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

2018 ANNUAL SERVICES REPORT

SA-22010A	(DRAFT)
Due Date	
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://www.census.gov/programs-	
surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States	
Code (U.S.C.), Sections 131 and 182 authorizes this collection.	
Sections 224 and 225 require your response. The U.S. Census Bureau	
is required by Section 9 of the	
same law to keep your information CONFIDENTIAL and can use your	
responses only to produce statistics. The Census Bureau is not permitted	
to publicly release your responses in a way that could identify your	
business, organization, or institution.	
Per the Federal Cybersecurity Enhancement Act of 2015, your data	
are protected from cybersecurity risks through screening of the	
systems that transmit your data.	
This collection has been approved by the Office of Management and	
Budget (OMB). The eight-digit OMB approval number is 0607-0422 and	
appears at the upper right of this page. Without this approval, we	
could not conduct this survey.	
INTERNET REPORTING - Thi https://portal.census.gov	s survey should be completed online at:
Authentication Code:	To view Survey Results:
	https://www.census.gov/programs-surveys/sas.html
	GENERAL INSTRUCTIONS
 Any significant change i 	n this firm's operations should be noted in 🕡.
this firm.	or acquired in 2018, report data only for the period the establishments were operated by
	e if book figures are not available.
•Enter "0" where applical	
	r two or more detailed lines.
	al basis, except for payroll. \$ Bil. Mil. Thou. Dol.
 Figures should be round If a figure is \$1,030,280. 	456 it should be reported as 1030280456
Include:	Too it should be reported us
 Data for all Services est 	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and) as defined by the survey coverage in 1 B.
·	es primarily engaged in supporting services to those establishment(s) such as warehouses,

garages, central administrative offices, and repair services.

1	A. MA	LIN	G ADDRESS
	ls th	is fir	m's name and mailing address the same as shown in the mailing address above?
	0035		Yes
	0000		No - Enter corrections in the mailing address above



B. SURVEY COVERAGE Did this firm provide the business activities described below? Yes No - Specify this firm's business activity 7 O002 Not Applicable. ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes No - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Date of organizational change
Pes Occident of the following organizational changes occurred during the reporting period, explain in ②. Acquisition Date of organizational change
No - Specify this firm's business activity No - Specify this firm's business activity
No - Specify this firm's business activity 7 One of the following organizations, sales, mergers, and/or divestitures in 2018? Yes No - Go to 4 B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in 4. Acquisition Date of organizational change
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No - Specify this firm's business activity No - Go to Q B. Which of the following organizations, sales, mergers, and/or divestitures in 2018? No - Go to Q B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Q. Acquisition Date of organizational change
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No - Specify this firm's business activity No - Specify this firm
No - Specify this firm's business activity 7 No - Acquisition Date of organizational change occurred during the reporting period, explain in 2. Month Day Year Date of organizational change
No - Specify this firm's business activity No - Specify this firm
No - Specify this firm's business activity Not Applicable. 3 ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes No - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Date of organizational change
2 Not Applicable. 3 ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes No - Go to 4 B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Date of organizational change
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□ Yes □ No - Go to ② B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in ①. □ Acquisition □ Sale Date of organizational change
No - Go to 4 B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in ①. Acquisition Date of organizational change
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Check all that apply. If more than one organizational change occurred during the reporting period, explain in ①. Acquisition Date of organizational change
Acquisition Date of organizational change
Date of organizational change
Sale
0091 AND
☐ Merger Enter detailed information below
Divestiture
0017 Name of company 0019 EIN (9 digits)
Address (Number and street, P.O. Box, etc.)
City, town, village, etc.
City, town, village, etc. State ZIP Code

Form SA-22010A	(DRAFT)	Page
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NO ⁻						
	on this of data for the 2018 calendar year. The second is covered by the data provided in this report?				2018	3
				В	eginning	Date
0000	Calendar year			Month	Day	Year
0006	Fiscal or partial year - Report beginning and ending dates		000	, '		1 1
	Tiscal of partial year - neport beginning and ending dates		0007		Ending D)ate
				Month	Day	Year
					,	
			0008	8		
Not	Applicable.					
	LES, RECEIPTS, OR REVENUE					
	at were the revenues for this firm in 2018?					
	ude:					
	port gross billings, except where noted elsewhere on the form.					
	ues and assessments from members and affiliates.					
• Ar	nounts received for work subcontracted to others.					
	r locations that were sold or acquired during a year, only report for the	e periods t	hat this	firm oper	ated the	
	cations. Evenue from services performed by domestic locations of foreign paren	at firme ei	ıbeidiəria	e branch	nos oto	
	evenues from electronic sources.	11 1111115, 50	ibsidiaile	ss, branci	165, 616.	
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	ansfers made within the company.					
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14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

expenses not reported elsewhere.					
	Mark "X"		:	2018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
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 . 1	1821		1 1		1 1
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	1822				
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				
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b	1860				
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 1	1826				
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) Fyclude impairment	1831		1 1		1 1

CONTINUE WITH 14 ON PAGE 6

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14 OPERATING EXPENSES - Continued

Other Operating Expenses - Continued

Dol.

2018

Thou.

Mil.

Mark "X" sil.

b. 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?	s l v. ng							
	1879							
TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	1900							
and 16 Not Applicable.								
	operating expenses, specify the primary source of the expenses below 7 TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	operating expenses, specify the primary source of the expenses below 7 TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	operating expenses, specify the primary source of the expenses below 7 TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	operating expenses, specify the primary source of the expenses below 7 TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	operating expenses, specify the primary source of the expenses below 7 TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	operating expenses, specify the primary source of the expenses below 7 TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	operating expenses, specify the primary source of the expenses below 7 TOTAL OPERATING EXPENSES Sum of lines 1a through 4b

FUITH SA-ZZUTUA (DRAFI)	Form	SA-22010A	(DRAFT)
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CONTACT	NEORMATIO	· N							
CONTACT I	NFORMATIO on to contact re		report (Ple	ase print)	Title				
	on to contact re	egarding this							
		egarding this	mber	Extens		Fax	Area code	Number _	

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



SERVICE ANNUAL SURVEY

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

2018 ANNUAL SERVICES REPORT

SA-22010E (DRAFT) **Due Date** 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey. INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 ①.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

	\$ E	3il.		Mil.		T	hοι	١.		Dol.	
*		1	0	3	0	2	8	0	4	5	6

- 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.

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

	Yes		
0035			
	NIa	Entor	00 ""00t

ADDRESS

No - Enter corrections in the mailing address above

3. SURVEY COVERAGE				
Did this firm provide the business activities described below?				
Yes				
No. Coosify this firm's hyginess activity				
No - Specify this firm's business activity				
0002				
EDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)				
Does this firm report payroll under EIN				
Yes	FIN (9	digits)	
No - Enter current 9-digit EIN AND date payroll was first	LIIV (0	digits	,	1 1 1 1
reported for this EIN				
		Month	Day	Year
	0088			
DRGANIZATIONAL CHANGE				
A. Did this firm experience any acquisitions, sales, mergers, and/or divestiture	e in 20	187		
	.5 III(
Ves Yes				
No - Go to 4				
3. Which of the following organizational changes occurred in 2018?				
Check all that apply. If more than one organizational change occurred during the re	porting	period	, explai	n in 🕡.
Acquisition		Month	Day	Year
Date of organizational change	. 0018			
Sale AND				
Merger				
Enter detailed information below 7 Divestiture				
Divestiture				
0017 Name of company	0019 E	IN (9 dig	gits)	
		-		
Address (Number and street, P.O. Box, etc.)				
City, town, village, etc.	ZIP Co	de		

REP	ORTING PERIOD				
	E: Calendar year data are preferred. If they are unavailable, please report for the fiso ths of data for the 2018 calendar year.	cal yea	ır that iı	ncludes	at least six
Wha	t time period is covered by the data provided in this report?			20	18
			Е	Beginni	ng Date
	Calendar year		Month	Day	Year
0006					
	Fiscal or partial year - Report beginning and ending dates	. 0007			
				Ending	g Date
			Month	Day	Year
		8000			
Not A	Applicable.				

locations.
Revenue from services performed by domestic locations of foreign parent firms, subsidiaries, branches, etc.

• Revenues from electronic sources.

Exclude:• Transfers made within the company.

- Taxes collected directly from customers or clients and paid directly to a local, state, or federal tax agency.
- Rents from and revenue of separately operated departments, concessions, etc., which are leased to others.

• For locations that were sold or acquired during a year, only report for the periods that this firm operated the

• Commissions from vending machine operators.

• Report gross billings, except where noted elsewhere on the form.

Dues and assessments from members and affiliates.
Amounts received for work subcontracted to others.

• 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).

Mark "X"

		if None	\$ Bil.	Mil.	Thou.	Dol.
1.	Sales of Energy and Resources			1 1		
	a. Electricity generation and distribution 5501					
	b. Natural gas distribution to final customer					
	c. Water					
	d. Other revenue from sales of energy and resources 5504					
2.	Other Operating Revenue					
	a. Sewer system user charges			1 1		
	b. All other operating revenue - Revenue not reported in lines 1a through 2a. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below					
	1799					
3.	TOTAL OPERATING REVENUE Sum of lines 1a through 2b			1 1		
7	Not Applicable.					

2018

0111			0.0	(DRAFI)								90
8	RE	VEN	UES	FROM ELECTRONIC SOURCES								
	A.			firm have any revenues from customers en applications in 2018?	tering	orders d	irectly or	the firm	's website	s or		
		0040		Yes								
				No								
	В.	Did mok	this ile a	firm have any revenues from customers en applications in 2018?	tering	orders d	irectly or	third-pa	rty websit	es or		
		0041		Yes								
				No								
	C.	Did (suc	this h as	firm have any revenues from customers en private networks, dedicated lines, etc.) in	tering 2018?	orders v	ia any otl	her electr	onic syste	ms		
		0042		Yes								
				No								
	D.	Of t	he t	otal 2018 revenues reported in ⑤ ,			2018]		2018	
		wha	t wa	as the dollar amount (or percentage)	\$ Bil.	Mil.	Thou.	Dol.			ercent	
				s from the revenues identified in ve? Please provide an estimate if	Ψ Β	1	modi	5011			0100111	
		еха	ct fig	gures are not available 2500					OR ₂₅₀₁			%
9	and	1	No	t Applicable.								
1	CL	.ASS	OF	CUSTOMER								
				entage of sales, receipts, or revenue reporte	ed in C	was rec	eived fro	m the		_	2018	
	fo	llowi	ng d	classes of customers in 2018?						P	ercent	
	1.	Resi	iden	tial customers					5750		+	%
	2.	Non	-res	idential customers					5751 +			%
										10	00	%

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

expenses not reported eisewhere.					
	Mark "X"				
	if None	\$ Bil.	Mil.	Thou.	Dol.
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			1 1		
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.					
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			1 1		1 1
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b					
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					
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 convergets) Fxclude impairment		1			

CONTINUE WITH 14 ON PAGE 6

Form SA-22010E (DRAFT) Page 6

14	OPERATING EXPENSES - Continued						
		Mark "X"		2018			
		if None	\$ Bil.	Mil.	Thou.	Dol.	
4.	Other Operating Expenses - Continued						
	b. 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 7						
		1879					
5.	TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	. 1900					
15	and 16 Not Applicable.						

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

18	CONTACT IN	FORMATI	ON															
	Name of persor	n to contact	regarding	this rep	oort (Please	print)			Title								
		Area code	Number			Ex	ctensio	on			Area	a code		Num	ber			
	Telephone			_		1 1					Fax	'				- 1	ı	
				_											_			
	E-mail address									Website ad	dress							

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

We suggest you keep a copy for your records.

SERVICE ANNUAL SURVEY

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

2018 ANNUAL SERVICES REPORT

FORM SA-22130A	(DRAFT)
Due Date	
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://www.census.gov/programs- surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.	
This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.	
_	s survey should be completed online at:
Authentication Code:	To view Survey Results: https://www.census.gov/programs-surveys/sas.html
	GENERAL INSTRUCTIONS
 Any significant change i 	n this firm's operations should be noted in 🕡.
 For establishments sold this firm. 	or acquired in 2018, report data only for the period the establishments were operated by

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

	ф DII.	IVIII.		mou	J.		DOI.	
→	1	03	0	28	0	4	5	6

Include:

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

1	A. MA	ILIN	G ADDRESS
	ls th	nis fi	rm's name and mailing address the same as shown in the mailing address above?
	0035		Yes
	0000		No - Enter corrections in the mailing address above

Form SA-22130A (DRAFT)

. 0111	IJA	-2213	UA (DRAF	-1)																													гаς	je z
0	В. \$	SURVE	Y COVER	AGE																														
	ı	Did this	s firm pro	vide 1	the b	ousi	ine	3 88	s a	ac	tiv	/iti	es	des	scri	ibe	d b	elo	w?	•														
	C	0001	Yes																															
			No - Spe	cify th	his fir	m's	bu	usii	ine	es	s a	ictiv	vity	V Z																				
			0002																															
2	Not	Applica	able.																															
3	ORG	GANIZA	ATIONAL	CHAN	NGE																													
	Α. Ι	Did this	s firm exp	erien	ice ai	ny a	acq	qui	uis	siti	ior	ns,	sa	ales	, m	erg	gers	s, a	nd	/or	di	ves	tituı	res	in :	20 1	18?							
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		Address	(Number ar	nd stre	et, P.C	O. Bo	ox,	, etc	tc.)	.)																								
		City, tow	vn, village, e	etc.																			State	Э	ZIP (Cod	е							
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	L																																	

REPORTING PERIOD						
NOTE: Calendar year data are preferred. If they are unavailable, ple	ase repo	ort for the	fiscal y	ear that ii	ncludes	at least si
months of data for the 2018 calendar year. What time period is covered by the data provided in this repo	ort?				20	18
,				Е		ng Date
Calendar year				Month	Day	Year
Fiscal or partial year - Report beginning and ending dates			000	17	'	
Tisour or partial your Proport Sogniffing and charing dates				"	Ending	Date
				Month	Day	Year
			000	10		1 1 1
			000	10		
Not Applicable.						
SALES, RECEIPTS, OR REVENUE						
What were the revenues for this firm in 2018?						
Include: Report gross billings, except where noted elsewhere on the form						
 Dues and assessments from members and affiliates. 						
 Amounts received for work subcontracted to others. 						
 For locations that were sold or acquired during a year, only report locations. 	for the	periods t	that this	firm oper	rated th	ie
 Revenue from services performed by domestic locations of foreign Revenues from electronic sources. 	n parent	firms, su	ıbsidiari	es, branch	hes, etc).
Exclude:						
Transfers made within the company.						
 Transfers made within the company. Taxes collected directly from customers or clients and paid directl 						
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 Transfers made within the company. Taxes collected directly from customers or clients and paid directled. Rents from and revenue of separately operated departments, concentrated. Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e. Commonwealth Territories, or U.S. possessions). Water and Sewage a. Water sales b. Sewer system user charges All other operating revenue - Revenue not reported in lines 1a through 1b. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7 TOTAL OPERATING REVENUE Sum of lines 1a through 2 	essions 5551 5552	Mark "X" if None	states, [eased to District of	others. Colum 2018	bia, U.S.
 Transfers made within the company. Taxes collected directly from customers or clients and paid directled. Rents from and revenue of separately operated departments, concentrated. Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e. Commonwealth Territories, or U.S. possessions). Water and Sewage a. Water sales b. Sewer system user charges All other operating revenue - Revenue not reported in lines 1a through 1b. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7 TOTAL OPERATING REVENUE Sum of lines 1a through 2 	essions 5551 5552	Mark "X" if None	states, [eased to District of	others. Colum 2018	bia, U.S.
 Transfers made within the company. Taxes collected directly from customers or clients and paid directled. Rents from and revenue of separately operated departments, concentrated. Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e. Commonwealth Territories, or U.S. possessions). Water and Sewage a. Water sales b. Sewer system user charges All other operating revenue - Revenue not reported in lines 1a through 1b. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7 TOTAL OPERATING REVENUE Sum of lines 1a through 2 	essions 5551 5552	Mark "X" if None	states, [eased to District of	others. Colum 2018	bia, U.S.

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8	RE	VEN	IUES	FR	OM ELI	ECTRO	ONIC	sou	JRCE	S												
	A.				n have lication				from	custo	mers e	entering	g o	rders d	lirect	ly or	the fir	m's v	website	s or		
		0040		Yes	:																	
				No																		
	В.	Did mol	this	firr app	n have lication	any r 1s in 2	evenu 2018?	ues f	from	custo	mers e	entering	g oı	rders d	lirect	ly or	third-p	arty	websit	es o	r	
		0041		Yes	:																	
				No																		
	C.	Did (suc	this h as	firr s pri	n have vate no	any r etwor	evenu ks, de	ues f edica	from ated	custo lines,	mers e etc.) ir	ntering 1 2018	g oi	rders v	ia an	y otl	ner elec	troni	ic syste	ms		
		0042		Yes	;																	
				No																		
	D.	Of 1	he t	total	2018	reven	ues re	epor	ted i	n 6 ,					2018			\neg			2018	
		what	at wa	as ti	he dollar om the	ar am	ount	(or p	erce	ntage I in	e)	\$ Bil.		Mil.	_	ou.	Dol.				ercen	t
		A-C	abo	ve?	Please	prov	ide ar	n est	timat	e if	2500							O	OR ₂₅₀₁			%
9	and	d 1 0	No	t Ap	plicable	}.																
1	CL	.ASS	OF	CUS	STOME	R																
	W	hat p	erce	enta	ge of s	ales,	recei	pts,	or re	venue	e report	ted in (3 v	vas rec	eive	d fro	m the				2018 Percent	
	TO	llow	ing c	cias	ses of o	custoi	mers	in Z	018?												ercen	ر %
	1.	Res	iden	tial	custon	ners							٠						. 5750	-		70
	2.	Nor	ı-res	ider	ntial cu	stom	ers .												. 5751 +			%
																				1	00	%
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12 and 13 Not Applicable

22131049

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

expenses not reported disconners.					
	Mark "X"		2	2018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
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			1 1		1 1
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions					
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					
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b			1 1		
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					
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					

CONTINUE WITH 14 ON PAGE 6

Form	SA-22	130A	(DRAFT)
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14	OPERATING EXPENSES - Continued					
		Mark "X"		2	2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
4.	 Other Operating Expenses - Continued 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 7					
		1879		1 1	1 1	1 1
5.	TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	. 1900		i		
1	and 16 Not Applicable.					

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31
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22

	data word out	natoa.					ır-to-year changes,				
)	CONTACT IN	FORMATI	ON								
	Name of persor			this rep	ort (<i>Please</i>	print)	Title				
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SERVICE ANNUAL SURVEY

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

FORM

SA-22130E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as -

	\$ Bil.			Mil.		T	hοι	١.	Dol.				
→		1	0	3	0	2	8	0	4	5	6		

nclude

- 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.

_	

A. MAILING ADDRESS

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

	Yes		
0035			
	NI.	F4	

No - Enter corrections in the mailing address above

071	OCE (DRAFT)			, age	
B. SUR	EY COVERAGE				
Did t	nis firm provide the business activities described below?				
	Yes				
0001					
	No - Specify this firm's business activity				
	0002				
EDERA	EMPLOYER IDENTIFICATION NUMBER (EIN)				
	s firm report payroll under EIN				
0013	Yes	EINL /	0 4:-:)		
	No - Enter current 9-digit EIN AND date payroll was first	EIN (9 digits)		
No - Enter current 9-digit EIN AND date payroll was first reported for this EIN					
			Month Day	Year	
		0088			
ORGAN	ZATIONAL CHANGE				
	nis firm experience any acquisitions, sales, mergers, and/or divestitur	es in 20	018?		
0016	Yes				
	No - Go to 4				
D Whia	of the following organizational changes occurred in 2018?				
	all that apply. If more than one organizational change occurred during the re	enortina	neriod explain in (TD	
Crieci	an that apply. If more than one organizational change occurred during the N	eporting			
	Acquisition		Month Day	Year	
	Date of organizational change	0018		1 1	
0091	Sale > AND				
	Merger				
	Enter detailed information below 7				
	Divestiture				
0017	ame of company	0019 F	IN (9 digits)		
0017	and of company	0019 L	in (5 digits)	1 1	
			-		
Addr	ss (Number and street, P.O. Box, etc.)				
City	own, village, etc.	e ZIP Co	nde		
Oity,	Otate	211 00		1 1	

	Colordon was data are reafound if they are was italian along the first in the first	year that	includes	at laget
NOTE	Calendar year data are preferred. If they are unavailable, please report for the fiscal			at least s
	s of data for the 2018 calendar year. time period is covered by the data provided in this report?		201	10
vvnat	time period is covered by the data provided in this report?		Beginnin	
	Calendar year	Mont		Year
0006			,	
L	Fiscal or partial year - Report beginning and ending dates	007		
		B.4	Ending	
		Mont	h Day	Year
	0	800		1 1
Not A	anliashla			
<u> </u>	oplicable.			
SALE	S, RECEIPTS, OR REVENUE			
What	were the revenues for this firm in 2018?			
Includ	le:			
	rt gross billings, except where noted elsewhere on the form.			
	and assessments from members and affiliates.			
	unts received for work subcontracted to others.	e firme on	orated th	
● ⊢or I	acations that were sold or acquired during a year, only report for the periods that this			
	ocations that were sold or acquired during a year, only report for the periods that this ions.	s iirin op	erateu tii	е
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• Reve • Reve • Exclu • Tran • Taxe	ions. nue from services performed by domestic locations of foreign parent firms, subsidiar nues from electronic sources. de: sfers made within the company. s collected directly from customers or clients and paid directly to a local, state, or fec	ies, bran	ches, etc.	
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Never Reverse Reverse Reverse Reverse Rent Rent Rent Reverse Communication Reverse Rev	nue from services performed by domestic locations of foreign parent firms, subsidiar nues from electronic sources. de: sfers made within the company. s collected directly from customers or clients and paid directly to a local, state, or fed is from and revenue of separately operated departments, concessions, etc., which are missions from vending machine operators. nue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, monwealth Territories, or U.S. possessions). Mark "X" if None s Bil. and Sewage ter sales ter sales ter operating revenue - Revenue not reported in lines ough 1b. If this item is greater than 20% of the total ting revenue, specify the primary source of the revenue	ies, bran leral tax a leased to District o	agency. o others. of Columb	bia, U.S.

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14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

expenses not reported elsewhere.					
	Mark "X"		2	2018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
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			1 1		1 1
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions					
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					
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b		1	1 1		1 1
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			1 1	1 1	
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					

CONTINUE WITH 14 ON PAGE 6

Form	SA-221	30E	(DRAFT)
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14 OPERATING EXPENSES - Continued

			Mark "X"				2018	
				if None	\$ Bil.	Mil.	Thou.	Dol.
4.	Ot	her Operating Expenses - Continued						
7.	b.	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 7						
			1	1				
			1879					
5.	то	TAL OPERATING EXPENSES						
			. 1900			1 1		
TA	and	Not Applicable.						

Form SA-22130E	(DRAFT)	Page

II 3A-22 130E	(DRAFI)								raye
REMARKS - P data were estir	lease use this s	space to exp	lain any si	gnificant yea	r-to-year chan	iges, to clarify	responses,	or indicat	e wher
CONTACT INI	FORMATION								
CONTACT INI		rding this repo	rt <i>(Please p</i>	rint)	Title				
		rding this repo	rt <i>(Please p</i>	rint)	Title				
Name of person	to contact regar				Title	Area coo	de	Number	
Name of person		Number		Extension		Area coo	de	Number	
Name of person	to contact regar			Extension		ax	de	Number	1 1

2018 ANNUAL SERVICES REPORT

ENI O	SERVICE ANNUAL U.S. DEPARTMENT OF Economics and Statistics Av U.S. CENSUS BUREAU	COMMERCE
OF THE S	SA-48000A	(DRAFT)
Dι	ie Date	

Due Date	
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://www.census.gov/programs- surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.	s survey should be completed online at: To view Survey Results: https://www.census.gov/programs-surveys/sas.html
	GENERAL INSTRUCTIONS
, ,	in this firm's operations should be noted in ① . or acquired in 2018, report data only for the period the establishments were operated by
Estimates are acceptableEnter "0" where applicate	e if book figures are not available. ble.
	r two or more detailed lines.
Report data on an accruFigures should be round	al basis, except for payroll. \$ Bil. Mil. Thou. Dol.
_	456 it should be reported as 1030280456
Include:	400 it should be reported as
 Data for all Services esta 	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and) as defined by the survey coverage in ①B.
 Data for auxiliary faciliting garages, central adminis 	es primarily engaged in supporting services to those establishment(s) such as warehouses, strative offices, and repair services.
1 A. MAILING ADDRESS	
	d mailing address the same as shown in the mailing address above?
☐ Yes	
0035 No - Enter co	averations in the mailing address above
	prrections in the mailing address above
	orrections in the mailing address above

B. SURVEY COVERAGE Did this firm provide the business activities described below? Yes	Did this firm provide the business activities described below? Yes	Did this firm provide the business activities described below? Yes
Did this firm provide the business activities described below? Yes	Did this firm provide the business activities described below? Yes	Did this firm provide the business activities described below? Yes No - Specify this firm's business activity 7 10022 Not Applicable. ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes No - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Sale Merger Divestiture Date of organizational change
2 Not Applicable. 3 ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes No - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Sale Merger Date of organizational change AND Enter detailed information below 7 Divestiture	ONOT Name of company No - Specify this firm's business activity 7 ONOT Applicable. ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes ONOTO B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Date of organizational change	Yes No - Specify this firm's business activity 7
No - Specify this firm's business activity 7 Not Applicable. 3 ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes	No - Specify this firm's business activity 7 Not Applicable. 3 ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes	No - Specify this firm's business activity 7 No - Specify this firm's business activity 7 No - Go to
No - Specify this firm's business activity 7 Not Applicable. 3 ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes	No - Specify this firm's business activity 7 Not Applicable. ORGANIZATIONAL CHANGE	No - Specify this firm's business activity 7 No - Specify this firm's business activity 7 No - Go to
No - Specify this firm's business activity 7 Not Applicable. 3 ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes	No - Specify this firm's business activity 7 Not Applicable. ORGANIZATIONAL CHANGE	No - Specify this firm's business activity 7 No - Specify this firm's business activity 7 No - Go to
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No - Specify this firm's business activity 7 Not Applicable. 3 ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes	No - Specify this firm's business activity 7 Not Applicable. 3 ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes	No - Specify this firm's business activity 7 No - Specify this firm's business activity 7 No - Operation
No - Specify this firm's business activity 7 Not Applicable. 3 ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes	No - Specify this firm's business activity 7 Not Applicable. 3 ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes	No - Specify this firm's business activity 7 Not Applicable. 3 ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes
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No - Specify this firm's business activity 7 Not Applicable. 3 ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes	No - Specify this firm's business activity 7 Not Applicable. 3 ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes	No - Specify this firm's business activity 7 Not Applicable. 3 ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes
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No - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Sale AND Enter detailed information below Divestiture	Yes No - Go to	Yes No - Go to
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in . Acquisition Sale AND Enter detailed information below?	B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Sale No - Go to Month Day Year Date of organizational change	B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Sale AND Interdetailed information below Divestiture Divestiture Divestiture Divestiture Output Divestiture City, town, village, etc. State ZIP Code
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in ①. Acquisition Sale AND Enter detailed information below?	B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Sale AND Enter detailed information below No - Go to Month Day Year Outs AND Enter detailed information below Divestiture	B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Sale AND Interdetailed information below Divestiture Divestiture Divestiture Address (Number and street, P.O. Box, etc.) City, town, village, etc. State ZIP Code
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☐ Merger ☐ Divestiture ☐ Divestiture ☐ Divestiture ☐ Divestiture Enter detailed information below ₹	Merger Divestiture Divestiture Enter detailed information below Divestiture	Divestiture Divestiture Enter detailed information below
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10017 INdiffe of company		Address (Number and street, P.O. Box, etc.) City, town, village, etc. State ZIP Code
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Address (Number and street, P.O. Box, etc.)	Address (Number and street, P.O. Box, etc.)	
City town village etc.		
City, town, village, etc. State ZIP Code		
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City, town, village, etc.		
	City, town, village, etc. State ZIP Code	

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4	REP	ORT	ING PERIOD				
			alendar year data are preferred. If they are unavailable, please report for the fiscal y of data for the 2018 calendar year.	ear_	that in	ncludes	s at least six
	Wha	at tir	ne period is covered by the data provided in this report?			20	18
					В	Beginni	ng Date
			Calendar year	N	/lonth	Day	Year
	0006						
			Fiscal or partial year - Report beginning and ending dates	07			1 1 1
						Ending	g Date
				N	Nonth	Day	Year
			00	80			
5	Not	Appl	licable.				

6 SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

- Report gross billings, **except** where noted elsewhere on the form.
- Dues and assessments from members and affiliates.
- 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.
- Revenues from electronic sources.

Exclude:

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

		2	2018	
	\$ Bil.	Mil.	Thou.	Dol.
1800				

			1 1	1 1	' '
1.	TOTAL OPERATING REVENUE		1 1	1 1	

7	

Not Applicable.

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8	REVE	IUES	FROM ELECTRONIC SOURCES							
			s firm have any revenues from customers en applications in 2018?	tering o	rders d	irectly on	the firm'	s website	s or	
	0040		Yes							
			No							
			firm have any revenues from customers en applications in 2018?	itering o	rders d	irectly on	third-par	ty website	es or	
	0041		Yes							
			No							
	C. Did (su	this	s firm have any revenues from customers en s private networks, dedicated lines, etc.) in	tering o 2018?	rders v	ia any oth	er electro	onic syste	ms	
	0042		Yes							
			No							
	D. Of	the t	cotal 2018 revenues reported in 0 ,		2	2018			2018	
			as the dollar amount (or percentage) s from the revenues identified in	\$ Bil.	Mil.	Thou.	Dol.		Percent	
	A-0	abo	ove? Please provide an estimate if qures are not available.					OR ₂₅₀₁		%

9-13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.



14	OPERATING EXPENSES - Continued							
	OI III III III III III III III III III	1/10	rk "V"	2018				
			Vone	\$ 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					1 1	
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	1822						
	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					1 1	
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3b, the cost of motor fuels in line 3d, and leased and rented equipment in line 4c	1860						
3.	Expensed Purchased Services							
	a. Purchased freight transportation - Contract payments to railroads, airlines, waterborne, and other motor carriers. Report the cost of leased and rented transportation equipment without	5097			1 1		1 1	
	b. 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						
	c. Purchased repairs and maintenance to transportation							
	 equipment - Expensed repair and maintenance services to motor vehicles, vessels, aircraft, and other transportation equipment. Exclude materials, parts, and supplies used for repairs and maintenance performed by this firm's employees	1847						
	other fuels purchased for trucks, truck-tractors, and other motor vehicles	5098						
4.	Other Operating Expenses							
	a. Cost of Insurance - Premiums for bonding and insurance not included in line 1b	5099						
	b. 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						
	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 7		•					
		1076						
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4	OPERATING EXPENSES - Continued								
	Mark if No	'X"				2018			
		ne \$	Bil.	Mi	l.	Th	ou.	D	ol.
	TOTAL OPERATING EXPENSES		1	l					
	Sum of lines 1a through 4c								
	and 16 Not Applicable.								
)	REMARKS - Please use this space to explain any significant year-to-year changes data were estimated.	, to c	larify	resp	onse	es, or	indica	ate w	here
	uata were estimateu.								

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CONTACT IN			ı								
Name of person to contact regarding this report (Please print) Ti						Title					
	Area code		Number		Extension		Area code		Number		
Telephone			-			Fax			-		
E-mail address						Website address					
2 244.555											

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

We suggest you keep a copy for your records.

SERVICE ANNUAL SURVEY

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

2018 ANNUAL SERVICES REPORT

SA-48000E	(DRAFT)
Due Date	
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://www.census.gov/programs- surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.	
INTERNET REPORTING - This	s survey should be completed online at:

https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 ①.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

	\$ E	Bil.		Mil.		1	hοι	ı.		Dol.	
→		1	0	3	0	2	8	0	4	5	6

- 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.

_	

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?	
Yes	
No. Consider this firms to be simple provided.	
No - Specify this firm's business activity	
0002	
FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)	
Does this firm report payroll under EIN	
☐ Yes	
0013	EIN (9 digits)
No - Enter current 9-digit EIN AND date payroll was first reported for this EIN	
reperted for time 2m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Month Day Year
	0088
ORGANIZATIONAL CHANGE	
A. Did this firm experience any acquisitions, sales, mergers, and/or divestiture	es in 2018?
Yes	
0016	
No - Go to 4	
B. Which of the following organizational changes occurred in 2018?	
Check all that apply. If more than one organizational change occurred during the re	porting period, explain in 🕡.
	Month Day Year
Acquisition Date of organizational change	2010
□ Sale	0018
0091	
Enter detailed information below	
Divestiture	
	FIN (O. II. to)
0017 Name of company	0019 EIN (9 digits)
	- -
Address (Number and street, P.O. Box, etc.)	
City, town, village, etc.	ZIP Code
State	
	-

orm SA-48000E	(DRAFT)	Page 3	
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4	NOT	E: C	FING PERIOD alendar year data are preferred. If they are unavailable, please report for the fiscal yea of data for the 2018 calendar year.	r that i	ncludes	s at least six
	Wha	ıt tir	me period is covered by the data provided in this report?		20	18
				ı	Beginni	ng Date
			Calendar year	Month	Day	Year
	0006					
		Ш	Fiscal or partial year - Report beginning and ending dates			
					Ending	g Date
				Month	Day	Year
			8000			1 1 1

5 Not Applicable.

6 SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

- Report gross billings, **except** where noted elsewhere on the form.
- Dues and assessments from members and affiliates.
- 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.
- Revenues from electronic sources.

Exclude:

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

		2018							
	\$ Bil.	Mil.	Thou.	Dol.					
. 1800									

		1	1 1	' '
1.	TOTAL OPERATING REVENUE			

I 7 I	
•	

Not Applicable.

orm SA-4	18000	L (DRAFT)						Page
8 REVE	NUES	FROM ELECTRONIC SOURCES						
		firm have any revenues from customers pplications in 2018?	entering	orders o	lirectly or	the firm	's websites	or
004	0	Yes						
		No						
		firm have any revenues from customers pplications in 2018?	entering	orders o	lirectly or	third-pa	rty website	s or
004	1	Yes						
		No						
C. Di (sı	d this uch as	firm have any revenues from customers private networks, dedicated lines, etc.) i	entering n 2018?	orders v	ia any otl	ner electr	onic syster	ns
004	2	Yes						
		No						
D. O 1	the t	otal 2018 revenues reported in 3 ,			2018		. г	2018
wl	hat wa	s the dollar amount (or percentage)	\$ Bil.	1		Dal	-	
		from the revenues identified in	ф ВII.	Mil.	Thou.	Dol.		Percent

9	-13 1	Not Applicable.
U		reor Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Transfers made within the company.

exact figures are not available.

- Capitalized expenses.
- Interest.
- · Bad debt.
- Impairment.
- Income tax.
- Expenses 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).

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.



14	OPERATING EXPENSES - Continued					
		Mark "X"	,			
		if None	\$ 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 . 18	821		1 1		
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	822				
		823		1 1		1 1
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3b, the cost of motor fuels in line 3d, and leased and rented equipment in line 4c	860				1 1
3.	Expensed Purchased Services					
	a. Purchased freight transportation - Contract payments to railroads, airlines, waterborne, and other motor carriers. Report the cost of leased and rented transportation equipment without operators in line. Report travel expenses in line 4c 56	097		1 1		1 1
	b. 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 18	826		1 1		1 1
	c. Purchased repairs and maintenance to transportation equipment - Expensed repair and maintenance services to motor vehicles, vessels, aircraft, and other transportation equipment. Exclude materials, parts, and supplies used for repairs and maintenance performed by this firm's employees	847		1 1		
	d. Purchased fuels for transportation equipment - Gasoline and other fuels purchased for trucks, truck-tractors, and other motor vehicles	098				
4.	Other Operating Expenses					
		099				
	b. 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	831		1 1		
	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					
		879				
	CONTINUE WITH 14 ON PAGE 6	3				

	OPERATING EXPENSES - Continued					
		Mark "X"		2	2018	
		Mark "X" if None	\$ Bil.	Mil.	Thou.	Dol.
	TOTAL OPERATING EXPENSES					
	Sum of lines 1a through 4c					
) ;	and 16 Not Applicable.					
)	REMARKS - Please use this space to explain any significant year-to-year c data were estimated.	hanges, to	clarify	response	s, or indic	ate wh
	data Word Collinated.					

Form SA-48000E (DRAFT) Page 7

CONTACT IN						ı			
Name of person	to contact	regarding	this report (H	Please p	rint)	Title			
	Area code		Number		Extension		Area code	Number	
Telephone			-			Fax		-	
E-mail address						Website address			

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

SERVICE ANNUAL SURVEY

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

FORM

2018 ANNUAL SERVICES REPORT

SA-48100A	(DRAFT)
Due Date	
Nord halo on house modified 2	
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://www.census.gov/programs- surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED	
BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and	
182 authorizes this collection.	
Sections 224 and 225 require your response. The U.S. Census Bureau	
is required by Section 9 of the same law to keep your information	
CONFIDENTIAL and can use your responses only to produce statistics.	
The Census Bureau is not permitted	
to publicly release your responses in a way that could identify your	
business, organization, or institution. Per the Federal Cybersecurity	
Enhancement Act of 2015, your data	
are protected from cybersecurity risks through screening of the	
systems that transmit your data. This collection has been approved	
by the Office of Management and	
Budget (OMB). The eight-digit OMB approval number is 0607-0422 and	
appears at the upper right of this page. Without this approval, we	
could not conduct this survey.	
https://portal.census.gov Authentication Code:	To view Survey Results: https://www.census.gov/programs-surveys/sas.html
	GENERAL INSTRUCTIONS
● Any significant change i	in this firm's operations should be noted in ① .
, ,	or acquired in 2018, report data only for the period the establishments were operated by
 Estimates are acceptable 	e if book figures are not available.
Enter "0" where applical	ole.
 Do not combine data fo 	r two or more detailed lines.
·	al basis, except for payroll. \$ Bil. Mil. Thou. Dol.
• Figures should be round	
, and the second	456 it should be reported as $ 1030280736 $
Include: • Data for all Services est	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and
·	es primarily engaged in supporting services to those establishment(s) such as warehouses,
garages, central adminis	es printarily engaged in supporting services to those establishment(s) such as warehouses, strative offices, and repair services.
1 A. MAILING ADDRESS	
Is this firm's name and	d mailing address the same as shown in the mailing address above?
U Yes	
	orrections in the mailing address above

Form SA-48100A (DRAFT)

1	B. SUR	VEY	COVE	RAGE																				
	Did t	this f	firm pr	rovide	the bu	usine	ess a	acti	ivitie	es de	escr	ibed	l bel	ow?	•									
		□ Y	Yes																					
	0001		No - Sr	ecify tl	his firn	n's bi	usine	ess	activ	vitv 7	7													
										···/ /														
		0	0002																					
2	Not App	olicabl	le.																					
	ORGAN			L CHAI	NGE																			
	A. Did					y ac	quis	sitio	ons,	sale	es, m	nerg	ers,	and	/or d	ivest	titure	s in	20 1	8?				
			Yes																					
	0016																							
		L N	No - Go	to 4																				
	B. Whic																							
	Chec	ck all t	that ap	ply. If r	more tl	han o	one c	orga	aniza	ationa	al ch	ange	e occ	curre	d dui	ring t	he rep	ortir	ng p	erio	t, exp	olain		
			Acquisi	tion															1	Vonth	n Da	У	Ye	ar
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			Divestit	ure		.07 40	otano	<i>.</i>		,,,,,,,),, D(0,011	y											
				J																				
	0017	Name	of com	pany														0019	EIN	(9 di	gits)		1 1	
																				-				
	Addr	ress (N	lumber	and stre	eet, P.O	. Box,	, etc.)	.)																
	City,	town,	, village,	, etc.													State	ZIP	Cod	е				
																						-		,

Form SA-48100A	(DRAFT)	Page
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4					
	REPORTING PERIOD				
	NOTE: Calendar year data are preferred. If they are unavailable, please report for the fisc months of data for the 2018 calendar year.	cal yea	r that ir	ncludes a	at least six
	What time period is covered by the data provided in this report?			2018	
	Calendar year		Month	eginning Day	y Date Year
	0006		WIOTILIT	Day	Teal
	Fiscal or partial year - Report beginning and ending dates	. 0007			
			Month	Ending Day	Year
				207	1 1
		8000			
5	Not Applicable.				
6	SALES, RECEIPTS, OR REVENUE				
	What were the revenues for this firm in 2018?				
	Include:				
	 Report gross billings, except where noted elsewhere on the form. Dues and assessments from members and affiliates. 				
	Amounts received for work subcontracted to others.				
	• For locations that were sold or acquired during a year, only report for the periods that locations.	this fir	m oper	ated the	
	• Revenue from services performed by domestic locations of foreign parent firms, subside	diaries	, branch	ies, etc.	
	Revenues from electronic sources. Exclude:				
	Transfers made within the company.				
	• Taxes collected directly from customers or clients and paid directly to a local, state, or		_		
	 Rents from and revenue of separately operated departments, concessions, etc., which a Commissions from vending machine operators. 	are lea	sed to d	others.	
	• Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 state	tes, Dis	strict of	Columb	ia, U.S.
	Commonwealth Territories, or U.S. possessions).				
	Mark "X" if None s	Bil.	Mil.	O18 Thou.	
1.	Air Transportation Revenue	JII.	IVIII.	mou.	Dol
					Dol.
					Dol.
	a. Domestic, scheduled passenger transportation by air 5575			1 1	Dol.
	a. Domestic, scheduled passenger transportation by air 5575 b. International, scheduled passenger transportation by air 5576				Dol.
	b. International, scheduled passenger transportation by air 5576				Dol.
	b. International, scheduled passenger transportation by air 5576 c. Domestic, non-scheduled passenger transportation by air 5577				Dol.
	b. International, scheduled passenger transportation by air 5576				Dol.
	b. International, scheduled passenger transportation by air 5576 c. Domestic, non-scheduled passenger transportation by air 5577 d. International, non-scheduled passenger transportation by				Dol.
	b. International, scheduled passenger transportation by air				Dol.
2	b. International, scheduled passenger transportation by air				Dol.
2.	b. International, scheduled passenger transportation by air				Dol.
2.	b. International, scheduled passenger transportation by air				Dol.
2.	b. International, scheduled passenger transportation by air				Dol.
2.	b. International, scheduled passenger transportation by air				Dol.
2.	b. International, scheduled passenger transportation by air . 5576 c. Domestic, non-scheduled passenger transportation by air . 5577 d. International, non-scheduled passenger transportation by air				Dol.
	b. International, scheduled passenger transportation by air				Dol.
	b. International, scheduled passenger transportation by air . 5576 c. Domestic, non-scheduled passenger transportation by air . 5577 d. International, non-scheduled passenger transportation by air				Dol.
3.	b. International, scheduled passenger transportation by air				Dol.
3.	b. International, scheduled passenger transportation by air				Dol.

48101034

Form SA-48100A (DRAFT) Page 4

REVEN	IUES	FROM ELECTRONIC SOURCES							
			tering	orders d	lirectly or	the firm	's website:	s or	
0040		Yes							
		No							
B. Did mo	this bile a	firm have any revenues from customers en applications in 2018?	tering	orders d	lirectly or	third-pa	rty website	es or	
0041		Yes							
		No							
					ia any otl	ner electr	onic syste	ms	
0042		Yes							
		No							
D. Of	the t	otal 2018 revenues reported in G .			2010]	2019	
wh	at wa	as the dollar amount (or percentage)	\$ Bil.	Mil.	Thou.	Dol.		Percent	
A-C	abo	ve? Please provide an estimate if					OR 3501		%
	A. Did mol	A. Did this mobile a out of the toward a construction of the construction of the toward a construction of the construct	A. Did this firm have any revenues from customers en mobile applications in 2018? Yes No B. Did this firm have any revenues from customers en mobile applications in 2018? Yes No C. Did this firm have any revenues from customers en (such as private networks, dedicated lines, etc.) in Yes No D. Of the total 2018 revenues reported in ③, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if	A. Did this firm have any revenues from customers entering mobile applications in 2018? Yes No B. Did this firm have any revenues from customers entering mobile applications in 2018? Yes No C. Did this firm have any revenues from customers entering (such as private networks, dedicated lines, etc.) in 2018? Yes No D. Of the total 2018 revenues reported in ③, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if	A. Did this firm have any revenues from customers entering orders of mobile applications in 2018? Yes No B. Did this firm have any revenues from customers entering orders of mobile applications in 2018? Yes No C. Did this firm have any revenues from customers entering orders of (such as private networks, dedicated lines, etc.) in 2018? Yes No D. Of the total 2018 revenues reported in ③, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if	A. Did this firm have any revenues from customers entering orders directly or mobile applications in 2018? Yes No B. Did this firm have any revenues from customers entering orders directly or mobile applications in 2018? Yes No C. Did this firm have any revenues from customers entering orders via any otl (such as private networks, dedicated lines, etc.) in 2018? Yes No D. Of the total 2018 revenues reported in 3, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if	A. Did this firm have any revenues from customers entering orders directly on the firm mobile applications in 2018? Yes No B. Did this firm have any revenues from customers entering orders directly on third-parmobile applications in 2018? Yes No C. Did this firm have any revenues from customers entering orders via any other electr (such as private networks, dedicated lines, etc.) in 2018? Yes No D. Of the total 2018 revenues reported in ①, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if	A. Did this firm have any revenues from customers entering orders directly on the firm's websites mobile applications in 2018? Yes No B. Did this firm have any revenues from customers entering orders directly on third-party websites mobile applications in 2018? Yes No C. Did this firm have any revenues from customers entering orders via any other electronic system (such as private networks, dedicated lines, etc.) in 2018? Yes No D. Of the total 2018 revenues reported in ③, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if	A. Did this firm have any revenues from customers entering orders directly on the firm's websites or mobile applications in 2018? Yes

9-13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.



14	OPERATING EXPENSES - Continued						
		Mark				2018	
	Para and Gorda	if Noi	ne s	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					1 1	1 1
	 b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions. 	1822					
	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					
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3b, the cost of motor fuels in line 3d, and leased and rented equipment in line 4c	1860					
3.	Expensed Purchased Services						
	·	5097			1 1		
	b. 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		<u> </u>	1 1		
	c. Purchased repairs and maintenance to transportation equipment - Expensed repair and maintenance services to motor vehicles, vessels, aircraft, and other transportation equipment. Exclude materials, parts, and supplies used for repairs and maintenance performed by this firm's employees	1847			1 1		
	d. Purchased fuels for transportation equipment - Gasoline and other fuels purchased for trucks, truck-tractors, and other motor vehicles	5098					
4.	Other Operating Expenses						
		5099		'			
	b. 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					
	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						
		1879					
	CONTINUE WITH 14 ON PAGE (6					

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(X	2
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	OPERATING EXPENSES - Continued					
		Mark "X" if None			2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
	TOTAL OPERATING EXPENSES Sum of lines 1a through 4c					
	and 16 Not Applicable.					
)	REMARKS - Please use this space to explain any significant year-to-year ch data were estimated.	nanges, to	clarify	respons	ses, or indic	ate where
	data were estimated.					

