include management consulting, accounting, auditing, bookkeeping, legal, actuarial, payroll processing, architectural, engineering, and other professional services. Exclude salaries paid to your own employees for these services 1855	<input type="checkbox"/>						
m. Professional liability insurance - The cost of professional liability insurance. Include professional liability insurance premiums and amounts set aside for self-insurance 4010	<input type="checkbox"/>						
4. Other Operating Expenses							
a. Depreciation and amortization charges - Include depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). Exclude impairment 1831	<input type="checkbox"/>						
b. Governmental taxes and license fees - Payments to government agencies for taxes and licenses. Include business and property taxes. Exclude income taxes and sales and excise taxes collected from customers 1832	<input type="checkbox"/>						
c. All other operating expenses - All other operating expenses not reported above, unless specifically excluded in the general instructions. Include office postage paid and package delivery. Exclude purchases of merchandise for resale and non-operating expenses. If this item is greater than 20% of the total operating expenses, specify the primary source of the expenses below ↴							
<input type="text" value=""/>	<input type="checkbox"/>						
5. TOTAL OPERATING EXPENSES							
<i>Sum of lines 1a through 4c</i> 1900							

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15 INTEREST EXPENSE

What was the interest expense for this firm's establishments as defined in 1B and operated on a tax-exempt basis?

Exclude:

- Transfers made within the company.
- Capitalized expenses.
- Impairment.
- Bad debt.
- Income tax.

Mark "X" if None

				2015			
				\$ Bil.	Mil.	Thou.	DoI.
Interest expense - Interest expenses incurred in the financing of operations and long lived assets used in continuing operations . . . 1856	<input type="checkbox"/>						

16 Not Applicable.

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

18 CONTACT INFORMATION

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

THANK YOU for completing your 2015 ANNUAL SERVICES REPORT.
We suggest you keep a copy for your records.

Public reporting burden for this collection of information is estimated to average 3-6 hours 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 0607-0422, 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. Be sure to use ECON Survey Comments 0607-0422 as the subject. You are not required to respond to this collection of information if it does not display a valid approval number from the Office of Management and Budget (OMB). The eight-digit OMB number is 0607-0422 and appears in the upper right corner of the electronic instrument screen.

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