Form SA-48100A (DRAFT) Page 7

Name of perso	n to contact re	garding t	his report <i>(Pleas</i>	e print)		Title				
	Area code		Number	Extens	ion			Area code	Number	
Telephone			-				Fax		_	
E-mail address	1					Website addr	ess			

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

SERVICE ANNUAL SURVEY

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

SA-48100E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 ①.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

	\$ E	3il.		Mil.		T	hοι	١.		Dol.	
→		1	0	3	0	2	8	0	4	5	6

- 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.

_	

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



B. SURVEY COVERAGE Did this firm provide the business activities described below? Ves	3A-40	IUUE (DRAFI)								г
Yes No - Specify this firm's business activity 7	B. SUR	VEY COVERAG	E							
No - Specify this firm's business activity	Did	this firm provid	le the business	activities des	cribed below	<i>i</i> ?				
No - Specify this firm's business activity Percentage										
No - Specify this firm's business activity Power										
No - Specify this firm's business activity										
No - Specify this firm's business activity No - Specify this firm's business activity No - Specify this firm's business activity No - Specify this firm report payroll under EIN										
No - Specify this firm's business activity No - Specify this firm's business activity No - Specify this firm's business activity No - Specify this firm report payroll under EIN										
Discrete this firm's business activity 7 No - Specify this firm's business activity 7 No - Specify this firm's business activity 7 No - Specify this firm's business activity 7 No - Specify this firm's business activity 7 No - Specify this firm's business activity 7 No - Specify this firm's business activity 7 No - Specify this firm's business activity 7 No - Specify this firm's business activity 7 No - Specify this firm's business activity 7 No - Specify this firm's business activity 7 No - Specify this firm's business activity 7 No - Specify this firm's business activity 7 Month										
No - Specify this firm's business activity										
No - Specify this firm's business activity										
PEDERAL 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										
No - Specify this firm's business activity Percentage										
No - Specify this firm's business activity		Yes								
EDERAL 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	0001	No. Const	this finantale is							
Does this firm report payroll under EIN Yes		ino - Specify	tnis tirm's busii	iess activity						
Does this firm report payroll under EIN Yes		0002								
Does this firm report payroll under EIN Yes No - Enter current 9-digit EIN AND date payroll was first reported for this EIN		0002								
Yes	FEDER/	AL EMPLOYER I	DENTIFICATIO	N NUMBER (E	IN)					
DRGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes	Does th	nis firm report p	payroll under E	N						
DRGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes		Yes								
No - Enter current 9-digit EIN AND date payroll was first reported for this EIN Month Day Year	0013						EIN (9	digits	;)	
ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes O116 No - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Date of organizational change AND Enter detailed information below Do117 Name of company O119 EIN (9 digits) Address (Number and street, P.O. Box, etc.)										
ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes No - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Sale AND Enter detailed information below? Doing IN Name of company Output Divestiture Address (Number and street, P.O. Box, etc.)		reported fo	or this EIN			00	15			
ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes ONG - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Acquisition Date of organizational change ONG - Go to Acquisition Date of organizational change ONG - Go to Acquisition Date of organizational change ONG - Go to Acquisition Date of organizational change ONG - Go to Acquisition Date of organizational change ONG - Go to Acquisition Date of organizational change ONG - Go to Acquisition Date of organizational change ONG - Go to Acquisition Date of organizational change ONG - Go to Acquisition Date of organizational change ONG - Go to Acquisition Date of organizational change ONG - Go to Acquisition Date of organizational change ONG - Go to Acquisition Date of organizational change ONG - Go to Acquisition Date of organizational change ONG - Go to Acquisition Date of organizational change ONG - Go to Acquisition Date of organizational change ONG - Go to Acquisition Date of organizational change ONG - Go to Acquisition Date of organizational change ONG - Go to Acquisition Date of organizational change ONG - Go to Acquisition ONG - Go to Acquisition Date of organizational change ONG - Go to Acquisition ONG - Go to Acquisition ONG - Go to Acquisition ONG - Go to O								Month	n Day	Year
ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes ONG - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Acquisition Date of organizational change ONG - Go to Acquisition Date of organizational change ONG - Go to Acquisition Date of organizational change ONG - Go to Acquisition Date of organizational change ONG - Go to Acquisition Date of organizational change ONG - Go to Acquisition Date of organizational change ONG - Go to Acquisition Date of organizational change ONG - Go to Acquisition Date of organizational change ONG - Go to Acquisition Date of organizational change ONG - Go to Acquisition Date of organizational change ONG - Go to Acquisition Date of organizational change ONG - Go to Acquisition Date of organizational change ONG - Go to Acquisition Date of organizational change ONG - Go to Acquisition Date of organizational change ONG - Go to Acquisition Date of organizational change ONG - Go to Acquisition Date of organizational change ONG - Go to Acquisition Date of organizational change ONG - Go to Acquisition Date of organizational change ONG - Go to Acquisition ONG - Go to Acquisition Date of organizational change ONG - Go to Acquisition ONG - Go to Acquisition ONG - Go to Acquisition ONG - Go to O							0000	'	'	1 1
A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes							0000			
Yes No - Go to Sale Date of organizational change occurred during the reporting period, explain in Date of organizational change Divestiture Divestiture Divestiture Dots Date of company Dots Date										
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in ①. Acquisition Sale AND Interdetailed information below Divestiture Divestiture Output Date of organizational change AND Enter detailed information below Address (Number and street, P.O. Box, etc.)	A. Did	this firm experi	ence any acqu	sitions, sales,	mergers, an	d/or divestitu	res in 20	18?		
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in ①. Acquisition Date of organizational change		Yes								
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in ①. Acquisition Date of organizational change	0016	□ No. Co. (a.4)	•							
Check all that apply. If more than one organizational change occurred during the reporting period, explain in ①. Acquisition Sale AND Enter detailed information below Divestiture Output Divestiture Address (Number and street, P.O. Box, etc.)		No - Go to	9							
Acquisition Sale AND Interdetailed information below Divestiture Divestiture Divestiture Divestiture Divestiture Month Day Year AND Enter detailed information below Outs EIN (9 digits) Address (Number and street, P.O. Box, etc.)	B. Whi	ch of the follow	ing organizatio	onal changes	occurred in 2	2018?				
Acquisition Sale AND Interdetailed information below Divestiture Divestiture Divestiture Divestiture Double of organizational change	Chec	ck all that apply. I	lf more than one	organizational	change occuri	red during the r	eporting	period	l, explai	n in 🕡.
Date of organizational change		A						Month	Day	Year
Sale AND Interdetailed information below Divestiture Output Divestiture AND Enter detailed information below Output Output AND Enter detailed information below AND Enter detailed information below Address (Number and street, P.O. Box, etc.)		Acquisition	Data of and	:+:					'	
Merger Divestiture Output Divestiture Divestiture Enter detailed information below Output Divestiture Output Enter detailed information below Output Divestiture Address (Number and street, P.O. Box, etc.)		Sale		anizationai cna	nge		0018			
Divestiture Dives	0091		> AND							
Divestiture Output Output Divestiture Output Output Divestiture O		Merger	Enter detai	led information	below 7					
Name of company Output Outpu		Divestiture								
Address (Number and street, P.O. Box, etc.)			J							
Address (Number and street, P.O. Box, etc.)	0017	Name of company					0019 E	IN (9 di	gits)	
								_		
	Addı	ress (Number and s	street, P.O. Box, etc	;.)						
City, town, village, etc. State ZIP Code		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,							
City, town, village, etc. State ZIP Code										
	City,	town, village, etc.				Stat	e ZIP Co	de		
								1 1	-	1 1

REPORTING PERIOD					
NOTE: Calendar year data are preferred. If they are unavailable, please repo	ort for the	fiscal y	ear that i	ncludes a	t least
months of data for the 2018 calendar year. What time period is covered by the data provided in this report?				2040	<u> </u>
what time period is covered by the data provided in this report?				2018 Beginning	
Calendar year			Month		Year
0006				1	
Fiscal or partial year - Report beginning and ending dates		000	07		
			Month	Ending Day	Year
			WIOTILIT	Day	I Gai
		000)8		
Not Applicable.					
SALES, RECEIPTS, OR REVENUE					
What were the revenues for this firm in 2018?					
Include:					
• Report gross billings, except where noted elsewhere on the form.					
 Dues and assessments from members and affiliates. 					
 Amounts received for work subcontracted to others. 					
 For locations that were sold or acquired during a year, only report for the locations. 	periods t	hat this	firm ope	rated the	
• Revenue from services performed by domestic locations of foreign parent	t firms, su	heidiari			
		DSIGIAII	es, branc	nes, etc.	
Revenues from electronic sources.	-, -	DSIGIAIT	es, branc	nes, etc.	
• Revenues from electronic sources. Exclude:	-, -	DSIGIATIO	es, branc	nes, etc.	
Exclude: • Transfers made within the company.					
Exclude: • Transfers made within the company. • Taxes collected directly from customers or clients and paid directly to a lo	ocal, state,	, or fede	eral tax aç	gency.	
 Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a loss. Rents from and revenue of separately operated departments, concessions. 	ocal, state,	, or fede	eral tax aç	gency.	
 Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a lost Rents from and revenue of separately operated departments, concessions. Commissions from vending machine operators. 	ocal, state, s, etc., whi	, or fede ch are l	eral tax aq eased to	gency. others.	
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 Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a lost Rents from and revenue of separately operated departments, concessions. Commissions from vending machine operators. 	ocal, state, s, etc., whi de the 50	, or fede ch are l	eral tax ag eased to District of	gency. others.	a, U.S.
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Exclude: • Transfers made within the company. • Taxes collected directly from customers or clients and paid directly to a logarithm of the company of the separate of the se	ocal, state, to etc., whi de the 50 Mark "X" if None	, or fede ch are l states, l	eral tax ag eased to District of	gency. others. Columbi	
Exclude: • Transfers made within the company. • Taxes collected directly from customers or clients and paid directly to a logarithm of the company of the separately operated departments, concessions of the commissions from vending machine operators. • Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside Commonwealth Territories, or U.S. possessions). Air Transportation Revenue a. Domestic, scheduled passenger transportation by air	ocal, state, s, etc., whi de the 50 Mark "X" if None	, or fede ch are l states, l	eral tax ag eased to District of	gency. others. Columbi	
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48100036

Not Applicable.

TOTAL OPERATING REVENUE

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8	REVEN	UES	FROM ELECTRONIC SOURCES						
	A. Did mol	this	firm have any revenues from customers en applications in 2018?	ntering orders	directly or	n the firm	's website	s or	
	0040		Yes						
			No						
	B. Did mol	this	firm have any revenues from customers en applications in 2018?	ntering orders	directly o	n third-pai	rty websit	es or	
	0041		Yes						
			No						
	C. Did (suc	this h as	firm have any revenues from customers en s private networks, dedicated lines, etc.) in	ntering orders 2018?	via any ot	her electr	onic syste	ms	
	0042		Yes						
			No						
	D. Of t	he t	otal 2018 revenues reported in © ,		2018			2018	
	tha	t wa	as the dollar amount (or percentage) s from the revenues identified in	\$ Bil. Mil.	Thou.	Dol.		Percent	t
	A-C exa	abo ct fi	ove? Please provide an estimate if gures are not available				OR ₂₅₀₁	' '	%

9-13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.



14	OPERATING EXPENSES - Continued					
		Mark "X	"		2018	
		if None		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 . 18	821		1 1		1 1
		322				1 1
		823				1 1
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3b, the cost of motor fuels in line 3d, and leased and rented equipment in line 4c 18	860				
3.	Expensed Purchased Services					
	a. Purchased freight transportation - Contract payments to railroads, airlines, waterborne, and other motor carriers. Report the cost of leased and rented transportation equipment without operators in line. Report travel expenses in line 4c 50	097				1 1
	b. 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 18	826				
	c. Purchased repairs and maintenance to transportation equipment - Expensed repair and maintenance services to motor vehicles, vessels, aircraft, and other transportation equipment. Exclude materials, parts, and supplies used for repairs and maintenance performed by this firm's employees	847				
	d. Purchased fuels for transportation equipment - Gasoline and other fuels purchased for trucks, truck-tractors, and other motor vehicles					1 1
4.	Other Operating Expenses					
	a. Cost of Insurance - Premiums for bonding and insurance not included in line 1b	099		1 1		
	b. 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					
	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					
		879				
	CONTINUE WITH 10 ON PAGE 6					

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	0/1 10:00=	(DIIALI)

Page 6

14	OPERATING EXPENSES - Continued					
		Mark "X"		2	2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
5.	TOTAL OPERATING EXPENSES					
	Sum of lines 1a through 4c					1 1

15 and 16 Not Applicable.

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

48100069

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CONTACT INFORMATION									
Name of person to contact regarding this report (Please print)					Title				
	Area code	a code Number Extension			Area code		Number		
Telephone			-		Fax			-	
E-mail address					Website address				

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

SERVICE ANNUAL SURVEY

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

FORM

2018 ANNUAL SERVICES REPORT

SA-48121A	(DRAFT)
Due Date	
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://www.census.gov/programs- surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.	s survey should be completed online at:
https://portal.census.gov Authentication Code:	To view Survey Results: https://www.census.gov/programs-surveys/sas.ht
	iittps://www.census.gov/programs-surveys/sas.iit
	GENERAL INSTRUCTIONS
	in this firm's operations should be noted in ①. or acquired in 2018, report data only for the period the establishments were operated by
	e if book figures are not available.
Enter "0" where applicate Do not combine data for	ble. r two or more detailed lines.
	al basis, except for payroll. \$ Bil. Mil. Thou. Dol.
• Figures should be round	
	456 it should be reported as 1030280756
Include:Data for all Services esta Construction operations	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and
 Data for auxiliary facilities 	es primarily engaged in supporting services to those establishment(s) such as warehouses, strative offices, and repair services.
1 A. MAILING ADDRESS	
Is this firm's name and	d mailing address the same as shown in the mailing address above?
Yes	
0035	
No - Enter co	prrections in the mailing address above

orm 5/	48121A (DRAFT)
1 B.	URVEY COVERAGE
	id this firm provide the business activities described below?
	Yes
	□ No - Specify this firm's business activity ?
	Two opecity this initi s business delivity g
	0002
No	Applicable.
OR	ANIZATIONAL CHANGE
A.	id this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?
	☐ Yes
	16
	No - Go to 4
B.	hich of the following organizational changes occurred in 2018?
	heck all that apply. If more than one organizational change occurred during the reporting period, explain in 🕡.
	Acquisition Month Day Year
	Date of organizational change
	Sale > AND
	Merger
	Enter detailed information below 7
	Divestiture
	0019 EIN (9 digits)
	Address (Number and street, P.O. Box, etc.)
	City, town, village, etc. State ZIP Code

FULL	1 SA-48121A (draft)						Page 3
4	REPORTING PERIOD	, was and far	+la.a	finant ve	oor that i	m al da a	at least six
	NOTE: Calendar year data are preferred. If they are unavailable, please months of data for the 2018 calendar year.	·	rine	iiscai ye	ear that h	nciuaes	at least six
	What time period is covered by the data provided in this report	?				201	
	Calendar year				Month	Beginnir Day	Year
	0006					1	
	Fiscal or partial year - Report beginning and ending dates			000	7	Ending	Data
					Month	ī	Year
						1	
				000	8		
5	Not Applicable.						
6	SALES, RECEIPTS, OR REVENUE						
	What were the revenues for this firm in 2018?						
	Include:						
	 Report gross billings, except where noted elsewhere on the form. Dues and assessments from members and affiliates. 						
	Amounts received for work subcontracted to others.						
	 For locations that were sold or acquired during a year, only report fo locations. 	r the perio	ods th	nat this	firm opei	rated th	е
	 Revenue from services performed by domestic locations of foreign p 	arent firm	s, sul	osidiarie	es, brancl	hes, etc	
	Revenues from electronic sources.						
	Exclude:						
	 Transfers made within the company. Taxes collected directly from customers or clients and paid directly to 	n a local s	state	or fede	ral tax ac	nency	
	 Rents from and revenue of separately operated departments, concess 						
	Commissions from vending machine operators.						
	 Revenue of foreign subsidiaries (those located outside the U.S., i.e., Commonwealth Territories, or U.S. possessions). 	outside the	e 50 s	states, D	District of	Colum	bia, U.S.
		N.4l	. "X"		-	2018	
		Mark if N		\$ Bil.	Mil.	2018 Thou	. Dol.
1.	Air Transportation Revenue			\$ Bil.			. Dol.
1.	Air Transportation Revenue	if N		\$ Bil.			. Dol.
1.		if N		\$ Bil.			. Dol.
1.	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air	if N		\$ Bil.			. Dol.
1.	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air b. International, scheduled passenger transportation by air	if No. 5575	one	\$ Bil.			. Dol.
1.	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air b. International, scheduled passenger transportation by air	if No.	one	\$ Bil.			. Dol.
1.	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air b. International, scheduled passenger transportation by air c. Domestic, non-scheduled passenger transportation by air	if No. 5575 5576 5577	one [\$ Bil.			. Dol.
1.	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air b. International, scheduled passenger transportation by air c. Domestic, non-scheduled passenger transportation by air d. International, non-scheduled passenger transportation by	if No. 5575 5576 5577 5578	one	\$ Bil.			. Dol.
1.	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air b. International, scheduled passenger transportation by air c. Domestic, non-scheduled passenger transportation by air d. International, non-scheduled passenger transportation by air e. Domestic scheduled freight transportation by air	5575	one	\$ Bil.			. Dol.
1.	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air b. International, scheduled passenger transportation by air c. Domestic, non-scheduled passenger transportation by air d. International, non-scheduled passenger transportation by air	5575	one	\$ Bil.			. Dol.
1.	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air b. International, scheduled passenger transportation by air c. Domestic, non-scheduled passenger transportation by air d. International, non-scheduled passenger transportation by air e. Domestic scheduled freight transportation by air	if No. 5575 5576 5577 5578 5579 5580	one	\$ Bil.			. Dol.
1.	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air b. International, scheduled passenger transportation by air c. Domestic, non-scheduled passenger transportation by air d. International, non-scheduled passenger transportation by air e. Domestic scheduled freight transportation by air f. International, scheduled freight transportation by air g. Domestic, non-scheduled freight transportation by air	5575	one	\$ Bil.			. Dol.
	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air b. International, scheduled passenger transportation by air c. Domestic, non-scheduled passenger transportation by air d. International, non-scheduled passenger transportation by air e. Domestic scheduled freight transportation by air f. International, scheduled freight transportation by air g. Domestic, non-scheduled freight transportation by air h. International, non-scheduled freight transportation by air	if No. 5575 5576 5577 5578 5580	one	\$ Bil.			. Dol.
1.	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air b. International, scheduled passenger transportation by air c. Domestic, non-scheduled passenger transportation by air d. International, non-scheduled passenger transportation by air e. Domestic scheduled freight transportation by air f. International, scheduled freight transportation by air g. Domestic, non-scheduled freight transportation by air h. International, non-scheduled freight transportation by air All other operating revenue - Revenue not reported in lines 1a through 1h. If this item is greater than 20% of the total	5575	one	\$ Bil.			. Dol.
	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air b. International, scheduled passenger transportation by air c. Domestic, non-scheduled passenger transportation by air d. International, non-scheduled passenger transportation by air e. Domestic scheduled freight transportation by air f. International, scheduled freight transportation by air g. Domestic, non-scheduled freight transportation by air h. International, non-scheduled freight transportation by air All other operating revenue - Revenue not reported in lines 1a through 1h. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue	5575	one	\$ Bil.			. Dol.
	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air b. International, scheduled passenger transportation by air c. Domestic, non-scheduled passenger transportation by air d. International, non-scheduled passenger transportation by air e. Domestic scheduled freight transportation by air f. International, scheduled freight transportation by air g. Domestic, non-scheduled freight transportation by air h. International, non-scheduled freight transportation by air All other operating revenue - Revenue not reported in lines 1a through 1h. If this item is greater than 20% of the total	5575	one	\$ Bil.			. Dol.
	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air b. International, scheduled passenger transportation by air c. Domestic, non-scheduled passenger transportation by air d. International, non-scheduled passenger transportation by air e. Domestic scheduled freight transportation by air f. International, scheduled freight transportation by air g. Domestic, non-scheduled freight transportation by air h. International, non-scheduled freight transportation by air All other operating revenue - Revenue not reported in lines 1a through 1h. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue	5575 5576 5577 5578 5579 5580 5581	one	\$ Bil.			. Dol.
2.	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air b. International, scheduled passenger transportation by air c. Domestic, non-scheduled passenger transportation by air d. International, non-scheduled passenger transportation by air e. Domestic scheduled freight transportation by air f. International, scheduled freight transportation by air g. Domestic, non-scheduled freight transportation by air h. International, non-scheduled freight transportation by air All other operating revenue - Revenue not reported in lines 1a through 1h. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue	5575	one	\$ Bil.			. Dol.
	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air b. International, scheduled passenger transportation by air c. Domestic, non-scheduled passenger transportation by air d. International, non-scheduled passenger transportation by air e. Domestic scheduled freight transportation by air f. International, scheduled freight transportation by air g. Domestic, non-scheduled freight transportation by air h. International, non-scheduled freight transportation by air All other operating revenue - Revenue not reported in lines 1a through 1h. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below	if No. 5575	one	\$ Bil.			. Dol.
2.	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air b. International, scheduled passenger transportation by air c. Domestic, non-scheduled passenger transportation by air d. International, non-scheduled passenger transportation by air e. Domestic scheduled freight transportation by air f. International, scheduled freight transportation by air g. Domestic, non-scheduled freight transportation by air h. International, non-scheduled freight transportation by air All other operating revenue - Revenue not reported in lines 1a through 1h. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7	if No. 5575	one	\$ Bil.			. Dol.
2.	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air b. International, scheduled passenger transportation by air c. Domestic, non-scheduled passenger transportation by air d. International, non-scheduled passenger transportation by air e. Domestic scheduled freight transportation by air f. International, scheduled freight transportation by air g. Domestic, non-scheduled freight transportation by air h. International, non-scheduled freight transportation by air All other operating revenue - Revenue not reported in lines 1a through 1h. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7 TOTAL OPERATING REVENUE Sum of lines 1a through 2	if No. 5575	one	\$ Bil.			. Dol.

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0111	. 07			ra (DRAFI)						, ago
8	REV	/ENU	JES	FROM ELECTRONIC SOURCES						
				firm have any revenues from customers en pplications in 2018?	tering	orders d	irectly or	the firm	's websites	s or
	0	0040		Yes						
				No						
				firm have any revenues from customers en pplications in 2018?	ntering	orders d	irectly or	third-pa	rty website	es or
	0	0041		Yes						
				No						
				firm have any revenues from customers en private networks, dedicated lines, etc.) in			ia any otl	ner electr	onic syste	ms
	0	0042		Yes						
				No						
				otal 2018 revenues reported in 0 , s the dollar amount (or percentage)		:	2018] [2018
	t	that	was	from the revenues identified in	\$ Bil.	Mil.	Thou.	Dol.		Percent
				ve? Please provide an estimate if	,				OR and	9

9	-13	Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

14	OPERATING EXPENSES - Continued					
		Mark "X"		:	2018	
		if None	\$ 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			1 1		1 1
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.					
	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					1 1
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3b, the cost of motor fuels in line 3d, and leased and rented equipment in line 4c 1860			1 1		1 1
3.	Expensed Purchased Services					
	a. Purchased freight transportation - Contract payments to railroads, airlines, waterborne, and other motor carriers. Report the cost of leased and rented transportation equipment without operators in line. Report travel expenses in line 4c 5097					1 1
	b. 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			1 1		1 1
	c. Purchased repairs and maintenance to transportation equipment - Expensed repair and maintenance services to motor vehicles, vessels, aircraft, and other transportation equipment. Exclude materials, parts, and supplies used for repairs and maintenance performed by this firm's employees					
	d. Purchased fuels for transportation equipment - Gasoline and other fuels purchased for trucks, truck-tractors, and other motor vehicles					1 1
4.	Other Operating Expenses					
	a. Cost of Insurance - Premiums for bonding and insurance not included in line 1b					
	b. 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					
	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					
	1879					
	CONTINUE WITH 14 ON PAGE 6					

4	OPERATING EXPENSES - Continued					
		Mark "X"			2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
-	TOTAL OPERATING EXPENSES					
D	Sum of lines 1a through 4c					
_	and 16 Not Applicable.					
D	REMARKS - Please use this space to explain any significant year-to-year chata were estimated.	hanges, to	clarify	respons	es, or indica	ate where
	data word dalinated.					

Form SA-48121A (DRAFT) Page 7

18	CONTACT IN	FORMATI	ON											
	Name of persor	n to contact	regarding	this re	port <i>(Please _l</i>	orint)	Title							
		Area code		Numb	per	Extension		Aı	rea c	ode		Num	ıber	
	Telephone			-			Fax					-		
	E-mail address						Website address							

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.



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

2018 ANNUAL SERVICES REPORT

SA-48121E	(DRAFT)
Due Date	
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://www.census.gov/programs- surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED	
BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and	
182 authorizes this collection.	
Sections 224 and 225 require your response. The U.S. Census Bureau	
is required by Section 9 of the same law to keep your information	
CONFIDENTIAL and can use your responses only to produce statistics.	
The Census Bureau is not permitted	
to publicly release your responses in a way that could identify your	
business, organization, or institution. Per the Federal Cybersecurity	
Enhancement Act of 2015, your data	
are protected from cybersecurity risks through screening of the	
systems that transmit your data. This collection has been approved	
by the Office of Management and	
Budget (OMB). The eight-digit OMB approval number is 0607-0422 and	
appears at the upper right of this page. Without this approval, we	
could not conduct this survey.	
	s survey should be completed online at:
https://portal.census.gov	
Authentication Code:	To view Survey Results:
	https://www.census.gov/programs-surveys/sas.html
	GENERAL INSTRUCTIONS
Throughout this survey, a area or the new EIN that	ny reference to "this firm" is referring to the EIN that is printed in the mailing address was provided as a response in ②. Any responses related to "this firm" should only
include data for the EIN re	eferenced.
	n this firm's operations should be noted in 17 .
this firm.	or acquired in 2018, report data only for the period the establishments were operated by
	e if book figures are not available.
• Enter "0" where applical	
	r two or more detailed lines.
·	al basis, except for payroll. \$ Bil. Mil. Thou. Dol.
 Figures should be round If a figure is \$1,030,280 	456 it should be reported as \longrightarrow 1 0 3 0 2 8 0 4 5 6
Include:	430 it should be reported as
	ablishments (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.

1	A.	MAILING	ADDRESS
		le this firm	's name a

e and mailing address the same as shown in the mailing address above?

	Yes
0035	
	No - Enter corrections in the mailing address above

b. SURV	EY COVE	MAGE										
Did th	his firm p	rovide 1	the busir	ness acti	vities des	scribed b	elow?					
Г	Yes											
0001												
L	No - S _I	pecity th	nis firm's l	business	activity 7							
	0002											
EEDEDA	L EMPLOY	VED IN	ENITIEICA	TION NI	IMPED /E	:181						
	s firm rep				DIVIDER (E	.IIV/						
		ort pu	yron una	0. 2								
0013	Yes								FIN (digit:	z)	
	No - Enter	current	t 9-digit El	IN AND d	date payro	II was firs	t		2			
	repor	rted for i	this FIN					0019	5			1 1 1
		100 101 1	tino Liiv .									
		100 101 1								Mont	h Day	Yea
		100 707	uno env						0088	Mont	h Day	Yea
ORGANI									0088	Mont	h Day	Yea
	ZATIONA	L CHAN	NGE					divestiture			n Day	Yea
	ZATIONA his firm e	L CHAN	NGE								h Day	Yea
	ZATIONA his firm ex	L CHAN	NGE								h Day	Yea
A. Did tl	ZATIONA his firm e	L CHAN	NGE								n Day	Yea
0016 C	ZATIONA his firm ex Yes No - Go	L CHAN xperien to to 4	NGE ace any a	cquisitio	ons, sales changes	, mergers	s, and/or in 2018	divestiture	es in 20	018?		
0016 C	ZATIONA his firm ex Yes No - Go	L CHAN xperien to to 4	NGE ace any a	cquisitio	ons, sales changes	, mergers	s, and/or in 2018	divestiture	es in 20)18?	d, expla	in in ① .
0016 C	ZATIONA his firm ex Yes No - Go	L CHAN xperien to to 4 ollowin oply. If n	NGE ace any a	cquisitio	ons, sales changes	, mergers	s, and/or in 2018	divestiture	es in 20	018?	d, expla	
0016 C	ZATIONA his firm ex Yes No - Go h of the for all that ap Acquisi	L CHAN xperien to to 4 ollowin oply. If n	NGE ace any a ag organi: more than	cquisition zational one orga	ons, sales changes anizational	, mergers occurred change o	s, and/or in 2018 ccurred a	divestiture	es in 20)18?	d, expla	in in ① .
0016 C	ZATIONA his firm ex Yes No - Go h of the for all that ap Acquisi Sale	L CHAN xperien to to 4 ollowin oply. If n	NGE ace any a ag organi: more than	cquisition zational one orga	ons, sales changes anizational	, mergers occurred change o	s, and/or in 2018 ccurred a	divestiture 7 67 during the re	es in 20)18?	d, expla	in in ① .
A. Did th	ZATIONA his firm ex Yes No - Go h of the for all that ap Acquisi	L CHAN xperien to to 4 ollowin oply. If n	NGE og organia nore than Date o AND	zational one orga	ons, sales changes anizational	, mergers occurred change o	s, and/or in 2018 ccurred a	divestiture 7 67 during the re	es in 20)18?	d, expla	in in ① .
A. Did th	ZATIONA his firm ex Yes No - Go h of the for all that ap Acquisi Sale	L CHAN xperien to to 4 collowin coply. If n ition	NGE og organia nore than Date o AND	zational one orga	changes anizational	, mergers occurred change o	s, and/or in 2018 ccurred a	divestiture 7 67 during the re	es in 20)18?	d, expla	in in ① .
A. Did th	ZATIONA his firm ex Yes No - Go h of the for all that ap Acquis Sale Merger Divestin	L CHAN xperien to to 4 collowin coply. If n ition	NGE og organia nore than Date o AND	zational one orga	changes anizational	, mergers occurred change o	s, and/or in 2018 ccurred a	divestiture 7 67 during the re	porting	period Month	d, expla	in in ① .
A. Did th	ZATIONA his firm ex Yes No - Go h of the for all that ap Acquisi Sale Merger	L CHAN xperien to to 4 collowin coply. If n ition	NGE og organia nore than Date o AND	zational one orga	changes anizational	, mergers occurred change o	s, and/or in 2018 ccurred a	divestiture 7 67 during the re	es in 20	period Month	d, expla	in in ① .
0016 B. Which Check 0091	ZATIONA his firm ex Yes No - Go h of the for all that ap Acquisi Sale Merger Divestin	L CHAN xperien o to 4 ollowin oply. If n ition ture	NGE Ince any a Ing organia Incomparia Incomparia Date o ➤ AND Enter o	zational one orga f organiza	changes anizational	, mergers occurred change o	s, and/or in 2018 ccurred a	divestiture 7 67 during the re	porting	period Month	d, expla	in in ① .
0016 B. Which Check 0091	ZATIONA his firm ex Yes No - Go h of the for all that ap Acquis Sale Merger Divestin	L CHAN xperien o to 4 ollowin oply. If n ition ture	NGE Ince any a Ing organia Incomparia Incomparia Date o ➤ AND Enter o	zational one orga f organiza	changes anizational	, mergers occurred change o	s, and/or in 2018 ccurred a	divestiture 7 67 during the re	porting	period Month	d, expla	in in ① .
B. Which Check	ZATIONA his firm ex Yes No - Go h of the for all that ap Acquisi Sale Merger Divestin	L CHAN xperien to to 4 collowin coply. If n ition ture npany	NGE Ince any a Ing organia Incomparia Incomparia Date o ➤ AND Enter o	zational one orga f organiza	changes anizational	, mergers occurred change o	s, and/or in 2018 ccurred a	divestiture	porting 0018	period Month	d, expla	in in ① .
B. Which Check	ZATIONA his firm ex Yes No - Go h of the for all that ap Acquisi Sale Merger Divestin	L CHAN xperien to to 4 collowin coply. If n ition ture npany	NGE Ince any a Ing organia Incomparia Incomparia Date o ➤ AND Enter o	zational one orga f organiza	changes anizational	, mergers occurred change o	s, and/or in 2018 ccurred a	divestiture 7 67 during the re	porting 0018	period Month	d, expla	in in ① .

	SA-48121E (DRAFT)					Page 3
4	REPORTING PERIOD					
	NOTE: Calendar year data are preferred. If they are unavailable, please report	for the f	iscal yea	r that i	ncludes a	at least six
	months of data for the 2018 calendar year. What time period is covered by the data provided in this report?				2018	n
	what time period is covered by the data provided in this report?				2018 Beginning	
	Calendar year			Month		Year
	0006			Wienen	Day	1001
	Fiscal or partial year - Report beginning and ending dates		0007			
					Ending	Date
				Month	Day	Year
				'		1 1 1
			8000			
5	Not Applicable.					
6	SALES, RECEIPTS, OR REVENUE					
U	What were the revenues for this firm in 2018?					
	Include:Report gross billings, except where noted elsewhere on the form.					
	Dues and assessments from members and affiliates.					
	Amounts received for work subcontracted to others.					
	• For locations that were sold or acquired during a year, only report for the pe	eriods th	at this fi	rm opei	rated the	
	locations.					
	Revenue from services performed by domestic locations of foreign parent fit	rms, sub	sidiaries	, brancl	nes, etc.	
	Revenues from electronic sources.					
	Exclude:					
	 Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local 	al etata	or feder:	al tav ar	nancv	
	 Rents from and revenue of separately operated departments, concessions, e 					
	 Commissions from vending machine operators. 	,, ********	11 010 100	1500 10	01110101	
	• Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside	the 50 s	tates, Di	strict of	Columb	ia, U.S.
	Commonwealth Territories, or U.S. possessions).					
		_				
	IV.	∕lark "X"		2	2018	
1.		Nark "X" if None	\$ Bil.	Mil.	2 018 Thou.	Dol.
			\$ Bil.			Dol.
	Air Transportation Revenue		\$ Bil.			Dol.
	i		\$ Bil.			Dol.
	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air 5575		\$ Bil.			Dol.
	Air Transportation Revenue		\$ Bil.			Dol.
	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air 5575		\$ Bil.			Dol.
	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air 5575 b. International, scheduled passenger transportation by air 5576	None	\$ Bil.			Dol.
	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air 5575 b. International, scheduled passenger transportation by air 5576 c. Domestic, non-scheduled passenger transportation by air 5577	I None	\$ Bil.			Dol.
	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air 5575 b. International, scheduled passenger transportation by air 5576 c. Domestic, non-scheduled passenger transportation by air	None	\$ Bil.			Dol.
	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air 5575 b. International, scheduled passenger transportation by air 5576 c. Domestic, non-scheduled passenger transportation by air 5577 d. International, non-scheduled passenger transportation by	None	\$ Bil.			Dol.
	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air	None	\$ Bil.			Dol.
	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air 5575 b. International, scheduled passenger transportation by air 5576 c. Domestic, non-scheduled passenger transportation by air	None	\$ Bil.			Dol.
	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air	None	\$ Bil.			Dol.
	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air	None	\$ Bil.			Dol.
	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air	None	\$ Bil.			Dol.
2.	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air	None	\$ Bil.			Dol.
2.	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air	None	\$ Bil.			Dol.
2.	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air	None	\$ Bil.			Dol.
2.	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air	None	\$ Bil.			Dol.
2.	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air	if None	\$ Bil.			Dol.
	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air	None	\$ Bil.			Dol.
2.	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air	if None	\$ Bil.			Dol.
	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air	if None	\$ Bil.			Dol.
	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air	if None	\$ Bil.			Dol.
	Air Transportation Revenue a. Domestic, scheduled passenger transportation by air	if None	\$ Bil.			Dol.

Form SA-48121E (DRAFT) Page 4

Offili SF	1-40 12	IE (DRAFI)						га	ige
8 RE	VENUES	FROM ELECTRONIC SOURCES							
		firm have any revenues from customers er applications in 2018?	tering	orders d	irectly on	the firm	's website	s or	
	0040	Yes							
		No							
		firm have any revenues from customers er applications in 2018?	tering	orders d	irectly on	third-pa	rty website	es or	
	0041	Yes							
		No							
		firm have any revenues from customers er s private networks, dedicated lines, etc.) in			ia any otl	ner electr	onic syste	ms	
	0042	Yes							
		No							
D.	Of the t	otal 2018 revenues reported in 6 ,		-	2018]	2018	
	what wa	as the dollar amount (or percentage)	\$ Bil.	Mil.	Thou.	Dol.		Percent	
		s from the revenues identified in over Please provide an estimate if	Ψ Β	IVIII.	mour	501.		1 CIOCIII	Т
		gures are not available	,			1 1	OR ₂₅₀₁		%

9-13	Not Applicable.
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14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.



14	OPERATING EXPENSES - Continued						
		Mark	"X"			2018	
		if No		\$ 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]				
	• •	1822					
		1823] [1 1
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3b, the cost of motor fuels in line 3d, and leased and rented equipment in line 4c	1860]		1 1	1 1	1 1
3.	Expensed Purchased Services		_				
	a. Purchased freight transportation - Contract payments to railroads, airlines, waterborne, and other motor carriers. Report the cost of leased and rented transportation equipment without operators in line . Report travel expenses in line 4c	5097]				
	b. 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					
	c. Purchased repairs and maintenance to transportation equipment - Expensed repair and maintenance services to motor vehicles, vessels, aircraft, and other transportation equipment. Exclude materials, parts, and supplies used for repairs and maintenance performed by this firm's employees	1847]				
	d. Purchased fuels for transportation equipment - Gasoline and other fuels purchased for trucks, truck-tractors, and other motor						l l
	vehicles	5098					
4.	Other Operating Expenses		г				
	a. Cost of Insurance - Premiums for bonding and insurance not included in line 1b	5099]		1 1		
	b. 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					
	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 7						
	CONTINUE WITH A ON DOOR	1879	1				
	CONTINUE WITH 10 ON PAGE	В					

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4	OPERATING EXPENSES - Continued					
		Mark "X" if None			2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
	TOTAL OPERATING EXPENSES Sum of lines 1a through 4c		l			l l
	and 16 Not Applicable.					
_	REMARKS - Please use this space to explain any significant year-to-year chadata were estimated.	anges, to	clarify	respons	es, or indic	ate where
	data were estimated.		,			

Form SA-48121E (DRAFT) Page 7

18	CONTACT INFORMATION																
	Name of persor	to contact	regarding	this r	eport (<i>Please</i>	Title											
		Area code		Nun	nber	Extension		Area code					Number				
	Telephone			-			Fax					-					
	E-mail address					Website address											

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

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

2018 ANNUAL SERVICES REPORT

SA-48300A	(DRAFT)							
Due Date								
eed 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://www.census.gov/programs-								
surveys/sas/information.html								
OUR RESPONSE IS REQUIRED Y LAW. Title 13 United States ode (U.S.C.), Sections 131 and 32 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau required by Section 9 of the ame law to keep your information ONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses a way that could identify your usiness, organization, or institution. For the Federal Cybersecurity thancement Act of 2015, your data re protected from cybersecurity sks through screening of the stems that transmit your data. This collection has been approved the Office of Management and udget (OMB). The eight-digit OMB porroyal number is 0607-0422 and								
oproval number is 0607-0422 and opears at the upper right of this								
age. Without this approval, we build not conduct this survey.								
ttps://portal.census.gov	,	e completed onli	ne at:					
	,	e completed om		ittps://www		/ Survey I gov/progra	Results: ims-surveys/sa	s.ht
ttps://portal.census.gov	·		h			-		s.ht
	G	ENERAL INSTRU	CTIONS	· 5		-		s.ht
 Any significant change i For establishments sold this firm. 	G in this firm's operati or acquired in 2018	ENERAL INSTRU ions should be not 3, report data only	h CTIONS ted in D		w.census.ç	gov/progra	ms-surveys/sa	s.ht
Any significant change i For establishments sold this firm. Estimates are acceptable.	G in this firm's operati or acquired in 2018 e if book figures are	ENERAL INSTRU ions should be not 3, report data only	h CTIONS ted in D		w.census.ç	gov/progra	ms-surveys/sa	s.ht
Any significant change i For establishments sold this firm. Estimates are acceptable enter "0" where applical	Gin this firm's operati or acquired in 2018 e if book figures are ole.	ENERAL INSTRU ions should be not 3, report data only e not available.	h CTIONS ted in D		w.census.ç	gov/progra	ms-surveys/sa	s.ht
Any significant change in For establishments sold this firm. Estimates are acceptable Enter "0" where applicated Do not combine data for the significant combine data for the significant contact the significant change in the signifi	Gin this firm's operati or acquired in 2018 e if book figures are ole. r two or more detail	ENERAL INSTRU ions should be not 3, report data only e not available. led lines.	CTIONS ted in ① for the p	b. Deriod the	w.census.(establishi	gov/progra	ms-surveys/sa	s.ht
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1	В.	SUF	RVEY	COV	/ERAG	3E																								
		Did	this	firm	provid	de 1	the	busi	ines	SS (act	tivi	ities	s de	escri	ibed	belo	w?												
				Yes																										
		0001																												
			Ш	No -	Specify	y th	his f	firm's	bu	ısin	ness	s ac	ctivit	ity 🍞	7															
				0002																										
				-																										
2	No	t Ap	plicak	ole.																										
3	OR	GAI	NIZA	TION	AL CH	IAI	NGE																							
	A.	Did	this	firm	experi	ien	ice	any a	acq	quis	siti	ions	s, s	sale	s, m	nerge	ers, a	and/	or di	ves	titure	s in :	20 ′	18?						
				Yes																										
		0016	$\overline{\Box}$	No -	Go to	A																								
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	B.				follow																(I			. .	.1		,			
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		City	, towr	n, villa	ge, etc.																State	ZIP (
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N n	REPORTING PERIOD NOTE: Calendar year data are preferred. If they are unavailable, please	repor	t for the	fiscal ve	r that ir	voludos s	
n	NOTE: Calendar year data are preferred. If they are unavailable, please	repor	t for the	fiecal vo	r that ir	oludos s	Charles
			. 101 1110	iliscai yee	ii tiiat ii	iciuues a	it least six
	nonths of data for the 2018 calendar year.						
V	Nhat time period is covered by the data provided in this report?	ſ			В	2018 eginning	
	Calendar year				Month	Day	Year
00	006				Wichitii	Day	Tour
	Fiscal or partial year - Report beginning and ending dates			0007			
						Ending I	Date
					Month	Day	Year
				0008		·	
				0000			
5 N	Not Applicable.						
6 S	SALES, RECEIPTS, OR REVENUE						
V	What were the revenues for this firm in 2018?						
li li	nclude:						
	Report gross billings, except where noted elsewhere on the form.						
	Dues and assessments from members and affiliates.						
	Amounts received for work subcontracted to others. For locations that were sold or acquired during a year, only report for	r tha n	arinde t	hat thic fi	rm oner	atad tha	
	locations.	т ше р	erious t	nat tins n	пп орег	ated the	
	Revenue from services performed by domestic locations of foreign pa	arent f	irms, su	bsidiaries	, branch	es, etc.	
	Revenues from electronic sources.						
	Exclude:						
	Transfers made within the company. Taxes collected directly from customers or clients and paid directly to	a loc	al etato	or fodor	al tay an	oncv	
	Rents from and revenue of separately operated departments, concess						
	Commissions from vending machine operators.	3101107	<i>(</i>	1011 010 100	.000 10 1	2010101	
•	Revenue of foreign subsidiaries (those located outside the U.S., i.e., o	outside	the 50	states, Di	strict of	Columbi	a, U.S.
	Commonwealth Territories, or U.S. possessions).						
			Mark "X"			018	
			if None	\$ Bil.	Mil.	Thou.	Dol.
1. V	Nater Transportation Revenue						
а	. Transportation of freight and cargo by water	5600					
b	o. Towing services by water	5601					
	. Harban turk ant anniana					1 1	
	c. Harbor tugboat services	5602	Ш				
	Passenger Transportation by Water					1 1	<u> </u>
а	i. Coastal and Great Lakes fixed-route, passenger transportation by water	5603					
	• •						
_	O. Cruises	5605					
C	. Participatory recreational services by water craft, except					1 1	
	overnight cruises with cabin accommodation	5606				+++	
d	I. Sightseeing by water	5607					
	3						
е	e. Other transportation of passengers by water	5604					
	All other operating revenue - Revenue not reported in lines						
	a through 2e. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue						
b	pelow 7						
		1799					
4. T	TOTAL OPERATING REVENUE						
	Sum of lines 1a through 3	1800				1 1	
5							
		1799					

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0111		7 700	00,	(DRAFI)							490
8	RE	VENU	ES I	FROM ELECTRONIC SOURCES							
	A.			irm have any revenues from customers en oplications in 2018?	tering	orders d	irectly on	the firm	's website	s or	
		0040	<u> </u>	/es							
			_ r	No							
	В.			firm have any revenues from customers en oplications in 2018?	tering	orders d	irectly on	third-pa	rty website	es or	
		0041	<u> </u>	/es							
			_ r	No							
	C.			irm have any revenues from customers en private networks, dedicated lines, etc.) in			ia any otl	ner electr	onic syste	ms	
		0042] \	∕es							
			_ r	No							
	D.	Of the	to	tal 2018 revenues reported in 6 ,			2018		l I	2018	
		what	was	s the dollar amount (or percentage)	\$ Bil.	Mil.	Thou.	Dol.		Percen	
				from the revenues identified in	φ ΒΠ.	IVIII.	Tilou.	DOI.		reidell	
				e? Please provide an estimate if ures are not available.	,				OR ₂₅₀₁	l , ,	%

9-13	Not Applicable.
------	-----------------

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

14	OPERATING EXPENSES - Continued					
		Mark ".	X"		2018	
	D I O t	if Non	e \$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			1 1	1 1	1 1
	 b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions. c. Temporary staff and leased employee expense - Total costs 	1822				
2	paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. Include all charges for payroll, benefits, and services	1823				1 1
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3b, the cost of motor fuels in line 3d, and leased and rented equipment in line 4c	1860				1 1
3.	Expensed Purchased Services					
	 a. Purchased freight transportation - Contract payments to railroads, airlines, waterborne, and other motor carriers. Report the cost of leased and rented transportation equipment without operators in line . Report travel expenses in line 4c b. Expensed purchases of software - Purchases of prepackaged, 	5097				
	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				1 1
	c. Purchased repairs and maintenance to transportation equipment - Expensed repair and maintenance services to motor vehicles, vessels, aircraft, and other transportation equipment. Exclude materials, parts, and supplies used for repairs and maintenance performed by this firm's employees	1847				1 1
	d. Purchased fuels for transportation equipment - Gasoline and other fuels purchased for trucks, truck-tractors, and other motor					1 1
4.	vehicles	0098				
	a. Cost of Insurance - Premiums for bonding and insurance not	5099				<u> </u>
	b. 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			1 1	
	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					
		1879				
	CONTINUE WITH 14 ON PAGE (b				

4	OPERATING EXPENSES - Continued				
	Mark "X" if None	2018			
			Mil.	Thou.	Dol.
	TOTAL OPERATING EXPENSES Sum of lines 1a through 4c	'	1 1		
	and 16 Not Applicable.				
	REMARKS - Please use this space to explain any significant year-to-year changes, to data were estimated.	o clarify	respons	es, or indic	ate whe
	uata were estimateu.				

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Name of perso	n to contact reg	arding this report (Please	Title					
	Area code	Number	Extension		Area code	Number		
Telephone		-		Fax		-		
E-mail address				Website address				

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

We suggest you keep a copy for your records.



SERVICE ANNUAL SURVEY

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

2018 ANNUAL SERVICES REPORT

SA-48300E (DRAFT) **Due Date** 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey. INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov **Authentication Code:** To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 ①.
- For establishments sold or acquired in 2018, 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.
- Figures 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	

- 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.

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

REPORTING PERIOD					
NOTE: Calendar year data are preferred. If they are unavailable, please rep	ort for the	e fiscal y	ear that i	ncludes	at least
months of data for the 2018 calendar year.				201	10
What time period is covered by the data provided in this report?				201 Beginnin	
Calendar year			Month		Yea
0006					
Fiscal or partial year - Report beginning and ending dates		000	7		
			Month	Ending Day	Date Yea
			WOITH	Day	I Ga
		000	8		
Not Applicable.					
SALES, RECEIPTS, OR REVENUE					
What were the revenues for this firm in 2018?					
Include:					
• Report gross billings, except where noted elsewhere on the form.					
Dues and assessments from members and affiliates.					
Amounts received for work subcontracted to others.		da a codata			
 For locations that were sold or acquired during a year, only report for the locations. 	perioas t	inat this	Tirm ope	rated th	е
Revenue from services performed by domestic locations of foreign paren	t firms, su	ubsidiarie	es, branc	hes, etc.	•
Revenues from electronic sources.	t firms, su	ubsidiarie	es, branc	hes, etc.	•
• Revenues from electronic sources. Exclude:	t firms, su	ubsidiarie	es, branc	hes, etc.	
 Revenues from electronic sources. Exclude: Transfers made within the company. 					
• Revenues from electronic sources. Exclude:	ocal, state	e, or fede	ral tax aç	gency.	
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 Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a lote. Rents from and revenue of separately operated departments, concessions. Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outsing Commonwealth Territories, or U.S. possessions). Water Transportation Revenue Transportation of freight and cargo by water 5600 Towing services by water 5601 Harbor tugboat services 5602 	ocal, state s, etc., wh de the 50 Mark "X" if None	e, or fede ich are le states, [eral tax ageased to District of	gency. others. f Columl 2018	bia, U.S
 Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a lote. Rents from and revenue of separately operated departments, concessions. Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outsing Commonwealth Territories, or U.S. possessions). Water Transportation Revenue Transportation of freight and cargo by water 5600 Towing services by water 5601 Harbor tugboat services 5602 Passenger Transportation by Water 	ocal, state s, etc., wh de the 50 Mark "X" if None	e, or fede ich are le states, [eral tax ageased to District of	gency. others. f Columl 2018	bia, U.S
 Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a lote. Rents from and revenue of separately operated departments, concessions. Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outsing Commonwealth Territories, or U.S. possessions). Water Transportation Revenue Transportation of freight and cargo by water 5600 Towing services by water 5601 Harbor tugboat services 5602 Passenger Transportation by Water Coastal and Great Lakes fixed-route, passenger 	ocal, state s, etc., wh de the 50 Mark "X" if None	e, or fede ich are le states, [eral tax ageased to District of	gency. others. f Columl 2018	bia, U.S
 Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a lote. Rents from and revenue of separately operated departments, concessions. Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outsing Commonwealth Territories, or U.S. possessions). Water Transportation Revenue Transportation of freight and cargo by water 5600 Towing services by water 5601 Harbor tugboat services 5602 Passenger Transportation by Water 	ocal, state s, etc., wh de the 50 Mark "X" if None	e, or fede ich are le states, [eral tax ageased to District of	gency. others. f Columl 2018	bia, U.S
 Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a lote. Rents from and revenue of separately operated departments, concessions. Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outsing Commonwealth Territories, or U.S. possessions). Water Transportation Revenue Transportation of freight and cargo by water 5600 Towing services by water 5601 Harbor tugboat services 5602 Passenger Transportation by Water Coastal and Great Lakes fixed-route, passenger 	ocal, state s, etc., wh de the 50 Mark "X" if None	e, or fede ich are le states, [eral tax ageased to District of	gency. others. f Columl 2018	bia, U.S
 Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a leterate of the Rents from and revenue of separately operated departments, concessions. Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outsing Commonwealth Territories, or U.S. possessions). Water Transportation Revenue Transportation of freight and cargo by water 5600 Towing services by water 5601 Harbor tugboat services 5602 Passenger Transportation by Water Coastal and Great Lakes fixed-route, passenger transportation by water 5603 Cruises 5605 Participatory recreational services by water craft, except 	ocal, state s, etc., wh de the 50 Mark "X" if None	e, or fede ich are le states, [eral tax ageased to District of	gency. others. f Columl 2018	bia, U.S
 Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a lot. Rents from and revenue of separately operated departments, concessions. Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outsing Commonwealth Territories, or U.S. possessions). Water Transportation Revenue Transportation of freight and cargo by water	ocal, states, etc., who de the 50 Mark "X" if None	e, or fede ich are le states, [eral tax ageased to District of	gency. others. f Columl 2018	bia, U.S
 Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a leterate of the Rents from and revenue of separately operated departments, concessions. Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outsing Commonwealth Territories, or U.S. possessions). Water Transportation Revenue Transportation of freight and cargo by water 5600 Towing services by water 5601 Harbor tugboat services 5602 Passenger Transportation by Water Coastal and Great Lakes fixed-route, passenger transportation by water 5603 Cruises 5605 Participatory recreational services by water craft, except 	ocal, state s, etc., wh de the 50 Mark "X" if None	e, or fede ich are le states, [eral tax ageased to District of	gency. others. f Columl 2018	bia, U.S
 Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a leteral from and revenue of separately operated departments, concessions. Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outsing Commonwealth Territories, or U.S. possessions). Water Transportation Revenue Transportation of freight and cargo by water	ocal, state s, etc., wh de the 50 Mark "X" if None	e, or fede ich are le states, [eral tax ageased to District of	gency. others. f Columl 2018	bia, U.S

TOTAL OPERATING REVENUESum of lines 1a through 3 . . .

Not Applicable.

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8	REVEN	UES	FROM ELECTRONIC SOURCES						
	A. Did mol	this	firm have any revenues from customers en applications in 2018?	ntering orders	directly or	n the firm	's website	s or	
	0040		Yes						
			No						
	B. Did mol	this	firm have any revenues from customers en applications in 2018?	ntering orders	directly o	n third-pai	rty websit	es or	
	0041		Yes						
			No						
	C. Did (suc	this h as	firm have any revenues from customers en s private networks, dedicated lines, etc.) in	ntering orders 2018?	via any ot	her electr	onic syste	ms	
	0042		Yes						
			No						
	D. Of t	he t	otal 2018 revenues reported in © ,		2018			2018	
	tha	t wa	as the dollar amount (or percentage) s from the revenues identified in	\$ Bil. Mil.	Thou.	Dol.		Percent	t
	A-C exa	abo ct fi	ove? Please provide an estimate if gures are not available				OR ₂₅₀₁	' '	%

9-13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.



14	OPERATING EXPENSES - Continued						
	Or and the data and do domining a	1/10	rk "X"			2018	
			None	\$ 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					1 1
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	1822					
	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			1 1		1 1
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3b, the cost of motor fuels in line 3d, and leased and rented equipment in line 4c	1860					1 1
3.	Expensed Purchased Services						
	a. Purchased freight transportation - Contract payments to railroads, airlines, waterborne, and other motor carriers. Report the cost of leased and rented transportation equipment without	5097			1 1		1 1
	b. 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					
	c. Purchased repairs and maintenance to transportation						
	 equipment - Expensed repair and maintenance services to motor vehicles, vessels, aircraft, and other transportation equipment. Exclude materials, parts, and supplies used for repairs and maintenance performed by this firm's employees d. Purchased fuels for transportation equipment - Gasoline and 	1847					
	other fuels purchased for trucks, truck-tractors, and other motor vehicles	5098			1 1		
4.	Other Operating Expenses						
	a. Cost of Insurance - Premiums for bonding and insurance not included in line 1b	5099					
	b. 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					
	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						
		1070			1 1	$ \cdot $	
	CONTINUE WITH 🔞 ON PAGE	1879					
	CONTINUE WITH CONTAGE	9					

Form	SA-48300E	(DRAFT)
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Page 6

14	OPERATING EXPENSES - Continued					
		Mark "X"		2	2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
5 .	TOTAL OPERATING EXPENSES					
	Sum of lines 1a through 4c		1	1 1	1 1	1 1

15 and 16 Not Applicable.

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

Form SA-48300E (DRAFT) Page 7

18	CONTACT IN	FORMATI	ON								
	Name of persor	to contact	regarding	this rep	oort <i>(Please p</i>	orint)	Title				
		Area code		Numb	er	Extension		Area code	١	Number	
	Telephone			-		1 1 1	Fax			-	
	E-mail address						Website address				

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

We suggest you keep a copy for your records.

SERVICE ANNUAL SURVEY

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

FORM

2018 ANNUAL SERVICES REPORT

SA-48400A	(DRAFT)				
Due Date					
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://www.census.gov/programs- surveys/sas/information.html					
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.	s survey should be completed on	line at:			
https://portal.census.gov Authentication Code:		https://www		/ Survey F gov/progra	Results: ms-surveys/sas.htm
	GENERAL INSTRI	UCTIONS			
 For establishments sold this firm. 	n this firm's operations should be no or acquired in 2018, report data only if book figures are not available. le.		establishı	ments wer	e operated by
	two or more detailed lines. al basis, except for payroll.	4.50			l
• Figures should be round	· · · · · · · · · · · · · · · · · · ·	\$ Bil. Mil.	Thou.	Dol.	
	56 it should be reported as ———	1030	280	456	
Include: • Data for all Services esta Construction operations)	blishments (excluding data for Reta as defined by the survey coverage	il, Wholesale, Manι in ① Β.	ıfacturing,	Mining, a	nd
 Data for auxiliary facilities 	es primarily engaged in supporting s trative offices, and repair services.		tablishme	nt(s) such	as warehouses,
1 A. MAILING ADDRESS					
Is this firm's name and	mailing address the same as show	n in the mailing add	dress abov	/e?	
□ Yes					
	rrections in the mailing address abo	ve			

0111	J	4-48400	JA (DRAFT)																			Page 2
1	В.	SURVE	Y COVERAGE																			
		Did this	firm provide	the bu	sine	ess a	activ	vitie	es de	escri	ibed	belov	w?									
		0001	Yes																			
			No - Specify t	this firm	's bu	usine	ess a	activ	vity 📝	?												
			0002																			
<u> </u>	Nia	+ Λl:																				
2		t Applica		NOF																		
3			ATIONAL CHA s firm experie		/ acd	auis	sitio	ns.	sale	s. m	erae	rs. aı	nd/or	dive	stiture	s in 2	0187	,				
			Yes	,	, acq	44.0		,,	Cuio	,		. o, a.	, 0.	4		·						
		0016																				
			No - <i>Go to</i> 4																			
			of the followi Il that apply. If I												the re	oorting	, nori	od	ovr	Jain	in 🗭	
		CHECK at	п шасарріў. П		all Ul	nie o	orgai	aiiiza	iliUIIa	ai Ciia	ange	occui	rea c	unng	ine rep	יוווונטכ	Mor				Yea	
			Acquisition	Date			!	_4:	!	la a .a a.										,		
		0004	Sale	> ANE		orga	anıza	ation	nai cn	nange	e					. 0018						
		0091	Merger			,	, .	,	,.	,	,											
			Divestiture	Ente	er det	etaile	ea in	ntorn	matio	on be	elow ,	7										
			_	J																		
		0017 Nan	ne of company													0019 E	EIN (9	dig	its)			
					_		`										-					
		Address	(Number and str	reet, P.O.	Box,	etc.)	.)															
		City town	n, village, etc.												State	ZIP C	odo					
		City, tow	n, village, etc.												State	ZIF C	oue					
																				-		

Form SA-48400A (DRAFT) Page 3

4	REP	ORT	TING PERIOD				
			alendar year data are preferred. If they are unavailable, please report for the fiscal yea of data for the 2018 calendar year.	r th	at ir	nclude	s at least six
	Wha	t tir	me period is covered by the data provided in this report?			20	18
					В	Beginni	ng Date
			Calendar year	Mc	nth	Day	Year
	0006						
		ш	Fiscal or partial year - Report beginning and ending dates				
						Endin	g Date
				Mc	nth	Day	Year

0008

5 Not Applicable.

SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

- Report gross billings, except where noted elsewhere on the form.
- Prorate revenue derived from services provided on a contractual basis according to the work accomplished. (Only include amounts applicable to the report period.)
- Amounts received for work subcontracted to others.
- Market value of compensation in lieu of cash.
- Revenue from services performed by domestic locations of foreign parent firms, subsidiaries, branches, etc.
- Dues and assessments from members and affiliates.
- · Revenues from electronic sources.

Exclude:

- Transfers made within the company.
- Taxes collected directly from customers/clients and paid directly to a local, state, or federal tax agency.
- Rents 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).
- Non-operating revenue such as income from investments, sales of company-owned real estate (land and building), or other assets (except inventory held for resale, securities, gifts, loans, contributions, or grants).
- Revenue from the sale of used equipment.

Lines 1 through 3 - General freight trucking, specialized freight trucking, and household goods moving Report revenue for transportation of goods by motor vehicles. **Include** revenue from furnishing vehicles **with** drivers to other carriers under lease or similar arrangement.

If part of the transportation was purchased from another carrier to complete the contract, use the following guidelines:

- Report total revenue if all purchased transportation was on your own account. (You have legal obligation to pay for the purchased transportation.)
- Report only the revenue collected for your portion of the haul, plus any additional income from commissions and fees for arranging the transportation, if the transportation was purchased on the client's account. (Your client has legal obligation to pay for the purchased transportation.)

Line 4 - All other operating revenue

Report other operating revenue including sales from the operation of lunchrooms, restaurants, snowplow work, etc.; revenue from the parking and storage of vehicles; revenue received from other carriers for the use of this firm's terminal facilities, including amounts billed separately for repair services; revenue from short-term rental or extended-term operating leases (with or without maintenance) of trucks, truck-tractors, or trailers, **without** drivers; fair sales value of merchandise marketed under capital, finance, or "full payout" leases; and commissions for providing brokerage services, making payroll deductions, collecting freight charges for other carriers; etc. **Exclude** revenue from this firm's other operating units; the value of used equipment or vehicles sold; revenue from installment payments from leasing vehicles, tools, etc., marketed under capital, finance, or "full payout" leases; and non-operating revenue such as income from investments, sale of securities, real estate, etc.

Report revenue from the storage of shipments in your warehouses pending further instructions by the shipper; from the permanent storage of household goods on a paid-on-delivery basis, commercial goods, or records storage; and for packing and crating, handling, providing labor to carriers for loading and unloading, and other accessory services. **Exclude** rental revenue from the operation of mini-warehouses/self-service storage facilities and from the subleasing of warehousing space to others.

General Freight Trucking

6 SALES, RECEIPTS, OR REVENUE - Continued

Dol.

2018

Thou.

Mil.

Mark "X" sil.

	 a. Local - goods carried within a single metropolitan area and its adjacent nonurban areas; generally same-day return trips - Include agriculural products, coal and petroleum products and pharmaceutical and chemical products. b. Long distance - goods carried between metropolitan areas - Include agriculural products, coal and petroleum products, and pharmaceutical and chemical products. 	. 5063				
2.	Specialized Freight Trucking (requiring specialized equipment such as flatbeds, tankers or refrigerated trailers)					
	a. Local - goods carried within a single metropolitan area and its adjacent nonurban areas; generally same-day return trips - Include grains, alcohol and tobacco products, stone, non-metallic minerals and metallic ores, wood products, textiles and leather, base metal and machinery, electronic and precision instruments and motorized vehicles, new furniture and miscellaneous manufactured products	. 5066		1 1	1 1	
	b. Long distance - goods carried between metropolitan areas - Include grains, alcohol and tobacco products, stone, non-metallic minerals and metallic ores, wood products, textiles and leather, base metal and machinery, electronic and precision instruments and motorized vehicles, new furniture and miscellaneous manufactured products					
3.	Household Goods Moving					
	a. Household goods moving - Include furniture, appliances and misc office products	. 5069				
4.	All other operating revenue - Revenue not reported in lines 1a through 3a. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7					
		4700				
5.	TOTAL OPERATING REVENUE Sum of lines 1a through 4	1799				+
7	Not Applicable.					

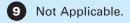
2018 Percent

%

48401053

Form	ı S/	A-4 8	400	OA (DRAFT)
8	RE	VEN	UES	FROM ELECTRONIC SOURCES
	A.			firm have any revenues from customers entering orders directly on the firm's websites or applications in 2018?
		0040		Yes
				No
	В.			firm have any revenues from customers entering orders directly on third-party websites or applications in 2018?
		0041		Yes
				No
	C.	Did (suc	this h as	firm have any revenues from customers entering orders via any other electronic systems private networks, dedicated lines, etc.) in 2018?
		0042		Yes
				No
	_			

	2	2018			
\$ Bil.	Mil.	Thou.	Dol.		
				0.0	Г
				OR ₂₅₀₁	





01111 0 71	(DRAFI)		raye	, ,
10 ANA	LYSIS OF MOTOR CARRIER OPERATIONS			
	hat percent of this firm's motor carrier revenue was derived from handling each of the	:		
	llowing commodities?		2018 Percent	
1.	Agricultural products - Includes live animals, poultry, fish, unprocessed cereal grains such as wheat and corn, and other agricultural products including fruits, vegetables, non-alcoholic beverages, cut flowers, and live plants	5070		%
2.	Grains, alcohol, and tobacco products - Includes milled grain products and preparations; other prepared foodstuff; beer, wine, and other alcoholic beverages; and tobacco products including cigarettes, cigars, and chewing tobacco	5071		%
3.	Stone, non-metallic minerals, and metallic ores - Includes monument or building stone, natural sands, gravel and crushed stone, mined salt, natural calcium and aluminum, phosphates, asbestos, other non-metallic minerals, and metallic ores and concentrates	5072		%
4.	Coal and petroleum products - Includes coal, crude petroleum, gasoline and aviation fuel, diesel fuel and light fuel oils, lubricating oils and greases, and basic chemicals	5073		%
5.	Pharmaceutical and chemical products - Includes pharmaceutical products, chemical products, paints and varnishes, soap and cleaning products, insecticides, fertilizers, primary plastics and finished plastic products, and rubber products including tires and inner tubes	5074		%
6.	Wood products, textiles, and leather - Includes logs and other rough wood, particle board, plywood, fiberboard, pulp, newsprint, paper, and paperboard products. Textiles products include yarns and woven products of natural or synthetic materials, carpets and other textile floor coverings, and textile clothing. Leather products include footwear, headgear, and other articles of leather	5075	•	%
7.	Base metal and machinery - Includes base metal and primary metal products such as pipes, ingots, metal doors, basic wire, cable, fencing, tools, etc. Machinery includes boilers, turbines, refrigerating and air conditioning equipment, textile machines, and other mechanical machinery and equipment	5076		%
8.	Electronic and precision instruments and motorized vehicles - Includes electronic equipment such as computers, electronic motors, generators, office equipment, television sets, radios and stereo equipment, cinematographic and photocopying equipment, clocks and watches, instruments used in medical, surgical, or veterinary sciences, and measuring, checking, or automatic control instruments or apparatus	5077		%
9.	Used household and office goods - Includes used furniture, appliances, and miscellaneous office products	5078	(%
10.	New furniture and miscellaneous manufactured products - Includes new furniture, mattresses and mattress supports, quilts or comforters, lamps, lighting, mixed freight, and miscellaneous manufactured products	5079		%
11.	All other motor carrier revenue not derived from the commodities in lines 1 through 10 - Specify			
1510		5080 +	C	%
			100	%
re	ere any of the commodities that this firm hauled designated <i>hazardous materials</i> , i.e., quired you to display a hazmat placard on the vehicle in accordance with Title 49, CFR 77.823, Transportation? Yes No - Go to ©	i		
			2018	
			Percent	
C. W	hat percent of the total motor carrier revenue is from hauling hazardous materials? .	. 5081	(%
11 Not A	pplicable.			

Form SA-48400A (DRAFT)

2018 Number

2018 Number

2018 Number

Form 12

IN/	/ENT	ORIES	AT	END	OF	YEAR	

Report the number of vehicles used or held for use in motor carrier operations on December 31, 2018.

Line 1 - B, C, and D

Report the number of vehicles owned and/or leased to others **with** drivers. **Include** inventory obtained through capital lease agreements. **Exclude** vehicles that you own that were leased **without** drivers to others.

A. Did this firm own inventories, regardless of where held, at the end of 2018 (or the period for which you are reporting)?

	ш	Yes
6043		
		No - Go to 14

В.	Tre	ucks - Inclu	de	single-unit	trucks,	pickups	, vans,	etc.
		NI salas s				241		4 41

Sum of lines 1 and 2

Sum of lines 1 and 2

1.	Number owned and/or leased with drivers to others .			•		•	•	5088
2.	Number leased without drivers from others							5089
3	Total truck inventory							

C.	Truck-tractors - Include	semi's and any detachable power-units	

1. Number owned and/or leased with drivers to others	
2. Number leased without drivers from others	+
3. Total truck-tractor inventory	Г

D.	Trailers - Include box-trailers, flatbeds, tankers, etc.	
	1. Number owned and/or leased with drivers to others	

					Т
2. Number leased without drivers from others	l	l		ı	ì
Sum of lines 1 and 2					ı

E.	Were any of the inventories reported above stored outside or en route to the 50 states and the District
	of Columbia in 2018?

	Yes
6041	
	No - Go to 14

F. What was the value of inventories stored outside or en route to the 50 states and the District of Columbia in 2018?

Exclude																												
the U.S.	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠			٠	٠	٠	٠	٠	٠	٠	٠		6042

		2	2018													
	\$ Bil.	Mil.	Thou.	Dol.												
2		1 1	1 1													

ľU	3
•	

Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

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 b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans, and fees paid to third-party administrators (TPAs); defined benefit pension plans; and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions. 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 Expensed equipment, materials, aparts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 36, the cost of motor fuels in line 3d, and leased and rented equipment in line 4c. Expensed Purchased Services a. Purchased freight transportation - Contract payments to railroads, airlines, waterborne, and other motor carriers. Report the cost of leased and rented transportation equipment without operators in line . Report travel expenses in line 36, the cost of motor fuels in line 3d, and leased and rented transporta	expenses not reported elsewhere.					
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 942, Employer's Annual Federal Tax Return, line 5(c) for the four quarters that correspond to the survey period or IRS Form 944, Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law, Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAS) defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions. 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 Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include materials and parts used in repairs; office and janitorial supplies; small tools; containers and other packaging materials. Report packaged software in line 3b, the cost of motor fuels in line 3d, and leased and rented transportation repairs; office and janitorial supplies; small tools; containers and other packaging materials. Report packaged software in line 3b, the cost of leased and rented transportation equipment to railroads, airlines, waterborne, and other motor carriers. Report the cost of leased and rented transportation equipment without operators in line.				2	2018	
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 b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAS); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions. 1822 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 to others; materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3b, the cost of motor fuels in line 3d, and leased and rented transportation requipment to railroads, airlines, waterborne, and other motor carriers. Report the cost of leased and rented transportation equipment without operators in line. Report travel expenses in line 4c		it None	\$ Bil.	Mil.	Thou.	Dol.
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paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. Include all charges for payroll, benefits, and services	legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude					1 1
agencies for personnel. Include all charges for payroll, benefits, and services						
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railroads, airlines, waterborne, and other motor carriers. Report the cost of leased and rented transportation equipment without operators in line. Report travel expenses in line 4c	Expensed Purchased Services					
custom coded, or vendor customized software. Include software developed or customized by others, web-design services and purchases, licensing agreements, upgrades of software, and	railroads, airlines, waterborne, and other motor carriers. Report the cost of leased and rented transportation equipment without					
maintenance fees related to software upgrades and alterations 1826	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 tees related to software upgrades and alterations 1826					

CONTINUE WITH 14 ON PAGE 9

rm	SA-48400A (draft)					Page
) (DPERATING EXPENSES - Continued					
		Mark "X"			2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
E	xpensed Purchased Services - Continued					
•	 Purchased repairs and maintenance to transportation equipment - Expensed repair and maintenance services to motor vehicles, vessels, aircraft, and other transportation equipment. 					
	Exclude materials, parts, and supplies used for repairs and maintenance performed by this firm's employees					
(I. Purchased fuels for transportation equipment - Gasoline and other fuels purchased for trucks, truck-tractors, and other motor vehicles					
	Other Operating Expenses					
	Cost of Insurance - Premiums for bonding and insurance not included in line 1b					1 1
ŀ	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					1 1
	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 ?					
	expenses below y					
	1879					
7	TOTAL OPERATING EXPENSES					
	Sum of lines 1a through 4c					

Form	SA-48400A	(DRAFT)
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REMARKS - data were est	imated.											
CONTACT II	IFORMATI	ON										
Name of perso	n to contact	regarding	this repo	ort <i>(Please</i>	print)	Title						
	Area code		Number	r	Extensio	1		Area code	N	umbe	r	
-			$\overline{}$				-				_	
Telephone		' '	_				Fax				1 1	
Telephone E-mail address			-			Website				-		

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

We suggest you keep a copy for your records.



SERVICE ANNUAL SURVEY

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

SA-48400E

2018 ANNUAL SERVICES REPORT

(DRAFT) **Due Date** 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 ①.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

	\$ Bil.		Bil. Mil.		1	Thou.			Dol.		
→		1	0	3	0	2	8	0	4	5	6

- 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.

	4	
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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



Did this	COVERAGE	the business activities described below?				
Dia this	iiriii provide i	me business activities described below?				
0001	Yes					
	No - Specify th	is firm's business activity 7				
	0002					
EDERAL E	MPLOYER IDE	NTIFICATION NUMBER (EIN)				
		roll under EIN				
O13 Yes	3		EIN (9	9 digits))	
☐ No	- Enter current reported for t	9-digit EIN AND date payroll was first		-	1 1	1 1 1
				Month	Day	Yea
					,	
			8800			
ORGANIZAT	TIONAL CHAN	IGE	0088			1 1
A. Did this	firm experien	IGE ce any acquisitions, sales, mergers, and/or divestiture)18?	1	
A. Did this	firm experien Yes)18?		
0016 Did this	firm experien Yes No - <i>Go to</i> 4	ce any acquisitions, sales, mergers, and/or divestiture)18?		
Out this	firm experien Yes No - <i>Go to</i> 4 f the followin		s in 20		, explai	in in ① .
0016 Which of Check all	firm experien Yes No - Go to 4 f the following that apply. If n	ce any acquisitions, sales, mergers, and/or divestiture g organizational changes occurred in 2018?	s in 20			
3. Which of	firm experien Yes No - Go to 4 f the following that apply. If n Acquisition	ce any acquisitions, sales, mergers, and/or divestiture g organizational changes occurred in 2018?	s in 20	period,		
Out this out this out the country out the coun	firm experien Yes No - Go to 4 f the following that apply. If n Acquisition Sale	ce any acquisitions, sales, mergers, and/or divestiture g organizational changes occurred in 2018? nore than one organizational change occurred during the rep	s in 20	period,		
Out this out this out the control of the control out the contr	firm experien Yes No - Go to 4 f the following that apply. If n Acquisition Sale Merger	ce any acquisitions, sales, mergers, and/or divestiture g organizational changes occurred in 2018? nore than one organizational change occurred during the rep	s in 20	period,		
3. Which of Check all	firm experien Yes No - Go to 4 f the following that apply. If m Acquisition Sale Merger Divestiture	g organizational changes occurred in 2018? The proof of organizational change occurred during the report of organizational change occurred during the report of organizational change occurred.	s in 20	period,	Day	
3. Which of Check all	firm experien Yes No - Go to 4 f the following that apply. If n Acquisition Sale Merger	g organizational changes occurred in 2018? The proof of organizational change occurred during the report of organizational change occurred during the report of organizational change occurred.	s in 20	period,	Day	
3. Which of Check all	firm experien Yes No - Go to 4 f the following that apply. If no sale Acquisition Sale Merger Divestiture e of company	g organizational changes occurred in 2018? The proof of organizational change occurred during the report of organizational change occurred during the report of organizational change occurred.	s in 20	period,	Day	in in ①.
3. Which of Check all	firm experien Yes No - Go to 4 f the following that apply. If no sale Acquisition Sale Merger Divestiture e of company	g organizational changes occurred in 2018? nore than one organizational change occurred during the report of the properties of the organization of the second change occurred during the report of the organization of the second change occurred during the report of the organization of the second change occurred during the report of the organization of the second change occurred during the report of the organization of the second change occurred during the report of the organization o	s in 20	period,	Day	
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3. Which of Check all	firm experien Yes No - Go to 4 f the following that apply. If no sale Acquisition Sale Merger Divestiture e of company Number and streen	g organizational changes occurred in 2018? nore than one organizational change occurred during the report of organizational change occurred during the report of organizational change	oorting . 0018	period, Month	Day	

Form SA-48400E (DRAFT) Page 3

4	REP	ORT	TING PERIOD				
			alendar year data are preferred. If they are unavailable, please report for the fiscal yea of data for the 2018 calendar year.	r th	at ir	nclude	s at least six
	Wha	t tir	me period is covered by the data provided in this report?			20	18
					В	Beginni	ng Date
			Calendar year	Mc	nth	Day	Year
	0006						
		ш	Fiscal or partial year - Report beginning and ending dates				
						Endin	g Date
				Mc	nth	Day	Year

0008

5 Not Applicable.

6 SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include

- Report gross billings, except where noted elsewhere on the form.
- Prorate revenue derived from services provided on a contractual basis according to the work accomplished. (Only include amounts applicable to the report period.)
- Amounts received for work subcontracted to others.
- Market value of compensation in lieu of cash.
- Revenue from services performed by domestic locations of foreign parent firms, subsidiaries, branches, etc.
- Dues and assessments from members and affiliates.
- · Revenues from electronic sources.

Exclude:

- Transfers made within the company.
- Taxes collected directly from customers/clients and paid directly to a local, state, or federal tax agency.
- Rents 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).
- Non-operating revenue such as income from investments, sales of company-owned real estate (land and building), or other assets (except inventory held for resale, securities, gifts, loans, contributions, or grants).
- Revenue from the sale of used equipment.

Lines 1 through 3 - General freight trucking, specialized freight trucking, and household goods moving
Report revenue for transportation of goods by motor vehicles. **Include** revenue from furnishing vehicles **with** drivers
to other carriers under lease or similar arrangement.

If part of the transportation was purchased from another carrier to complete the contract, use the following guidelines:

- Report total revenue if all purchased transportation was on your own account. (You have legal obligation to pay for the purchased transportation.)
- Report only the revenue collected for your portion of the haul, plus any additional income from commissions and fees for arranging the transportation, if the transportation was purchased on the client's account. (Your client has legal obligation to pay for the purchased transportation.)

Line 4 - All other operating revenue

Report other operating revenue including sales from the operation of lunchrooms, restaurants, snowplow work, etc.; revenue from the parking and storage of vehicles; revenue received from other carriers for the use of this firm's terminal facilities, including amounts billed separately for repair services; revenue from short-term rental or extended-term operating leases (with or without maintenance) of trucks, truck-tractors, or trailers, **without** drivers; fair sales value of merchandise marketed under capital, finance, or "full payout" leases; and commissions for providing brokerage services, making payroll deductions, collecting freight charges for other carriers; etc. **Exclude** revenue from this firm's other operating units; the value of used equipment or vehicles sold; revenue from installment payments from leasing vehicles, tools, etc., marketed under capital, finance, or "full payout" leases; and non-operating revenue such as income from investments, sale of securities, real estate, etc.

Report revenue from the storage of shipments in your warehouses pending further instructions by the shipper; from the permanent storage of household goods on a paid-on-delivery basis, commercial goods, or records storage; and for packing and crating, handling, providing labor to carriers for loading and unloading, and other accessory services. **Exclude** rental revenue from the operation of mini-warehouses/self-service storage facilities and from the subleasing of warehousing space to others.

Form	SA-	4840	OE	(DRAFT)
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	Λ.	lark "X"			2018	
		f None	\$ Bil.	Mil.	Thou.	Do
General Freight Trucking						
a. Local - goods carried within a single metropolitan area and						
its adjacent nonurban areas; generally same-day return trips - Include agriculural products, coal and petroleum products, and pharmaceutical and chemical products.				1 1		
b. Long distance - goods carried between metropolitan areas - Include agriculural products, coal and petroleum products, and pharmaceutical and chemical products.	5064					
Specialized Freight Trucking (requiring specialized equipment such as flatbeds, tankers or refrigerated trailers)						
a. Local - goods carried within a single metropolitan area and its adjacent nonurban areas; generally same-day return trips - Include grains, alcohol and tobacco products, stone, non-metallic minerals and metallic ores, wood products, textiles and leather, base metal and machinery, electronic and precision instruments and motorized vehicles, new furniture and miscellaneous manufactured products	5066			1 1		
b. Long distance - goods carried between metropolitan areas - Include grains, alcohol and tobacco products, stone, non-metallic minerals and metallic ores, wood products, textiles and leather, base metal and machinery, electronic and precision instruments and motorized vehicles, new furniture and miscellaneous manufactured products	5067					
Household goods moving - Include furniture, appliances and misc office products	5069					
All other operating revenue - Revenue not reported in lines 1a through 3. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7						
	1799					
TOTAL OPERATING REVENUE Sum of lines 1a through 4	1800					
Not Applicable.						



Percent

%

A. Did this firm have any revenues from customers entering orders directly on the firm's websites or

0040	Yes
0040	No

B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?

	Yes
0041	Nο

C. Did this firm have any revenues from customers entering orders via any other electronic systems (such as private networks, dedicated lines, etc.) in 2018?

		Ye
0042		
	П	No

D. Of the total 2018 revenues reported in 6, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if

	2				
\$ Bil.	Mil.	Thou.			
				OR ₂₅₀₁	
				2501	L

Not Applicable.

J. 1111 G/ 1	OHOUE (DRAFI)		rage o
10 ANAI	YSIS OF MOTOR CARRIER OPERATIONS		
	nat percent of this firm's motor carrier revenue was derived from handling each of the	•	
	llowing commodities?		2018 Percent
1.	Agricultural products - Includes live animals, poultry, fish, unprocessed cereal grains such as wheat and corn, and other agricultural products including fruits, vegetables, non-alcoholic beverages, cut flowers, and live plants	5070	%
2.	Grains, alcohol, and tobacco products - Includes milled grain products and preparations; other prepared foodstuff; beer, wine, and other alcoholic beverages; and tobacco products including cigarettes, cigars, and chewing tobacco	5071	%
3.	Stone, non-metallic minerals, and metallic ores - Includes monument or building stone, natural sands, gravel and crushed stone, mined salt, natural calcium and aluminum, phosphates, asbestos, other non-metallic minerals, and metallic ores and concentrates	5072	%
4.	Coal and petroleum products - Includes coal, crude petroleum, gasoline and aviation fuel, diesel fuel and light fuel oils, lubricating oils and greases, and basic chemicals	5073	%
5.	Pharmaceutical and chemical products - Includes pharmaceutical products, chemical products, paints and varnishes, soap and cleaning products, insecticides, fertilizers, primary plastics and finished plastic products, and rubber products including tires and inner tubes	5074	%
6.	Wood products, textiles, and leather - Includes logs and other rough wood, particle board, plywood, fiberboard, pulp, newsprint, paper, and paperboard products. Textiles products include yarns and woven products of natural or synthetic materials, carpets and other textile floor coverings, and textile clothing. Leather products include footwear, headgear, and other articles of leather	5075	%
	and the second the second seco	5076	%
8.	Electronic and precision instruments and motorized vehicles - Includes electronic equipment such as computers, electronic motors, generators, office equipment, television sets, radios and stereo equipment, cinematographic and photocopying equipment, clocks and watches, instruments used in medical, surgical, or veterinary sciences, and measuring, checking, or automatic control instruments or apparatus	5077	%
9.	Used household and office goods - Includes used furniture, appliances, and miscellaneous office products	5078	%
10.	New furniture and miscellaneous manufactured products - Includes new furniture, mattresses and mattress supports, quilts or comforters, lamps, lighting, mixed freight, and miscellaneous manufactured products	5079	%
11.	All other motor carrier revenue not derived from the commodities in lines 1 through 10 - $Specify$		
1510		5080 +	%
			100%
re	ere any of the commodities that this firm hauled designated <i>hazardous materials</i> , i.e., quired you to display a hazmat placard on the vehicle in accordance with Title 49, CFF 7.823, Transportation? Yes No - Go to 12	R	
			2018
			Percent
C. WI	nat percent of the total motor carrier revenue is from hauling hazardous materials?	. 5081	%
Mot A	policable		
11 Not A	pplicable.		

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2018 Number

2018 Number

2018 Number

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INVENTORIES AT END OF YEAR

Report the number of vehicles used or held for use in motor carrier operations on December 31, 2018.

Line 1 - B, C, and D

Report the number of vehicles owned and/or leased to others **with** drivers. **Include** inventory obtained through capital lease agreements. **Exclude** vehicles that you own that were leased **without** drivers to others.

A. Did this firm own inventories, regardless of where held, at the end of 2018 (or the period for which you are reporting)?

	ш	Yes	
6043			
		No - Go to	ĺ

В.	Trucks - Include single-unit trucks, pickups, vans, etc.
	1. Number owned and/or leased with drivers to others
	2. Number leased without drivers from others

2. Number leased without drivers from others	+
3. Total truck inventory Sum of lines 1 and 2	
C. Truck-tractors - Include semi's and any detachable power-units	
1. Number owned and/or leased with drivers to others	
2. Number leased without drivers from others	F
3. Total truck-tractor inventory	Г
Sum of lines 1 and 2	L
D. Trailers - Include box-trailers, flatbeds, tankers, etc.	
1. Number owned and/or leased with drivers to others	

2. Number leased without drivers from others				
Sum of lines 1 and 2				

6041	Yes
30	No - Go to 🔼

F. What was the value of inventories stored outside or en route to the 50 states and the District of Columbia in 2018?

Exclude																							
the U.S.	٠	٠	٠	٠		 	٠	٠	٠	٠	٠	٠				٠	٠	٠	٠	٠	٠	٠	٠

		2	2018								
	\$ Bil.	Mil.	Thou.	Dol.							
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Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

	o not reported discovinere.								
		Mark "X"							
_		if None	\$ Bil.	Mil.	Thou.	Dol.			
	nel Costs								
wage Empl quart Empl	es annual payroll - Total annual Medicare salaries and es for all employees as reported on this firm's IRS Form 941, loyer's Quarterly Federal Tax Return, line 5(c) for the four ters that correspond to the survey period or IRS Form 944 loyer's Annual Federal Tax Return, line 4(c). Include the end on stock options that are taxable to employees as wages . 182	:1 🗆		1 1		1 1			
legal Inclu and s prem third defin plans comp insur	loyer's cost for fringe benefits - Employer's cost for ly required programs and programs not required by law. Ide insurance premiums for hospital plans, medical plans, single service plans (e.g., dental, vision, prescription drugs); nium equivalents for self-insured plans and fees paid to -party administrators (TPAs); defined benefit pension plans; led contribution plans (e.g., profit sharing, 401K, stock option is); and other fringe benefits (e.g., Social Security, workers' bensation insurance, unemployment tax, state disability rance programs, life insurance benefits, Medicare). Exclude loyee contributions	12							
paid agen	porary staff and leased employee expense - Total costs to Professional Employer Organizations (PEOs) and staffing cies for personnel. Include all charges for payroll, benefits, services	23							
resale) (e.g., cop CPUs, m services janitoria material	ed equipment, materials, parts, and supplies (not for - Include expensed computer hardware and other equipment piers, fax machines, telephones, shop and lab equipment, nonitors). Include materials and supplies used in providing to others; materials and parts used in repairs; office and I supplies; small tools; containers and other packaging s. Report packaged software in line 3b, the cost of motor line 3d, and leased and rented equipment in line 4c 186	50							
Expense	ed Purchased Services								
railro the c opera	chased freight transportation - Contract payments to bads, airlines, waterborne, and other motor carriers. Report leased and rented transportation equipment without lators in line. Report travel expenses in line 4c	17				1 1			
custo deve purch	ensed purchases of software - Purchases of prepackaged, om coded, or vendor customized software. Include software loped or customized by others, web-design services and hases, licensing agreements, upgrades of software, and tenance fees related to software upgrades and alterations 182	n6 🔲		1 1					

CONTINUE WITH 14 ON PAGE 9

Form	SA-48400E	(DRAFT)
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3. Expensed P c. Purchase equipme vehicles, Exclude maintena d. Purchase other fue vehicles 4. Other Operate charges to firm, tang within lead agreemen (e.g., pate not report instruction Exclude expenses	urchased Services - Continued ded repairs and maintenance to transportation int - Expensed repair and maintenance services to motor vessels, aircraft, and other transportation equipment. materials, parts, and supplies used for repairs and ince performed by this firm's employees ded fuels for transportation equipment - Gasoline and is purchased for trucks, truck-tractors, and other motor inting Expenses insurance - Premiums for bonding and insurance not in line 1b tion and amortization charges - Include depreciation is ible assets and improvements owned by this firm seholds, tangible assets obtained through capital lease ts, and amortization charges against intangible assets ints, copyrights). Exclude impairment operating expenses - All other operating expenses ted above, unless specifically excluded in the general	. 1847 . 5098	Mark "X" if None	\$ Bil.	Mil.	Z018 Thou.	Dol.
c. Purchase equipme vehicles, Exclude maintena d. Purchase other fue vehicles 4. Other Opera a. Cost of lincluded b. Depreciate charges the firm, tang within lease agreemen (e.g., pate c. All other not report instruction Exclude expenses	ed repairs and maintenance to transportation int - Expensed repair and maintenance services to motor vessels, aircraft, and other transportation equipment. materials, parts, and supplies used for repairs and nice performed by this firm's employees	. 1847 . 5098		\$ Bil.	Mil.		Dol.
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d. Purchase other fue vehicles 4. Other Opera a. Cost of lincluded b. Deprecia charges the firm, tang within lead agreemen (e.g., pate c. All other not report instruction Exclude expenses	ed fuels for transportation equipment - Gasoline and so purchased for trucks, truck-tractors, and other motor exting Expenses Insurance - Premiums for bonding and insurance not in line 1b Ition and amortization charges - Include depreciation asken against tangible assets owned and used by this lible assets and improvements owned by this firm seholds, tangible assets obtained through capital lease ts, and amortization charges against intangible assets ints, copyrights). Exclude impairment Operating expenses - All other operating expenses	. 5098					
other fue vehicles 4. Other Opera a. Cost of lincluded b. Deprecia charges trim, tang within lea agreemen (e.g., pate c. All other not report instruction Exclude expenses	s purchased for trucks, truck-tractors, and other motor iting Expenses nsurance - Premiums for bonding and insurance not n line 1b ition and amortization charges - Include depreciation aken against tangible assets owned and used by this lible assets and improvements owned by this firm seholds, tangible assets obtained through capital lease ts, and amortization charges against intangible assets nts, copyrights). Exclude impairment operating expenses - All other operating expenses	. 5098					
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a. Cost of lincluded b. Deprecia charges t firm, tang within lea agreemen (e.g., pate c. All other not report instruction Exclude expenses	nsurance - Premiums for bonding and insurance not n line 1b	1			1 1		
b. Deprecia charges the firm, tang within least agreemen (e.g., pate not report instruction Exclude expenses	tion and amortization charges - Include depreciation aken against tangible assets owned and used by this lible assets and improvements owned by this firm seholds, tangible assets obtained through capital lease ts, and amortization charges against intangible assets nts, copyrights). Exclude impairment operating expenses - All other operating expenses	1					
charges t firm, tang within lea agreemen (e.g., pate c. All other not repor instructio Exclude expenses	aken against tangible assets owned and used by this lible assets and improvements owned by this firm seholds, tangible assets obtained through capital lease ts, and amortization charges against intangible assets nts, copyrights). Exclude impairment operating expenses						
c. All other not report instruction Exclude expenses	operating expenses - All other operating expenses						1 1
expense	ns. Include office postage paid and package delivery. Durchases of merchandise for resale and non-operating of this item is greater than 20% of the total greater expenses, specify the primary source of the spelow primary spelow p						
		1879					
	RATING EXPENSES			ı	1 1		
15 and 16 Not	1a through 4c	. 1900					

REMARKS - Ple data were estim	ease use this spa ated.	ice to explain any	y significant ye	ar-to-year chanç	ges, to clarify res	sponses, or inc	dicate who

18

CONTACT INFORMATION

Name of persor	n to contact	regarding	this report <i>(Ple</i>	ase p	rint)	Title					
	Area code Number				Extension		Area code		Numb	er	
Telephone	1 1					Fax					
			-						-		
E-mail address				Website address							

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

We suggest you keep a copy for your records.

SERVICE U.S. DEPAR Economics ai U.S. CENSU FORM

SERVICE ANNUAL SURVEY

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

2018 ANNUAL SERVICES REPORT

SA-48500A (DRAFT) **Due Date** 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey. INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov **Authentication Code:** To view Survey Results: https://www.census.gov/programs-surveys/sas.html **GENERAL INSTRUCTIONS** Any significant change in this firm's operations should be noted in ①. • For establishments sold or acquired in 2018, report data only for the period the establishments were operated by

- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

	\$ E	3il.		Mil.		Т	hοι	1.		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) as defined by the survey coverage in **1**B.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

1	A. MA	ILIN	G ADDRESS
	ls th	nis fii	m's name and mailing address the same as shown in the mailing address above
	0035		Yes
	0000		No - Enter corrections in the mailing address above

-orm	1 5/	A-4850	OA (DRAFT)																				Pag	je 2
0	В.	SURVE	Y COVERAGE																					
		Did thi	s firm provide	the b	busin	ness	s ac	ctiv	itie	s de	scri	bed	belo	ow?										
			Vaa																					
		0001	Yes																					
			No - Specify to	this fir	rm's b	busi	sines	ss a	ctivi	ity 🍞														
			0000																					
			0002																					
2		t Applic																						
3			ATIONAL CHA					_												_				
	A.	Did thi	s firm experie	ence a	iny ac	cqu	uisit	tion	ns, s	sales	s, m	erge	ers, a	and/	or d	ives	titure	s in 2	018	?				
		0016	Yes																					
			No - Go to 4)																				
	B.	Which	of the following	na or	ganiz	zati	iona	al c	han	naes	occ	urre	ed in	n 20	187									
			all that apply. If i													ring	the rep	oorting	g pei	iod,	expla	ain in (Ð.	
			A considition																Mc	nth	Day	,	Year	
			Acquisition	Dá	ate of	of ord	raan	nizat	tiona	al ch	anae	e						. 0018						
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		Address	s (Number and str	reet, P.0	O. Box	x, et	etc.)																	
		City, to	wn, village, etc.														State	ZIP C	ode					
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4	REPORTING PERIOD					
	NOTE: Calendar year data are preferred. If they are unavailable, please	e report for th	ne fiscal yea	ar that ir	cludes a	at least si
	months of data for the 2018 calendar year. What time period is covered by the data provided in this report	17			2018	₹
	Time time period is covered by the data provided in this report	•		В	eginning	
	☐ Calendar year			Month	Day	Year
	Fiscal or partial year - Report beginning and ending dates .		0007		Ending I	Data
				Month	Day	Year
			0008			
•	Not Applicable.					
	SALES, RECEIPTS, OR REVENUE					
•	What were the revenues for this firm in 2018?					
	Include:					
	• Report gross billings, except where noted elsewhere on the form.					
	• Dues and assessments from members and affiliates.					
	• Amounts received for work subcontracted to others.	on the marks t	4h o4 4h ' - C		oto di di	
	 For locations that were sold or acquired during a year, only report for locations. 	or the periods	tnat this ti	rm oper	ated the	
	• Revenue from services performed by domestic locations of foreign p	parent firms,	subsidiaries	s, branch	es, etc.	
	Revenues from electronic sources.					
	Exclude:					
	 Transfers made within the company. Taxes collected directly from customers or clients and paid directly t 	to a local sta	te or feder	al tax an	encv	
	 Rents from and revenue of separately operated departments, concess 			_		
	Commissions from vending machine operators.					
	• Revenue of foreign subsidiaries (those located outside the U.S., i.e.,					
	Commonwealth Tarritories or ILS passassions)	outside the 5	0 states, Di	strict of	Columbi	ia, U.S.
	Commonwealth Territories, or U.S. possessions).					ia, U.S.
	Commonwealth Territories, or U.S. possessions).	Mark ") if None	("	2	018	
	Commonwealth Territories, or U.S. possessions).	Mark ">	("			Dol.
•	Commonwealth Territories, or U.S. possessions). Transit and Ground Passenger Transportation Revenue a. Long-distance, fixed-route passenger transportation by	Mark ">	("	2	018	
•	Commonwealth Territories, or U.S. possessions). Transit and Ground Passenger Transportation Revenue a. Long-distance, fixed-route passenger transportation by road	Mark ">	("	2	018	
-	Commonwealth Territories, or U.S. possessions). Transit and Ground Passenger Transportation Revenue a. Long-distance, fixed-route passenger transportation by road b. Local, fixed-route passenger transportation by road and	Mark ") if None	("	2	018	
-	Commonwealth Territories, or U.S. possessions). Transit and Ground Passenger Transportation Revenue a. Long-distance, fixed-route passenger transportation by road b. Local, fixed-route passenger transportation by road and transit rail	Mark "> if None	("	2	018	
•	Commonwealth Territories, or U.S. possessions). Transit and Ground Passenger Transportation Revenue a. Long-distance, fixed-route passenger transportation by road b. Local, fixed-route passenger transportation by road and	Mark ") if None . 5625	("	2	018	
	Transit and Ground Passenger Transportation Revenue a. Long-distance, fixed-route passenger transportation by road b. Local, fixed-route passenger transportation by road and transit rail c. Long-distance, passenger transportation by road, except fixed-route	Mark ") if None . 5625 . 5626 . 5627	("	2	018	
	Commonwealth Territories, or U.S. possessions). Transit and Ground Passenger Transportation Revenue a. Long-distance, fixed-route passenger transportation by road b. Local, fixed-route passenger transportation by road and transit rail c. Long-distance, passenger transportation by road, except fixed-route d. Local passenger transportation by road, except fixed-route	Mark ") if None . 5625	("	2	018	
	Transit and Ground Passenger Transportation Revenue a. Long-distance, fixed-route passenger transportation by road b. Local, fixed-route passenger transportation by road and transit rail c. Long-distance, passenger transportation by road, except fixed-route d. Local passenger transportation by road, except fixed-route All other operating revenue - Revenue not reported in lines 1a through 1d. If this item is greater than 20% of the total	Mark ") if None . 5625 . 5626 . 5627	("	2	018	
	Transit and Ground Passenger Transportation Revenue a. Long-distance, fixed-route passenger transportation by road b. Local, fixed-route passenger transportation by road and transit rail c. Long-distance, passenger transportation by road, except fixed-route d. Local passenger transportation by road, except fixed-route All other operating revenue - Revenue not reported in lines 1a through 1d. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue	Mark ") if None . 5625 . 5626 . 5627	("	2	018	
	Transit and Ground Passenger Transportation Revenue a. Long-distance, fixed-route passenger transportation by road b. Local, fixed-route passenger transportation by road and transit rail c. Long-distance, passenger transportation by road, except fixed-route d. Local passenger transportation by road, except fixed-route All other operating revenue - Revenue not reported in lines 1a through 1d. If this item is greater than 20% of the total	Mark ") if None . 5625 . 5626 . 5627	("	2	018	
	Transit and Ground Passenger Transportation Revenue a. Long-distance, fixed-route passenger transportation by road b. Local, fixed-route passenger transportation by road and transit rail c. Long-distance, passenger transportation by road, except fixed-route d. Local passenger transportation by road, except fixed-route All other operating revenue - Revenue not reported in lines 1a through 1d. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue	Mark ") if None . 5625 . 5626 . 5627 . 5628	("	2	018	
	Transit and Ground Passenger Transportation Revenue a. Long-distance, fixed-route passenger transportation by road b. Local, fixed-route passenger transportation by road and transit rail c. Long-distance, passenger transportation by road, except fixed-route d. Local passenger transportation by road, except fixed-route All other operating revenue - Revenue not reported in lines 1a through 1d. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7	Mark ") if None . 5625 . 5626 . 5627	("	2	018	
	Transit and Ground Passenger Transportation Revenue a. Long-distance, fixed-route passenger transportation by road b. Local, fixed-route passenger transportation by road and transit rail c. Long-distance, passenger transportation by road, except fixed-route d. Local passenger transportation by road, except fixed-route All other operating revenue - Revenue not reported in lines 1a through 1d. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7	Mark "? if None . 5625 . 5626 . 5627 . 5628	("	2	018	
	Transit and Ground Passenger Transportation Revenue a. Long-distance, fixed-route passenger transportation by road b. Local, fixed-route passenger transportation by road and transit rail c. Long-distance, passenger transportation by road, except fixed-route d. Local passenger transportation by road, except fixed-route All other operating revenue - Revenue not reported in lines 1a through 1d. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7 TOTAL OPERATING REVENUE Sum of lines 1a through 2	Mark "? if None . 5625 . 5626 . 5627 . 5628	("	2	018	
	Transit and Ground Passenger Transportation Revenue a. Long-distance, fixed-route passenger transportation by road b. Local, fixed-route passenger transportation by road and transit rail c. Long-distance, passenger transportation by road, except fixed-route d. Local passenger transportation by road, except fixed-route All other operating revenue - Revenue not reported in lines 1a through 1d. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7	Mark "? if None . 5625 . 5626 . 5627 . 5628	("	2	018	
	Transit and Ground Passenger Transportation Revenue a. Long-distance, fixed-route passenger transportation by road b. Local, fixed-route passenger transportation by road and transit rail c. Long-distance, passenger transportation by road, except fixed-route d. Local passenger transportation by road, except fixed-route All other operating revenue - Revenue not reported in lines 1a through 1d. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7 TOTAL OPERATING REVENUE Sum of lines 1a through 2	Mark "? if None . 5625 . 5626 . 5627 . 5628	("	2	018	
	Transit and Ground Passenger Transportation Revenue a. Long-distance, fixed-route passenger transportation by road b. Local, fixed-route passenger transportation by road and transit rail c. Long-distance, passenger transportation by road, except fixed-route d. Local passenger transportation by road, except fixed-route All other operating revenue - Revenue not reported in lines 1a through 1d. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7 TOTAL OPERATING REVENUE Sum of lines 1a through 2	Mark "? if None . 5625 . 5626 . 5627 . 5628	("	2	018	
	Transit and Ground Passenger Transportation Revenue a. Long-distance, fixed-route passenger transportation by road b. Local, fixed-route passenger transportation by road and transit rail c. Long-distance, passenger transportation by road, except fixed-route d. Local passenger transportation by road, except fixed-route All other operating revenue - Revenue not reported in lines 1a through 1d. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7 TOTAL OPERATING REVENUE Sum of lines 1a through 2	Mark "? if None . 5625 . 5626 . 5627 . 5628	("	2	018	
	Transit and Ground Passenger Transportation Revenue a. Long-distance, fixed-route passenger transportation by road b. Local, fixed-route passenger transportation by road and transit rail c. Long-distance, passenger transportation by road, except fixed-route d. Local passenger transportation by road, except fixed-route All other operating revenue - Revenue not reported in lines 1a through 1d. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7 TOTAL OPERATING REVENUE Sum of lines 1a through 2	Mark "? if None . 5625 . 5626 . 5627 . 5628	("	2	018	
	Transit and Ground Passenger Transportation Revenue a. Long-distance, fixed-route passenger transportation by road b. Local, fixed-route passenger transportation by road and transit rail c. Long-distance, passenger transportation by road, except fixed-route d. Local passenger transportation by road, except fixed-route All other operating revenue - Revenue not reported in lines 1a through 1d. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7 TOTAL OPERATING REVENUE Sum of lines 1a through 2	Mark "? if None . 5625 . 5626 . 5627 . 5628	("	2	018	
	Transit and Ground Passenger Transportation Revenue a. Long-distance, fixed-route passenger transportation by road b. Local, fixed-route passenger transportation by road and transit rail c. Long-distance, passenger transportation by road, except fixed-route d. Local passenger transportation by road, except fixed-route All other operating revenue - Revenue not reported in lines 1a through 1d. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7 TOTAL OPERATING REVENUE Sum of lines 1a through 2	Mark "? if None . 5625 . 5626 . 5627 . 5628	("	2	018	

Form SA-48500A (DRAFT) Page 4

8	REVEN	UES	FROM ELECTRONIC SOURCES						
			firm have any revenues from customers er applications in 2018?	ntering orders (directly on	the firm	s website:	s or	
	0040		Yes						
			No						
	B. Did mol	this	firm have any revenues from customers er applications in 2018?	ntering orders o	directly on	third-par	ty website	es or	
	0041		Yes						
			No						
	C. Did (suc	this h as	firm have any revenues from customers er private networks, dedicated lines, etc.) in	ntering orders v 2018?	via any otł	ner electro	onic syste	ms	
	0042		Yes						
			No						
			otal 2018 revenues reported in (3 ,		2018			2018	
	that	: wa	as the dollar amount (or percentage) s from the revenues identified in	\$ Bil. Mil.	Thou.	Dol.		Percent	į
			ve? Please provide an estimate if gures are not available				OR ₂₅₀₁		%

9-13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.



14	OPERATING EXPENSES - Continued								
	OI III III III III III III III III III	Ma	rk "X"	χ" 2018					
			Vone	\$ 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					1 1		
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	1822							
	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			1 1		1 1		
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3b, the cost of motor fuels in line 3d, and leased and rented equipment in line 4c	1860			1 1				
3.	Expensed Purchased Services								
	a. Purchased freight transportation - Contract payments to railroads, airlines, waterborne, and other motor carriers. Report the cost of leased and rented transportation equipment without	5097			1 1		1 1		
	b. 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							
	c. Purchased repairs and maintenance to transportation								
	 equipment - Expensed repair and maintenance services to motor vehicles, vessels, aircraft, and other transportation equipment. Exclude materials, parts, and supplies used for repairs and maintenance performed by this firm's employees	1847							
	other fuels purchased for trucks, truck-tractors, and other motor vehicles	5098	7	'	1 1		' '		
4.	Other Operating Expenses								
	a. Cost of Insurance - Premiums for bonding and insurance not included in line 1b	5099			1 1		, ,		
	b. 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							
	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 7								
		ı	7						
		1879							
	CONTINUE WITH 🔞 ON PAGE	O							

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4	OPERATING EXPENSES - Continued					
		Mark "X" if None			2018	
	TOTAL OPERATING EXPENSES	it None	\$ Bil.	Mil.	Thou.	Dol.
	Sum of lines 1a through 4c		,	1 1	1 1	1 1
	and 16 Not Applicable.					
7	REMARKS - Please use this space to explain any significant year-to-year chadata were estimated.	anges, to	clarify	respons	ses, or indica	ate where
	data were estimated.					

Form SA-48500A Page 7 (DRAFT)

Name of persor		this repo	rt <i>(Please i</i>	orint)	Title				
,			,	,	-				
	Area code	Number		Extension		Area code	umber		
Telephone		-			Fax			-	1 1
E-mail address				Website address					

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT. We suggest you keep a copy for your records.

SERVI U.S. DE Economi U.S. CE FORM

SERVICE ANNUAL SURVEY U.S. DEPARTMENT OF COMMERCE

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

SA-48500E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as -

	\$ E	3il.		Mil.		T	hοι	ı.		Dol.	
>		1	0	3	0	2	8	0	4	5	6

nclude

- 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.

1	A.	IV	IA	IL	ING	ADDRES

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



orm SA-	48500E (DRAFT)			Page 3					
4 REP	ORTING PERIOD								
NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal year that includes at least six months of data for the 2018 calendar year.									
Wha	t time period is covered by the data provided in this report?		2018						
		1	Beginning Date						
	Calendar year	Month	Day	Year					
0006									
	Fiscal or partial year - Report beginning and ending dates	7							

Not Applicable.

SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

- Report gross billings, **except** where noted elsewhere on the form.
- Dues and assessments from members and affiliates.
- 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.
- Revenues from electronic sources.

Exclude:

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

		Mark "X"				
		if None	\$ Bil.	Mil.	Thou.	Dol.
ı.	Transit and Ground Passenger Transportation Revenue					
	a. Long-distance, fixed-route passenger transportation by road					
	b. Local, fixed-route passenger transportation by road and transit rail					
	c. Long-distance, passenger transportation by road, except fixed-route					
	d. Local passenger transportation by road, except fixed-route 5628					
2.	All other operating revenue - Revenue not reported in lines 1a through 1d. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below					
	1799					
3.	TOTAL OPERATING REVENUE Sum of lines 1a through 2					
7	Not Applicable.					

Ending Date

Year

Month Day

Form SA-48500E (DRAFT) Page 4

									_
REVEN	UES	FROM ELECTRONIC SOURCES							
A. Did mol	this oile a	firm have any revenues from customers er applications in 2018?	tering	orders d	lirectly on	the firm	's website:	s or	
0040		Yes							
		No							
B. Did mol	this	firm have any revenues from customers en applications in 2018?	tering	orders d	lirectly on	third-pai	rty website	es or	
0041		Yes							
		No							
C. Did (suc	this h as	firm have any revenues from customers er private networks, dedicated lines, etc.) in	tering 2018?	orders v	ia any otl	ner electr	onic syste	ms	
0042		Yes							
		No							
D. Of t	he to	otal 2018 revenues reported in ① ,		:	2018			2018	
that	t was	s from the revenues identified in	\$ Bil.	Mil.	Thou.	Dol.		Percent	
							OR ₂₅₀₁		%
	A. Did mol	A. Did this mobile a O0040 B. Did this mobile a O0041 C. Did this (such as O0042 D. Of the to what was A-C abo	mobile applications in 2018? Yes No B. Did this firm have any revenues from customers er mobile applications in 2018? Yes No C. Did this firm have any revenues from customers er (such as private networks, dedicated lines, etc.) in	A. Did this firm have any revenues from customers entering mobile applications in 2018? Yes No B. Did this firm have any revenues from customers entering mobile applications in 2018? Yes No C. Did this firm have any revenues from customers entering (such as private networks, dedicated lines, etc.) in 2018? Yes No D. Of the total 2018 revenues reported in ③, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if	A. Did this firm have any revenues from customers entering orders of mobile applications in 2018? Yes No B. Did this firm have any revenues from customers entering orders of mobile applications in 2018? Yes No C. Did this firm have any revenues from customers entering orders of (such as private networks, dedicated lines, etc.) in 2018? Yes No D. Of the total 2018 revenues reported in 6, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if	A. Did this firm have any revenues from customers entering orders directly on mobile applications in 2018? Yes No B. Did this firm have any revenues from customers entering orders directly on mobile applications in 2018? Yes No C. Did this firm have any revenues from customers entering orders via any oth (such as private networks, dedicated lines, etc.) in 2018? Yes No D. Of the total 2018 revenues reported in 6, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if	A. Did this firm have any revenues from customers entering orders directly on the firm mobile applications in 2018? Yes	A. Did this firm have any revenues from customers entering orders directly on the firm's websited mobile applications in 2018? Yes No B. Did this firm have any revenues from customers entering orders directly on third-party websited mobile applications in 2018? Yes No C. Did this firm have any revenues from customers entering orders via any other electronic system (such as private networks, dedicated lines, etc.) in 2018? Yes No D. Of the total 2018 revenues reported in ③, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if	A. Did this firm have any revenues from customers entering orders directly on the firm's websites or mobile applications in 2018? Yes

9-13 Not App	plicable.
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14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.



14	OPERATING EXPENSES - Continued							
		Mark '						
_	Parameter Control	if Nor	ne \$	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 . 1	1821						
	• •	1822						
		1823						
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3b, the cost of motor fuels in line 3d, and leased and rented equipment in line 4c	1860			1 1			
3.	Expensed Purchased Services							
	·	5097			1 1	1 1		
	b. 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			1 1			
	c. Purchased repairs and maintenance to transportation equipment - Expensed repair and maintenance services to motor vehicles, vessels, aircraft, and other transportation equipment. Exclude materials, parts, and supplies used for repairs and maintenance performed by this firm's employees	1847			1 1		1 1	
	d. Purchased fuels for transportation equipment - Gasoline and other fuels purchased for trucks, truck-tractors, and other motor vehicles	5098						
4.	Other Operating Expenses							
		5099						
	b. 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			1 1			
	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							
		1879						
	CONTINUE WITH 14 ON PAGE (6						

Form	SA-48500E	(DRAFT)
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Page 6

14	OPERATING EXPENSES - Continued					
		Mark "X"		2	2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
5.	TOTAL OPERATING EXPENSES					
	Sum of lines 1a through 4c			1 1	1 1	1 1

15 and 16 Not Applicable.

D

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data were e	stimated.									

Form SA-48500E (DRAFT) Page 7

CONTACT IN						ı			
Name of person	to contact	regarding	this report (H	Please p	rint)	Title			
	Area code		Number		Extension		Area code	Number	
Telephone			-			Fax		-	
E-mail address						Website address			

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

We suggest you keep a copy for your records.

SERVICE ANNUAL SURVEY

2018 ANNUAL SERVICES REPORT

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

Due Date	(DRAFT)
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://www.census.gov/programs-	
surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States	
Code (U.S.C.), Sections 131 and 182 authorizes this collection.	
Sections 224 and 225 require your response. The U.S. Census Bureau	
is required by Section 9 of the same law to keep your information	
CONFIDENTIAL and can use your responses only to produce statistics.	
The Census Bureau is not permitted to publicly release your responses	
in a way that could identify your business, organization, or institution.	
Per the Federal Cybersecurity Enhancement Act of 2015, your data	
are protected from cybersecurity	
risks through screening of the systems that transmit your data. This collection has been approved	
by the Office of Management and Budget (OMB). The eight-digit OMB	
approval number is 0607-0422 and	
appears at the upper right of this page. Without this approval, we	
could not conduct this survey.	
INTERNET REPORTING - Thi https://portal.census.gov	s survey should be completed online at:
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Authentication Code:	To view Survey Results:
	https://www.census.gov/programs-surveys/sas.html
	OFNERAL INCTRUCTIONS
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. –	n this firm's operations should be noted in ① . or acquired in 2018, report data only for the period the establishments were operated by
this firm.	
The state of the s	e if book figures are not available.
 Enter "0" where applical Do not combine data for 	ole. r two or more detailed lines.
	al basis, except for payroll. \$ Bil. Mil. Thou. Dol.
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Include: • Data for all Services est	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and
Include: • Data for all Services est Construction operations • Data for auxiliary faciliti	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and) as defined by the survey coverage in B. es primarily engaged in supporting services to those establishment(s) such as warehouses,
Include: • Data for all Services est Construction operations • Data for auxiliary faciliti	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and) as defined by the survey coverage in 1 B.
Include: • Data for all Services est Construction operations • Data for auxiliary faciliti	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and) as defined by the survey coverage in B. es primarily engaged in supporting services to those establishment(s) such as warehouses,
Include: • Data for all Services est Construction operations • Data for auxiliary faciliti garages, central adminis	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and) as defined by the survey coverage in ①B. es primarily engaged in supporting services to those establishment(s) such as warehouses, strative offices, and repair services.
Include: • Data for all Services est Construction operations • Data for auxiliary faciliti garages, central adminis 1 A. MAILING ADDRESS Is this firm's name and	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and) as defined by the survey coverage in B. es primarily engaged in supporting services to those establishment(s) such as warehouses,
Include: • Data for all Services est Construction operations • Data for auxiliary faciliti garages, central adminis	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and) as defined by the survey coverage in ①B. es primarily engaged in supporting services to those establishment(s) such as warehouses, strative offices, and repair services.
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Forn	n 5/	4-4861	UA (DRAFT)																				Р	age 2
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		Address	(Number and s	street, F	P.O. Bo	ox, et	etc.)																	
		City, tow	vn, village, etc.														State	ZIP C	ode					
																					-			

NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal year that includes at least months of data for the 2018 calendar year. What time period is covered by the data provided in this report? Calendar year Cooss Fiscal or partial year - Report beginning and ending dates	orm	SA-48610A (DRAFT)					Pag
What time period is covered by the data provided in this report? Calendar year	4	REPORTING PERIOD					
What time period is covered by the data provided in this report? Calendar year	_	NOTE: Calendar year data are preferred. If they are unavailable, please repo	ort for the	e fiscal ye	ear that i	ncludes	at least si
Calendar year Fiscal or partial year - Report beginning and ending dates		·				201	18
Not Applicable. SALES, RECEIPTS, OR REVENUE What were the revenues for this firm in 2018? Include: • Report gross billings, except where noted elsewhere on the form. • Dues and assessments from members and affiliates. • 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. • Revenue from services performed by domestic locations of foreign parent firms, subsidiaries, branches, etc. • Revenue from devenue 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). **Pipeline Transportation Revenue** a. Transportation of bulk crude oil by pipeline		possession and another procession and suppose					
Fiscal or partial year - Report beginning and ending dates					Month	Day	Year
Not Applicable. SALES, RECEIPTS, OR REVENUE What were the revenues for this firm in 2018? Include: Report gross billings, except where noted elsewhere on the form. Dues and assessments from members and affiliates. 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. Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federal tax agency. 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). Pipeline Transportation Revenue Transportation of bulk crude oil by pipeline Transportation of bulk crude oil by pipeline Transportation of refined petroleum products (including ethylene and other petrochemicals) by pipeline Mark 'X' 2018				000	,	'	
Not Applicable. SALES, RECEIPTS, OR REVENUE What were the revenues for this firm in 2018? Include: Report gross billings, except where noted elsewhere on the form. Dues and assessments from members and affiliates 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 Revenues from electronic sources Exclude: - Transfers made within the company Taxes collected directly from customers or clients and paid directly to a local, state, or federal tax agency 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). - Pipeline Transportation Revenue - Transportation of bulk natural gas and liquefied natural gas by pipeline - 5850 - District of Columbia, U.S Transportation of bulk crude oil by pipeline - 5851 - District of Columbia, U.S Commonwealth Territories, or U.S. possessions). - Pipeline Transportation of bulk crude oil by pipeline - 5850 - District of Columbia, U.S Sesso - District of Columbia, U.S Transportation of bulk natural gas and liquefied natural gas - Sesso - District of Columbia, U.S District		1 iscar or partial year - neport beginning and ending dates		000	'	Ending	Date
SALES, RECEIPTS, OR REVENUE What were the revenues for this firm in 2018? Include: Report gross billings, except where noted elsewhere on the form. Dues and assessments from members and affiliates. 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. Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federal tax agency. 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). Mark 'X' 2018 If None Pipeline Transportation Revenue a. Transportation of bulk natural gas and liquefied natural gas by pipeline b. Transportation of bulk crude oil by pipeline c. Transportation of refined petroleum products (including ethylene and other petrochemicals) by pipeline 5653 All other operating revenue - Revenue not reported in lines 1a through 1d. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7 TOTAL OPERATING REVENUE Sum of lines 1a through 2					Month		Year
SALES, RECEIPTS, OR REVENUE What were the revenues for this firm in 2018? Include: Report gross billings, except where noted elsewhere on the form. Dues and assessments from members and affiliates. 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. Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federal tax agency. 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). Mark 'X' 2018 If None Pipeline Transportation Revenue a. Transportation of bulk natural gas and liquefied natural gas by pipeline b. Transportation of bulk crude oil by pipeline c. Transportation of refined petroleum products (including ethylene and other petrochemicals) by pipeline 5653 All other operating revenue - Revenue not reported in lines 1a through 1d. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7 TOTAL OPERATING REVENUE Sum of lines 1a through 2							
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Commonwealth Territories, or U.S. possessions). Mark "X"		· · · · · · · · · · · · · · · · · · ·	de de FO	_			
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Pipeline Transportation Revenue a. Transportation of bulk natural gas and liquefied natural gas by pipeline		Commonwealth Territories, or U.S. possessions).	de the 50	states, D	istrict of	f Columb	oia, U.S.
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b. Transportation of bulk crude oil by pipeline		Commonwealth Territories, or U.S. possessions).	Mark "X"		2	2018	
b. Transportation of bulk crude oil by pipeline		Pipeline Transportation Revenue	Mark "X"		2	2018	
c. Transportation of refined petroleum products (including ethylene and other petrochemicals) by pipeline		Pipeline Transportation Revenue a. Transportation of bulk natural gas and liquefied natural gas	Mark "X"		2	2018	
d. Transportation of other bulk liquids and gases by pipeline		Pipeline Transportation Revenue a. Transportation of bulk natural gas and liquefied natural gas	Mark "X"		2	2018	
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All other operating revenue - Revenue not reported in lines 1a through 1d. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7 TOTAL OPERATING REVENUE Sum of lines 1a through 2 1800		Pipeline Transportation Revenue a. Transportation of bulk natural gas and liquefied natural gas by pipeline	Mark "X" if None		2	2018	
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TOTAL OPERATING REVENUE Sum of lines 1a through 2	ı. 2.	Pipeline Transportation Revenue a. Transportation of bulk natural gas and liquefied natural gas by pipeline	Mark "X" if None		2	2018	
TOTAL OPERATING REVENUE Sum of lines 1a through 2		Pipeline Transportation Revenue a. Transportation of bulk natural gas and liquefied natural gas by pipeline	Mark "X" if None		2	2018	ı
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TOTAL OPERATING REVENUE Sum of lines 1a through 2		Pipeline Transportation Revenue a. Transportation of bulk natural gas and liquefied natural gas by pipeline	Mark "X" if None		2	2018	ı
Sum of lines 1a through 2		Pipeline Transportation Revenue a. Transportation of bulk natural gas and liquefied natural gas by pipeline	Mark "X" if None		2	2018	
		Pipeline Transportation Revenue a. Transportation of bulk natural gas and liquefied natural gas by pipeline	Mark "X" if None		2	2018	
Not Applicable.		Pipeline Transportation Revenue a. Transportation of bulk natural gas and liquefied natural gas by pipeline	Mark "X" if None		2	2018	
	·-	Pipeline Transportation Revenue a. Transportation of bulk natural gas and liquefied natural gas by pipeline	Mark "X" if None		2	2018	
		Pipeline Transportation Revenue a. Transportation of bulk natural gas and liquefied natural gas by pipeline	Mark "X" if None		2	2018	ı
		Pipeline Transportation Revenue a. Transportation of bulk natural gas and liquefied natural gas by pipeline	Mark "X" if None		2	2018	ı
		Pipeline Transportation Revenue a. Transportation of bulk natural gas and liquefied natural gas by pipeline	Mark "X" if None		2	2018	ı
		Pipeline Transportation Revenue a. Transportation of bulk natural gas and liquefied natural gas by pipeline	Mark "X" if None		2	2018	
		Pipeline Transportation Revenue a. Transportation of bulk natural gas and liquefied natural gas by pipeline	Mark "X" if None		2	2018	
		Pipeline Transportation Revenue a. Transportation of bulk natural gas and liquefied natural gas by pipeline	Mark "X" if None		2	2018	

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RE	VEN	UES	FROM ELECTRONIC SOURCES						
A.				ntering orders d	irectly on	the firm'	s websites	s or	
	0040		Yes						
			No						
В.	Did mob	this	firm have any revenues from customers er applications in 2018?	ntering orders d	irectly on	third-par	ty website	es or	
	0041		Yes						
			No						
C.					ia any oth	ner electro	onic syste	ms	
	0042		Yes						
			No						
D.				2	2018		[2018	
	that	wa	s from the revenues identified in	\$ Bil. Mil.	Thou.	Dol.			
							OR ₂₅₀₁		%
	A. B.	A. Did mob	A. Did this mobile a way a A-C abo	mobile applications in 2018? Yes No B. Did this firm have any revenues from customers er mobile applications in 2018? Yes No C. Did this firm have any revenues from customers er (such as private networks, dedicated lines, etc.) in Yes	A. Did this firm have any revenues from customers entering orders demobile applications in 2018? Yes	A. Did this firm have any revenues from customers entering orders directly on mobile applications in 2018? Yes No B. Did this firm have any revenues from customers entering orders directly on mobile applications in 2018? Yes No C. Did this firm have any revenues from customers entering orders via any oth (such as private networks, dedicated lines, etc.) in 2018? Yes No D. Of the total 2018 revenues reported in 3, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if	A. Did this firm have any revenues from customers entering orders directly on the firm mobile applications in 2018? Yes No B. Did this firm have any revenues from customers entering orders directly on third-par mobile applications in 2018? Yes No C. Did this firm have any revenues from customers entering orders via any other electrosuch as private networks, dedicated lines, etc.) in 2018? Yes No D. Of the total 2018 revenues reported in ③, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if	A. Did this firm have any revenues from customers entering orders directly on the firm's websites mobile applications in 2018? Yes	A. Did this firm have any revenues from customers entering orders directly on the firm's websites or mobile applications in 2018? Yes

9-13 Not App	plicable.
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14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.



14	OPERATING EXPENSES - Continued						
	OI III III III III III III III III III	Ma	rk "X"			2018	
			Vone	\$ 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					1 1
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	1822					
	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					1 1
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3b, the cost of motor fuels in line 3d, and leased and rented equipment in line 4c	1860					
3.	Expensed Purchased Services						
	a. Purchased freight transportation - Contract payments to railroads, airlines, waterborne, and other motor carriers. Report the cost of leased and rented transportation equipment without	5097			1 1		1 1
	b. 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					
	c. Purchased repairs and maintenance to transportation						
	 equipment - Expensed repair and maintenance services to motor vehicles, vessels, aircraft, and other transportation equipment. Exclude materials, parts, and supplies used for repairs and maintenance performed by this firm's employees d. Purchased fuels for transportation equipment - Gasoline and 	1847					
	other fuels purchased for trucks, truck-tractors, and other motor vehicles	5098					
4.	Other Operating Expenses						
	a. Cost of Insurance - Premiums for bonding and insurance not included in line 1b	5099					
	b. 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					1 1
	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 7		,				
					1		
	CONTINUE WITH 🔞 ON PAGE	1879					
	CONTINUE WITH 10 ON PAGE	O					

OPERATING EXPENSES - Continued Mark "X" if None TOTAL OPERATING EXPENSES Sum of lines 1a through 4c	\$ Bil.	Mil.	2018	
if None TOTAL OPERATING EXPENSES Sum of lines 1a through 4c	\$ Bil.	Mil.	2010	
TOTAL OPERATING EXPENSES Sum of lines 1a through 4c			Thou.	Dol.
and 16 Not Applicable.				
data were estimated.	clarify	y respons	ses, or indic	ate wh
data were estimated.				

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

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

We suggest you keep a copy for your records.

SERVICE ANNUAL SURVEY

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

SA-48610E

2018 ANNUAL SERVICES REPORT

(DRAFT) **Due Date** 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 ①.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

	\$ E	3il.	Mil.			Thou.		Thou.			Dol.	
→		1	0	3	0	2	8	0	4	5	6	

- 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.

1	A.	MA
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ILING 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



B. SURVEY C					
	VERAGE				
Did this fir	n provide the business activities described bel	ow?			
Ye					
0001					
□ No	- Specify this firm's business activity				
000:					
EDERAL EMP	LOYER IDENTIFICATION NUMBER (EIN)				
	report payroll under EIN				
□ Var					
Yes Yes			FINL (O	-1* - *t - \	
	nter current 9-digit EIN AND date payroll was first		EIN (9	digits)	T 1 1
	eported for this EIN		,	-	
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				IVIOITIII Day	rear
			0088		
DC ANIZATIO	NAL CHANCE		0088		
	NAL CHANGE			102	
	NAL CHANGE n experience any acquisitions, sales, mergers,	and/or divestitures		18?	
A. Did this fir	n experience any acquisitions, sales, mergers,	and/or divestitures		18?	
A. Did this fir	n experience any acquisitions, sales, mergers,	and/or divestitures		18?	
A. Did this fir	n experience any acquisitions, sales, mergers,	and/or divestitures		18?	
A. Did this fir	n experience any acquisitions, sales, mergers,			18?	
A. Did this fir	n experience any acquisitions, sales, mergers, - Go to 4	n 2018?	in 201		in in ① .
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REPORTING PERIOD				
NOTE: Calendar year data are preferred. If they are unavailable, months of data for the 2018 calendar year.	, please report for the fiscal yea	ır that iı	ncludes	at least si
What time period is covered by the data provided in this	report?		201	8
		Е	Beginnin	g Date
Calendar year		Month	Day	Year
0006		'	1	1 1 1
Fiscal or partial year - Report beginning and ending do	ates			
		B.4	Ending	
		Month	Day	Year
	8000			
Not Applicable.				
SALES, RECEIPTS, OR REVENUE				
What were the revenues for this firm in 2018?				
Include:				
 Report gross billings, except where noted elsewhere on the f 	form.			
• Dues and assessments from members and affiliates.				
Amounts received for work subcontracted to others.				
• For locations that were sold or acquired during a year, only re	eport for the periods that this fir	rm oper	ated the	Э
locations.	spect for the periods that the m			
		, brancl	nes, etc.	
locations. • Revenue from services performed by domestic locations of fo		, brancl	nes, etc.	
locations. Revenue from services performed by domestic locations of fo Revenues from electronic sources. Exclude: Transfers made within the company.	reign parent firms, subsidiaries			
locations. Revenue from services performed by domestic locations of fo Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly from customers.	reign parent firms, subsidiaries	ıl tax aç	jency.	
locations. Revenue from services performed by domestic locations of foe Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly from and revenue of separately operated departments,	reign parent firms, subsidiaries	ıl tax aç	jency.	
locations. Revenue from services performed by domestic locations of fo Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid die Rents from and revenue of separately operated departments, Commissions from vending machine operators.	reign parent firms, subsidiaries rectly to a local, state, or federa concessions, etc., which are lea	al tax aç esed to	gency. others.	
locations. Revenue from services performed by domestic locations of foe Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly from and revenue of separately operated departments,	reign parent firms, subsidiaries rectly to a local, state, or federa concessions, etc., which are lea	al tax aç esed to	gency. others.	
locations. Revenue from services performed by domestic locations of fo Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly from and revenue of separately operated departments, Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S.)	reign parent firms, subsidiaries rectly to a local, state, or federa concessions, etc., which are lea	al tax ag used to strict of	gency. others.	

		Mark "X"		2	018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
	Pipeline Transportation Revenue					
	a. Transportation of bulk natural gas and liquefied natural gas by pipeline					
	b. Transportation of bulk crude oil by pipeline 5651					
	c. Transportation of refined petroleum products (including ethylene and other petrochemicals) by pipeline 5652					
	d. Transportation of other bulk liquids and gases by pipeline . 5653					
2.	All other operating revenue - Revenue not reported in lines 1a through 1d. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7					
	1799					
3.	TOTAL OPERATING REVENUE Sum of lines 1a through 2					
7	Not Applicable.			,		

Form SA-48610E (DRAFT) Page 4

0111		7 700		L (BRAFI)							490
8	RE	VENU	ES	FROM ELECTRONIC SOURCES							
	A.			firm have any revenues from customers e pplications in 2018?	ntering	orders d	irectly or	the firm	's website:	s or	
		0040		Yes							
		[No							
	В.			firm have any revenues from customers e pplications in 2018?	ntering	orders d	irectly or	third-pa	rty website	es or	
		0041		Yes							
		[No							
	C.			firm have any revenues from customers e private networks, dedicated lines, etc.) in			ia any otl	ner electr	onic syste	ms	
		0042		Yes							
		[No							
	D.	Of th	e to	tal 2018 revenues reported in 6 ,			2018		l I	2018	
		what	wa	s the dollar amount (or percentage)	\$ Bil.	Mil.	Thou.	Dol.		Percen	
				from the revenues identified in	φ DII.	IVIII.	Tilou.	DOI.		reicen	L
				re? Please provide an estimate if ures are not available.					OR ₂₅₀₁	l , ,	%

9-13	Not Applicable.
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14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

14	OPERATING EXPENSES - Continued						
		Mark	"X"		:	2018	
		if No		\$ 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			1 1		
	• •	1822					
		1823] [1 1
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3b, the cost of motor fuels in line 3d, and leased and rented equipment in line 4c	1860			1 1		1 1
3.	Expensed Purchased Services		_				
	a. Purchased freight transportation - Contract payments to railroads, airlines, waterborne, and other motor carriers. Report the cost of leased and rented transportation equipment without operators in line . Report travel expenses in line 4c	5097					1 1
	b. 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					
	c. Purchased repairs and maintenance to transportation equipment - Expensed repair and maintenance services to motor vehicles, vessels, aircraft, and other transportation equipment. Exclude materials, parts, and supplies used for repairs and maintenance performed by this firm's employees	1847					
	d. Purchased fuels for transportation equipment - Gasoline and other fuels purchased for trucks, truck-tractors, and other motor						
	vehicles	5098					
4.	Other Operating Expenses		г				
	a. Cost of Insurance - Premiums for bonding and insurance not included in line 1b	5099			1 1		
	b. 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					
	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 7						
		1879					
	CONTINUE WITH 10 ON PAGE	В					

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14	OPERATING EXPENSES - Continued					
		Mark "X"		2	2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
5.	TOTAL OPERATING EXPENSES					
	Sum of lines 1a through 4c					
15	and 16 Not Applicable.					
T	REMARKS - Please use this space to explain any significant year-to-year of	hanges, to	clarify	/ response	s, or indic	ate where

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

Form SA-48610E (DRAFT) Page 7

18	CONTACT IN	FORMATI	ON						
	Name of persor	to contact	regarding	this report (Please p	rint)	Title			
		Area code		Number	Extension		Area code	Number	
	Telephone			-		Fax		-	
	E-mail address					Website address			

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

We suggest you keep a copy for your records.

SERVICE ANNUAL SURVEY

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

2018 ANNUAL SERVICES REPORT

FORM SA-49000A	(DRAFT)
Due Date	
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://www.census.gov/programs- surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.	
This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.	
	s survey should be completed online at:
Authentication Code:	To view Survey Results: https://www.census.gov/programs-surveys/sas.html
	GENERAL INSTRUCTIONS
 Any significant change i 	n this firm's operations should be noted in 🕡.
 For establishments sold this firm. 	or acquired in 2018, report data only for the period the establishments were operated by

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

	\$ E	3il.		Mil.		Т	'nοι	ı.	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) as defined by the survey coverage in ①B.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

1	A. MA	ILIN	G ADDRESS
	ls th	is fi	rm's name and mailing address the same as shown in the mailing address above?
	0035		Yes
	0000		No - Enter corrections in the mailing address above

UIII	ı ə	4-4900	JUA	(DRAFT)															Page 2
1	B.	SURVE	EY COV	/ERAGE															
		Did th	is firm	provide	the bus	iness	activ	vities	desci	ribed l	below?								
			Yes																
		0001	No -	Specify to	his firm's	s husir	ness a	activity	v 7										
				Opcomy to		o buon	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,01,711	, k										
			0002																
2	No	t Applic	able.																
3	OR	GANIZ	ATION	AL CHA	NGE														
	A.	Did th	is firm	experier	nce any	acqui	isitio	ns, sa	ales, n	nerge	rs, and	or dive	estitur	es in 2	018?				
			Yes																
		0016	No -	Go to 4															
				_								403							
	В.			following apply. If i									g the re	porting	g perio	od, e.	xplair	in 🕡.	
							Ü			Ü		·			Mon		Day	Yea	r
			Acqu	iisition	Date	of ora	ranizat	tional	l chanc	ne er				0018					
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				ر)														
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		Addres	s (Numb	er and stre	eet, P.O. E	Box, etc	c.)												
													-	-					
		City, to	wn, villa	ge, etc.									State	ZIP C	ode			1 1	-
																	-		

(DRAFT)	Page 3
	(DRAFT)

n	non	ths o	alendar year data are preferred. If they are unavailable, please report for the fiscal year of data for the 2018 calendar year.	r that in		
V	vna	t tir	ne period is covered by the data provided in this report?		20	
				Е	Beginni	ng Date
		ш	Calendar year	Month	Day	Year
00	006					
			Fiscal or partial year - Report beginning and ending dates			
					Ending	g Date
				Month	Day	Year
			8000			

SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

- Report gross billings, **except** where noted elsewhere on the form.
- Dues and assessments from members and affiliates.
- 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.
- Revenues from electronic sources.

Exclude:

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

		2	2018	
	\$ Bil.	Mil.	Thou.	Dol.
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V.		
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Not Applicable.

Form SA-49000A (DRAFT) Page 4

8	REVEN	IUES	FROM ELECTRONIC SOURCES						
			firm have any revenues from customers en applications in 2018?	ntering orders	directly or	n the firm	's website	s or	
	0040		Yes						
			No						
	B. Did mol	this	firm have any revenues from customers en applications in 2018?	ntering orders	directly o	n third-pai	rty websit	es or	
	0041		Yes						
			No						
	C. Did (suc	this h as	firm have any revenues from customers en private networks, dedicated lines, etc.) in	itering orders 2018?	via any ot	her electr	onic syste	ms	
	0042		Yes						
			No						
	D. Of t	he t	otal 2018 revenues reported in 6 ,		2018			2018	
	wha tha	at wa	as the dollar amount (or percentage) s from the revenues identified in	\$ Bil. Mil.	Thou.	Dol.		Percen	nt
	A-C	abo	gures are not available				OR ₂₅₀₁		%

9-13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

	(2.1.1000011 (2.1.1.1)						i aga a
14	OPERATING EXPENSES - Continued						
_			Mark "X"			2018	
			if None	\$ Bil.	Mil.	Thou.	Dol.
1.	Personnel Costs		ı				
	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			1 1		
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.						
	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			1 1		
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b						
3.	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					
4.	Other Operating Expenses						
4.	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					
	b. 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 7		Ī				
		1879		'	1 1		' '
5.	TOTAL OPERATING EXPENSES	1073					
J .	Constitute de de la late	1900					
		.505					
•	and 16 Not Applicable.						

1	REMARKS -	Please use	this snace to	explain any	, significant	vear-to-vear	changes to cla	arify response	s or indicate v	whe
(data were es	timated.	, opuss 10	, oripia a,	o.gou	,	o	, 100,001.00	s, or indicate w	

Telephone

E-mail address

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THAN	THANK VOLL for completing your 2019 ANNITAL SERVICES PEDOPT										

SERVICE ANNUAL SURVEY

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

SA-49000E

2018 ANNUAL SERVICES REPORT

(DRAFT) **Due Date** 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

appears at the upper right of this page. Without this approval, we could not conduct this survey.

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 ①.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

	\$ Bil.			Mil.		T	hοι	١.		Dol.	
*		1	0	3	0	2	8	0	4	5	6

- 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.

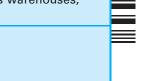
address above

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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



B. SURVEY COVERAGE

Did this firm provide the business activities described below?

orm SA-49000E	(DRAFT)	Page 3
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4	NOT	E: C	FING PERIOD alendar year data are preferred. If they are unavailable, please report for the fiscal yea of data for the 2018 calendar year.	r that ii	ncludes	s at least six
	Wha	at ti	me period is covered by the data provided in this report?		20	18
				Е	Beginni	ng Date
			Calendar year	Month	Day	Year
	0006					
		ш	Fiscal or partial year - Report beginning and ending dates			
					Ending	g Date
				Month	Day	Year
			0008			

5 Not Applicable.

SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

- Report gross billings, **except** where noted elsewhere on the form.
- Dues and assessments from members and affiliates.
- 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.
- Revenues from electronic sources.

Exclude:

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

		2	2018	
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1.	TOTAL OPERATING REVENUE	1 1		

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v	
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Not Applicable.

Orm SA-49000E (DRAFT)						Page
8 REVENUES FROM ELECTRONIC SOURCES						
A. Did this firm have any revenues from customers en mobile applications in 2018?	ntering	orders d	lirectly on	the firm	's website:	s or
□ Yes						
□ No						
B. Did this firm have any revenues from customers en mobile applications in 2018?	ntering	orders d	lirectly on	third-pa	rty website	es or
O041 Yes						
No						
C. Did this firm have any revenues from customers en (such as private networks, dedicated lines, etc.) in			ia any oth	ner electr	onic syste	ms
O042 Yes						
No						
D. Of the total 2018 revenues reported in 6,		:	2018			2018
what was the dollar amount (or percentage) that was from the revenues identified in	\$ Bil.	Mil.	Thou.	Dol.		Percent
A-C above? Please provide an estimate if	'			' '	OB	0/

9	-13	Not Applicable.
		• • • • • • • • • • • • • • • • • • • •

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Transfers made within the company.

exact figures are not available.

- Capitalized expenses.
- Interest.
- · Bad debt.
- Impairment.
- Income tax.
- Expenses 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).

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.



14	OPERATING EXPENSES - Continued						
_		I	Mark "X"			2018	
	Davis and Costs		if None	\$ 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			1 1		1 1
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	. 1822					
	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			1 1		1 1
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b.						
3.	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			1 1		
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						1 1
	b. 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?						
5.	TOTAL OPERATING EXPENSES	1879					++-
<u> </u>	Constitute de de la lactura de de	1900					
15	and 16 Not Applicable.						
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REMARKS - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate data were estimated.	

Name of person to contact regarding this report (Please print)						Title						
	Area code Number			Extension	Fax	Area code	Number	ımher				
Telephone	71100 0000	Trumper Extension		7 11 00 00 00			ramsor					
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E-mail address					Website address							

FORM

SERVICE ANNUAL SURVEY

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

2018 ANNUAL SERVICES REPORT

eted online at:
To view Survey Results:
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https://www.census.gov/programs-surveys/sas.htm
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https://www.census.gov/programs-surveys/sas.htm INSTRUCTIONS uld be noted in ①. data only for the period the establishments were operated by ilable.
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https://www.census.gov/programs-surveys/sas.htm INSTRUCTIONS uld be noted in ①. data only for the period the establishments were operated by ilable. \$ Bil. Mil. Thou. Dol. 1 0 3 0 2 8 0 4 5 6 for Retail, Wholesale, Manufacturing, Mining, and overage in ②B. porting services to those establishment(s) such as warehouses,
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Form SA-51000A (DRAFT) Page 2

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	A.	Did	this	firm	experi	ien	ıce	any a	acq	quis	siti	ions	s, s	sale	s, m	nerg	ers, a	and/	or d	ives	titure	s in	20	18?						
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Form SA-51000A	(DRAFT)	Page 3
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4	REP	ORT	TING PERIOD				
			alendar year data are preferred. If they are unavailable, please report for the fiscal yea of data for the 2018 calendar year.	r th	at ir	ncludes	at least six
	Wha	ıt tir	ne period is covered by the data provided in this report?			20	18
					Е	Beginni	ng Date
			Calendar year	Mo	onth	Day	Year
	0006						
			Fiscal or partial year - Report beginning and ending dates				
						Ending	g Date
				Mo	onth	Day	Year
			0008				

5 Not Applicable.

6 SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

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- Revenue from services performed by domestic locations of foreign parent firms, subsidiaries, branches, etc.
- Revenues from electronic sources.

Exclude:

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- Taxes collected directly from customers or clients and paid directly to a local, state, or federal tax agency.
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- 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).

		2	2018	
	\$ Bil.	Mil.	Thou.	Dol.
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			1 1	' '	'
1.	TOTAL OPERATING REVENUE	1			

7

Not Applicable.

orn	1 5/	N-51000A (DRAFT)						Pa	ige 4
8	RE	VENUES FROM ELECTRONIC	SOURCES						
Ŭ	A.	Did this firm have any reven mobile applications in 2018		ntering orders dir	rectly o	n the firn	n's websit	tes or	
		☐ Yes							
		No							
	В.	Did this firm have any reven mobile applications in 2018		ntering orders dir	rectly o	n third-pa	arty websi	ites or	
		☐ Yes							
		No							
	C.	Did this firm have any reven (such as private networks, d	ues from customers el edicated lines, etc.) in	ntering orders via 2018?	a any of	her elect	ronic syst	tems	
		☐ Yes							
		□ No							
	D.	Of the total 2018 revenues r		20	018		٦	2018	
		what was the dollar amount that was from the revenues		\$ Bil. Mil.	Thou.	Dol.	-	Percent	
		A-C above? Please provide a exact figures are not availab	n estimate if				OR ₂₅₀	1	%
9	Œ	Not Applicable.							
12	IN	/ENTORIES AT END OF YEAI	₹						
	Re	oort inventories at end of year a	t cost or market value us	sing generally acce	pted acc	ounting p	rinciples.		
		lude:			.				
	• 1	ventory held in Foreign Trade 2	Zones or in bond wareho	uses in the United	States.				
	A.	Did this firm own inventorie which you are reporting)?	es, regardless of where	held, at the end	of 201	8 (or the	period for		
		Yes Yes							
		No - Go to 12							
	В.	What was the value of the ir	ventories owned by th	nis firm on			2018		
		December 31 in 2018?	, , , , , , , , , , , , , , , , , , ,			\$ Bil. N	Mil. Th	ou. Dol	l.
		1. Finished goods			1751				
		2. Work-in-process			1752				1
		3. Materials, supplies, fuel,	etc		1753 +				

13 Not Applicable.

4. TOTAL BOOK VALUE

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

- Transfers made within the company.
- Capitalized expenses.
- Interest.
- · Bad debt.
- Impairment.
- Income tax.
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Gross annual payroll

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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.

expenses not reported eisewhere.					
	Mark "X"		2	2018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
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			1 1	1 1	
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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			1 1		1 1
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b					
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					
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 convergits) Fxclude impairment			1 1		

CONTINUE WITH 14 ON PAGE 6

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14	OPERATING EXPENSES - Continued					
		Mark "X"		2	2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
4.	Other Operating Expenses - Continued					
	b. 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 7					
		1879				
5.	TOTAL OPERATING EXPENSES					
	Sum of lines 1a through 4b	. 1900				
15	and 16 Not Applicable.					

Form	SA-51000A	(DRAFT)			I	Page 7
	REMARKS - Pleadata were estimate	ase use this space to explain ated.	any significant year-to-yea	ar changes, to clarify i	responses, or indicate v	vhere

CONTACT II	NFORMATION						
		arding this report (Pla	ease print)	Title			
Name of perso	Area code		ease print) Extension		Area code	Nur	mber
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OF THE

SERVICE ANNUAL SURVEY

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

FORM

SA-51000E

(DRAFT)

2018 ANNUAL SERVICES REPORT

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INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

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	\$ E	Bil. Mil.		Thou.			Dol.				
→		1	0	3	0	2	8	0	4	5	6

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- 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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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



0710	OL (DRAFT)			ruge
B. SURV	EY COVERAGE			
Did tl	is firm provide the business activities described below?			
Г	Yes			
0001	163			
	No - Specify this firm's business activity			
	0002			
EDERA	EMPLOYER IDENTIFICATION NUMBER (EIN)			
	firm report payroll under EIN			
0013	es es	EINI /	0 1: ::)	
	No - Enter current 9-digit EIN AND date payroll was first	EIN (S	9 digits)	1 1 1
	reported for this EIN	5	-	
			Month Day	Year
			Wellin Buy	- Car
		0088		
ORGANI	ATIONAL CHANGE			
	is firm experience any acquisitions, sales, mergers, and/or divestiture	es in 20	018?	
0016	Yes			
	No - <i>Go to</i> 4			
) Whiel	of the following organizational changes occurred in 2018?			
	all that apply. If more than one organizational change occurred during the re	nortina	neriod explain	in D
CHECK	in that apply. If there than one organizational change occurred during the re	porting		
	Acquisition		Month Day	Year
_	Date of organizational change	0018		1 1 1
0091	Sale AND			
	Merger			
_	Enter detailed information below			
L	Divestiture			
0017 N	ame of company	0019 F	IN (9 digits)	
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Addre	s (Number and street, P.O. Box, etc.)			
City, t	wn, village, etc.	ZIP Co	ode	
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Form SA-51000E	(DRAFT)	Page 3	
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4	REP	ORT	TING PERIOD			
			alendar year data are preferred. If they are unavailable, please report for the fiscal yea of data for the 2018 calendar year.	r that i	ncludes	s at least six
	Wha	ıt tir	ne period is covered by the data provided in this report?		20	18
				E	Beginni	ng Date
			Calendar year	Month	Day	Year
	0006					
		ш	Fiscal or partial year - Report beginning and ending dates			
					Ending	g Date
				Month	Day	Year
			0008			

5 Not Applicable.

SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

- Report gross billings, **except** where noted elsewhere on the form.
- Dues and assessments from members and affiliates.
- 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.
- Revenues from electronic sources.

Exclude:

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

		2	2018	
	\$ Bil.	Mil.	Thou.	Dol.
1800				

		1	' '	. ' '
1.	TOTAL OPERATING REVENUE			

7 1	
T	

Not Applicable.

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8	RE	VEN	UES	FROM ELECTRONIC SOURCES				
	A.			firm have any revenues from customers entering orders directly eapplications in 2018?	on the f	firm's w	ebsites	or
		0040		Yes				
				No				
	В.	Did mol	this pile a	firm have any revenues from customers entering orders directly of applications in 2018?	on third	l-party v	vebsites	s or
		0041		Yes				
				No				
	C.	Did (suc	this h as	firm have any revenues from customers entering orders via any of private networks, dedicated lines, etc.) in 2018?	ther el	ectronic	system	IS
		0042		Yes				
				No				
	D.			otal 2018 revenues reported in 6, 2018			Г	2018
		wha	t wa	as the dollar amount (or percentage) s from the revenues identified in \$Bil. Mil. Thou.	Do	l.		Percent
		A-C	abo	ve? Please provide an estimate if gures are not available		OF	2501	%
9-	Œ	No	t Ap	plicable.				
12	IN	VEN.	TOR	IES AT END OF YEAR				
	Re	port	inver	ntories at end of year at cost or market value using generally accepted ac	counting	g princip	les.	
		clude						
	ıl•	nvent	ory	held in Foreign Trade Zones or in bond warehouses in the United States.				
	A.	Did whi	this ch y	firm own inventories, regardless of where held, at the end of 201 ou are reporting)?	18 (or ti	ne perio	d for	
				Yes				
		6043		No - Go to 🖸				
	В.	Wha	at wa	as the value of the inventories owned by this firm on			2018	
		Dec	emb	er 31 in 2018?	\$ Bil.	Mil.	Thou.	Dol.
		1. F	inis	hed goods				
				c-in-process				
		3. I	/late	rials, supplies, fuel, etc	_	1 1		

13	Not Applicable.
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4. TOTAL BOOK VALUE

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

expenses not reported elsewnere.					
	Mark "X"		:	2018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
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			1 1		
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.					
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					1 1
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b					
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					
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 convrigits) Fyclude impairment					

CONTINUE WITH 14 ON PAGE 6

orm SA-51000E	(DRAFT)	Page	∍ 6

14	OPERATING EXPENSES - Continued					
		Mark "X"		2	2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
4.	Other Operating Expenses - Continued					
	b. 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?					
		1879	_			
5.	TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	. 1900				
15	and 16 Not Applicable.					

)	REMARKS - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate wat a were estimated.	he
(lata were estimated.	

Area code

Telephone

E-mail address

Number

Extension

Area code

Fax

Website address

Number



SERVICE ANNUAL SURVEY

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

2018 ANNUAL SERVICES REPORT

SA-51111A (DRAFT) **Due Date** 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey. INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov **Authentication Code:** To view Survey Results: https://www.census.gov/programs-surveys/sas.html

GENERAL INSTRUCTIONS

- Any significant change in this firm's operations should be noted in ①.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

	\$ E	3il.		Mil.		T	hοι	١.		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) as defined by the survey coverage in **1**B.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

1	A. MA	ILIN	G ADDRESS
	ls th	is fii	rm's name and mailing address the same as shown in the mailing address above
	0035		Yes
	0000		No - Enter corrections in the mailing address above

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7

Form SA-51111A (DRAFT)	Page 2
1 B. SURVEY COVERAGE	
Did this firm provide the business activities described below?	
Yes	
0001	
No - Specify this firm's business activity	
0002	
2 Not Applicable.	
3 ORGANIZATIONAL CHANGE	
A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?	
O016 Yes	
□ No - Go to 4	
D. Which of the following experientional changes accounted in 20102	
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain	in 😱
Month Day	Year
Acquisition Military Bay	I Gai
Date of organizational change	
OO91 AND	
☐ Merger Enter detailed information below	
Divestiture	
Dividitare)	
0017 Name of company 0019 EIN (9 digits)	
Address (Number and street, P.O. Box, etc.)	
City, town, village, etc.	

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REPORTING PE	RIOD		t for the	fiscal ve	ear that i	ncludes	at least s		
	year data are preferred. If they are unavailable	nlease renor		TIOUGI VC	Jan Linat I		ar ioust s		
months of data	or the 2018 calendar year.	, piease repor	t ioi tiie	•		nordado ·			
What time peri	od is covered by the data provided in this	report?				201	8		
	Calendar year								
Calend	ar year				Month	Day	Year		
0006									
Fiscal of	r partial year - Report beginning and ending o	lates		000	7				
						Ending	Date		
					Month	Day	Year		
				000	8				
Niat Assilasia									
Not Applicable.									
SALES, RECEIP	TS, OR REVENUE								
•	revenues for this firm in 2018?								
	revenues for tins firm in 2010:								
Include:	Process of the second state of the second stat	C							
	llings, except where noted elsewhere on the	form.							
	sments from members and affiliates.								
	ved for work subcontracted to others.								
	at were sold or acquired during a year, only re	eport for the p	periods t	hat this	firm ope	rated the	9		
locations.		:	c:	المائم					
	services performed by domestic locations of fo	reign parent i	rirms, su	bsidiarie	es, branci	nes, etc.			
	electronic sources.								
Exclude:									
	within the company.								
 Taxes collected 	directly from customers or clients and paid di	irectly to a loc	al, state	, or fede	ral tax aç	gency.			
• Ponto from and	revenue of separately operated departments,								
Themes nom and		concessions,	etc., whi	ich are le	eased to	others.			
	rom vending machine operators.	concessions,	etc., whi	ich are le	eased to	others.			
 Commissions f 	rom vending machine operators. eign subsidiaries (those located outside the U.)						oia. U.S.		
Commissions fRevenue of for	rom vending machine operators. eign subsidiaries (those located outside the U.: n Territories, or U.S. possessions).						oia, U.S.		
Commissions fRevenue of for	eign subsidiaries (those located outside the U.	S., i.e., outside	e the 50		District of	⁻ Columb	oia, U.S.		
Commissions fRevenue of for	eign subsidiaries (those located outside the U.	S., i.e., outside	e the 50 Mark "X"	states, D	istrict of	Columb			
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Form	ı SA	\-51	111	A (DRAFT)		Page 4
8	RE	VEN	UES	FROM ELECTRONIC SOURCES		
				firm have any revenues from customers entering orders directly on the firm's applications in 2018?	website	s or
		0040		Yes		
				No		
	B.	Did mol	this oile	firm have any revenues from customers entering orders directly on third-part applications in 2018?	y website	es or
		0041		Yes		
				No		
	C.	Did (suc	this th as	firm have any revenues from customers entering orders via any other electron private networks, dedicated lines, etc.) in 2018?	nic syste	ms
		0042		Yes		
				No		
	D.	Of t	he t	otal 2018 revenues reported in 6 , 2018		2018
		wha	at w	as the dollar amount (or percentage) s from the revenues identified in \$Bil. Mil. Thou. Dol.		Percent
		A-C	abo	ve? Please provide an estimate if gures are not available	OR ₂₅₀₁	%
0					2501	
9			f Me	F REVENUE		
				ich of the newspaper revenue reported in ⑥, lines 1a and 1b, is received from	tho	2018
	A.	foll	owir	ig categories?	tne	Percent
		1. F	Print	newspapers - Newspapers published on paper	6065	%
		2. (Onlir	e newspapers - Newspapers published online	6066	%
		3. (Othe	r media newspapers - Newspapers published on any physical medium other than or online (e.g., CD-ROM, audiocassette, DVD, microfilm, diskette)	6067 +	%
						100%
	Тур	ре о	f Ad	vertising		
				ich of the newspaper revenue reported in 6, line 1b, is received from the ig categories?		2018 Percent
		1. (Class	sified advertising	6068	%
		2. /	All o	ther advertising	6069 +	100%
100	and	A) No	t Applicable.		
W	anu	U	INO	г Аррисаме.		

orn	SA-51111A (DRAFT)				Page 5					
12	INVENTORIES AT END OF YEAR									
	Report inventories at end of year at cost or market value using generally accepted accounting principles.									
	Include:									
	•Inventory held in Foreign Trade Zones or in bond warehouses in the United States	ı								
	A. Did this firm own inventories, regardless of where held, at the end of 20 which you are reporting)?	18 (or t	he perio	d for						
	Yes Yes									
	No - Go to 🔞									
	B. What was the value of the inventories owned by this firm on			2018						
	December 31 in 2018?	\$ Bil.	Mil.	Thou.	Dol.					
	1. Finished goods									
	2. Work-in-process									
	O Maria Cala an artista final artis		1 1		1 1					
	3. Materials, supplies, fuel, etc									
	4. TOTAL BOOK VALUE Sum of lines 1 through 3	'	1 1		' '					
_	Sum of lines 1 through 3									
13	EXPORT REVENUE									
	An exported service is a service performed for a customer or client (individual, gove establishment, etc.) located outside the United States (i.e., outside the 50 States, Dis Commonwealth Territories, or U.S. possessions).									
	Include:									
	• Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent									
	 Revenue from the sale of personal, business, or mainframe computer software to outside the United States. 	lients a	nd custor	ners locate	ed					
	Exclude:									
	• Services provided to domestic subsidiaries of foreign firms.									
	A. Did the revenue reported in 6 include any revenue from exports?									
	Yes									
	0009									
	No - Go to 14									

0009	Ш	Yes
		No - Go to 🕰

		2	2018	
	\$ Bil.	Mil.	Thou.	Dol.
0		1 1	1 1	1 1



14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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"	2018		2018	
	if None	\$ Bil.	Mil.	Thou.	Dol
ersonnel Costs					
. 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 . 182	1 🗆		1 1		
Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions	2				
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	3				
expensed equipment, materials, parts, and supplies (not for esale) - Include expensed computer hardware and other equipment e.g., copiers, fax machines, telephones, shop and lab equipment, PUs, monitors). Include materials and supplies used in providing ervices to others; materials and parts used in repairs; office and initorial supplies; small tools; containers and other packaging exterials; and motor fuels. Report packaged software in line 3a and eased and rented equipment in line 4b	0				
xpensed Purchased Services					
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 182	6		1 1		
Purchased printing services - Purchased or contracted printing services	3				

Other Operating Expenses a. Depraciation and amortization charges - Include depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm tangible assets to the control of the control o	m SA-51111A (draft)					Page
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	OPERATING EXPENSES - Continued					
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		Mark	"X"		2018	
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		if No		. Mil.		. Dol.
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	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 7 TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	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					
TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	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					
TOTAL OPERATING EXPENSES Sum of lines 1a through 4b		1879				
	TOTAL OPERATING EXPENSES					
and (1) Not Applicable.	Sum of lines 1a through 4b	1900		1 1		

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	REMARKS - Please use data were estimated.	ина зрасс	to explain a	my significant	year to year criar	igos, to clarity re	,3p011303, 01 111	idiodic Wilero
)	CONTACT INFORMAT	ION						
	Name of person to contact		his report <i>(Ple</i>	ease print)	Title			
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	E-mail address				Website addre	ess		



2018 ANNUAL SERVICES REPORT

FORM	
SA-51111E	(DRAFT

Due Date			
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://www.census.gov/programs-			
surveys/sas/information.html			
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.			
INTERNET REPORTING - This https://portal.census.gov	survey should be completed onlin	e at:	
Authentication Code:		To view	Survey Results:
		https://www.census.g	gov/programs-surveys/sas.htr
	GENERAL INSTRUC		
Throughout this survey, a area or the new EIN that v include data for the EIN re	ny reference to "this firm" is referring vas provided as a response in ② . Any ferenced.	to the EIN that is printed in responses related to "this f	in the mailing address irm" should only
	n this firm's operations should be note		
 For establishments sold this firm. 	or acquired in 2018, report data only fo	or the period the establishr	ments were operated by
	if book figures are not available.		
• Enter "0" where applicat	two or more detailed lines.		
	al basis, except for payroll.	A D	
• Figures should be round		\$ Bil. Mil. Thou.	Dol.
_	56 it should be reported as	1030280	456
Include:			
 Data for all Services esta 	blishments (excluding data for Retail,	Wholesale, Manufacturing,	Mining, and
	operating under the EIN printed in the		-1/-\1-
	es primarily engaged in supporting ser trative offices, and repair services.	vices to those establishme	nt(s) such as warehouses,
1 A. MAILING ADDRESS			
	mailing address the same as shown i	n the mailing address abov	/e?
☐ Yes		addiood door	
0035	rrections in the mailing address above		

. SURVET C	OVERAGE								
Did this fir	m provide 1	the business a	activities descri	bed below?					
0001 Ye	S								
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0002	2								
EDERAL EMF	PLOYER IDE	ENTIFICATION	I NUMBER (EIN)						
oes this firm	report pay	roll under EIN	V						
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Form	SA-51111E (DRAFT)						Page 3
4	REPORTING PERIOD						
	NOTE: Calendar year data are preferred. If they are unavailable, please months of data for the 2018 calendar year.	e repor	t for the	fiscal yea	r that ir	cludes	at least six
	What time period is covered by the data provided in this report	:?				201	
	Calendar year				Month	eginnin Day	g Date Year
	0006				IVIOITLII	Day	rear
	Fiscal or partial year - Report beginning and ending dates .			0007			_
					Month	Ending Day	Date Year
					WOTEH	Day	i cai
				8000			
5	Not Applicable.						
6	SALES, RECEIPTS, OR REVENUE						
	What were the revenues for this firm in 2018?						
	Include:						
	 Report gross billings, except where noted elsewhere on the form. Dues and assessments from members and affiliates. 						
	Amounts received for work subcontracted to others.						
	• For locations that were sold or acquired during a year, only report for	or the p	eriods t	hat this fi	rm oper	ated the)
	 locations. Revenue from services performed by domestic locations of foreign p 	parent f	firms, su	bsidiaries	. branch	ies, etc.	
	• Revenues from electronic sources.				, 2.0	,	
	Exclude:						
	• Transfers made within the company.		al atata	ou fodouc		0001	
	 Taxes collected directly from customers or clients and paid directly t Rents from and revenue of separately operated departments, conces 				_		
	Commissions from vending machine operators.	,0,0,1,0,	0.01,	.011 410 100		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	 Revenue of foreign subsidiaries (those located outside the U.S., i.e., Commonwealth Territories, or U.S. possessions). 	outside	e the 50	states, Di	strict of	Columb	oia, U.S.
	Commonwealth Territories, or O.S. possessions).					040	
		,	Mark "X" if None	\$ Bil.	Mil.	018 Thou.	Dol.
1.	Newspapers (General and Specialized)						
	a. Subscriptions and sales - Subscriptions and sales of newspapers consisting of multiple topics with the intent of appealing to a broad audience. Include community newspapers						
	and subscriptions and sales of newspapers focusing on a single topic or theme that is of special interest to a select audience	. 6070					
	b. Advertising space - Advertising from newspapers consisting of multiple topics with the intent of appealing to a broad audience. Include community newspapers and advertising from						
	newspapers focusing on a single topic or theme that is of special interest to a select audience	0074					
2.	Other Operating Revenue	60/1					
	a. Printing services for others - Printing publications of any						
	type for others (e.g., books, magazines, newspapers, journals, brochures, pamphlets, posters, calendars)	. 6001					
	b. Distribution services - The distribution of materials owned by	. 6001					
	others (e.g., flyers, inserts, samples) on a contractual basis	6002	Ш				
	c. All other operating revenue - Revenue not reported in lines 1a through 2b. If this item is greater than 20% of the total operating revenue, specify the primary source of the						
	revenue below 7						
						1 1	
		1799					
3.	TOTAL OPERATING REVENUE						
		. 1800					
V	Not Applicable.						

8	A. Di	d this	S FROM ELECTRONI s firm have any reve applications in 201	enues from customers e	ntering	j orders d	lirectly or	the firm	's website	s or
			Yes	-						
	004	0								
	_		No							
			s firm have any reve applications in 201	enues from customers e 8?	ntering	j orders d	lirectly or	ı third-paı	rty websit	es or
	004	1	Yes							
			No							
	C. Di	d this uch a	s firm have any reve s private networks,	enues from customers e dedicated lines, etc.) in	ntering 2018?	orders v	ia any otl	ner electr	onic syste	ms
	004	2	Yes							
			No							
	D. O	the t	total 2018 revenues	reported in 6 ,			2018			2018
	th	at wa	as the dollar amour is from the revenue	s identified in	\$ Bil.	Mil.	Thou.	Dol.		Percent
	A. ex	C aboact fi	ove? Please provide gures are not availa	an estimate if				1 1	OR ₂₅₀₁	9
9	soul	RCE C	F REVENUE							
	Туре	of M	edia							
	A. Ho	ow m Ilowi	uch of the newspap ng categories?	er revenue reported in), lines	s 1a and	1b, is rece	eived fron	n the	2018 Percent
	1.	Prin	t newspapers - News	spapers published on pape	er				6065	9/
	2.	Onli	ne newspapers - Ne	wspapers published online					6066	9
	3.	Othe	er media newspaper r or online (e.g., CD-R	rs - Newspapers published OM, audiocassette, DVD, r	on any	physical m, diskette	medium ot e)	her than	6067 🛨	9
										1009
	Type	of A	lvertising							
	B. He	ow m	_	er revenue reported in), line	1b, is red	eived fro	m the		2018 Percent
									- 6068	9/
			_							9/
	2.	All C	tner advertising .						6069 1	100%
										1007
10	and (1 No	ot Applicable.							

Dol.

12 INVENTORIES AT END OF YEAR

Report inventories at end of year at cost or market value using generally accepted accounting principles.

Include:

Inventory held in Foreign Trade Zones or in bond warehouses in the United States.

A.	Did this firm own inventories,	regardless of	where held,	at the end o	f 2018 (or t	he period for
	which you are reporting)?					-

	Yes
6043	
	No - Go to 13

В.	What was the value of	the inventories	owned by this	firm on
	December 31 in 2018?		•	

1.	Finished goods .													1751	
2.	Work-in-process													1752	

3.	Materials, supplies, fuel, etc	. .				 					1753
4.	TOTAL BOOK VALUE										
	Sum of lines 1 through 3					 					1754

+						

2018

Thou.

Mil.

\$ Bil.



13 EXPORT REVENUE

An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

Include:

- Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.).
- Revenue from the sale of personal, business, or mainframe computer software to clients and customers located outside the United States.

Exclude:

В

- Services provided to domestic subsidiaries of foreign firms.
- A. Did the revenue reported in 6 include any revenue from exports?

0009	Yes
0003	No - Go to 🕰

		2	2018	
	\$ Bil.	Mil.	Thou.	Dol.
B. What was this firm's revenue from exports in 2018?	1		1 1	1 1

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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			2018	
		if None	\$ Bil.	Mil.	Thou.	Dol
ersonnel Costs						
wages for all emplo Employer's Quarterl quarters that corres Employer's Annual	roll - Total annual Medicare salaries and yees as reported on this firm's IRS Form 94 y Federal Tax Return, line 5(c) for the four pond to the survey period or IRS Form 944 Federal Tax Return, line 4(c). Include the ions that are taxable to employees as wage:			1 1		
legally required pro- lnclude insurance pand single service p premium equivalent third-party administ defined contribution plans); and other fri compensation insur-	or fringe benefits - Employer's cost for grams and programs not required by law. premiums for hospital plans, medical plans, lans (e.g., dental, vision, prescription drugs) is for self-insured plans and fees paid to rators (TPAs); defined benefit pension plans in plans (e.g., profit sharing, 401K, stock option ge benefits (e.g., Social Security, workers' ance, unemployment tax, state disability, life insurance benefits, Medicare). Exclude ons.	; on				
paid to Professional	nd leased employee expense - Total cost: Employer Organizations (PEOs) and staffing nel. Include all charges for payroll, benefits]				
esale) - Include expe e.g., copiers, fax mach CPUs, monitors). Inclu- tervices to others; mate anitorial supplies; sma materials; and motor fu	, materials, parts, and supplies (not for nsed computer hardware and other equipmeines, telephones, shop and lab equipment, de materials and supplies used in providing erials and parts used in repairs; office and II tools; containers and other packaging tels. Report packaged software in line 3a and pament in line 4b.	d				
xpensed Purchased	Services					
custom coded, or ve developed or custor purchases, licensing	es of software - Purchases of prepackaged endor customized software. Include softwar nized by others, web-design services and agreements, upgrades of software, and elated to software upgrades and alterations	e		1 1		
p. Purchased printing services	g services - Purchased or contracted printing	ng 6003				1

ERATING EXPENSES - Continued					
				2018	
	if None	\$ Bil.	Mil.	Thou.	Dol
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					
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	831				
	879				
	000		1 1	' '	
	900				
	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	Mark "X" if None The Properties of the Company of	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	Mark "X" if None \$ Bil. Mil. The Preciation 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	TAL OPERATING EXPENSES mer Operating Expenses Mark "X" if None \$ Bil. Mil. Thou. **Bil. Mil. Thou.** **Bil. Mil. Mil. Thou.** **Bil. Mil. Mil. Mil. Mil. Thou.** **Bil. Mil. Mil. Mil. Mil. Mil. Mil. Mil. M

D	REMARKS - I data were esti	rlease use mated.	this space	e to e	kplain any	significant y	ear-to-year o	hanges,	to clarify re	sponses,	or indica	ate where
	CONTACT IN				. (5)	1						
	Name of perso	n to contact	regarding	this re	port (<i>Please</i>	e print)	Title					
					oor	Evtopoion			Area code		Niceahau	
	Telephone	Area code		Numb	Jei	Extension		Fax			Number	
	Telephone E-mail address			Num!	Jei						-	

SERVICE ANNUAL SURVEY

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

FORM

11121

2018 ANNUAL SERVICES REPORT

SA-51112A	(DRAFT)
Due Date	
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://www.census.gov/programs-	
surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States	
Code (U.S.C.), Sections 131 and 182 authorizes this collection.	
Sections 224 and 225 require your response. The U.S. Census Bureau	
is required by Section 9 of the same law to keep your information	
CONFIDENTIAL and can use your	
responses only to produce statistics. The Census Bureau is not permitted	
to publicly release your responses in a way that could identify your	
business, organization, or institution.	
Per the Federal Cybersecurity Enhancement Act of 2015, your data	
are protected from cybersecurity	
risks through screening of the systems that transmit your data.	
This collection has been approved	
by the Office of Management and Budget (OMB). The eight-digit OMB	
approval number is 0607-0422 and appears at the upper right of this	
page. Without this approval, we	
could not conduct this survey.	
https://portal.census.gov Authentication Code:	s survey should be completed online at: To view Survey Results: https://www.census.gov/programs-surveys/sas.html
	maps.//www.consus.gov/programs surveys/sus.mam
	GENERAL INSTRUCTIONS
 Any significant change i 	n this firm's operations should be noted in 😈.
	or acquired in 2018, report data only for the period the establishments were operated by
 Estimates are acceptable 	e if book figures are not available.
Enter "0" where applicate	ole.
 Do not combine data for 	r two or more detailed lines.
 Report data on an accru 	al basis, except for payroll. \$ Bil. Mil. Thou. Dol.
 Figures should be round 	led to the nearest dollar.
• If a figure is \$1,030,280,	456 it should be reported as ———————————————————————————————————
Include:	
 Data for all Services esta Construction operations 	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and) as defined by the survey coverage in ① B.
 Data for auxiliary faciliting garages, central administration 	es primarily engaged in supporting services to those establishment(s) such as warehouses, strative offices, and repair services.
A. MAILING ADDRESS	
	d mailing address the come as shown in the mailing address about?
is this firm's name and	d mailing address the same as shown in the mailing address above?
□ Yes	
0035	
□ No - Enter co	prrections in the mailing address above

B. SURVEY COVERAGE

Did this firm provide the business activities described below?

V
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S

			ne fiscal ye	ar that in	ncludes	-41-	ast six				
NC	OTE: Calendar year data are preferred. If they are unavailable, please	report for th				atte					
	onths of data for the 2018 calendar year. hat time period is covered by the data provided in this report?	2019									
VVI	iat time period is covered by the data provided in this report?			Е	2018 Beginning Date						
	☐ Calendar year			Month	Day		Year				
0006											
	Fiscal or partial year - Report beginning and ending dates		0007		Endino	. Dot					
				Month	Ending Day		e Year				
				WOTH	Day		i cui				
			8000								
5 No	rt Applicable.										
_	ALES, RECEIPTS, OR REVENUE										
_	hat were the revenues for this firm in 2018?										
	clude:										
	Report gross billings, except where noted elsewhere on the form.										
	Dues and assessments from members and affiliates.										
• A	mounts received for work subcontracted to others.										
	or locations that were sold or acquired during a year, only report for	the periods	that this f	irm oper	ated th	ie					
	locations. • Revenue from services performed by domestic locations of foreign parent firms, subsidiaries, branches, etc.										
	 Revenue from services performed by domestic locations of foreign parent firms, subsidiaries, branches, etc. Revenues from electronic sources. 										
Ex	Exclude:										
	• Transfers made within the company.										
	axes collected directly from customers or clients and paid directly to		e or feder	al tax ac	gency.						
• R	lents from and revenue of separately operated departments, concess			-							
- 0		ions, etc., w		-							
	Commissions from vending machine operators.		hich are le	ased to	others.		١٥				
• R			hich are le	ased to	others.		J.S.				
• R	Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., o	outside the 5	hich are le	ased to	others.		J.S.				
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6										Page
_	SALES	S, RE	CEIPTS, OR REVENUE - Continued							
					Mark "X"			2018		
					if None	\$ Bil.	Mil.	Tho	u.	Dol.
2.	Other	Ope	rating Revenue - Continued							
			r operating revenue - Revenue not reported in lines							
			ugh 2b. If this item is greater than 20% of the erating revenue, specify the primary source of the							
	rev	enue	below 7							
										1 1
				1799			1 1			1
			ERATING REVENUE							
	Sum o	f line	s 1a through 2c	1800						
7)	Not Ap	plica	ple.							
8	REVE	NUES	FROM ELECTRONIC SOURCES							
	A. Did	this	firm have any revenues from customers entering applications in 2018?	orders d	lirectly	on the f	irm's	website	s or	
			Voc							
	0040		100							
			FROM ELECTRONIC SOURCES irm have any revenues from customers entering orders of oplications in 2018? /es lo irm have any revenues from customers entering orders of oplications in 2018? /es lo irm have any revenues from customers entering orders of oplications in 2018? /es lo irm have any revenues from customers entering orders of orivate networks, dedicated lines, etc.) in 2018?							
				_						
			applications in 2018?	orders d	lirectly (on third	l-party	websit	es or	
			Yes							
	0041									
			No							
	C. Did (su	this	firm have any revenues from customers entering private networks, dedicated lines, etc.) in 2018?	orders v	via any o	ther ele	ectron	ic syste	ems	
			Yes							
	0042									
			No							
	_									
			otal 2018 revenues reported in ①, as the dollar amount (or percentage)	:	2018				20	018
	tha	it wa	s from the revenues identified in	Mil.	Thou.	Dol	l.		Per	rcent
			ve? Please provide an estimate if gures are not available				(OR ₂₅₀₁		(
9	SOUR	CE C	F REVENUE							
			of the periodical revenue reported in 6, lines 1a t	hrough	1b, is re	eceived	from 1	the		018 rcent
	TOIIOW	/ing	categories?						rei	
		nt ne	riodicals - Periodicals on paper					. 6088		(
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	2. Onl	line	periodicals - Periodicals published online					. 0009		
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D	2. Onl 3. Oth	line her n ine (e	edia periodicals - Periodicals published on any physic	al mediu	m other	than par	oer or			
D	2. Onl	line her n ine (e	nedia periodicals - Periodicals published on any physic .g., CD-ROM, audiocassette, DVD, microfilm, diskette)	al mediu	m other	than par	oer or			
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orm	SA-51112A (DRAFT)				Page 5
12	INVENTORIES AT END OF YEAR Report inventories at end of year at cost or market value using generally accepted as Include: • Inventory held in Foreign Trade Zones or in bond warehouses in the United States		ng princip	les.	
	A. Did this firm own inventories, regardless of where held, at the end of 20 which you are reporting)?	18 (or 1	the perio	d for	
	Yes No - Go to (3)				
	B. What was the value of the inventories owned by this firm on		:	2018	
	December 31 in 2018?	\$ Bil.	Mil.	Thou.	Dol.
	1. Finished goods				
	A W	' '			
	2. Work-in-process				
	2 Motorials supplies fuel ato	'	' '		' '
	3. Materials, supplies, fuel, etc				
	4. TOTAL BOOK VALUE Sum of lines 1 through 3	'	' '		' '
	Sum of lines 1 through 3				
13	EXPORT REVENUE				
	An exported service is a service performed for a customer or client (individual, gove establishment, etc.) located outside the United States (i.e., outside the 50 States, Dis Commonwealth Territories, or U.S. possessions).				
	Include:				
	• Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent	firms, s	ubsidiarie	s, branche	s, etc.).
	 Revenue from the sale of personal, business, or mainframe computer software to doutside the United States. 	clients a	and custor	mers locate	ed
	Exclude:				
	• Services provided to domestic subsidiaries of foreign firms.				
	A. Did the revenue reported in ③ include any revenue from exports?				
	Yes Yes				
	No - Go to 😉				
				2018	
		\$ Bil.	Mil.	Thou.	Dol.
		φ Ыі.	IVIII.	Tilou.	Doi.
	B. What was this firm's revenue from exports in 2018?				
	·				

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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"	2018				
	if None	\$ Bil.	Mil.	Thou.	Dol	
Personnel Costs						
• 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			1 1		-	
Lemployer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.						
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			1 1			
expensed equipment, materials, parts, and supplies (not for esale) - Include expensed computer hardware and other equipment e.g., copiers, fax machines, telephones, shop and lab equipment, PUs, monitors). Include materials and supplies used in providing ervices to others; materials and parts used in repairs; office and enitorial supplies; small tools; containers and other packaging naterials; and motor fuels. Report packaged software in line 3a and eased and rented equipment in line 4b						
xpensed Purchased Services						
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	П					
Purchased printing services - Purchased or contracted printing						
services				1		

Form	SA-5	1112A	(DRAFT)
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4 (OPERATING EXPENSES - Continued								
			Mark "X"			20	018		
			if None	\$ Bil.	Mil.	_	Tho	u.	Do
. (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								
ı	b. 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?	1831							
							-		
		1879							
	TOTAL OPERATING EXPENSES			'	'	'	1	'	1
	Sum of lines 1a through 4b	1900							

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	REMARKS - Please use this space to explain any significant yea data were estimated.	
) (CONTACT INFORMATION	
	Name of person to contact regarding this report (Please print)	Title
	Area code Number Extension	Area code Number
	Telephone	Fax
	E-mail address	Website address

We suggest you keep a copy for your records.



SERVICE ANNUAL SURVEY

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

SA-51112E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as -

	\$ E	3il.		Mil.		T	hοι	ı.		Dol.	
→		1	0	3	0	2	8	0	4	5	6

nclude

- 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.

1	A.	MAILING A	ADDRESS
		le this firm's	s name an

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



S. SURVEY C	OVERAGE								
Did this fir	rm provide 1	the business acti	vities described	below?					
0001 Ye	es								
□ No	o - Specify th	nis firm's business	activity 7						
0002	12								
EDERAL EMF	PLOYER IDE	ENTIFICATION N	UMBER (EIN)						
		yroll under EIN							
Yes									
013 □ No - <i>E</i>	Enter current	t 9-digit EIN AND d	date payroll was fi	rst		EIN (9	digits)	1 1
r	reported for t	this ĔIN			0015		-		
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PRGANIZATIO	ONAL CHAN	NGE				0088	IVIONU	Day	Ye
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A. Did this fir	rm experien		ons, sales, merge	ers, and/or dives	stitures			Jay	Ye
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	REPORTING PERIOD		ne fiscal ve	ar that ii	ncludes		east six
	IOTE: Calendar year data are preferred. If they are unavailable, please	report for the				at le	
n	nonths of data for the 2018 calendar year.	·	,		nordado	, at ic	
V	Vhat time period is covered by the data provided in this report?				20		
	Calendar year			Month	Beginni ı Day		a te Year
00	006			WIGHT	Day		Tour
	Fiscal or partial year - Report beginning and ending dates		0007				
					Ending		
				Month	Day		Year
			0008				
a ,	Lat A a Packta						
	lot Applicable.						
_	SALES, RECEIPTS, OR REVENUE						
_	Vhat were the revenues for this firm in 2018?						
	nclude:						
	Report gross billings, except where noted elsewhere on the form. Dues and assessments from members and affiliates.						
	Amounts received for work subcontracted to others.						
•	For locations that were sold or acquired during a year, only report for	r the periods	that this fi	rm oper	rated th	ie	
	locations. Revenue from services performed by domestic locations of foreign pa	arant firms	subsidiarios	hranck	nae atc		
	Revenues from electronic sources.	arent mins, s	subsidiaries	s, branci	163, 616		
Е	ixclude:						
•	Transfers made within the company.						
	Taxes collected directly from customers or clients and paid directly to	a local, stat		01 +014 00	rency		
	Donto from and revenue of concretally appreted deportments concerns			-			
	Rents from and revenue of separately operated departments, concess			-			
•	Commissions from vending machine operators.	sions, etc., w	hich are le	ased to	others.		I S
•		sions, etc., w	hich are le	ased to	others.		U.S.
•	Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., or	sions, etc., w	hich are le	ased to	others.		U.S.
•	Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., o Commonwealth Territories, or U.S. possessions).	sions, etc., wo	hich are le	ased to	others.	bia, l	U.S. Dol.
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Form	ı SA-	51112	ZE (DRAFT)					Page 4
6	SAL	ES, RE	CEIPTS, OR REVENUE - Continued					
				Mark "X"		2018		
				if None	\$ Bil. V	lil. Thou	J. [Ool.
2.	Othe	er Ope	rating Revenue - Continued					
			er operating revenue - Revenue not reported in lines ugh 2b. If this item is greater than 20% of the					
	te	otal op	perating revenue, specify the primary source of the					
	re	evenue	e below 7					
				1799				
3.			ERATING REVENUE	4000				
0			s 1a through 2c	. 1800				
7		Applica						
8	REV	ENUE	S FROM ELECTRONIC SOURCES					
	A. D	id this	s firm have any revenues from customers entering or applications in 2018?	rders directly	on the firm	ı's website	s or	
			Yes					
	00)40						
			No					
	R D	id this	s firm have any revenues from customers entering or	ders directly	on third-pa	rtv websit	es or	
			applications in 2018?	,	, , , , , , , , , , , , , , , , , , ,	,		
			Yes					
	00)41						
			No					
	C. D	id this	s firm have any revenues from customers entering or	rders via anv	other electi	ronic svste	ms	
	(s	such a	s private networks, dedicated lines, etc.) in 2018?	•		•		
			Yes					
	00	142						
			No					
						_		
			total 2018 revenues reported in 6 , as the dollar amount (or percentage)	2018			201	
	tl	hat wa	s from the revenues identified in \$Bil.	Mil. Thou	. Dol.		Perce	
			gures are not available			OR ₂₅₀₁		%
9	sou	RCE C	PF REVENUE					
			of the periodical revenue reported in ⑤ , lines 1a th		analisad fua	4l- a	201	18
			categories?	rough 1b, is r	eceivea iro	ın tne	Perce	ent
	1 D	rint ne	eriodicals - Periodicals on paper			6000		%
	1. F	riiit pe	eriodicais - remodicais on paper			6088	++	
			periodicals - Periodicals published online					%
	3. 0	ther n	nedia periodicals - Periodicals published on any physical e.g., CD-ROM, audiocassette, DVD, microfilm, diskette) .	medium other	than paper	or		%
	U	1111110 (6	s.g., cb-now, addiceassette, bvb, interonini, disketter			6090 T		• 0/
							10	0 %
10	and (11 No	ot Applicable.					

orn	SA-51112E (DRAFT)				Page !
12	INVENTORIES AT END OF YEAR				
	Report inventories at end of year at cost or market value using generally accepted a Include:	ccountir	ng princip	les.	
	•Inventory held in Foreign Trade Zones or in bond warehouses in the United States				
	A. Did this firm own inventories, regardless of where held, at the end of 20 which you are reporting)?	18 (or t	the perio	d for	
	Yes Yes				
	□ No - <i>Go to</i> 13				
	B. What was the value of the inventories owned by this firm on				
	December 31 in 2018?	\$ Bil.	Mil.	Thou.	Dol.
	1. Finished goods				
	2. Work-in-process				
	3. Materials, supplies, fuel, etc				
	4. TOTAL BOOK VALUE Sum of lines 1 through 3				
13	EXPORT REVENUE				
	An exported service is a service performed for a customer or client (individual, gove establishment, etc.) located outside the United States (i.e., outside the 50 States, Dis Commonwealth Territories, or U.S. possessions).	ernment, etrict of	, business Columbia,	. <i>U.S.</i>	
	Include:				
	• Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent				
	 Revenue from the sale of personal, business, or mainframe computer software to outside the United States. 	clients a	nd custor	ners locate	ed
	Exclude:				
	• Services provided to domestic subsidiaries of foreign firms.	arket value using generally accepted accounting principles. bond warehouses in the United States. ess of where held, at the end of 2018 (or the period for owned by this firm on 1751 1752 1753 r a customer or client (individual, government, business of States (i.e., outside the 50 States, District of Columbia, U.S. ns). ated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.). s, or mainframe computer software to clients and customers located			
	A. Did the revenue reported in 6 include any revenue from exports?				
	Yes				
	No - Go to 14				
			2	2018	

0009	
	No - <i>Go to</i> 14

2018								
\$ Bil.	Mil.	Thou.	Dol.					
	1 1	1 1	1 1					



14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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"		- 2	2018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
Personnel Costs					
Gross annual payroll - Total annual Medicare salaries and wages for all employees as reported on this firm's IRS Form 94 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 wage			1 1		1 1
Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans defined contribution plans (e.g., profit sharing, 401K, stock optiplans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Excludemployee contributions.); s; on				
Temporary staff and leased employee expense - Total cospaid to Professional Employer Organizations (PEOs) and staffin agencies for personnel. Include all charges for payroll, benefit and services	g				
expensed equipment, materials, parts, and supplies (not for esale) - Include expensed computer hardware and other equipment, e.g., copiers, fax machines, telephones, shop and lab equipment, PUs, monitors). Include materials and supplies used in providing ervices to others; materials and parts used in repairs; office and enitorial supplies; small tools; containers and other packaging naterials; and motor fuels. Report packaged software in line 3a are assed and rented equipment in line 4b.	3 nd		1 1		
xpensed Purchased Services					
Expensed purchases of software - Purchases of prepackage 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	re 1826				
 Purchased printing services - Purchased or contracted printing services 	ng 6003		1 1		

Form S <i>F</i>	\-51112	E (DRAFT)
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0	AATING EXPENSES - Continued		2018			
		Mark "X if None		Mil.	2018 Thou.	Dol.
. Othe	r Operating Expenses		, 5,,,,			2011
a. D ech fir w	epreciation and amortization charges - Include depreciation arges taken against tangible assets owned and used by this m, tangible assets and improvements owned by this firm ithin leaseholds, tangible assets obtained through capital lease greements, and amortization charges against intangible assets u.g., patents, copyrights). Exclude impairment	1821				1 1
b. A no in Ex ex	Il other operating expenses - All other operating expenses of reported above, unless specifically excluded in the general extructions. Include office postage paid and package delivery. Acclude 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					
		1879				
	AL OPERATING EXPENSES of lines 1a through 4b	1900				
	6 Not Applicable.					

	REMARKS - I data were esti	Please use mated.	this space	to explain an	y significant yea	r-to-year changes,	to clarify re	sponses, oi	indicate w	vhere
)	CONTACT IN	FORMAT	ION							
	Name of perso			this report (<i>Plea</i>	se print)	Title				
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		Area code		Number	Extension		Area code	N	lumber	
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SERVICE ANNUAL SURVEY
U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
FORM

2018 ANNUAL SERVICES REPORT

SA-51113A					
Due Date					
leed 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://www.census.gov/programs- surveys/sas/information.html					
COUR RESPONSE IS REQUIRED BY LAW. Title 13 United States code (U.S.C.), Sections 131 and 82 authorizes this collection. Sections 224 and 225 require your sesponse. The U.S. Census Bureau is required by Section 9 of the ame law to keep your information CONFIDENTIAL and can use your sesponses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your susiness, organization, or institution. For the Federal Cybersecurity inhancement Act of 2015, your data re protected from cybersecurity isks through screening of the ystems that transmit your data. This collection has been approved by the Office of Management and sudget (OMB). The eight-digit OMB pproval number is 0607-0422 and ppears at the upper right of this lage. Without this approval, we					
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• Any significant change i • For establishments sold this firm. • Estimates are acceptable	GENERAL IN In this firm's operations should Or acquired in 2018, report data Is if book figures are not availab	https://w STRUCTIONS be noted in ①. a only for the period t	ww.census.g	ov/progra	ms-surveys/sas.htr
• Any significant change i • For establishments sold this firm. • Estimates are acceptable • Enter "0" where applicate	GENERAL IN In this firm's operations should Or acquired in 2018, report data if book figures are not availab	https://w STRUCTIONS be noted in ①. a only for the period t	ww.census.g	ov/progra	ms-surveys/sas.htr
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1		-31113A (DRAFI)						ige z
	B.	SURVEY COVERAGE						
		Did this firm provide the business activities described below?						
		Yes Yes						
		□ No - Specify this firm's business activity ¬						
		0002						
2	Not	Applicable.						
3	OR	GANIZATIONAL CHANGE						
		Did this firm experience any acquisitions, sales, mergers, and/or divest	itures	in 20	18?			
		Yes						
		United Services						
		No - Go to 4						
	В.	Which of the following organizational changes occurred in 2018?						
		Check all that apply. If more than one organizational change occurred during the	he rep	orting	period	d, explai	n in 🕡.	
)			Month	n Day	Year	
		Acquisition Date of organizational change		0040			1 1	1
		□ Sale		. 0018				
		Merger Fatantation to the fatanta for the fata						
		Enter detailed information below						
		Divestiture						
				0019 F	N (9 di	aits)		
		Divestiture Mame of company		0019 E	N (9 di	gits)	1 1	
		0017 Name of company		0019 E	N (9 di	gits)	1 1	
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		0017 Name of company			-	gits)	1 1	
		Name of company Address (Number and street, P.O. Box, etc.)	State	0019 E	-	gits)		
		Name of company Address (Number and street, P.O. Box, etc.)	State		-	gits)		
		Name of company Address (Number and street, P.O. Box, etc.)	State		-			
		Name of company Address (Number and street, P.O. Box, etc.)	State		-			
		Name of company Address (Number and street, P.O. Box, etc.)	State		-			
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		Name of company Address (Number and street, P.O. Box, etc.)	State		-			
		Name of company Address (Number and street, P.O. Box, etc.)	State		-			

Form	n SA-51113A (DRAFT)					Page 3	
4	REPORTING PERIOD						
	NOTE: Calendar year data are preferred. If they are unavailable, please repo	ort for the	fiscal yea	r that ir	icludes a	nt least six	
	months of data for the 2018 calendar year.	•	2010				
	What time period is covered by the data provided in this report?			2018			
	☐ Calendar year			eginning			
	0006 Caleffdal year			Month	Day	Year	
	Fiscal or partial year - Report beginning and ending dates		0007				
					Ending I	Date	
				Month	Day	Year	
			8000				
5	Not Applicable.						
	**						
6	SALES, RECEIPTS, OR REVENUE						
	What were the revenues for this firm in 2018?						
	Include:						
	 Report gross billings, except where noted elsewhere on the form. Dues and assessments from members and affiliates. 						
	Amounts received for work subcontracted to others.						
	• For locations that were sold or acquired during a year, only report for the	periods t	hat this fi	rm oper	ated the		
	locations.			·			
	Revenue from services performed by domestic locations of foreign parent	firms, su	ıbsidiaries	, branch	ies, etc.		
	Revenues from electronic sources.						
	Exclude:						
	 Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a lo 	cal state	or fodors	al tay an	oncv		
	 Rents from and revenue of separately operated departments, concessions 			_			
	Commissions from vending machine operators.	, 010., 1111	ion are ice	1300 10 1	Julio13.		
	• Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside	de the 50	states, Dis	strict of	Columbi	a, U.S.	
	Commonwealth Territories, or U.S. possessions).						
		Mark "X"		2	018		
		if None	\$ Bil.	Mil.	Thou.	Dol.	
1.	Books						
	 a. Textbooks - Books primarily used as educational material (e.g., workbooks, teachers' manuals, resource and interactive 						
	materials) for students and teachers in formal study programs:						
	elementary, high school, and post secondary levels (e.g., trade						
	schools, colleges, universities). Include reference books published specifically for the educational system. Exclude standardized				1 1		
	tests; report these in line 2			1 1	1 1	1 1	
	b. Children's books - Books published for children and young						
	adults (up to age 15) (e.g., picture books, children"s reference books, educational books not intended for use in the classroom).				1 1		
	Exclude coloring books and activity books; report these in line 2 6102				1 1	1 1	
	c. General reference books - Books published primarily						
	for general reference purposes for the public at large (e.g., dictionaries, encyclopedias, thesauruses, atlases)		'	' '	1 1	' '	
	d. Professional, technical, and scholarly books - Books						
	containing research, advanced knowledge or information for the						
	containing research, advanced knowledge or information for the academic and research community; also includes books used by						
	containing research, advanced knowledge or information for the academic and research community; also includes books used by individuals in the practice of specific occupations or professions						
	containing research, advanced knowledge or information for the academic and research community; also includes books used by						
	containing research, advanced knowledge or information for the academic and research community; also includes books used by individuals in the practice of specific occupations or professions (e.g., lawyers, doctors, electricians, accountants, business or computer professionals). Include specialized reference books 6104 e. Adult trade books - Books published for the adult public at				1 1		
	containing research, advanced knowledge or information for the academic and research community; also includes books used by individuals in the practice of specific occupations or professions (e.g., lawyers, doctors, electricians, accountants, business or computer professionals). Include specialized reference books 6104 e. Adult trade books - Books published for the adult public at large (e.g., literary fiction, non-fiction, religious books, bibles and						
	containing research, advanced knowledge or information for the academic and research community; also includes books used by individuals in the practice of specific occupations or professions (e.g., lawyers, doctors, electricians, accountants, business or computer professionals). Include specialized reference books 6104 e. Adult trade books - Books published for the adult public at						
	containing research, advanced knowledge or information for the academic and research community; also includes books used by individuals in the practice of specific occupations or professions (e.g., lawyers, doctors, electricians, accountants, business or computer professionals). Include specialized reference books 6104 e. Adult trade books - Books published for the adult public at large (e.g., literary fiction, non-fiction, religious books, bibles and hymnals, poetry and drama, histories, biographies, cook books,						
	containing research, advanced knowledge or information for the academic and research community; also includes books used by individuals in the practice of specific occupations or professions (e.g., lawyers, doctors, electricians, accountants, business or computer professionals). Include specialized reference books 6104 e. Adult trade books - Books published for the adult public at large (e.g., literary fiction, non-fiction, religious books, bibles and hymnals, poetry and drama, histories, biographies, cook books,						
	containing research, advanced knowledge or information for the academic and research community; also includes books used by individuals in the practice of specific occupations or professions (e.g., lawyers, doctors, electricians, accountants, business or computer professionals). Include specialized reference books e. Adult trade books - Books published for the adult public at large (e.g., literary fiction, non-fiction, religious books, bibles and hymnals, poetry and drama, histories, biographies, cook books, travel guides)						
	containing research, advanced knowledge or information for the academic and research community; also includes books used by individuals in the practice of specific occupations or professions (e.g., lawyers, doctors, electricians, accountants, business or computer professionals). Include specialized reference books 6104 e. Adult trade books - Books published for the adult public at large (e.g., literary fiction, non-fiction, religious books, bibles and hymnals, poetry and drama, histories, biographies, cook books,						
	containing research, advanced knowledge or information for the academic and research community; also includes books used by individuals in the practice of specific occupations or professions (e.g., lawyers, doctors, electricians, accountants, business or computer professionals). Include specialized reference books e. Adult trade books - Books published for the adult public at large (e.g., literary fiction, non-fiction, religious books, bibles and hymnals, poetry and drama, histories, biographies, cook books, travel guides)						

FORIII	5A-51	III;	SA (DRAFT)						Page 4
6	SALES	, RE	CEIPTS, OR REVENUE - Continued						
					Mark "X"		2018		
					if None	\$ Bil. N	1il. Tho	u.	Dol.
2.	1a thro	ier o ough	perating revenue - Revenue not reported in lines 1 1e. If this item is greater than 20% of the total						
	operat	ing i	revenue, specify the primary source of the revenue						
	below	/							
_	TOTAL	0.00	FRATINO DEVENUE	1799					
3.			ERATING REVENUE s 1a through 2	1800		' '		'	
2	Not Ap								
8			FROM ELECTRONIC SOURCES	_					
	A. Did mol	this bile	firm have any revenues from customers entering of applications in 2018?	orders	directly	on the firn	1's website	s or	
	0040	Ш	Yes						
	0040		Na						
		Ш	No						
	B. Did mol	this bile	firm have any revenues from customers entering of applications in 2018?	orders	directly	on third-pa	arty websit	es or	
			Yes						
	0041								
			No						
	C. Did	this	firm have any revenues from customers entering	orders	via any o	other elect	ronic syste	ems	
	(suc	ch as	s private networks, dedicated lines, etc.) in 2018?		•		•		
			Yes						
	0042								
			No						
	D. Of t	the t	otal 2018 revenues reported in 6 , as the dollar amount (or percentage)		2018			_	18
	tha	t wa	s from the revenues identified in \$ BII.	Mil.	Thou.	Dol.		Perd	cent
	exa	ct fi	ve? Please provide an estimate if gures are not available	1 1			OR ₂₅₀₁		%
	COLIDA	3E 0	F DEVENUE						
9			F REVENUE					20	18
			of the book revenue reported in ③ , lines 1a throug categories?	gh 1e,	is receiv	ed from th	е		cent
									%
	1. Prir	nt bo	ooks - Books published on paper				6106		/0
	2. Onl	ine l	oooks - Books published online				6107		%
			nedia books - Books published on any physical medium						%
	CD-	ROM	, audiocassette, DVD, microfilm, diskette)				6108 -		70
								10	0 %
10	and 🕕	No	t Applicable.						

Form SA-51113A (DRAFT)

	OA OTTOA (DRAFT)				i ugo o
12	INVENTORIES AT END OF YEAR				
	Report inventories at end of year at cost or market value using generally accepted ac	counti	ng princip	les.	
	Include:				
	•Inventory held in Foreign Trade Zones or in bond warehouses in the United States.				
	A. Did this firm own inventories, regardless of where held, at the end of 20 which you are reporting)?	18 (or	the perio	d for	
	☐ Yes				
	No - Go to 13				
	D. What was the sale and the face of the f		:	2018	
	B. What was the value of the inventories owned by this firm on December 31 in 2018?	\$ Bil.	Mil.	Thou.	Dol.
	1. Finished goods				1 1
	2. Work-in-process				
	3. Materials, supplies, fuel, etc		1 1		1 1
	4. TOTAL BOOK VALUE				
_	Sum of lines 1 through 3				
13	EXPORT REVENUE				
	An exported service is a service performed for a customer or client (individual, gove establishment, etc.) located outside the United States (i.e., outside the 50 States, Dis Commonwealth Territories, or U.S. possessions).	rnment trict of	t, business Columbia	, U.S.	
	Include:				
	 Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent to Revenue from the sale of personal, business, or mainframe computer software to computer software to compute the sale of personal parents. 				
	outside the United States.	ilellis c	ina custoi	ners locate	u
	Exclude: • Services provided to domestic subsidiaries of foreign firms.				
	A. Did the revenue reported in 6 include any revenue from exports?				
	U Yes voice the second of the				
	□ No - Go to 14				
			:	2018	
		\$ Bil.	Mil.	Thou.	Dol.
	B. What was this firm's revenue from exports in 2018?				1 1

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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"		- 2	2018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
ersonnel Costs					
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		1 1		
Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	1822				
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				
expensed equipment, materials, parts, and supplies (not for esale) - Include expensed computer hardware and other equipment e.g., copiers, fax machines, telephones, shop and lab equipment, PUs, monitors). Include materials and supplies used in providing ervices to others; materials and parts used in repairs; office and initorial supplies; small tools; containers and other packaging naterials; and motor fuels. Report packaged software in line 3a and lased and rented equipment in line 4b.	1860				
xpensed Purchased Services					
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				
Purchased printing services - Purchased or contracted printing services	6003				

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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								
b. 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									
			1	ı		1	T		
FOTAL OPERATING EVERNORS	1879	_							
TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	1000		'	1	'	'	'	'	
nd 16 Not Applicable.	1900								

_	18	CONTACT IN	FORMATI	ON				
98		Name of persor	to contact	regarding	this report	(Please p	rint)	Title
51123081								
21			Area code		Number		Extension	
-,		Telephone			-			Fax
		E-mail address						Website address

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

Area code

Fax

Number

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

We suggest you keep a copy for your records.



SERVICE ANNUAL SURVEY

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

SA-51113E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 ①.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

	\$ E	3il.		Mil.		Т	hοι	١.		Dol.	
→		1	0	3	0	2	8	0	4	5	6

- 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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A. MAILING ADDRESS

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

	Yes	
0035		
	NI.	F 4

No - Enter corrections in the mailing address above



	OVERAGE								
Did this fir	m provide t	he business acti	vities described	below?					
□ Ye	es								
0001	0 :								
□ No	o - Specify thi	is firm's business	activity 7						
0002	2								
DERAL EMF	PLOYER IDE	NTIFICATION NU	JMBER (EIN)						
oes this firm	n report pay	roll under EIN							
Yes									
13						EIN (9	digits)	
		9-digit EIN AND d his EIN		rst	0015	ı	_		1 1
r	eporteu for ti	IIIS EIIV			0015				
							Month	Day	Y
						0088	Month	Day	Y
RGANIZATIO	ONAL CHAN	GE				0088	Month	Day	Y
RGANIZATIO			ons, sales. merge	ers, and/or div	estitures			Day	Y
. Did this fir	m experienc	GE ce any acquisitio	ons, sales, merge	ers, and/or div	estitures			Day	
	m experienc		ons, sales, merge	ers, and/or div	estitures			Day	
Did this fir	m experienc		ons, sales, merge	ers, and/or div	estitures			Day	Y
Did this fir	rm experiences o - Go to 4	ce any acquisitio			estitures			Day	
Did this fir Ye O016 No Which of tl	rm experiences o - Go to he following		changes occurre	ed in 2018?		in 20	18?		
Did this fir Ye No Which of the Check all this	es o - Go to he following at apply. If m	ce any acquisitio	changes occurre	ed in 2018?		in 20	18?	, explai	n in (
Did this fir Ye No Which of the Check all this	rm experiences o - Go to he following	ce any acquisition g organizational nore than one orga	changes occurre anizational change	ed in 2018? occurred durin	g the rep	in 20	18?	, explai	n in (
Did this fir Ye Onle No Which of the Check all the Sa	es o - Go to he following at apply. If me	ce any acquisition of organizational ore than one organization of organization orga	changes occurre	ed in 2018? occurred durin	g the rep	in 20	18?	, explai	n in (
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Did this fir Ye O016 No Which of the Check all the Che	the following at apply. If mequisition alle erger erger ergor company	g organizational pore than one organization of	changes occurre anizational change ational change .	ed in 2018? occurred durin	g the rep	orting . 0018	period Month	, explai	n in Q

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4	SA-51113E (DRAFT)					Page 3
	REPORTING PERIOD					
	NOTE: Calendar year data are preferred. If they are unavailable, please rep	ort for the	e fiscal yea	ar that i	ncludes	at least six
	months of data for the 2018 calendar year.		,			
	What time period is covered by the data provided in this report?				201	
	Outroday and				Beginning	
	Calendar year			Month	Day	Year
	Fiscal or partial year - Report beginning and ending dates		0007		·	
	- 1.000. Of parties your moport beginning and onlining dates.				Ending	Date
				Month	Day	Year
			8000			
5	Not Applicable.					
6	SALES, RECEIPTS, OR REVENUE					
	What were the revenues for this firm in 2018?					
	Include:					
	• Report gross billings, except where noted elsewhere on the form.					
	 Dues and assessments from members and affiliates. Amounts received for work subcontracted to others. 					
	 For locations that were sold or acquired during a year, only report for the 	e periods	that this fi	rm oper	rated the	
	locations.	, pooue		оро.		
	Revenue from services performed by domestic locations of foreign paren	t firms, s	ubsidiaries	, brancl	nes, etc.	
	Revenues from electronic sources.					
	Exclude:					
	 Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a least collected directly from customers. 	ocal etate	or fodor	al tay ac	noncy	
	 Rents from and revenue of separately operated departments, concessions 			-		
	• Commissions from vending machine operators.	3, 0101, 111		.000 10	01110101	
	• Revenue of foreign subsidiaries (those located outside the U.S., i.e., outsi	ide the 50	states, Di	strict of	Columb	ia, U.S.
	Commonwealth Territories, or U.S. possessions).					
		Mark "X"	,	2	2018	
_					-010	
1.		if None	\$ Bil.	Mil.	Thou.	Dol.
	Books					Dol.
	a. Textbooks - Books primarily used as educational material					Dol.
	a. Textbooks - Books primarily used as educational material (e.g., workbooks, teachers' manuals, resource and interactive materials) for students and teachers in formal study programs:					Dol.
	a. Textbooks - Books primarily used as educational material (e.g., workbooks, teachers' manuals, resource and interactive materials) for students and teachers in formal study programs: elementary, high school, and post secondary levels (e.g., trade					Dol.
	a. Textbooks - Books primarily used as educational material (e.g., workbooks, teachers' manuals, resource and interactive materials) for students and teachers in formal study programs: elementary, high school, and post secondary levels (e.g., trade schools, colleges, universities). Include reference books published					Dol.
	a. Textbooks - Books primarily used as educational material (e.g., workbooks, teachers' manuals, resource and interactive materials) for students and teachers in formal study programs: elementary, high school, and post secondary levels (e.g., trade schools, colleges, universities). Include reference books published specifically for the educational system. Exclude standardized tests; report these in line 2					Dol.
	 a. Textbooks - Books primarily used as educational material (e.g., workbooks, teachers' manuals, resource and interactive materials) for students and teachers in formal study programs: elementary, high school, and post secondary levels (e.g., trade schools, colleges, universities). Include reference books published specifically for the educational system. Exclude standardized tests; report these in line 2					Dol.
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Form	SA-51113E (DRAFT)				Pag	ge 4
6	SALES, RECEIPTS, OR REVENUE - Continued					
		Mark "X	"	2018		
		if None		1il. Thou	u. Dol.	
2.	All other operating revenue - Revenue not reported in lines 1a through 1e. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7					
		1799				
3.	TOTAL OPERATING REVENUE	1799				\vdash
Э.		. 1800				
7	Not Applicable.					
8	REVENUES FROM ELECTRONIC SOURCES					
	A. Did this firm have any revenues from customers entering o mobile applications in 2018?	rders directly	on the firn	n's website	s or	
	O040 Yes					
	□ No					
	B. Did this firm have any revenues from customers entering o mobile applications in 2018?	rders directly	on third-pa	arty websit	es or	
	Ves Yes					
	□ No					
	C. Did this firm have any revenues from customers entering of (such as private networks, dedicated lines, etc.) in 2018?	orders via any	other elect	ronic syste	ms	
	O042 Yes					
	□ No					
	D. Of the total 2018 revenues reported in 6 ,	2010		7	0040	
	what was the dollar amount (or percentage)	Mil. Thou	ı. Dol.	-	2018 Percent	
	that was from the revenues identified in A-C above? Please provide an estimate if exact figures are not available	Will.	i. Doi.	OR ₂₅₀₁	reitent	%
9	SOURCE OF REVENUE					
	How much of the book revenue reported in (3) , lines 1a throug	h 1a is racais	ed from the	۵	2018	
	following categories?	11 10, 13 10001	ou mom th		Percent	
	4. Print haales. Pasks muhlishad on name					%
	1. Print books - Books published on paper			6106		
	2. Online books - Books published online			6107		%
	3. Other media books - Books published on any physical medium CD-ROM, audiocassette, DVD, microfilm, diskette)	other than pap	er or online	(e.g.,		%
	CD-NOIVI, audiocassette, DVD, filicionini, diskette)			6108 🕇		
					100	%
10	and 11 Not Applicable.					

Form SA-51113E (DRAFT)

INVENTORIES AT END OF YEAR

Report inventories at end of year at cost or market value using generally accepted accounting principles.

Include:

• Inventory held in Foreign Trade Zones or in bond warehouses in the United States.

A.	Did this firm own inventories	, regardless of w	vhere held, a	t the end of	2018 (or the	period for
	which you are reporting)?	_				-

	Yes
6043	
	No - Go to

B.	What was	the	value	of 1	the	inventories	owned	by	this	firm	on
	December	31	in 201	8?				_			

1. Finished goods .												-	1751
2. Work-in-process													1752

3.	Materials, supplies, fuel, etc.										1753
4.	TOTAL BOOK VALUE										
	Sum of lines 1 through 3										1754

		2	2018	
	\$ Bil.	Mil.	Thou.	Dol.
51				
			1 1	
52				
	'		1 1	
3 +				
./				



13 EXPORT REVENUE

An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

Include:

- Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.).
- Revenue from the sale of personal, business, or mainframe computer software to clients and customers located outside the United States.

Exclude:

В.

- Services provided to domestic subsidiaries of foreign firms.
- A. Did the revenue reported in 6 include any revenue from exports?

0009	Yes
0003	No - <i>Go to</i> 14

		2	2018	Dol.
	\$ Bil.	Mil.	Thou.	Dol.
What was this firm's revenue from exports in 2018?				

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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"		:	2018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
ersonnel Costs					
• 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		1 1		
Lemployer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	. 1822				
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				
expensed equipment, materials, parts, and supplies (not for esale) - Include expensed computer hardware and other equipment a.g., copiers, fax machines, telephones, shop and lab equipment, PUs, monitors). Include materials and supplies used in providing ervices to others; materials and parts used in repairs; office and initorial supplies; small tools; containers and other packaging naterials; and motor fuels. Report packaged software in line 3a and lased and rented equipment in line 4b.			1 1		
xpensed Purchased Services					
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				
 Purchased printing services - Purchased or contracted printing services 	. 6003				

orm	SA-5	1113E	(DRAFT)
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A D	OPERATING EXPENSES - Continued							
9	or and the extra and a sound of the extra and							
			Mark "X" if None	\$ Bil.	Mil.	201		Do
			ii ivone	φ DII.	IVIII.		Thou.	Do
	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		П					
	b. 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 ?							
		1879					1 1	
	TOTAL OPERATING EXPENSES							
	Sum of lines 1a through 4b	1900			1 1		1 1	

CONTACT	NFORMATI	ON							
CONTACT Name of pers			nis report ((Please prin	t)	Title			
Name of pers		regarding th	nis report (t)		Area code	Number	
_	Area code	regarding th			Extension	Title Fax Website address	Area code	Number -	

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

SERVICE ANNUAL SURVEY U.S. DEPARTMENT OF COMMERCE

2018 ANNUAL SERVICES REPORT

Economics and Statistics Administration U.S. CENSUS BUREAU	
FORM	

SA-51114A	(DRAFT)	
Due Date		
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://www.census.gov/programs- surveys/sas/information.html		
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States		
Code (U.S.C.), Sections 131 and 182 authorizes this collection.		
Sections 224 and 225 require your response. The U.S. Census Bureau		
is required by Section 9 of the same law to keep your information		
CONFIDENTIAL and can use your responses only to produce statistics.		
The Census Bureau is not permitted to publicly release your responses		
in a way that could identify your business, organization, or institution.		
Per the Federal Cybersecurity Enhancement Act of 2015, your data		
are protected from cybersecurity risks through screening of the		
systems that transmit your data. This collection has been approved		
by the Office of Management and Budget (OMB). The eight-digit OMB		
approval number is 0607-0422 and appears at the upper right of this		
page. Without this approval, we could not conduct this survey.		
Authentication Code:		To view Survey Results: https://www.census.gov/programs-surveys/sas
	GENERAL INSTRU	CTIONS
, ,	n this firm's operations should be not	
this firm.		for the period the establishments were operated by
•Enter "0" where applicat		
	two or more detailed lines.	
 Report data on an accru Figures should be round 	al basis, except for payroll.	\$ Bil. Mil. Thou. Dol.
_	56 it should be reported as	1030280456
Include:		
 Data for all Services esta Construction operations 	blishments (excluding data for Retail, as defined by the survey coverage in	, Wholesale, Manufacturing, Mining, and ••••••••••••••••••••••••••••••••••••
 Data for auxiliary facilities 		rvices to those establishment(s) such as warehouses
A. MAILING ADDRESS		
	mailing address the same as shown	in the mailing address above?
Yes		
0035		
0035	rrections in the mailing address above	e

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rm SA-51114A (DRAFT)	Page :
1 B. SURVEY COVERAGE	
Did this firm provide the business activities described below?	
Dia tina inini provide the buainess dottvittes described below.	
Yes	
0001	
No - Specify this firm's business activity	
0002	
Not Applicable.	
ORGANIZATIONAL CHANGE	
A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?	
☐ Yes	
0016	
□ No - Go to 4	
B. Which of the following organizational changes occurred in 2018?	
Check all that apply. If more than one organizational change occurred during the reporting period, explain in	D .
Month Day	Year
Acquisition	
Date of organizational change	
0091 AND	
☐ Merger Enter detailed information below ⊋	
Divestiture	
Divestiture	
0017 Name of company 0019 EIN (9 digits)	
Address (Number and street, P.O. Box, etc.)	
City, town, village, etc.	
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NOTE: Calendar year data are preferred. If they are unavailable, please re	sport for the				
months of data for the 2018 calendar year.					
What time period is covered by the data provided in this report?				201	
☐ Calendar year				Beginnin	
0006			Month	Day	Year
Fiscal or partial year - Report beginning and ending dates		0007	,		1 1
				Ending	Date
			Month	Day	Year
				'	1 1
		3000	3		
Not Applicable.					
SALES, RECEIPTS, OR REVENUE					
What were the revenues for this firm in 2018?					
Include:					
• Report gross billings, except where noted elsewhere on the form.					
Dues and assessments from members and affiliates.					
Amounts received for work subcontracted to others.					
 For locations that were sold or acquired during a year, only report for the locations. 	ne periods t	that this 1	ırm oper	ated the	Э
 Revenue from services performed by domestic locations of foreign pare 	ant firme ei	ıheidiəria	e hranck	nee etc	
Revenues from electronic sources.	5111 1111115, 50	ibsidiarie	s, branci	165, 616.	
Exclude:					
 Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a 					
• Layes collected directly from clistomers or clients and haid directly to a					
			-		
• Rents from and revenue of separately operated departments, concession			-		
 Rents from and revenue of separately operated departments, concessio Commissions from vending machine operators. 	ons, etc., wh	ich are le	ased to	others.	
 Rents from and revenue of separately operated departments, concessio Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., out 	ons, etc., wh	ich are le	ased to	others.	oia, U.S.
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Form **SA-51114A** (DRAFT)

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INVENTORIES AT END OF YEAR

Report inventories at end of year at cost or market value using generally accepted accounting principles.

Include:

Inventory held in Foreign Trade Zones or in bond warehouses in the United States.

A.	Did this firm own inventories,	regardless of where h	eld, at the end o	of 2018 (or the	period for
	which you are reporting)?				

	Ш	Yes
6043		
		No - Go to

В.	What was the value of the inventories owned by this firm or
	December 31 in 2018?

1.	Finished goods .															1751		L
2.	Finished goods . Work-in-process															1752		L
3.	Materials, supplie	s, f	ue	ı,	et	C.										1753	+	

+						

2018

Thou.

Mil.

\$ Bil.



13 EXPORT REVENUE

4. TOTAL BOOK VALUE Sum of lines 1 through 3

An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

Include:

- Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.).
- Revenue from the sale of personal, business, or mainframe computer software to clients and customers located outside the United States.

Exclude:

- Services provided to domestic subsidiaries of foreign firms.
- A. Did the revenue reported in 6 include any revenue from exports?

0009	Yes
0003	No - Go to 14

	2	2018	
\$ Bil.	Mil.	Thou.	Dol.
	1 1	1 1	1 1

R	What was this firm's revenue from exports in 2018?	2100



14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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"		- 2	2018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
ersonnel Costs					
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		1 1		
Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	1822				
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				
expensed equipment, materials, parts, and supplies (not for esale) - Include expensed computer hardware and other equipment e.g., copiers, fax machines, telephones, shop and lab equipment, PUs, monitors). Include materials and supplies used in providing ervices to others; materials and parts used in repairs; office and nitorial supplies; small tools; containers and other packaging laterials; and motor fuels. Report packaged software in line 3a and ased and rented equipment in line 4b.	1860		1 1		
xpensed Purchased Services					
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				
Purchased printing services - Purchased or contracted printing services	6003				

Form	SA-5	1114A	(DRAFT)
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Mark "X" 2018	14	OPERATING EXPENSES - Continued							
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									
Other Operating Expenses a. Depreciation and amortization charges - Include depreciation charges taken against tangible assets owned and used 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 b. 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? TOTAL OPERATING EXPENSES Sum of lines 1a through 4b 1900							20	18	
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				if None	\$ Bil.	Mil.		Thou.	Dol
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	(Other Operating Expenses							
b. 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? TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	i	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						1 1	
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 7 TOTAL OPERATING EXPENSES Sum of lines 1a through 4b		(e.g., patents, copyrights). Exclude impairment	1831						
TOTAL OPERATING EXPENSES Sum of lines 1a through 4b		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							
Sum of lines 1a through 4b			1879					1 1	
		TOTAL OPERATING EXPENSES							
and (1) Not Applicable.		Sum of lines 1a through 4b	1900						

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3	CONTACT IN	FORMATIO	N									
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		Area code		Number		Extension			Area code		Number	
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Due Date

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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://www.census.gov/programs- surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.	
https://portal.census.gov Authentication Code:	s survey should be completed online at: To view Survey Results: https://www.census.gov/programs-surveys/sas.html
	GENERAL INSTRUCTIONS
Throughout this survey, a area or the new EIN that include data for the EIN re	ny reference to "this firm" is referring to the EIN that is printed in the mailing address was provided as a response in ②. Any responses related to "this firm" should only eferenced.
, ,	n this firm's operations should be noted in 🕡. or acquired in 2018, report data only for the period the establishments were operated by
	e if book figures are not available.
• Enter "0" where applical	
	r two or more detailed lines.
 Report data on an accru 	al basis, except for payroll. \$ Bil. Mil. Thou. Dol.
 Figures should be round 	led to the nearest dollar.
• If a figure is \$1,030,280,	456 it should be reported as ————
Include:	
Construction operations	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and) operating under the EIN printed in the mailing address area.
	es primarily engaged in supporting services to those establishment(s) such as warehouses, strative offices, and repair services.
1 A. MAILING ADDRESS	
Is this firm's name and	d mailing address the same as shown in the mailing address above?
O035 Yes	
☐ No - Enter co	prrections in the mailing address above

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B. SURVEY CO												
Did this firm	m provide	the bu	ısiness a	ctivities	described	below?						
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4	REPORTING PERIOD						
_	NOTE: Calendar year data are preferred. If they are unavailable, please	e repo	rt for the	fiscal ye	ar that i	ncludes	at least s
	months of data for the 2018 calendar year. What time period is covered by the data provided in this report	7				201	IΩ
	what time period is covered by the data provided in this report	ſ			-	20 Beginnir	
	☐ Calendar year				Month		Year
	0006					1	
	Fiscal or partial year - Report beginning and ending dates .			0007			
					Month	Ending Day	Date Year
					WOTE	Day	Teal
				0008			
•	Not Applicable.						
•	SALES, RECEIPTS, OR REVENUE						
	What were the revenues for this firm in 2018?						
	Include:						
	 Report gross billings, except where noted elsewhere on the form. 						
	• Dues and assessments from members and affiliates.						
	 Amounts received for work subcontracted to others. 						
	 For locations that were sold or acquired during a year, only report for locations 	r the	periods t	hat this f	rm ope	rated th	е
	 Revenue from services performed by domestic locations of foreign p 	arent	firms si	ıbsidiaries	s branc	hes etc	
	• Revenues from electronic sources.	a. onc			, Diano	, 010	
	Exclude:						
	• Transfers made within the company.						
	• Taxes collected directly from customers or clients and paid directly to						
	Rents from and revenue of separately operated departments, concess	sions,	etc., wh	ich are le	ased to	others.	
	Commissions from vending machine operators.			5			
	 Revenue of foreign subsidiaries (those located outside the U.S., i.e., Commonwealth Territories, or U.S. possessions). 	outsid	le the 50	states, D	strict of	Colum	bia, U.S.
	,		Mark "X"		•	2018	
			if None	\$ Bil.	Mil.	Thou	Dol
	Directories, Databases, and Other Collections of Information						
	a. Subscriptions and sales - Subscriptions and sales of directories						
	(e.g., telephone, business, trade, municipal, city directories). Subscriptions and sales of databases and other collections of						
	information in which the primary content is something other than						
		6129	Ш				
	b. Advertising space - Advertising from directories (e.g., telephone, business, trade, municipal, city directories). Advertising from						
	databases and other collections of information in which the					1 1	
	primary content is something other than contact information	6130					
	Other Operating Revenue						
	a. Rental or sale of mailing lists - Lists of names and addresses of individuals or businesses	C10E		'	1 1	' '	'
	b. All other operating revenue - Revenue not reported in lines	0135					
	1a through 2a. If this item is greater than 20% of the						
	total operating revenue, specify the primary source of the						
	revenue below 7						
		1799					
	TOTAL OPERATING REVENUE						
	Sum of lines 1a through 2b	1800					
	Not Applicable.						

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8	RE	VEN	UES	FR	ОМ	EL	.EC	TR	ON	IIC	S	01	UR	RCE	ES																										
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		0041		Yes																																					
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Form SA-51114E (DRAFT)

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INVENTORIES AT END OF YEAR

Report inventories at end of year at cost or market value using generally accepted accounting principles.

Include:

Inventory held in Foreign Trade Zones or in bond warehouses in the United States.

A.	Did this firm own inventories	, regardless of w	vhere held, a	t the end of	2018 (or the	period for
	which you are reporting)?	_				-

	Yes
6043	
	No - Go to

В.	What was the value of the inventories owned by this firm of
	December 31 in 2018?

1. Finished goods .											٠			1751
2. Work-in-process														1752

3.	Materials, supplies, fuel,	et	C.	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	1753
4.	TOTAL BOOK VALUE																				
	Sum of lines 1 through 3																				1754

	2018														
	\$ Bil.	Mil.	Thou.	Dol.											
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	l														
2															
				1 1											
3 +															
4	,														



13 EXPORT REVENUE

An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

Include:

- Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.).
- Revenue from the sale of personal, business, or mainframe computer software to clients and customers located outside the United States.

Exclude:

- Services provided to domestic subsidiaries of foreign firms.
- A. Did the revenue reported in 6 include any revenue from exports?

0009	Yes
0003	No - Go to 1

		Ψ Βπ.	
			Г
B. What was this firm's revenue from exports in 2018?	0		

2018						
\$ Bil.	Mil.	Thou.	Dol.			

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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"			2018	
		if None	\$ Bil.	Mil.	Thou.	Dol
ersonnel Costs						
Gross annual payroll - Total annual Medicare salaries at wages for all employees as reported on this firm's IRS Fo Employer's Quarterly Federal Tax Return, line 5(c) for the quarters that correspond to the survey period or IRS Form Employer's Annual Federal Tax Return, line 4(c). Include spread on stock options that are taxable to employees as	rm 941, four 1 944 the			1 1		
legally required programs and programs not required by Include insurance premiums for hospital plans, medical pand single service plans (e.g., dental, vision, prescription premium equivalents for self-insured plans and fees paid third-party administrators (TPAs); defined benefit pension defined contribution plans (e.g., profit sharing, 401K, stool plans); and other fringe benefits (e.g., Social Security, wo compensation insurance, unemployment tax, state disabil insurance programs, life insurance benefits, Medicare). Exemployee contributions.	law. blans, drugs); to plans; k option rkers' ity cclude					
Temporary staff and leased employee expense - Total paid to Professional Employer Organizations (PEOs) and stagencies for personnel. Include all charges for payroll, be and services	taffing					
expensed equipment, materials, parts, and supplies (not esale) - Include expensed computer hardware and other expense, copiers, fax machines, telephones, shop and lab equipmed. PUs, monitors). Include materials and supplies used in profervices to others; materials and parts used in repairs; office anitorial supplies; small tools; containers and other packagin naterials; and motor fuels. Report packaged software in line eased and rented equipment in line 4b.	quipment nent, viding and g 3a and					
xpensed Purchased Services						
Expensed purchases of software - Purchases of prepared custom coded, or vendor customized software. Include softweed or customized by others, web-design services a purchases, licensing agreements, upgrades of software, a maintenance fees related to software upgrades and altera	oftware and nd					
Purchased printing services - Purchased or contracted services	printing					

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14) 0	PERATING EXPENSES - Continued					
		Mark "X" if None			2018	.
		ii inone	\$ Bil.	Mil.	Thou.	Dol.
	ther Operating Expenses 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			1 1		
b	(e.g., patents, copyrights). Exclude impairment	1831				
		1879				
. т	OTAL OPERATING EXPENSES					
S	um of lines 1a through 4b	1900				

Page 8

18	CONTACT IN	EORMATI	ON									
•	Name of person			his report (Ple	ease pr	int)	Title					
	Telephone	Area code		Number -		Extension		Fax	Area code	Nu -	mber	
	E-mail address						Website a	address				
		THAI	NK YOU 1	for complet	ting y	our 2018 A	NNUAL	SERVICE	S REPORT.			
			,	We suggest	you ke	eep a copy f	or your re	ecords.				

SERVICE ANNUAL SURVEY FORM

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

2018 ANNUAL SERVICES REPORT

Due Date	
Due Date	
eed 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://www.census.gov/programs-	
surveys/sas/information.html	
OUR RESPONSE IS REQUIRED Y LAW. Title 13 United States ode (U.S.C.), Sections 131 and 82 authorizes this collection. Sections 224 and 225 require your sponse. The U.S. Census Bureau required by Section 9 of the ame law to keep your information ONFIDENTIAL and can use your sponses only to produce statistics. The Census Bureau is not permitted publicly release your responses a way that could identify your usiness, organization, or institution. For the Federal Cybersecurity shancement Act of 2015, your data e protected from cybersecurity sks through screening of the stems that transmit your data. This collection has been approved to the Office of Management and udget (OMB). The eight-digit OMB poroval number is 0607-0422 and	
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Pears at the upper right of this age. Without this approval, we hold not conduct this survey. **TERNET REPORTING - This type://portal.census.gov uthentication Code: **Any significant change **For establishments sold this firm. **Estimates are acceptable* **Enter "0" where applica **Do not combine data for the enter "0" where applica **Do not combine data for the enter "10" where applica **Include:**Include:**Include:** **Data for all Services est Construction operations* **Data for auxiliary facilitit garages, central adminishments.	To view Survey Results: https://www.census.gov/programs-surveys/sas.htm GENERAL INSTRUCTIONS In this firm's operations should be noted in ①. or acquired in 2018, report data only for the period the establishments were operated by en if book figures are not available. ble. In two or more detailed lines. al basis, except for payroll. ded to the nearest dollar. 456 it should be reported as I O 3 O 2 8 O 4 5 6 abblishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and as defined by the survey coverage in ①B. es primarily engaged in supporting services to those establishment(s) such as warehouses,
Pears at the upper right of this age. Without this approval, we hold not conduct this survey. **TERNET REPORTING - This type://portal.census.gov uthentication Code: **Any significant change **For establishments sold this firm. **Estimates are acceptable* **Enter "0" where applica **Do not combine data for the enter "0" where applica **Do not combine data for the enter "10" where applica **Include:**Include:** **Data for all Services est Construction operations* **Data for auxiliary facilititing grages, central adminitions* **A. MAILING ADDRESS* Is this firm's name and Yes	To view Survey Results: https://www.census.gov/programs-surveys/sas.htm GENERAL INSTRUCTIONS In this firm's operations should be noted in (a). Or acquired in 2018, report data only for the period the establishments were operated by the eif book figures are not available. Dele. In two or more detailed lines. I was or more detailed lines. I will thou bol. I wil
Pears at the upper right of this age. Without this approval, we hold not conduct this survey. **TERNET REPORTING - This type://portal.census.gov uthentication Code: **Any significant change **For establishments sold this firm. **Estimates are acceptable* **Enter "0" where applica **Do not combine data for the enter "0" where applica **Do not combine data for the enter "10" where applica **Include:**Include:** **Data for all Services est Construction operations* **Data for auxiliary facilititing grages, central adminishments* **A. MAILING ADDRESS* Is this firm's name and the enter the	To view Survey Results: https://www.census.gov/programs-surveys/sas.htm GENERAL INSTRUCTIONS In this firm's operations should be noted in (a). Or acquired in 2018, report data only for the period the establishments were operated by the eif book figures are not available. Dele. In two or more detailed lines. I was or more detailed lines. I will thou. I

B. SURVEY COVERAGE	
Did this firm provide the business activities described below?	
Yes	
0001	
No - Specify this firm's business activity	
0002	
2 Not Applicable.	
3 ORGANIZATIONAL CHANGE	
A. Did this firm experience any acquisitions, sales, mergers, and/	or divestitures in 2018?
☐ Yes	
0016	
□ No - Go to ②	
B. Which of the following organizational changes occurred in 20	
Check all that apply. If more than one organizational change occurred	d during the reporting period, explain in ①.
☐ Acquisition	Month Day Year
Date of organizational change	
Sale > AND	
☐ Merger Enter detailed information below ₹	
Divestiture	
Divestiture)	
0017 Name of company	0019 EIN (9 digits)
Address (Number and street, P.O. Box, etc.)	
City, town, village, etc.	State ZIP Code

DEDORTING DEDIOD						
REPORTING PERIOD NOTE: Calendar year data are preferred. If they are unavailable, pleas months of data for the 2018 calendar year.	e repo	ort for the	fiscal year	ar that i	ncludes a	at least s
What time period is covered by the data provided in this report	- ?				2018	3
Time time period to covered by the data provided in time report				E	Beginning	
Calendar year				Month	Day	Year
0006					1	1 1
Fiscal or partial year - Report beginning and ending dates .			0007			1 1
					Ending l	Date
				Month	Day	Year
				'		1 1
			8000			
Not Applicable.						
SALES, RECEIPTS, OR REVENUE						
What were the revenues for this firm in 2018?						
Include:						
Allowances for cash and other discounts.						
• Report gross billings, except where noted elsewhere on the form.						
• Dues and assessments from members and affiliates.						
 Amounts received for work subcontracted to others. 						
• For locations that were sold or acquired during a year, only report for	or the	periods t	hat this fi	irm opei	rated the	
locations.						
 Revenue from services performed by domestic locations of foreign p 	parent	firms, su	bsidiaries	s, brancl	hes, etc.	
Revenues from electronic sources.						
Exclude:						
Transfers made within the company.						
 Taxes collected directly from customers or clients and paid directly to 						
• Rents from and revenue of separately operated departments, conces	ssions	, etc., wh	ich are le	ased to	others.	
Commissions from vending machine operators.						
 Revenue of foreign subsidiaries (those located outside the U.S., i.e., Commonwealth Territories, or U.S. possessions). 	outsi	de the 50	states, Di	strict of	Columb	a, U.S.
Commonwealth Formeries, or C.S. possessions,					2018	
		Mark "X" if None	\$ Bil.	Mil.	Thou.	Do
			Ţ J	1	111041	
Greeting cards - Greeting cards published on paper or the Internet	6141			1 1	1 1	
All other operating revenue - Revenue not reported in line 1. If						
this item is greater than 20% of the total operating revenue,						
specify the primary source of the revenue below 7						
				1 1		
	1799					
TOTAL OPERATING REVENUE	.,,,,					
Sum of lines 1 and 2	1000					
Cam or mics I and 2	. 1000					
Not Applicable.						

OFFIT SA-31116A (DRAFI)			raye -
8 REVENUES FROM ELECTRONIC SOURCES			
A. Did this firm have any revenues from customers entering orders directly mobile applications in 2018?	on the firm	n's website	s or
O040 Yes			
□ No			
B. Did this firm have any revenues from customers entering orders directly mobile applications in 2018?	on third-pa	arty websit	es or
O041 Yes			
NoDid this firm have any revenues from customers entering orders via any orders.	than alaat	ronio evete	mo
(such as private networks, dedicated lines, etc.) in 2018?	tiler elect	roilic syste	1115
U Yes			
□ No			
D. Of the total 2018 revenues reported in 6, 2018			2018
what was the dollar amount (or percentage) that was from the revenues identified in \$Bil. Mil. Thou.	Dol.		Percent
A-C above? Please provide an estimate if		OR	%
exact figures are not available		2501	/0
9-11 Not Applicable.			
INVENTORIES AT END OF YEAR			
Report inventories at end of year at cost or market value using generally accepted ac	counting p	rinciples.	
Include:			
•Inventory held in Foreign Trade Zones or in bond warehouses in the United States.			
A. Did this firm own inventories, regardless of where held, at the end of 201 which you are reporting)?	8 (or the	period for	
O43 Yes			
No - Go to 😉			
		2018	
B. What was the value of the inventories owned by this firm on December 31 in 2018?	\$ Bil. N	fil. Thou	ı. Dol.
1. Finished goods			
1. Fillished goods			
2. Work-in-process			
3. Materials, supplies, fuel, etc			
4. TOTAL BOOK VALUE Sum of lines 1 through 3			.
3			

2018

Thou.

Dol.

Mil.



An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

Include:

- Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.).
- Revenue from the sale of personal, business, or mainframe computer software to clients and customers located outside the United States.

Exclude:

· Services provided to domestic subsidiaries of foreign firms.

A. Did the revenue reported in 6 include any revenue from exports?

	Yes
0009	No - Go to 🛂

	\$ Bil.	Mil.	Thou.	Dol.
What was this firm's revenue from exports in 2018?				

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

B.

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

Gross annual payroll

Personnel Costs

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

employee contributions.

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

\$ Bil.

• 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
Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability	

CONTINUE WITH 14 ON PAGE 6

insurance programs, life insurance benefits, Medicare). Exclude

14	OPERATING EXPENSES - Continued						
			Mark "X"			2018	
_			if None	\$ 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			1 1		
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3a and leased and rented equipment in line 4b						1 1
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			1 1		
	b. Purchased printing services - Purchased or contracted printing			'	1 1		
4.	services	6003					
	 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 b. All other operating expenses - All other operating expenses 						1 1
	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?						
		1879					
5.	TOTAL OPERATING EXPENSES	1070					
	Sum of lines 1a through 4b	1900					

0	CONTACT IN	EODMATIO	IN.						
8	CONTACT IN Name of persor			ne print)	Title				
8			N egarding this report <i>(Pleas</i>)	e print)	Title				
8	Name of person			e print) Extension		Area code	Nu	umber	
8		n to contact re	garding this report (Pleas		Title Fax	Area code	Nu -		
8	Name of person	n to contact re	egarding this report (Pleas	Extension		Area code			
8	Name of persor	n to contact re	egarding this report (Pleas	Extension	Fax	Area code			
8	Name of persor	Area code	Number	Extension	Fax Website address		-		
18	Name of persor	Area code	Number K YOU for completin	Extension	Fax Website address NNUAL SERVICES		-		

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



SERVICE ANNUAL SURVEY

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

SA-51118E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 ①.
- For establishments sold or acquired in 2018, 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.
- Figures 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

- 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.

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



B. SURVEY COVERAGE				
Did this firm provide the business activities described below?				
Yes				
0001				
No - Specify this firm's business activity				
0002				
FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)				
Does this firm report payroll under EIN				
☐ Yes	E13.1 (c		`	
□ No - Enter current 9-digit EIN AND date payroll was first	EIN (S	digits	5)	1 1 1
reported for this EIN		-		
'		Montl	h Day	Year
		WIOTIL	П Бау	Teal
	0088			
ORGANIZATIONAL CHANGE				
		.403		
A. Did this firm experience any acquisitions, sales, mergers, and/or divestiture	s in 20	718?		
Yes				
0016 No - <i>Go to</i> 4				
No - Go to G				
B. Which of the following organizational changes occurred in 2018?				
Check all that apply. If more than one organizational change occurred during the rep	oorting	period	d, explai	in in D .
□ A., :::::		Month	n Day	Year
Acquisition		'	'	
Date of organizational change	. 0018			
0091 AND				
Merger Enter detailed information below 7				
Divestiture				
0017 Name of company	0019 EI	IN (9 di	gits)	
St. Nation of company	1	_		
or, prunto or company	100			
Address (Number and street, P.O. Box, etc.)				
Address (Number and street, P.O. Box, etc.)				
	ZIP Co			
Address (Number and street, P.O. Box, etc.)	ZIP Co	de		
Address (Number and street, P.O. Box, etc.)	ZIP Co		-	
Address (Number and street, P.O. Box, etc.)	ZIP Co		-	

Form SA-51118E Page 3 (DRAFT) **REPORTING PERIOD** NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal year that includes at least six months of data for the 2018 calendar year. What time period is covered by the data provided in this report? 2018 **Beginning Date** Calendar year Month Day Year 0006 Fiscal or partial year - Report beginning and ending dates . . . **Ending Date** Month Day 8000

5 Not Applicable.

SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

- Allowances for cash and other discounts.
- Report gross billings, **except** where noted elsewhere on the form.
- Dues and assessments from members and affiliates.
- 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.
- Revenues from electronic sources.

Exclude:

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

			Mark "X"		2	2018	
			if None	\$ Bil.	Mil.	Thou.	Dol.
	O and an analysis of the Constitution of the Indiana.						
1.	Greeting cards - Greeting cards published on paper or the Internet	6141					
2.	All other operating revenue - Revenue not reported in line 1. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7						
		1799					
3.	TOTAL OPERATING REVENUE						
	Sum of lines 1 and 2	1800					

7 Not Applicable.

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S

Form	SA-511	18E (draft)				Page 4
8	REVENU	ES FROM ELECTRONIC SOURCES				
		is firm have any revenues from customers entering orders directly e applications in 2018?	on the fi	m's web	sites o	r
	0040	Yes				
	[No				
	B. Did t mobi	is firm have any revenues from customers entering orders directly e applications in 2018?	on third-	party we	bsites (or
	0041	Yes				
	[No No				
	C. Did t (such	is firm have any revenues from customers entering orders via any cas private networks, dedicated lines, etc.) in 2018?	other elec	ctronic sy	/stems	
	0042	Yes				
	[No				
	D. Of th	e total 2018 revenues reported in 6 , 2018		_		2018
	what	was the dollar amount (or percentage) was from the revenues identified in \$Bil. Mil. Thou.	Dol.			Percent
	A-C a	pove? Please provide an estimate if figures are not available.		OR	2501	%
9-	11 Not	Applicable.				
		PRIES AT END OF YEAR				
		ventories at end of year at cost or market value using generally accepted ac	counting	principles		
	Include:	y held in Foreign Trade Zones or in bond warehouses in the United States.				
	whic	nis firm own inventories, regardless of where held, at the end of 20° you are reporting)?	io (or the	e periou i	or	
	[Yes				
	6043	No - <i>Go to</i> 13				
	R What	was the value of the inventories owned by this firm on		201	18	
		nber 31 in 2018?	\$ Bil.	Mil.	Thou.	Dol.
	1. Fi	ished goods				
	2. W	rk-in-process				
		terials, supplies, fuel, etc				
		m of lines 1 through 3				

2018

Thou.

Dol.

Mil.



An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

Include:

- Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.).
- Revenue from the sale of personal, business, or mainframe computer software to clients and customers located outside the United States.

Exclude:

• Services provided to domestic subsidiaries of foreign firms.

A. Did the revenue reported in 6 include any revenue from exports?

	Yes
0009	
	No - Go to 14

		Pil Mil Thou F			
	\$ Bil.	Mil.	Thou.	Dol.	
What was this firm's revenue from exports in 2018?					

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

R

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

Gross annual payroll

Personnel Costs

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

employee contributions.

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

\$ Bil.

• 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		1 1	
Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance unemployment tax, state disability				

CONTINUE WITH 14 ON PAGE 6

insurance programs, life insurance benefits, Medicare). Exclude

	ortollion (Sudif)					, age c
14	OPERATING EXPENSES - Continued					
		Mark "X"	7		2018	
		if None		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,		'	1 1	' '	1 1
2	and services	B 🗀				
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment					
	(e.g., copiers, fax machines, telephones, shop and lab equipment,					
	CPUs, monitors). Include 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. Report packaged software in line 3a and		'	1 1	' '	' '
_	leased and rented equipment in line 4b)				
3.	Expensed Purchased Services					
	 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					
	b. Purchased printing services - Purchased or contracted printing	,				
	Services			1 1		1 1
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					
	b. 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 7					
	1879		·			
5.	TOTAL OPERATING EXPENSES					
0.	Sum of lines 1a through 4b)				
A	and 16 Not Applicable.					
B	and to Not Applicable.					

Form	SA-5	1118E	(DRAFT)
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CONTAC	T INFORMATION	ON								
	erson to contact r		report (Please	e print)	Title					
Telephon	e Area code	Nur -	mber	Extension		Fax	Area code	1 1	Number _	
E-mail add	Iress				Website ac	Idress				
					1					

We suggest you keep a copy for your records.

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



SERVICE ANNUAL SURVEY

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

FORM

E1110A

2018 ANNUAL SERVICES REPORT

SA-51119A	
Due Date	
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://www.census.gov/programs- surveys/sas/information.html	
,	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States	
Code (U.S.C.), Sections 131 and 182 authorizes this collection.	
Sections 224 and 225 require your response. The U.S. Census Bureau	
is required by Section 9 of the same law to keep your information	
confidential and can use your	
responses only to produce statistics. The Census Bureau is not permitted	
to publicly release your responses	
in a way that could identify your business, organization, or institution.	
Per the Federal Cybersecurity Enhancement Act of 2015, your data	
are protected from cybersecurity	
risks through screening of the systems that transmit your data.	
This collection has been approved	
by the Office of Management and Budget (OMB). The eight-digit OMB	
approval number is 0607-0422 and appears at the upper right of this	
page. Without this approval, we	
could not conduct this survey.	
Authentication Code:	To view Survey Results: https://www.census.gov/programs-surveys/sas.html
	GENERAL INSTRUCTIONS
 Any significant change i 	n this firm's operations should be noted in 😈.
 For establishments sold this firm. 	or acquired in 2018, report data only for the period the establishments were operated by
	if book figures are not available.
Enter "0" where applical	
	two or more detailed lines.
	al basis, except for payroll. \$ Bil. Mil. Thou. Dol.
• Figures should be round	1 0 3 0 2 8 0 4 5 6
Include:	56 it should be reported as
 Data for all Services esta 	blishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and
•	as defined by the survey coverage in 1 B.
garages, central adminis	es primarily engaged in supporting services to those establishment(s) such as warehouses, trative offices, and repair services.
1 A. MAILING ADDRESS	
Is this firm's name and	mailing address the same as shown in the mailing address above?
Yes	
0035	
	marking in the marilian address also
☐ No - Enter co	rrections in the mailing address above
☐ No - Enter co	rrections in the mailing address above

1 B. SURVEY COVERAGE

	Did	this	firm provide	the bu	usiness	s activ	ities de	escribed	d below	?							
ı																	
ı																	
ı																	
ı																	
ı																	
ı																	
ı																	
ı																	
ı																	
ı			Yes														
ı	0001		No - Specify th	this firn	n's busi	iness a	ctivity 7	,									
ı			The Speeding to				·····, ,										
ı			0002														
ŀ	2 Not Ap	plical	ble.														
ŀ			TIONAL CHAI	NGE													
ı			firm experier		n acan	uisition	s. sale	s. mera	iers, and	d/or dive	estiture	s in :	2018	7			
ı	711 210				,		,	o,o. g	,010, 0111	.,		-		-			
ı	0016	Ш	Yes														
ı			No - Go to 4														
ı	B. Wh	ich o	f the followin	ng org	anizati	ional c	hanges	occuri	red in 2	018?							
ı	Che	ck all	l that apply. If r	more tl	han one	e organ	izationa	al chang	e occurr	ed during	g the rep	ortir	ig pe	riod, ex	plair	in 🕡	
ı			Acquisition										Mo	onth D	ay	Ye	ar
ı				Dat	te of or	ganizat	ional ch	nange .				. 001	8				
ı	0091	Ш	Sale	> AN		·		Ü									
						ilad inf	'a una ati a	n balan									
ı			Merger	l Ent	iei ueia	nea mi	OTTITALIO	n below	/								
				Ent													
			Merger Divestiture	Ent													
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	0017	Nam	Divestiture	Ent								0019	EIN (9 digits)			
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			Divestiture			tc.)						0019		9 digits)			
	Add	dress (Divestiture			tc.)					State	0019 ZIP (-	9 digits)		1 1	
	Add	dress (Divestiture ne of company (Number and stre			tc.)					State		-	9 digits)			
	Add	dress (Divestiture ne of company (Number and stre			tc.)					State		-	9 digits)	-		
	Add	dress (Divestiture ne of company (Number and stre			tc.)					State		-	9 digits)	-		
	Add	dress (Divestiture ne of company (Number and stre			tc.)					State		-	9 digits)	-		
	Add	dress (Divestiture ne of company (Number and stre			tc.)					State		-	9 digits)	_		
	Add	dress (Divestiture ne of company (Number and stre			tc.)					State		-	9 digits)	-		
	Add	dress (Divestiture ne of company (Number and stre			tc.)					State		-	9 digits)	-		
	Add	dress (Divestiture ne of company (Number and stre			tc.)					State		-	9 digits)			
	Add	dress (Divestiture ne of company (Number and stre			tc.)					State		-	9 digits)	-		
	Add	dress (Divestiture ne of company (Number and stre			tc.)					State		-	9 digits)	-		

orm	ı SA	-51	119A (DRAFT)						Page 3
4	REP	PORT	TING PERIOD						
	NOT mor	ΓΕ: C	alendar year data are preferred. If they are unavailable, please of data for the 2018 calendar year.	e repo	rt for the	fiscal yea	r that ii	ncludes a	at least six
	Wha	at tiı	me period is covered by the data provided in this report	?				201	3
							E	Beginning	Date
			Calendar year				Month	Day	Year
	0006		Final as westial wars. Bound having in a and and in a data				'		
			Fiscal or partial year - Report beginning and ending dates .			0007		Endina	Data
							Month	Ending Day	Year
							IVIOITEIT	Day	T Cui
						0008			
5	Not	Арр	licable.						
6	SAL	LES,	RECEIPTS, OR REVENUE						
	Wha	at w	ere the revenues for this firm in 2018?						
	Incl	lude:							
	• All	lowa	nces for cash and other discounts.						
			gross billings, except where noted elsewhere on the form.						
			nd assessments from members and affiliates.						
			its received for work subcontracted to others.						
		r loc catio	ations that were sold or acquired during a year, only report fo	or the	periods t	hat this fi	rm oper	ated the	
			ns. Ie from services performed by domestic locations of foreign p	arant	firme eu	heidiariae	hranck	nae atc	
			ues from electronic sources.	arent	minis, su	DSIGIATIOS	, branci	163, 616.	
		lude							
			ers made within the company.						
			collected directly from customers or clients and paid directly t	o a lo	cal, state	, or federa	al tax aç	jency.	
	• Re	nts f	rom and revenue of separately operated departments, conces	sions,	etc., wh	ich are lea	sed to	others.	
			issions from vending machine operators.						
	• Re	venu	ue of foreign subsidiaries (those located outside the U.S., i.e., onwealth Territories, or U.S. possessions).	outsic	le the 50	states, Di	strict of	Columb	ia, U.S.
	Co	111111	onwealth remitalies, or 0.3. possessions).						
					Mark "X" if None	♠ D:I		2018	Del
	Cala		adhrandiain a casa a Adrianticia a facas content a chlich ad an		II None	\$ Bil.	Mil.	Thou.	Dol.
1.			advertising space - Advertising from content published on the Internet	6151				1 1	
2.	All	othe	er operating revenue - Revenue not reported in line 1. If						
	this	iter	n is greater than 20% of the total operating revenue, the primary source of the revenue below ⊋						
	she	CITY	the primary source of the revenue below						
				1799					
3.			OPERATING REVENUE						
	Sun	n of I	lines 1 and 2	1800					
7	Not	Арр	licable.						

8 REVENUES FROM ELECTRONIC SOURCES

	• II	Did whi 6043 What Dec 1. F 2. W	inventories at end of year at cost or market value us e: tory held in Foreign Trade Zones or in bond warehout this firm own inventories, regardless of where ich you are reporting)? Yes No - Go to name to the inventories owned by the modern and in 2018? Finished goods Nork-in-process Materials, supplies, fuel, etc.	is firm	the United	d States. d of 201 . 1751 . 1752 . 1753 +	·	period		Dol.
	• II	Did whi 6043 Wha Dec 1. F	tory held in Foreign Trade Zones or in bond warehout this firm own inventories, regardless of where ich you are reporting)? Yes No - Go to Content to the inventories owned by the modern of the inventories owned by the inished goods	ises in	the United	d States. d of 201	8 (or the	period	d for	Dol.
	• II	Did whi	tory held in Foreign Trade Zones or in bond warehout this firm own inventories, regardless of where ich you are reporting)? Yes No - Go to No at was the value of the inventories owned by the tember 31 in 2018?	held,	the United at the end	d States.	8 (or the	period	d for	Dol.
	• II	Did whi	tory held in Foreign Trade Zones or in bond warehout this firm own inventories, regardless of where ich you are reporting)? Yes No - Go to to to to to to to to to to to to to to t	nses in	the United	d States.	8 (or the	period	d for	Dol.
	• II	Did whi	tory held in Foreign Trade Zones or in bond warehout this firm own inventories, regardless of where ich you are reporting)? Yes No - Go to 18	nses in	the United	d States.	·	period	l for	
	•	clude nvent Did whi	tory held in Foreign Trade Zones or in bond warehout this firm own inventories, regardless of where ich you are reporting)? Yes	ıses in	the United	d States.	·			
	•	clude nvent	e: tory held in Foreign Trade Zones or in bond warehou this firm own inventories, regardless of where	ıses in	the United	d States.	·			
	•	clude	e: tory held in Foreign Trade Zones or in bond warehou	ıses in	the United	d States.	·			
	Ind		·	ing ger	nerally acc	epted ac	counting	principl	es.	
	Re	port	to a stantage of a self of a second self							
12			TORIES AT END OF YEAR							
9-	-A		ot Applicable.	ı				On	2501	/0
		that A-C	t was from the revenues identified in above? Please provide an estimate if	\$ Bil.	Mil.	Thou.	Dol.	OR		Percent %
	D.	Of t	the total 2018 revenues reported in ① , at was the dollar amount (or percentage)			2018				2018
			No							
		0042	Yes							
	C.	Did (suc	this firm have any revenues from customers ench as private networks, dedicated lines, etc.) in	tering 2018?	orders v	ia any o	ther elec	tronic	system	ıs
			□ No							
		0041	Yes							
	В.	Did mok	this firm have any revenues from customers en bile applications in 2018?	tering	orders d	lirectly (on third-	oarty w	ebsite:	s or
			□ No							
		0040	Yes							

2018

Thou.

Dol.

Mil.



An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

Include:

- Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.).
- Revenue from the sale of personal, business, or mainframe computer software to clients and customers located outside the United States.

Exclude:

• Services provided to domestic subsidiaries of foreign firms.

A. Did the revenue reported in @ include any revenue from exports?

	Yes
0009	
	No - Go to 14

	\$ Bil.	Mil.	Thou.	Dol.
What was this firm's revenue from exports in 2018?				

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

B.

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

Gross annual payroll

Personnel Costs

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

employee contributions.

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

\$ Bil.

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		ı		1			
legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude							

1.					2040	
1		Mark "X" if None	\$ Bil.	Mil.	2018 Thou.	Dol
	Personnel Costs - Continued		4 2			201
	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					
	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment					
	(e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3a and leased and rented equipment in line 4b					
	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					1
	maintenance fees related to software upgrades and alterations 1826					
	b. Purchased printing services - Purchased or contracted printing services		,			'
	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			1 1	1 1	ı
	(e.g., patents, copyrights). Exclude impairment					
	b. 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					
	1879					
5.	TOTAL OPERATING EXPENSES					
	Sum of lines 1a through 4b					

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)	data were esti	mated.		·	•	,	r-to-year changes,	,	•		
	CONTACT IN				. (5)		—				
	Name of perso	n to contact	regarding t	his repoi	t (Please p	orint)	Title				
		Area code		Number		Extension	_	Area code		Numbe	r
	Telephone			-	1 1		Fax			_	
	E-mail address						Website address				



2018 ANNUAL SERVICES REPORT

Due Date	
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://www.census.gov/programs- surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we	
could not conduct this survey.	
https://portal.census.gov Authentication Code:	s survey should be completed online at: To view Survey Results: https://www.census.gov/programs-surveys/sas.html
	GENERAL INSTRUCTIONS
Throughout this survey, a area or the new EIN that v include data for the EIN re	iny reference to "this firm" is referring to the EIN that is printed in the mailing address was provided as a response in ②. Any responses related to "this firm" should only
 Any significant change i 	n this firm's operations should be noted in 🕡.
this firm.	or acquired in 2018, report data only for the period the establishments were operated by
	e if book figures are not available.
• Enter "0" where applicat	ole. r two or more detailed lines.
	at hearth and from an arthur
• Figures should be round	ded to the nearest dollar
<u> </u>	456 it should be reported as ———————————————————————————————————
Include:	
 Data for all Services esta 	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and
Construction operations) operating under the EIN printed in the mailing address area.
	es primarily engaged in supporting services to those establishment(s) such as warehouses, strative offices, and repair services.
1 A. MAILING ADDRESS	
ls this firm's name and	d mailing address the same as shown in the mailing address above?
☐ Yes	
0035	
□ No - Enter co	prrections in the mailing address above

B. SURVEY COVERAGE	
Did this firm provide the business activities described below?	
Yes	
0001	
□ No - Specify this firm's business activity 7	
0002	
	_
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	
Month Day Yea	r
0088	
ORGANIZATIONAL CHANGE	
A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?	
Yes	
0016 No - Go to 4	
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in ①.	
Month Day Yea	r
Acquisition	
Date of organizational change	
0091	
☐ Merger Enter detailed information below	
Divestiture	
0017 Name of company 0019 EIN (9 digits)	_
Address (Number and street, P.O. Box, etc.)	
City, town, village, etc. State ZIP Code	
	Г

orm	SA-5	1119E (DRAFT)						Page 3
4	REPO	RTING PERIOD						
	NOTE:	Calendar year data are preferred. If they are unavailable, pleas s of data for the 2018 calendar year.	e repo	ort for the	fiscal yea	ır that i	ncludes	at least six
	What	time period is covered by the data provided in this report	:?				201	18
						E	Beginnir	ıg Date
	L	Calendar year				Month	Day	Year
	0006	Figure or newtiel year. Persent has inning and anding dates						
	_	Fiscal or partial year - Report beginning and ending dates .			0007		F	Dete
						Month	Ending Day	Year
						WOTEH	Day	I Gai
					0008			
5	Not A	oplicable.						
6	SALE	S, RECEIPTS, OR REVENUE						
	What	were the revenues for this firm in 2018?						
	Includ	le:						
		vances for cash and other discounts.						
		ort gross billings, except where noted elsewhere on the form.						
		and assessments from members and affiliates.						
	• For I	unts received for work subcontracted to others. ocations that were sold or acquired during a year, only report fo ions.	or the	periods t	hat this fi	rm opei	rated th	e
		nue from services performed by domestic locations of foreign p	arent	firms, su	bsidiaries	, brancl	nes, etc.	
	• Reve	nues from electronic sources.						
	Exclu	de:						
	• Trans	sfers made within the company.						
		s collected directly from customers or clients and paid directly t						
		s from and revenue of separately operated departments, conces	sions	, etc., whi	ich are lea	sed to	others.	
		missions from vending machine operators.		d. d 50	D:		0-11	L:- 11.0
	Com	nue of foreign subsidiaries (those located outside the U.S., i.e., monwealth Territories, or U.S. possessions).	outsi	de the 50	states, Dis	Strict of	Columi	oia, U.S.
				Mark "X"		-	2018	
				if None	\$ Bil.	Mil.	Thou.	. Dol.
1.	Sale o	of advertising space - Advertising from content published on						1 1
		41 1 4 7 7 7	. 6151					
2.		her operating revenue - Revenue not reported in line 1. If						
	this it	em is greater than 20% of the total operating revenue, by the primary source of the revenue below ?						
		, ,,						
			1799	Ш				
3.		L OPERATING REVENUE				1 1	1 7	
	Sum c	of lines 1 and 2	. 1800					
7	Not Ap	oplicable.						

Forn	ı SA	\-51	119	E (DRAFT)				Page 4
8	RE	VEN	UES	FROM ELECTRONIC SOURCES				
				firm have any revenues from customers entering orders directly capplications in 2018?	on the	firm's	websites (or
		0040		Yes				
				No				
	В.	Did mob	this	firm have any revenues from customers entering orders directly of applications in 2018?	on thir	d-party	websites	or
		0041		Yes				
				No		_		
	C.	Did (suc	this h as	firm have any revenues from customers entering orders via any of private networks, dedicated lines, etc.) in 2018?	other el	lectron	iic systems	S
		0042		Yes				
				No				
	D.	Of t	he t	otal 2018 revenues reported in 6 , 2018				2018
		wha	t wa	as the dollar amount (or percentage) s from the revenues identified in \$Bil. Mil. Thou.	Do	ol.		Percent
		A-C	abo	ve? Please provide an estimate if gures are not available			OR ₂₅₀₁	%
9	-①	No:	t Ap	plicable.				
12	IN۱	/EN1	ΓOR	IES AT END OF YEAR				
	Rep	oort i	nvei	ntories at end of year at cost or market value using generally accepted ac	countin	g princ	iples.	
		lude	-	held in Foreign Trade Zones or in bond warehouses in the United States.				
				s firm own inventories, regardless of where held, at the end of 201		he per	iod for	
	7	whi	ch y	ou are reporting)?		o poi		
		6043		Yes				
		6043		No - Go to 🔞				
							2018	
				as the value of the inventories owned by this firm on per 31 in 2018?	\$ Bil.	Mil.	Thou.	Dol.
		1. F	inis	hed goods				
		2. V	Vork	r-in-process		++		
		3. N	/late	rials, supplies, fuel, etc				
				AL BOOK VALUE				
		5	oum	of lines 1 through 3				



An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

Include:

- Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.).
- Revenue from the sale of personal, business, or mainframe computer software to clients and customers located outside the United States.

Exclude:

• Services provided to domestic subsidiaries of foreign firms.

A. Did the revenue reported in 6 include any revenue from exports?

	Yes
0009	
	No - Go to 14

	\$ Bil.	Mil.	Thou.	Dol.
What was this firm's revenue from exports in 2018?				
What was this firm's revenue from exports in 2018?				

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

B.

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

Gross annual payroll

Personnel Costs

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

employee contributions.

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

\$ Bil.

. 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
LEmployer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability	

CONTINUE WITH 14 ON PAGE 6

insurance programs, life insurance benefits, Medicare). Exclude

2018

Thou.

Dol.

Mil.

14 OPERATING EXPENSES - Continued

Dol.

2018

Thou.

Mil.

Mark "X" sil.

1.	Pe	rsonnel 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					
2.	(e.g CP ser jan	pensed equipment, materials, parts, and supplies (not for sale) - Include expensed computer hardware and other equipment g., copiers, fax machines, telephones, shop and lab equipment, Us, monitors). Include materials and supplies used in providing vices to others; materials and parts used in repairs; office and itorial supplies; small tools; containers and other packaging terials; and motor fuels. Report packaged software in line 3a and sed and rented equipment in line 4b.						
3.	Ex	pensed Purchased Services						
		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		1		1	
		Purchased printing services - Purchased or contracted printing services	6003		'	,		'
4.	Ot	her 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	ı				
	b.	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 7						
			1879		'	'	'	
5.		TAL OPERATING EXPENSES m of lines 1a through 4b	1900					
		Not Applicable.						

Form	SA-5	1119	E (DRAFT)
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) (CONTACT IN	FORMATI	ON								
	Name of persor			nis report (I	Please p	rint)	Title				
	Telephone	Area code	1	Number		Extension		Fax	Area code	Number	1 1
				-						-	
	E-mail address						Website add	dress			

We suggest you keep a copy for your records.

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

SERVIC U.S. DEP Economics U.S. CEN FORM

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

2018 ANNUAL SERVICES REPORT

SA-51120A (DRAFT) **Due Date** 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey. INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov **Authentication Code:** To view Survey Results: https://www.census.gov/programs-surveys/sas.html **GENERAL INSTRUCTIONS**

- Any significant change in this firm's operations should be noted in 17.
- For establishments sold or acquired in 2018, 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.
- Figures 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) as defined by the survey coverage in **1**B.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

1	A. MA	ILIN	G ADDRESS
	ls th	is fi	rm's name and mailing address the same as shown in the mailing address above?
	0035		Yes
			No - Enter corrections in the mailing address above

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FORM SA-5112UA (DRAFT)	Page 2
1 B. SURVEY COVERAGE	
Did this firm provide the business activities described below?	
Yes	
0001	
The opening time initial submission deliving g	
0002	
A Net A collected	
2 Not Applicable.	
3 ORGANIZATIONAL CHANGE	
A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?	
☐ Yes	
⁰⁰¹⁶	
- No - Go to G	
B. Which of the following organizational changes occurred in 2018?	
Check all that apply. If more than one organizational change occurred during the reporting period, explain in	D .
Acquisition Month Day	Year
Date of organizational change	
Sale AND	
Merger	
Enter detailed information below?	
Divestiture	
0017 Name of company 0019 EIN (9 digits)	
Address (Number and street, P.O. Box, etc.)	
City Assum williams at a	
City, town, village, etc. State ZIP Code	
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	·			Page 3
4	REPORTING PERIOD			
	NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal year months of data for the 2018 calendar year.	r that ir	ncludes	at least six
	What time period is covered by the data provided in this report?		201	8
		В	eginnin	g Date
	Calendar year	Month	Day	Year
	Fiscal or partial year - Report beginning and ending dates	'	'	' ' '
	riscal of partial year - neport beginning and ending dates		Ending	Date
		Month	Day	Year
			1	1 1 1
	0008			
5	Not Applicable.			
6	SALES, RECEIPTS, OR REVENUE			
	What were the revenues for this firm in 2018?			
	Include:			
	• Report gross billings, except where noted elsewhere on the form.			
	• Dues and assessments from members and affiliates.			
	Amounts received for work subcontracted to others.		-1-1-1	
	 For locations that were sold or acquired during a year, only report for the periods that this fill locations. 	rm oper	ated the)
	 Revenue from services performed by domestic locations of foreign parent firms, subsidiaries Revenues from electronic sources. 	, branch	nes, etc.	
	Exclude:			
	Transfers made within the company.			
	• Taxes collected directly from customers or clients and paid directly to a local, state, or federal	_		
	• Rents from and revenue of separately operated departments, concessions, etc., which are leading	sed to	others.	
	 Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Distriction 	etrict of	Columb	ia IIC
	Commonwealth Territories, or U.S. possessions).	Strict Oi	Columb	ла, О.З.
	Mark "X"	2	2018	
	if None \$ Bil.	Mil.	Thou.	Dol.
1.	System Software Publishing			
	a. Operating systems software - Low-level software which			
	handles the interface to peripheral hardware, schedules tasks,			
	allocate storage, or presents a default interface to the user when no application program is running. Include all client and network operating systems			1 1
	allocate storage, or presents a default interface to the user when no application program is running. Include all client and network operating systems			
	allocate storage, or presents a default interface to the user when no application program is running. Include all client and network operating systems			1 1
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2.	allocate storage, or presents a default interface to the user when no application program is running. Include all client and network operating systems			

SALES, RECEIPTS, OR REVENUE - Continued

Dol.

2018

Thou.

Mil.

Mark "X" if None

\$ Bil.

51127041			

			UA (DRAFT)			Page 5
8	REVE	NUE	S FROM ELECTRONIC SOURCES			
			s firm have any revenues from customers entering orders directly on the firm's applications in 2018?	websites	s or	
	004		Yes			
			No			
			s firm have any revenues from customers entering orders directly on third-party applications in 2018?	y website	es or	
	004		Yes			
			No			
	C. Di (sı	d this ich a	s firm have any revenues from customers entering orders via any other electror s private networks, dedicated lines, etc.) in 2018? -	nic systei	ms	
	004	2	Yes			
			No			
	D. Of	the t	total 2018 revenues reported in 6 , 2018		20	18
			ras the dollar amount (or percentage) as from the revenues identified in \$\text{Bil.} \text{Mil.} \text{Thou.} \text{Dol.}		Perc	
	A-	C abo	ove? Please provide an estimate if	OR ₂₅₀₁		%
9			OF REVENUE ystem Software			
			uch of the system software revenue reported in 6 , lines 1a through 1e, is		20	18
			d from the following categories?		Perc	ent
	1.	Pers	conal computer software	6172		%
	2.	Ente	erprise or network software	6173	+ +	%
	3.	Mair	nframe computer software	6174		%
	4.	Othe	er software	6175 +	10	<i>o</i> %
	Type	of Aı	pplication Software		• -	
	B. Ho	w m	uch of the application software revenue reported in 6 , lines 2a through 2e, is d from the following categories?		20 ′ Perc	
	1.	Pers	sonal computer software	6176		%
	2.	Ente	erprise or network software	6177		%
	3.	Mair	nframe computer software	6178		%
	4.	Othe	er software	6179 +	10	% 0 %
					10	<i>y</i> , e
•	and 1	1 No	ot Applicable.			

orn	1 5A-51	1120	UA (DRAFT)				Page 6
12	Report Includ	inve e:	ITES AT END OF YEAR INTO THE STATE OF THE S		ng princip	les.	
	A. Did	this	s firm own inventories, regardless of where held, at the end of 20 you are reporting)?	18 (or	the perio	d for	
	6043		Yes No - Go to 13				
						2018	
			as the value of the inventories owned by this firm on ber 31 in 2018?	\$ Bil.	Mil.	Thou.	Dol.
				-			
	1. 1	Finis	shed goods				
	2. \	Worl	k-in-process				
	3 .	Mate	erials, supplies, fuel, etc				1 1
	4.	тот	AL BOOK VALUE				
		Sum	of lines 1 through 3				
13			EVENUE				
	establi	shme	d service is a service performed for a customer or client (individual, gove ent, etc.) located outside the United States (i.e., outside the 50 States, Dis ealth Territories, or U.S. possessions).	rnmen trict of	t, business Columbia	; , U.S.	
	Includ						
	• Rever	nue f	performed for unaffiliated and affiliated foreign firms (i.e., foreign parent f from the sale of personal, business, or mainframe computer software to c e United States.				
	Exclud						
	• Servi	ces p	provided to domestic subsidiaries of foreign firms.				
	A. Did	the	revenue reported in 6 include any revenue from exports?				
	0009		Yes				
			No - Go to 🖸				
					2	2018	
				\$ Bil.	Mil.	Thou.	Dol.
	D Wh	o t 147	and this firm's revenue from experts in 2019?				

В.	What was this firm's revenue from exports in 2018?					2100)



14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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"		:	2018	
		if None	\$ Bil.	Mil.	Thou.	Dol
Personnel Costs						
Gross annual payroll - Total annual Medicare sala wages for all employees as reported on this firm's Employer's Quarterly Federal Tax Return, line 5(c) f quarters that correspond to the survey period or IR Employer's Annual Federal Tax Return, line 4(c). In spread on stock options that are taxable to employer	RS Form 941, or the four 5 Form 944 c lude the			1 1		
Employer's cost for fringe benefits - Employer's legally required programs and programs not requir Include insurance premiums for hospital plans, me and single service plans (e.g., dental, vision, prescr premium equivalents for self-insured plans and fee third-party administrators (TPAs); defined benefit prodefined contribution plans (e.g., profit sharing, 4011 plans); and other fringe benefits (e.g., Social Securic compensation insurance, unemployment tax, state insurance programs, life insurance benefits, Medical employee contributions.	ed by law. dical plans, otion drugs); paid to nsion plans; , stock option y, workers' lisability re). Exclude					
 Temporary staff and leased employee expense paid to Professional Employer Organizations (PEOs agencies for personnel. Include all charges for pay and services 	and staffing					
expensed equipment, materials, parts, and supplicesale) - Include expensed computer hardware and or e.g., copiers, fax machines, telephones, shop and lab CPUs, monitors). Include materials and supplies used ervices to others; materials and parts used in repairs; anitorial supplies; small tools; containers and other paraterials; and motor fuels. Report packaged software eased and rented equipment in line 4b.	her equipment equipment, n providing office and ckaging n line 3a and			1 1		
xpensed Purchased Services						
Expensed purchases of software - Purchases of custom coded, or vendor customized software. Inc developed or customized by others, web-design sel purchases, licensing agreements, upgrades of software maintenance fees related to software upgrades and	u de software vices and are, and					
D. Purchased software reproduction - Purchased of software reproduction services	contracted					

Form	SA-5	1120A	(DRAFT)
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14 OPERATING EXPENSES - Continued

expenses below 7

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

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

(e.g., patents, copyrights). **Exclude** impairment

Dol.

2018

Thou.

Mil.

Mark "X" if None \$ Bil.

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SERVICE ANNUAL SURVEY
U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
FORM

S.A. 51120E

2018 ANNUAL SERVICES REPORT

	(DRAFT)
Due Date	
leed 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://www.census.gov/programs-	
surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States	
Code (U.S.C.), Sections 131 and 182 authorizes this collection.	
Sections 224 and 225 require your response. The U.S. Census Bureau	
s required by Section 9 of the same law to keep your information	
CONFIDENTIAL and can use your	
responses only to produce statistics. The Census Bureau is not permitted	
o publicly release your responses n a way that could identify your	
ousiness, organization, or institution. Per the Federal Cybersecurity	
Enhancement Act of 2015, your data	
are protected from cybersecurity isks through screening of the	
systems that transmit your data. This collection has been approved	
by the Office of Management and Budget (OMB). The eight-digit OMB	
approval number is 0607-0422 and	
appears at the upper right of this page. Without this approval, we	
could not conduct this survey.	
NTERNET REPORTING - This https://portal.census.gov	s survey should be completed online at:
Authentication Code:	To view Survey Results: https://www.census.gov/programs-surveys/sas.htm
	GENERAL INSTRUCTIONS
Throughout this survey, a area or the new EIN that winclude data for the EIN re	ny reference to "this firm" is referring to the EIN that is printed in the mailing address was provided as a response in ②. Any responses related to "this firm" should only
	n this firm's operations should be noted in 17 .
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 For establishments sold this firm. 	or acquired in 2018, report data only for the period the establishments were operated by
this firm. • Estimates are acceptable	e if book figures are not available.
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Did this firm Yes No Which of th	m experien G G G G G G G G G G G G G	nce ar	ganiza	ationa	al cha	anges	occu	ırred i	in 20¹	18?		s in 2(
Did this firm Yes No	m experien G G G G G G G G G G G G G	nce ar	ganiza	ationa	al cha	anges	occu	ırred i	in 20¹	18?		s in 2(period		1	D.
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No Which of th Check all tha Sale	e following a graph of the following apply. If no following apply. If no following a graph of the following a graph of th	ng org more t	ganiza than o ate of o	ationa one org organ	al cha ganiza	anges ational	occu I chan ange	urred i	in 20 °	18? d durin	ng the rep	s in 20 porting	perioo Month	Day	1	D.
Did this firm Yes No No Which of the Check all that Sale O0091 Dive	e following a company	ng org more t	ganiza than o ate of o ND ater de	ationa one org organ	al cha ganiza	anges ational	occu I chan ange	urred i	in 20 °	18? d durin	ng the rep	s in 20 porting	perioo Month	Day	1	D.
No Which of th Check all tha Sale	e following a company	ng org more t	ganiza than o ate of o ND ater de	ationa one org organ	al cha ganiza	anges ational	occu I chan ange	urred i	in 20 °	18? d durin	ng the rep	s in 20 porting	perioo Month	Day	1	D.
Did this firm Yes Onle No Which of th Check all tha Sale Onle Onle Dive Address (Num	e following a company	ng org more t	ganiza than o ate of o ND ater de	ationa one org organ	al cha ganiza	anges ational	occu I chan ange	urred i	in 20 °	18? d durin	g the rep	s in 20 corting . 0018	Month	Day	1	D.
Did this firm Yes No No Which of the Check all that Sale O0091 Dive	e following a company	ng org more t	ganiza than o ate of o ND ater de	ationa one org organ	al cha ganiza	anges ational	occu I chan ange	urred i	in 20 °	18? d durin	ng the rep	s in 20 porting	Month	Day	1	
Did this firm Yes Onle No Which of th Check all tha Sale Onle Onle Dive Address (Num	e following a company	ng org more t	ganiza than o ate of o ND ater de	ationa one org organ	al cha ganiza	anges ational	occu I chan ange	urred i	in 20 °	18? d durin	g the rep	s in 20 corting . 0018	Month	Day	1	D.
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Form	SA-51120E (DRAFT)					Page 3
4	REPORTING PERIOD					
	NOTE: Calendar year data are preferred. If they are unavailable, please repmonths of data for the 2018 calendar year.	ort for th	e fiscal yea	ar that in	ncludes	at least six
	What time period is covered by the data provided in this report?				201	8
	Outroday and				eginnin	
	Calendar year			Month	Day	Year
	Fiscal or partial year - Report beginning and ending dates		0007		·	
					Ending	Date
				Month	Day	Year
			8000			
5	Not Applicable.					
6	SALES, RECEIPTS, OR REVENUE					
	What were the revenues for this firm in 2018?					
	Include:					
	• Report gross billings, except where noted elsewhere on the form.					
	 Dues and assessments from members and affiliates. 					
	Amounts received for work subcontracted to others.					
	 For locations that were sold or acquired during a year, only report for the locations. 	e periods	that this fi	rm oper	ated the	
	• Revenue from services performed by domestic locations of foreign parer	nt firms, s	ubsidiaries	, branch	nes, etc.	
	Revenues from electronic sources. Final red					
	Exclude: • Transfers made within the company.					
	 Taxes collected directly from customers or clients and paid directly to a l 	ocal, stat	e, or federa	al tax ac	iencv.	
	• Rents from and revenue of separately operated departments, concession					
	Commissions from vending machine operators.					
	• Revenue of foreign subsidiaries (those located outside the U.S., i.e., outs	ide the 50) states, Di	strict of	Columb	ia, U.S.
	Commonwealth Territories, or U.S. possessions).					
		Mark "X if None			2018	
1.	System Software Publishing	11 140110	\$ Bil.	Mil.	Thou.	Dol.
	a. Operating systems software - Low-level software which					
	handles the interface to peripheral hardware, schedules tasks,					
	allocate storage, or presents a default interface to the user when no application program is running. Include all client and network				1 1	
	operating systems				1 1	
	b. Network software - Software that is used to control, monitor,					
	manage, or communicate with operating systems, networks,					
	network services, databases, storage and networked applications in an integrated and cooperative fashion across a network server					
	software, security and encryption software, or middleware 6162					
	c. Database management software - Collection or suites of					
	software programs that enable storage, modification, and extraction of information from a database					
	d. Development tools and programming languages software					-
	 Software used to assist in the development or authoring of 					
	computer programs. Include all program development tools and programming languages					
	e. Other systems software - All other systems software publishing					
	not reported in lines 1a through 1d					
2.	Application Software Publishing					
	 a. General business productivity and home use applications - Software used for general business purposes to improve 					
	productivity, or in the home for entertainment, reference or					
	educational purposes (e.g., office suite applications such as word processors, spreadsheets, simple databases, graphics applications,					
	project management software, computer-based training software,					
	games, reference, home education)					
	CONTINUE WITH 6 ON PAGE 4					

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•	SA-31120E (DRAFI)					raye
6	SALES, RECEIPTS, OR REVENUE - Continued					
		Mark "X"			2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
2.	Application Software Publishing - Continued					
	b. Cross-industry application software - Software that is designed to perform or manage a specific business function or process that is not unique to a particular industry (e.g., professional accounting software, human resource management, customer relations management software, Geographic Information System software, webpage design software)	П		1 1		1 1
	c. Vertical market application software - Software that performs a wide range of business functions for a specific industry (e.g., manufacturing, retail, healthcare, engineering, restaurants) 6168					
	d. Utilities application software - Small computer programs that perform a very specific task (e.g., compression programs, antivirus software, search engines, font, file viewers, voice recognition software). Utilities differ from other application software in terms of size, cost, and complexity					
	e. Other application software - All other application software publishing not reported in lines 2a through 2d 6170					
3.	Other Services					
	a. Custom application design and development - Design of the structure and the writing of the computer code necessary to create and implement a software application. Include the customization and integration of packaged software 6171					
	b. Information technology (IT) technical consulting services - Providing advice or expert opinion on technical matters related to the use of information technology (e.g., advice on matters such as hardware and software requirements and procurement, systems integration, and systems security; the provision of expert testimony on IT related issues). Exclude advice on issues related to business strategy					
	c. Re-sale of computer hardware and software - Retailing of computer hardware and software					
	d. Information Technology (IT) related training services - Providing training for the use of computer hardware, software, networks, or other IT related topics					
	e. All other operating revenue - Revenue not reported in lines 1a through 3d. Include application service provisioning. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below					
	1799					
4.	TOTAL OPERATING REVENUE Sum of lines 1a through 3e					
7	Not Applicable.					

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Form SA-51120E (DRAFT)		Page 5
8 REVENUES FROM ELECTRONIC SOURCES		
A. Did this firm have any revenues from customers	entering orders directly on the firm's	s websites or
mobile applications in 2018?		
Ves		
□ No		
B. Did this firm have any revenues from customers of mobile applications in 2018?	entering orders directly on third-part	y websites or
Yes		
0041 No		
C. Did this firm have any revenues from customers	untaring arders via any other electro	nic evetome
(such as private networks, dedicated lines, etc.) i	1 2018?	ilic systems
Yes		
0042		
No		
D. Of the testal 2010 name was a second in A		
D. Of the total 2018 revenues reported in ①, what was the dollar amount (or percentage)	2018 \$ Bil. Mil. Thou. Dol.	2018 Percent
that was from the revenues identified in A-C above? Please provide an estimate if	Thou.	
exact figures are not available		OR ₂₅₀₁ %
9 SOURCE OF REVENUE		
Type of System Software		
A. How much of the system software revenue report received from the following categories?	ed in 6 , lines 1a through 1e, is	2018 Percent
received from the following categories:		reitein %
1. Personal computer software		6172
2. Enterprise or network software		6173
3. Mainframe computer software		6174
o. manimume computer software		6175
4. Other software		6175 +
		100%
Type of Application Software		
B. How much of the application software revenue re	ported in 6 . lines 2a through 2e. is	2018
received from the following categories?	, <u>,</u>	Percent
1. Personal computer software		6176
2. Enterprise or network software		%
2. Enterprise of network software		61//
3. Mainframe computer software		
4. Other software		6179 +
		100%
		1001
10 and 11 Not Applicable.		

orn	1 SA-511ZUE (DRAFT)				Page 6					
P	INVENTORIES AT END OF YEAR Report inventories at end of year at cost or market value using generally accepted ac Include:	counti	ng princip	les.						
	•Inventory held in Foreign Trade Zones or in bond warehouses in the United States.	TEND OF YEAR at end of year at cost or market value using generally accepted accounting principles. Foreign Trade Zones or in bond warehouses in the United States. Foreign Trade Zones or in bond warehouses in the United States. Foreign Trade Zones or in bond warehouses in the United States. Foreign Trade Zones or in bond warehouses in the United States of the United States (i.e., outside the 50 States, District of Columbia, U.S. arritories, or U.S. possessions). Foreign Trade Zones or in bond warehouses in the United States (i.e., outside the 50 States, District of Columbia, U.S. arritories, or U.S. possessions). Foreign Trade Zones or in bond warehouses in the United States (i.e., outside the 50 States, District of Columbia, U.S. arritories, or U.S. possessions). Foreign Trade Zones or in bond warehouses in the United States (i.e., outside the 50 States, District of Columbia, U.S. arritories, or U.S. possessions).								
	A. Did this firm own inventories, regardless of where held, at the end of 20 which you are reporting)?	18 (or	the perio	d for						
	YesNo - Go to 									
	B. What was the value of the inventories owned by this firm on		:	2018						
	December 31 in 2018?	\$ Bil.	Mil.	Thou.	Dol.					
	1. Finished goods									
	2. Work-in-process									
	3. Materials, supplies, fuel, etc									
	4. TOTAL BOOK VALUE									
	Sum of lines 1 through 3									
13	EXPORT REVENUE									
	An exported service is a service performed for a customer or client (individual, gove establishment, etc.) located outside the United States (i.e., outside the 50 States, Dis Commonwealth Territories, or U.S. possessions).	rnmen trict of	t, business Columbia	, U.S.						
	Include:									
	outside the United States.	illents a	and custor	ners locate	ea					
	Exclude:									
	• Services provided to domestic subsidiaries of foreign firms.									
	A. Did the revenue reported in ① include any revenue from exports?									
	O009 Yes									
	□ No - Go to 🕜									
				2018						
		\$ Bil.	Mil.	Thou.	Dol.					
	B. What was this firm's revenue from exports in 2018?									

2018							
\$ Bil.	Mil.	Thou.	Dol.				

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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"	2018				
	if None	\$ Bil.	Mil.	Thou.	Dol	
Personnel Costs						
Gross annual payroll - Total annual Medicare salaries and wages for all employees as reported on this firm's IRS Form 94 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			1 1		ı	
Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs) premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans defined contribution plans (e.g., profit sharing, 401K, stock optic plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	; o n					
Temporary staff and leased employee expense - Total cost paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. Include all charges for payroll, benefits and services						
expensed equipment, materials, parts, and supplies (not for esale) - Include expensed computer hardware and other equipment, e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include materials and supplies used in providing ervices to others; materials and parts used in repairs; office and anitorial supplies; small tools; containers and other packaging naterials; and motor fuels. Report packaged software in line 3a an eased and rented equipment in line 4b.	d _		1 1			
xpensed Purchased Services						
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	e					
Purchased software reproduction - Purchased or contracted software reproduction services	6180				i	

Form	SA-5	1120E	(DRAFT)
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	OPERATING EXPENSES. Over the set					
	OPERATING EXPENSES - Continued					
		Mark "X if None			2018	Dal
_		II INONE	\$ Bil.	Mil.	Thou.	Dol.
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		1 1		
	b. 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 7					
_		1879				
5.	TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	1000		1 1		
	and 16 Not Applicable.	1900				

) F	REMARKS - data were est	Please use thi imated.	s space to	explain a	ny signific	ant year-to	-year chan	ges, to clarif	y responses,	or indicate	whe

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.
We suggest you keep a copy for your records.

Extension

Title

Area code

Fax

Website address

Number

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

Number

Area code

Telephone

E-mail address

SERVICE ANNUAL SURVEY

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

FORM

2018 ANNUAL SERVICES REPORT

SA-51210A (DRAFT) **Due Date** 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey. INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov **Authentication Code:** To view Survey Results: https://www.census.gov/programs-surveys/sas.html **GENERAL INSTRUCTIONS** • Any significant change in this firm's operations should be noted in 12. • For establishments sold or acquired in 2018, 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. \$ Bil. Mil. Thou. Dol. • Figures should be rounded to the nearest dollar. 030280 • If a figure is \$1,030,280,456 it should be reported as Include:

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

1	A.	MAI	LINC	3 ADDF	RESS									
		Is th	is fir	m's nan	ne and	mailing	address	the sa	ime as	shown	in the	mailing	address	above?

	ш	Yes
0035		
	П	No - Enter corrections in the mailing address above

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. 0	n SA-5121UA (draft)
1	B. SURVEY COVERAGE
	Did this firm provide the business activities described below?
	Yes Yes
	□ No - Specify this firm's business activity Ţ
	0002
9	Not Applicable.
2	
3	
	A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?
	Yes
	0016
	□ No - Go to ②
	B. Which of the following organizational changes occurred in 2018?
	Check all that apply. If more than one organizational change occurred during the reporting period, explain in 🕡.
	Month Day Year
	Acquisition Detections of the second of the
	□ Sale
	0091 AND
	☐ Merger Enter detailed information below Ţ
	Divestiture
	0017 Name of company 0019 EIN (9 digits)
	Address (Number and street, P.O. Box, etc.)
	City, town, village, etc. State ZIP Code
	City, town, vinage, etc.

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Forn	SA-51210A (DRAFT)													
4	REPORTING PERIOD NOTE: Calendar year data are preferred. If they are unavailable, please repo	ort for the	e fiscal ve	ear that i	ncludes	at least six								
	months of data for the 2018 calendar year. What time period is covered by the data provided in this report?		, noodi ye	, ar that h	201									
	Time time period to corollog by the data provided in time report.	Beginning Date												
	☐ Calendar year			Month	Day	Year								
	Fiscal or partial year - Report beginning and ending dates													
	riscal of partial year - neport beginning and ending dates		000	/	Ending	Date								
				Month	Day	Year								
			0008	2										
5	Not Applicable.													
	**													
6	SALES, RECEIPTS, OR REVENUE													
	What were the revenues for this firm in 2018? Include:													
	• Report gross billings, except where noted elsewhere on the form.													
	• Dues and assessments from members and affiliates.													
	Amounts received for work subcontracted to others.			. .										
	 For locations that were sold or acquired during a year, only report for the locations. 	periods t	that this t	firm opei	rated the	9								
	• Revenue from services performed by domestic locations of foreign parent	t firms, su	ubsidiarie	s, brancl	hes, etc.									
	Revenues from electronic sources.													
	Exclude:													
	 Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local collected directly from customers. 	acal etate	or fodo	ral tay ar	nanev									
	• Taxes collected directly from customers of clients and paid directly to a R													
	 Rents from and revenue of separately operated departments, concessions 	s etc. wh	ich are le	aseu io										
	 Rents from and revenue of separately operated departments, concessions Commissions from vending machine operators. 	s, etc., wh	ich are le	easeu to	otilois.									
	 Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outsi 					oia, U.S.								
	Commissions from vending machine operators.			istrict of	Columb	oia, U.S.								
	 Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outsi 	de the 50 Mark "X"	states, D	istrict of	Columb 2018									
1	 Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outsi Commonwealth Territories, or U.S. possessions). 	de the 50	states, D	istrict of	Columb									
1.	 Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outsi Commonwealth Territories, or U.S. possessions). Domestic licensing of rights to motion picture films - Granting permission on a fee, royalty, or other basis, for an agreed period 	de the 50 Mark "X"	states, D	istrict of	Columb 2018									
1.	 Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outsi Commonwealth Territories, or U.S. possessions). Domestic licensing of rights to motion picture films - Granting permission on a fee, royalty, or other basis, for an agreed period of time, to exhibit, broadcast, or rent motion picture films. These 	de the 50 Mark "X"	states, D	istrict of	Columb 2018									
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	SA-51210A (DRAFT)					Page
6	SALES, RECEIPTS, OR REVENUE - Continued					
		Mark "X"			2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
'-	Domestic licensing of rights to others to distribute audiovisual works - Granting permission on a fee, royalty, or other basis to another company to distribute audiovisual works (e.g., feature films, short films, documentaries, serials, news and public affairs shows, game shows, reality shows, made-for-TV movies) 6197		, I			
	International licensing of rights to others to distribute audiovisual works - Granting permission on a fee, royalty, or other basis to another company to distribute audiovisual works (e.g., feature films, short films, documentaries, serials, news and public affairs shows, game shows, reality shows, made-for-TV movies) 6198					
)_	Sale of audiovisual works for the wholesale, retail, and rental markets - The distribution of audiovisual works for the purpose of resale					
10.	Other production services - Providing services for other producers on all phases of preproduction (e.g., script editing, casting, location scouting, consultation), production (e.g., cameramen, grips, sound engineers, extras, special effects services), and postproduction (e.g., editing, transfer, color correction, digital restoration, visual effects, animation, duplication of masters, format conversion, compression and digital encoding, captioning, titling, subtitling, sound editing, sound design)					
1.	Merchandise licensing - Granting permission to use word(s), phrase(s), symbol(s), or design(s) for merchandise on a fee, royalty, or other basis. Include merchandise licensing if the licensing is performed at the location(s) involved in production and/or distribution of audiovisual works. Exclude merchandise licensing if the licensing is performed at separate establishment(s) of the company not involved in production and/or distribution of audiovisual works					
2.	All other operating revenue - Revenue not reported in lines 1 through 11. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7					
	1799					
3.	TOTAL OPERATING REVENUE Sum of lines 1 through 12					
7	Not Applicable.					

8	RE	VEN	IUE	S FI	ROI	ΝE	LE	CTI	RO	NIC	S	OU	JRC	ES	5																					
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2018

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An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

Include:

- Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.).
- Revenue from the sale of personal, business, or mainframe computer software to clients and customers located outside the United States.

Exclude:

Services provided to domestic subsidiaries of foreign firms.

A. Did the revenue reported in @ include any revenue from exports?

	Yes
0009	
	No - Go to 💶

	\$ Bil.	Mil.	Thou.	Dol.
. What was this firm's revenue from exports in 2018?				

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). **Exclude**

Exclude:

R

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

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

employee contributions.

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

\$ Bil.

Pe	rsonnel 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		ı	1		1		
b.	Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security workers'								

CONTI	NUE WIT	TH 🧰 ON	I PAGE 7

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	OPERATING EVERNORS OF COLUMN					Ü
	OPERATING EXPENSES - Continued				2040	
		Mark "X" if None	\$ Bil.	Mil.	2018 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					
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b					
3.	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					
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				1 1	1 1
	b. 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 7					
5.	TOTAL OPERATING EXPENSES					
5 .	Sum of lines 1a through 4b					

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	REMARKS - Please use this space to explain any significant yea data were estimated.	
) (CONTACT INFORMATION	
	Name of person to contact regarding this report (Please print)	Title
	Area code Number Fut	Asso sada Niverbar
	Area code Number Extension Telephone	Area code Number
	E-mail address	Website address



SERVICE ANNUAL SURVEY

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

FORM

SA-51210E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

page. Without this approval, we could not conduct this survey.

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as -

	\$ I	Bil.		Mil.		T	hοι	ı.		Dol.	
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nclude:

- 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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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



D. OUDVEY COVERAGE				
B. SURVEY COVERAGE				
Did this firm provide the business activities described below?				
Yes				
0001				
No - Specify this firm's business activity				
0002				
FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)				
Does this firm report payroll under EIN				
Yes				
0013	EIN	(9 digit	s)	
No - Enter current 9-digit EIN AND date payroll was first reported for this EIN	15	_		
		D.4.		
		Mont	h Day	Year
	008	3		
ORGANIZATIONAL CHANGE				
A. Did this firm experience any acquisitions, sales, mergers, and/or divestitu	res in 2	0187		
O016 Yes				
No - Go to 4				
B. Which of the following organizational changes occurred in 2018?				
Check all that apply. If more than one organizational change occurred during the	reportin		-	n in W .
Acquisition		Month	n Day	Year
Date of organizational change	0018			
☐ Sale				
0091 AND Merger				
Enter detailed information below 7				
☐ Divestiture				
0017 Name of company	0019	EIN (9 di	igits)	
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Address (Number and street, P.O. Box, etc.)				
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N	EPORTING PERIOD										
	OTE: Calendar year data are preferred. If they are unavailable, please report	for the	fiscal y	ear th	at ii	ncluc	des a	at lea	st six		
	onths of data for the 2018 calendar year.						2046	<u> </u>			
VV	hat time period is covered by the data provided in this report?				F		2018		Date		
	Calendar year			Mo	nth	Day			ear		
000							,				
	Fiscal or partial year - Report beginning and ending dates		000	07							
						End	ing l	Date			
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5 No	ot Applicable.										
6 S/	ALES, RECEIPTS, OR REVENUE										
W	hat were the revenues for this firm in 2018?										
In	clude:										
	Report gross billings, except where noted elsewhere on the form.										
	Dues and assessments from members and affiliates.										
• /	Amounts received for work subcontracted to others.										
	For locations that were sold or acquired during a year, only report for the pe	eriods th	nat this	firm o	per	rated	l the				
	locations.	. ,									
	Revenue from services performed by domestic locations of foreign parent fi Revenues from electronic sources.	ırms, su	bsidiari	es, br	anci	nes, (etc.				
	cclude: Transfers made within the company.										
	Taxes collected directly from customers or clients and paid directly to a loca	al state	or fede	eral ta	x ac	nency	·/				
	Rents from and revenue of separately operated departments, concessions, e				-		•				
	Commissions from vending machine operators.	, , , , , , , , , , , , , , , , , , , ,	011 010 1	04004		011101					
	Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside	the 50	states, l	Distric	t of	Colu	umbi	ia, U	.S.		
ĺ	Commonwealth Territories, or U.S. possessions).							, -			
	N	Лark "X"			2	2018					
	i	Mark "X" if None	\$ Bil.	Mil.			nou.		Dol.		
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pe of repeting per pr	comestic licensing of rights to motion picture films - Granting fermission on a fee, royalty, or other basis, for an agreed period time, to exhibit, broadcast, or rent motion picture films. These venues are licensing (distribution) revenues, not revenue for oducing films		\$ Bil.	Mil					Dol.		

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Domestic licensing of rights to others to distribute audiovisual works - Granting permission on a fee, royalty, or other basis to another company to distribute audiovisual works (e.g., feature films, grants and the company to distribute audiovisual works (e.g., feature films, grants shows, reality shows, made-for-TV movies) International licensing of rights to others to distribute audiovisual works of craining permission on a fee, royalty, or other basis to another company to distribute audiovisual works (e.g., feature films, short films, documentaries, serials, news and public affairs shows, game shows, reality shows, made-for-TV movies) Sale of audiovisual works for the wholesale, retail, and rental markets - The distribution of audiovisual works for the purpose of resale Other production services - Providing services for other producers on all phases of preproduction (e.g., cameramen, grips, sound engineers, extras, special effects services, and postproduction (e.g., cameramen, grips, sound design, and postproduction (e.g., cameramen, grips, sound design, and postproduction (e.g., cameramen, grips, sound engineers, extras, special effects services, and postproduction (e.g., cameramen, grips, sound design, and postproduction (e.g., cameramen, grips, sound design, sound design) Merchandise licensing - Granting permission to use word(s), phrase(s), symbol(s), or design(s) for merchandise on a fee, royalty, or other basis. Include merchandise licensing if the licensing is performed at separate establishment(s) audiovisual works. Exclude merchandise licensing if the licensing is performed at separate establishment(s) audiovisual works. Exclude merchandise licensing if the licensing is performed at separate establishment(s) audiovisual works are also performed at the location(s) involved in production and/or distribution of audiovisual works. Exclude merchandise licensing if the licensing is performed at the location(s) in the production and production and production and production and production and productio			A.A	2018						
Domestic licensing of rights to others to distribute audiovisual works - Granting permission on a fee, royalty, or other basis to another company to distribute audiovisual works (e.g., feature films, short films, documentaries, serials, news and public affairs shows, game shows, reality shows, made-for-TV movies) . 6197 International licensing of rights to others to distribute audiovisual works - Granting permission on a fee, royalty, or other basis to another company to distribute audiovisual works (e.g., feature films, short films, documentaries, serials, news and public affairs shows, game shows, reality shows, made-for-TV movies) . 6198 Sale of audiovisual works for the wholesale, retail, and rental markets - The distribution of audiovisual works for the producers on all phases of preproduction (e.g., script editing, casting, location scouting, consultation), production (e.g., script editing, casting, location scouting, consultation), production (e.g., cameramen, grips, sound engineers, extras, special effects services), and postproduction (e.g., editing, transfer, color correction, digital restoration, visual effects, animation, duplication of masters, format conversion, compression and digital encoding, captioning, titling, subtitling, sound editing, sound design) Merchandise licensing - Granting permission to use word(s), phrase(s), symbol(s), or design(s) for merchandise licensing if the licensing is performed at the location(s) involved in production and/or distribution of audiovisual works. Exclude merchandise licensing if the licensing is performed at separate establishment(s) of the company not involved in production and/or distribution of audiovisual works. All other operating revenue - Revenue not reported in lines 1 through 11. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7			Mark "X" if None	\$ Ril	N/I			OLI.	Do	ı
audiovisual works - Granting permission on a fee, royalty, or other basis to another company to distribute audiovisual works (e.g., feature films, short films, documentaries, serials, news and public affairs shows, game shows, reality shows, made-for-TV movies) . 6198 Sale of audiovisual works for the wholesale, retail, and rental markets - The distribution of audiovisual works for the purpose of resale . 6199 Other production services - Providing services for other producers on all phases of preproduction (e.g., script editing, casting, location scouting, consultation), production (e.g., cameramen, grips, sound engineers, extras, special effects services), and postproduction (e.g., editing, transfer, color correction, digital restoration, visual effects, animation, duplication of masters, format conversion, compression and digital encoding, captioning, titling, subtitling, sound editing, sound design) . Merchandise licensing - Granting permission to use word(s), phrase(s), symbol(s), or design(s) for merchandise on a fee, royalty, or other basis. Include merchandise licensing if the licensing is performed at the location(s) involved in production and/or distribution of audiovisual works. Exclude merchandise licensing if the licensing is performed at separate establishment(s) of the company not involved in production and/or distribution of audiovisual works All other operating revenue - Revenue not reported in lines 1 through 11. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7	,	works - Granting permission on a fee, royalty, or other basis to another company to distribute audiovisual works (e.g., feature films, short films, documentaries, serials, news and public affairs shows,		Ψ Βπ.	101			Ju		
Sale of audiovisual works for the wholesale, retail, and rental markets - The distribution of audiovisual works for the purpose of resale		audiovisual works - Granting permission on a fee, royalty, or other basis to another company to distribute audiovisual works (e.g., feature films, short films, documentaries, serials, news and public								
on all phases of preproduction (e.g., script editing, casting, location scouting, consultation), production (e.g., cameramen, grips, sound engineers, extras, special effects services), and postproduction (e.g., editing, transfer, color correction, digital restoration, visual effects, animation, duplication of masters, format conversion, compression and digital encoding, captioning, titling, subtitling, sound editing, sound design)		Sale of audiovisual works for the wholesale, retail, and rental markets - The distribution of audiovisual works for the purpose of								
phrase(s), symbol(s), or design(s) for merchandise on a fee, royalty, or other basis. Include merchandise licensing if the licensing is performed at the location(s) involved in production and/or distribution of audiovisual works. Exclude merchandise licensing if the licensing is performed at separate establishment(s) of the company not involved in production and/or distribution of audiovisual works		on all phases of preproduction (e.g., script editing, casting, location scouting, consultation), production (e.g., cameramen, grips, sound engineers, extras, special effects services), and postproduction (e.g., editing, transfer, color correction, digital restoration, visual effects, animation, duplication of masters, format conversion, compression and digital encoding, captioning, titling, subtitling, sound editing,								
1 through 11. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7 TOTAL OPERATING REVENUE Sum of lines 1 through 12		phrase(s), symbol(s), or design(s) for merchandise on a fee, royalty, or other basis. Include merchandise licensing if the licensing is performed at the location(s) involved in production and/or distribution of audiovisual works. Exclude merchandise licensing if the licensing is performed at separate establishment(s) of the company not involved in production and/or distribution of								
		operating revenue, specify the primary source of the revenue below 7								
Not Applicable.										

8	RE	VENUES FROM ELECTRONIC SOURCES					
	A.	Did this firm have any revenues from customers entering orders mobile applications in 2018?	directly	on the fi	irm's websit	es or	
		O040 Yes					
		□ No					
	В.	Did this firm have any revenues from customers entering orders mobile applications in 2018?	directly	on third	-party websi	tes or	
		0041 Yes					
		□ No					
	C.	Did this firm have any revenues from customers entering orders (such as private networks, dedicated lines, etc.) in 2018?	via any o	other ele	ctronic syste	ems	
		☐ Yes					
		□ No					
	D.	Of the total 2018 revenues reported in (5), what was the dollar amount (or percentage)			2018		
		that was from the revenues identified in A-C above? Please provide an estimate if	Thou.	Dol.		Percent	
		exact figures are not available			OR ₂₅₀₁	%	
9	-Œ	Not Applicable.					
12	IN	VENTORIES AT END OF YEAR					
		oort inventories at end of year at cost or market value using generally ac clude:	ccepted ac	counting	principles.		
		nventory held in Foreign Trade Zones or in bond warehouses in the Unit	ed States				
	A.	Did this firm own inventories, regardless of where held, at the e you are reporting)?	nd of 20	18 (or th	e period for	which	
		Yes					
		6043 No - Go to 13					
	R	What was the value of the inventories owned by this firm on			2018		
	В.	December 31 in 2018?		\$ Bil.	Mil. Tho		
		1. Finished goods	1751				
		2. Work-in-process	1752				
		2. Materials supplies first ste					
		3. Materials, supplies, fuel, etc.	1753 🛨				
		4. TOTAL BOOK VALUE		'			

2018

13 EXPORT REVENUE

An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

Include:

- Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.).
- Revenue from the sale of personal, business, or mainframe computer software to clients and customers located outside the United States.

Exclude:

• Services provided to domestic subsidiaries of foreign firms.

A. Did the revenue reported in 6 include any revenue from exports?

0000	Yes
0009	No - Go to 🛚

	\$ Bil.	Mil.	Thou.	Dol.
What was this firm's revenue from exports in 2018?				
What was this firm's revenue from exports in 2018?	·			

14

В.

OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

- Transfers made within the company.
- · Capitalized expenses.
- Interest.

Pe a.

- Bad debt.
- Impairment.
- Income tax.
- Expenses 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).

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.

	II INOIIC	ֆВII.	IVIII	inot	u.	טסו.	
rsonnel Costs							
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							
Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law.							

Mark "X"

٧.	Lingleyer 3 cost for image benefits - Employer 3 cost for	
	legally required programs and programs not required by law.	
	Include insurance premiums for hospital plans, medical plans,	
	and single service plans (e.g., dental, vision, prescription drugs);	
	premium equivalents for self-insured plans and fees paid to	
	third-party administrators (TPAs); defined benefit pension plans;	
	defined contribution plans (e.g., profit sharing, 401K, stock option	
	plans); and other fringe benefits (e.g., Social Security, workers'	
	compensation insurance, unemployment tax, state disability	
	insurance programs, life insurance benefits, Medicare). Exclude	
	employee contributions	1822

CONTINUE	WITH 1	ON PAGE :
CONTINUE	V V I I I I I	

14	OPERATING EXPENSES - Continued					
		Mark "X"			2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
1.	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					1 1
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b					
3.	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					
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					1 1
	b. 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					
	1879			1 1		
5.	TOTAL OPERATING EXPENSES					
_	Sum of lines 1a through 4b					
15	and 16 Not Applicable.					

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REMARKS - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate w data were estimated.	here
add Word Communical	

18	CONTACT IN	FORMATI	ON						
	Name of person	to contact	regarding	this report <i>(Please p</i>	Title				
		Area code		Number	Extension		Area code	Number	
	Telephone	Area code		Number	Extension	Fax	Area code	Number	
		1 1		-	1 1 1			-	
	E-mail address					Website address			

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

We suggest you keep a copy for your records.

SERVICE ANNUAL SURVEY

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

FORM

2018 ANNUAL SERVICES REPORT

SA-51213A	(DRAFT)
Due Date	
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://www.census.gov/programs-	
surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States	
Code (U.S.C.), Sections 131 and 182 authorizes this collection.	
Sections 224 and 225 require your response. The U.S. Census Bureau	
is required by Section 9 of the same law to keep your information	
CONFIDENTIAL and can use your responses only to produce statistics.	
The Census Bureau is not permitted	
to publicly release your responses in a way that could identify your	
business, organization, or institution. Per the Federal Cybersecurity	
Enhancement Act of 2015, your data are protected from cybersecurity	
risks through screening of the systems that transmit your data.	
This collection has been approved	
by the Office of Management and Budget (OMB). The eight-digit OMB	
approval number is 0607-0422 and appears at the upper right of this	
page. Without this approval, we could not conduct this survey.	
INTERNET REPORTING - This https://portal.census.gov Authentication Code:	s survey should be completed online at: To view Survey Results: https://www.census.gov/programs-surveys/sas.html
	OFNERAL INCTRUCTIONS
• Any significant change is	GENERAL INSTRUCTIONS n this firm's operations should be noted in ①.
, ,	or acquired in 2018, report data only for the period the establishments were operated by
this firm.	
	e if book figures are not available.
• Enter "0" where applicab	ole. r two or more detailed lines.
• Figures should be round	ded to the pearest dollar
• If a figure is \$1,030,280,4	
	430 it should be reported as
Include:	450 it should be reported as
Include: • Data for all Services esta	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and) as defined by the survey coverage in ①B.
Include: • Data for all Services esta Construction operations) • Data for auxiliary facilities	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and
Include: • Data for all Services esta Construction operations) • Data for auxiliary facilities	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and) as defined by the survey coverage in 1 B. es primarily engaged in supporting services to those establishment(s) such as warehouses,
Include: • Data for all Services estate Construction operations) • Data for auxiliary facilities garages, central adminis 1 A. MAILING ADDRESS	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and) as defined by the survey coverage in 1 B. es primarily engaged in supporting services to those establishment(s) such as warehouses,
Include: • Data for all Services estate Construction operations) • Data for auxiliary facilities garages, central adminis 1 A. MAILING ADDRESS	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and) as defined by the survey coverage in ①B. es primarily engaged in supporting services to those establishment(s) such as warehouses, strative offices, and repair services.

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Form SA-51213A (DRAFT)	Page 2
1 B. SURVEY COVERAGE	
Did this firm provide the business activities described below?	
Yes	
0001	
□ No - Specify this firm's business activity 7	
0002	
2 Not Applicable.	
3 ORGANIZATIONAL CHANGE	
A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?	
Yes	
0016	
□ No - Go to 4	
B. Which of the following organizational changes occurred in 2018?	
Check all that apply. If more than one organizational change occurred during the reporting period, explain in	D.
Month Day	Year
Acquisition Date of organizational change	
□ Sale	
0091 AND Merger	
Enter detailed information below	
☐ Divestiture	
0017 Name of company 0019 EIN (9 digits)	
Address (Number and street, P.O. Box, etc.)	
City, town, village, etc.	

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Form	SA-51213A (DRAFT)					Page 3				
4	REPORTING PERIOD									
	NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal year that includes at least six months of data for the 2018 calendar year.									
	What time period is covered by the data provided in this report?				2018					
				В	eginnin	g Date				
	Calendar year			Month	Day	Year				
	Fiscal or partial year - Report beginning and ending dates		0007	, i	'					
					Ending	Date				
				Month Day Year						
					1					
			8000							
5	Not Applicable.									
6	SALES, RECEIPTS, OR REVENUE									
	What were the revenues for this firm in 2018?									
	Include:									
	Allowances for cash and other discounts.									
	 Report gross billings, except where noted elsewhere on the form. Dues and assessments from members and affiliates. 									
	Amounts received for work subcontracted to others.									
	• For locations that were sold or acquired during a year, only report for th	e periods	that this fi	rm oper	ated the)				
	locations.		مان مان مان	laa .a a l						
	 Revenue from services performed by domestic locations of foreign parer Revenues from electronic sources. 	nt nirms, st	ubsidiaries	, branci	ies, etc.					
	Exclude:									
	• Transfers made within the company.									
	• Taxes collected directly from customers or clients and paid directly to a	local, state	e, or federa	al tax aç	jency.					
	Commissions from vending machine operators.	tale des EO	D:		0-1					
	 Revenue of foreign subsidiaries (those located outside the U.S., i.e., outs Commonwealth Territories, or U.S. possessions). 	side the 50	states, Di	strict of	Column	oia, U.S.				
		Mark "X"	,	2	018					
		if None	\$ Bil.	Mil.	Thou.	Dol.				
1.	Admissions to feature film exhibitions - The projection of theatrical feature films in movie theaters, cinemas, and other venues									
	that were produced by foreign or domestic production companies 6210)								
2.	Other Revenue									
	a. Food and beverage sales - The sales of food and beverages (alcoholic and nonalcoholic) on the premises from snack bars, stands, or vending machines that are owned or operated by the theater owner. Include the sale of food and beverages from franchise outlets operating on the premises when the theater owner is the franchisee. If a franchise outlet in this establishment									
	is operated by another company other than the theater owner,			1 1						
	please report the sale of food and beverages in line 2b 6213	; <u> </u>								
	b. Rental of retail space - The rental or leasing of space for retail sale on a concession basis for merchandise, prepared food and beverages at places of entertainment or recreation other than									
	sports venues. Include space for the rental of coin-operated									
	machines such as vending machines, video games and gambling machines									
	c. Advertising services - The projection and/or display of									
	advertisements (including slides) on the movie screen and/or in									
	and around your facilities. Include advertising space sold by your firm, as well as advertising space that is contracted out to another	_		1 1						
	firm or agency	; L								
	d. Coin-operated games and rides - The operation of video games, arcades, and other amusements on the premises. If									
	operated by other than the theater owner, please report this									
	revenue in line 2b	; <u> </u>								
CONTINUE WITH A ON BACE A										
	CONTINUE WITH 6 ON PAGE 4									

Form	SA-51213A (DRAFT)						Page 4
6	SALES, RECEIPTS, OR REVENUE - Continued						
				Mark "X"		2018	
				if None	\$ Bil. N	1il. Thou	ı. Dol.
2.	Other Revenue - Continued						
	e. All other operating revenue - Revenue not reported in 1 through 2d. If this item is greater than 20% of the operating revenue, specify the primary source of the revenue below 7	e total					
							1 1
			1799				
3.	TOTAL OPERATING REVENUE						
	Sum of lines 1 through 2e		1800				
7	Not Applicable.						
8	REVENUES FROM ELECTRONIC SOURCES						
	A. Did this firm have any revenues from customers en mobile applications in 2018? Yes No B. Did this firm have any revenues from customers en mobile applications in 2018? Yes						
	No C. Did this firm have any revenues from customers en (such as private networks, dedicated lines, etc.) in	ntering 2018?	orders [,]	via any c	other elect	ronic syste	ms
	U Yes 0042						
	□ No						
	D. Of the total 2018 revenues reported in 6 ,			2018		7	2018
	what was the dollar amount (or percentage) that was from the revenues identified in	\$ Bil.	Mil.	Thou.	Dol.		Percent
	A-C above? Please provide an estimate if					OR 2501	%
	exact figures are not available					2501	/0
9	Not Applicable.						

Orm SA-51213A (DRAFT)				Page
12 INVENTORIES AT END OF YEAR				
Report inventories at end of year at cost or market value using generally accepted ac	countin	g princip	les.	
Include:				
 Inventory held in Foreign Trade Zones or in bond warehouses in the United States. 				
A. Did this firm own inventories, regardless of where held, at the end of 20 which you are reporting)?	18 (or t	he perio	d for	
O43 Yes				
□ No - Go to 1				
B. What was the value of the inventories owned by this firm on		2	2018	
December 31 in 2018?	\$ Bil.	Mil.	Thou.	Dol.
1. Finished goods				
2. Work-in-process				
	'	1 1	1 1	1 1
3. Materials, supplies, fuel, etc		1 1	1 1	1 1

13	Not	Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

• Transfers made within the company.

4. TOTAL BOOK VALUE Sum of lines 1 through 3

- Capitalized expenses.
- Interest.
- · Bad debt.
- Impairment.
- Income tax.
- Expenses 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).

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	\$ Bil.	Mil.	Thou.	Dol.					

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 perio Employer's Annual Federal Tax Return, line spread on stock options that are taxable to

od or IRS Form 944						
4(c). Include the employees as wages . 1821		1				

14	OPERATING EXPENSES - Continued					
		Mark "X			2018	D .
4	Personnel Costs - Continued	if None	\$ Bil.	Mil.	Thou.	Dol.
1.	 b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions. c. Temporary staff and leased employee expense - Total costs 	322				1 1
		323				
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b.	360		1 1		1 1
3.	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 18	326				
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 b. 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. 	331				1 1
	operating expenses, specify the primary source of the expenses below 7					
5.	TOTAL OPERATING EXPENSES	379				
5.		900		1 1		1 1
15	and 16 Not Applicable.					

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We suggest you keep a copy for your records.

SERVICE ANNUAL SURVEY

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

FORM

SA-51213E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution.

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

Per the Federal Cybersecurity
Enhancement Act of 2015, your data
are protected from cybersecurity
risks through screening of the
systems that transmit your data.
This collection has been approved
by the Office of Management and
Budget (OMB). The eight-digit OMB
approval number is 0607-0422 and
appears at the upper right of this
page. Without this approval, we
could not conduct this survey.

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as -

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nclude

- 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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A. MAILING ADDRESS

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

	Yes		
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	No	Entor	aarraat

No - Enter corrections in the mailing address above



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B. SURVEY C														
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Form	1 SA-51213E (DRAFT)			Page 3
4	REPORTING PERIOD			
	NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal year	ar that i	ncludes	at least six
	months of data for the 2018 calendar year.		201	0
	What time period is covered by the data provided in this report?		201 Beginnin	
	Calendar year	Month	Day	Year
	0006		,	1 1 1
	Fiscal or partial year - Report beginning and ending dates			
			Ending	
		Month	Day	Year
	0008			
5	Not Applicable.			
6	SALES, RECEIPTS, OR REVENUE			
	What were the revenues for this firm in 2018?			
	Include:			
	Allowances for cash and other discounts.			
	 Report gross billings, except where noted elsewhere on the form. Dues and assessments from members and affiliates. 			
	Amounts received for work subcontracted to others.			
	• For locations that were sold or acquired during a year, only report for the periods that this fi	rm oper	ated the	Э
	locations.			
	 Revenue from services performed by domestic locations of foreign parent firms, subsidiaries Revenues from electronic sources. 	, branci	nes, etc.	
	Exclude:			
	• Transfers made within the company.			
	• Taxes collected directly from customers or clients and paid directly to a local, state, or federal	al tax aç	gency.	
	Commissions from vending machine operators.			
	 Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Di Commonwealth Territories, or U.S. possessions). 	strict of	Columb	oia, U.S.
			2018	
	Mark "X" if None \$ Bil.	Mil.	Thou.	Dol.
1.	Admissions to feature film exhibitions - The projection of			
	theatrical feature films in movie theaters, cinemas, and other venues that were produced by foreign or domestic production companies 6210		' '	' '
2.	Other Revenue			
۷.	a. Food and beverage sales - The sales of food and beverages			
	(alcoholic and nonalcoholic) on the premises from snack bars,			
	stands, or vending machines that are owned or operated by the theater owner. Include the sale of food and beverages from			
	franchise outlets operating on the premises when the theater			
	owner is the franchisee. If a franchise outlet in this establishment is operated by another company other than the theater owner,	1 1		
	please report the sale of food and beverages in line 2b 6213	1 1	1 1	
	b. Rental of retail space - The rental or leasing of space for retail			
	sale on a concession basis for merchandise, prepared food and beverages at places of entertainment or recreation other than			
	sports venues. Include space for the rental of coin-operated			
	machines such as vending machines, video games and gambling machines			' '
	c. Advertising services - The projection and/or display of			
	advertisements (including slides) on the movie screen and/or in			
	and around your facilities. Include advertising space sold by your firm, as well as advertising space that is contracted out to another			
	firm or agency			
	d. Coin-operated games and rides - The operation of video			
	games, arcades, and other amusements on the premises. If operated by other than the theater owner, please report this			
	revenue in line 2b			
	CONTINUE MUTUES ON BACE A			
	CONTINUE WITH 6 ON PAGE 4			

2. Other Revenue - Come. All other operating 1 through 2d. If toperating revenue revenue below 7 3. TOTAL OPERATING Sum of lines 1 through 2d. If through 2d. If the sum of lines 1 through 2d. If through 2d. If through 2d. If the sum of lines 1 through 2d. If through 2d. If the sum of lines 1 through 2d. If through 2d. If the sum of lines 1 through 2d. If the sum of lines 1 through 2d. If t	6, OR REVENUE - Continued					
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exact ligures are	io not available				2501	

orm SA-51213E (DRAFT)				Page
12 INVENTORIES AT END OF YEAR				
Report inventories at end of year at cost or market value using generally accepted ac	countir	ng principl	les.	
Include:				
•Inventory held in Foreign Trade Zones or in bond warehouses in the United States				
A. Did this firm own inventories, regardless of where held, at the end of 20 which you are reporting)?	18 (or t	the perio	d for	
Yes Yes				
No - Go to 10				
B. What was the value of the inventories owned by this firm on		2	2018	
December 31 in 2018?	\$ Bil.	Mil.	Thou.	Dol.
	ı			
1. Finished goods		1 1	1 1	1 1
	İ			
2. Work-in-process		1 1	1 1	
	ı			
3. Materials, supplies, fuel, etc		100		

13	Not	Applicable.
w	IVOL	Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

• Transfers made within the company.

4. TOTAL BOOK VALUE Sum of lines 1 through 3

- Capitalized expenses.
- Interest.
- · Bad debt.
- Impairment.
- Income tax.
- Expenses 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).

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		2018								
	\$ Bil.	Mil.	Thou.	Dol.						

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 .

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CONTINUE	WITH 114	ON PAGE 6

Form	SA-5	1213E	(DRAFT)
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17	REMARKS - Fi	Please use	this spac	e to explain	any sig	gnificant yea	r-to-year ch	anges, t	o clarify res	ponses,	or indicat	te where
3	CONTACT IN											
	Name of persor	n to contac	t regarding	this report (P	lease pr	rint)	Title					
		Area code	9	Number		Extension		_	Area code		Number	
	Telephone			-		1 1 1		Fax			_	' '
	E-mail address						Website ad	dress				



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

2018 ANNUAL SERVICES REPORT

Need help or have question? Call 1977-92 9800, inplies 17 Call 1977-92 9800, inplies 17 Coll 1977-92 9800, inplies 1977-92	SA-51219A	(DRAFT)					
Cell 1 1977 787 9860, option "T" (800 a.m. 5 to 0 pm. ET. M-F) or Visit https://www.oensus.gov/programs-survey/seafinformation.html VOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States By LAW. Title 14 United States By LAW. Title 15 United States By LAW. The state of the Census Bureau is not permitted to publicly release your responses business, organization, or restriction. The Census Bureau is not permitted to publicly release, your responses business, organization, or restriction. The Census Bureau is not permitted to publicly release, organization, or restriction. The Census Bureau is not permitted to 2016, your data. This collection has been approved Budget (OMB). The eight-digit OMB grower by LAW. The collection has been approved Budget (OMB). The eight-digit OMB grower by LAW. The collection has been approved Budget (OMB). The eight-digit OMB grower by LAW. The collection has been approved Budget (OMB). The eight-digit OMB grower by LAW. The collection has been approved Budget (OMB). The eight-digit OMB grower by LAW. The collection has been approved Budget (OMB). The eight-digit OMB grower by LAW. The collection has been approved Budget (OMB). The eight-digit OMB grower by LAW. The collection has been approved by LAW. The collection been approved by LAW. The collection been approved by LAW. The collection has been approved	Due Date						
Call 1877 787 2880, option 11* (\$800 am. S. Do pm. ET. MF) or Visit https://www.census.gov/programs- surveys/sas/information.html FOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States EX authorizes its collection. Sections 224 and 225 require your sections 224 and 226 your sectio							
Cell 1477 787 3880, option 11* (800 a.m. + 500 p.m. ET. MF) or Visit https://www.census.gov/programs- survey/stas/information.html TOWN RESPONSE IS REQUIRED BY LAW. Title 13 United States BY additional to literature of the state of the	Need help or here greations?						
September Sept							
COURTESPONSE IS REQUIRED YEAR STATEMENT OF THE STATEMENT	(8:00 a.m 5:00 p.m. ET, M-F)						
COURS RESPONDED IS REQUIRED (VICENS TO THE STATE OF THE S							
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Authentication Code: GENERAL INSTRUCTIONS *Any significant change in this firm's operations should be noted in ①. *For establishments sold or acquired in 2018, 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. *Figures should be rounded to the nearest dollar. *If a figure is \$1,030,280,456 it should be reported as *Include: *Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) as defined by the survey coverage in ①B. *Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services. *A. MAILING ADDRESS* Is this firm's name and mailing address the same as shown in the mailing address above? **Pes** **ONE Survey Results: *https://www.census.gov/programs-surveys/sas.htr **D view Survey Results: *https://www.census.gov/programs-surveys/sas.htr **One Survey Coverage in ①B. **Pigures Survey Sur	BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 82 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau s required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted o publicly release your responses n a way that could identify your pusiness, organization, or institution. Per the Federal Cybersecurity Thancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Sudget (OMB). The eight-digit OMB reppears at the upper right of this range. Without this approval, we						
 Any significant change in this firm's operations should be noted in	nttps://portal.census.gov	s survey snould be completed of		nttps://www		-	
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 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. Figures should be rounded to the nearest dollar. If a figure is \$1,030,280,456 it should be reported as Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) as defined by the survey coverage in ⊕B. Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services. A. MAILING ADDRESS Is this firm's name and mailing address the same as shown in the mailing address above? 	• For establishments sold	•	_		establishr	ments were	e operated by
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Is this firm's name and mailing address the same as shown in the mailing address above? Yes	 Data for auxiliary facilities 	es primarily engaged in supporting	services to	o those es	tablishme	nt(s) such	as warehouses,
□ Yes	1 A. MAILING ADDRESS						
0035	Is this firm's name and	d mailing address the same as show	wn in the n	nailing add	dress abov	/e?	
- No - Litter corrections in the maining address above	_	prections in the mailing address of	NOVA				
	INO - EIILEF CO	Trections in the maining address ab	OVE				

Did this firm provide the busi	iness 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 dive	stiture	s in 20	18?			
O016 Yes							
□ No - <i>Go to</i> 4							
Check all that apply. If more that Acquisition Date of the second seco	izational changes occurred in 2018? In one organizational change occurred during of organizational change		oorting . 0018	period, Month		n in ① . Year	r
0017 Name of company			0019 EI	N (9 dig	its)		
, issue a surposity				_ ang			
Address (Number and street, P.O. B	ox, etc.)						
City, town, village, etc.		State	ZIP Co	de	_		

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4	REPORTING PERIOD NOTE: Calendar year data are preferred. If they are unavailable, please r		, iisoai ye	Jai tilat I	11014465	at least			
	months of data for the 2018 calendar year.								
	What time period is covered by the data provided in this report?	2018							
	Calandan			nning Date					
	Calendar year			Month	Day	Year			
	Fiscal or partial year - Report beginning and ending dates		000	7		1 1			
					Ending	Date			
				Month	Day	Year			
			000		'	1 1			
_			000	8					
5	Not Applicable.								
6	SALES, RECEIPTS, OR REVENUE								
	What were the revenues for this firm in 2018?								
	Include:								
	Allowances for cash and other discounts.								
	• Report gross billings, except where noted elsewhere on the form.								
	 Dues and assessments from members and affiliates. Amounts received for work subcontracted to others. 								
	 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 one	rated the	e			
	locations.	·							
	Revenue from services performed by domestic locations of foreign par	rent firms, su	ıbsidiarie	es, branc	hes, etc.				
	Revenues from electronic sources.								
	Exclude:								
	Transfers made within the company.								
	· · · · · · · · · · · · · · · · · · ·								
	• Taxes collected directly from customers or clients and paid directly to								
	 Taxes collected directly from customers or clients and paid directly to Rents from and revenue of separately operated departments, concession 								
	 Taxes collected directly from customers or clients and paid directly to Rents from and revenue of separately operated departments, concession Commissions from vending machine operators. 	ons, etc., wh	ich are le	eased to	others.	oia III S			
	 Taxes collected directly from customers or clients and paid directly to Rents from and revenue of separately operated departments, concession 	ons, etc., wh	ich are le	eased to	others.	oia, U.S.			
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9	NE	VEIV	UES	PROW ELECTRONIC SOURCES							
	A.			firm have any revenues from customers en applications in 2018?	ntering	orders d	irectly o	n the firm	ı's websi	tes or	r
				Yes							
		0040		N.							
			Ш	No							
	B.	Did mok	this pile a	firm have any revenues from customers en applications in 2018?	ntering	orders d	irectly o	n third-pa	rty webs	ites o	or
				Yes							
		0041									
				No							
	C.	Did (suc	this h as	firm have any revenues from customers en private networks, dedicated lines, etc.) in	ntering 2018?	orders v	ia any ot	her electi	ronic sys	tems	
				Yes							
		0042									
			Ш	No							
	D.	Of t	he t	otal 2018 revenues reported in 3 ,			2018		7		2018
				as the dollar amount (or percentage)	\$ Bil.	Mil.	Thou.	Dol.			Percent
				s from the revenues identified in ve? Please provide an estimate if	7	1 1	1 1				
		exa	ct fi	gures are not available 2500					OR ₂₅₀)1	%
9-	Œ	No	t Ap	plicable.							
12	IN	VEN	TOR	IES AT END OF YEAR							
	Re	port i	inver	ntories at end of year at cost or market value us	ing ger	nerally acc	epted acc	ounting pr	inciples.		
	Inc	lude) :								
	• lı	nvent	ory	neld in Foreign Trade Zones or in bond wareho	uses in	the United	d States.				
	A.	Did whi	this ch y	firm own inventories, regardless of where ou are reporting)?	held,	at the end	d of 2018	3 (or the p	eriod fo	r	
				Yes							
		6043		No. Go to 😯							
				No - <i>Go to</i> 13							
	B.			as the value of the inventories owned by th	is firm	on			2018		
		Dec	emb	er 31 in 2018?				Bil. M	il. Th	iou.	Dol.
		1. F	inis	hed goods			. 1751				
		2 W	Vorl	-in-process			1752			'	1 1
				rials, supplies, fuel, etc			. 1753 +				
				AL BOOK VALUE							
		٤	oum	of lines 1 through 3			. 1754				

2018

Thou.

Dol.

Mil.

13	EXPO	RT R	EVE	MHE
ш	EAFU	nı n	EVE	IACE

An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

Include:

- Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.).
- Revenue from the sale of personal, business, or mainframe computer software to clients and customers located outside the United States.

Exclude:

• Services provided to domestic subsidiaries of foreign firms.

A. Did the revenue reported in 6 include any revenue from exports?

	Yes
0009	No - Go to

	\$ Bil.	Mil.	Thou.	Dol.
What was this firm's revenue from exports in 2018?				

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). **Exclude**

Exclude:

В.

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

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

employee contributions.

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.

Personnel Costs							
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							
Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers'							

Mark "X" if None

\$ Bil.

CONTINUE WITH 14 ON PAGE 6	6
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1	

	SA-SIZISA (DRAFI)						raye
14	OPERATING EXPENSES - Continued						
			rk "X"			2018	
		if I	None	\$ 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			1 1		
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b	1860					
3.	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 1						
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 b. All other operating expenses - All other operating expenses 	1831		1		1 1	
	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						
		1879					
5.	TOTAL OPERATING EXPENSES	10/9					
•	Constitution of the state of th	1900		,	1 1		

-	DEMARKS 5							. 1			, ago ,
D	data were esti	'lease use tr mated.	iis space	to explain	n any si	ignificant yea	r-to-year chang	es, to clarity re	esponses, (or indicate	where
3	CONTACT IN	FORMATIO	N								
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2018 ANNUAL SERVICES REPORT

SA-51219E (DRAFT)

Due Date	
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://www.census.gov/programs-	
surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States	
Code (U.S.C.), Sections 131 and	
182 authorizes this collection. Sections 224 and 225 require your	
response. The U.S. Census Bureau is required by Section 9 of the	
same law to keep your information	
CONFIDENTIAL and can use your responses only to produce statistics.	
The Census Bureau is not permitted	
to publicly release your responses in a way that could identify your	
business, organization, or institution. Per the Federal Cybersecurity	
Enhancement Act of 2015, your data	
are protected from cybersecurity risks through screening of the	
systems that transmit your data.	
This collection has been approved by the Office of Management and	
Budget (OMB). The eight-digit OMB approval number is 0607-0422 and	
appears at the upper right of this	
page. Without this approval, we could not conduct this survey.	
https://portal.census.gov	s survey should be completed online at:
Authentication Code:	To view Survey Results:
	https://www.census.gov/programs-surveys/sas.html
	GENERAL INSTRUCTIONS
Throughout this survey, a	ny reference to "this firm" is referring to the EIN that is printed in the mailing address
area or the new EIN that v	was provided as a response in ②. Any responses related to "this firm" should only
include data for the EIN re	
	n this firm's operations should be noted in 1 . or acquired in 2018, report data only for the period the establishments were operated by
this firm.	or acquired in 2016, report data only for the period the establishments were operated by
•	e if book figures are not available.
•Enter "0" where applicat	
	r two or more detailed lines.
·	al basis, except for payroll. \$Bil. Mil. Thou. Dol.
• Figures should be round	456 it should be reported as 1030280456
Include:	Too it should be reported us
	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and
Construction operations) operating under the EIN printed in the mailing address area.
 Data for auxiliary facilities 	es primarily engaged in supporting services to those establishment(s) such as warehouses,
garages, central adminis	strative offices, and repair services.
1 A. MAILING ADDRESS	
Is this firm's name and	d mailing address the same as shown in the mailing address above?
Yes	
0035 No - Enter co	orrections in the mailing address above

B. SURVEY CO	OVERAGE						
Did this firm	m provide t	he business activities described below?					
Yes	S						
0001	0 :						
□ No	- Specify th	is firm's business activity 7					
0002	2						
EDERAL EMP	LOYER IDE	NTIFICATION NUMBER (EIN)					
Does this firm	report pay	roll under EIN					
Yes							
013			EII	N (9 di	gits)		
		9-digit EIN AND date payroll was first					
		<i>his EIN</i>)15			100	
re	eportea for t						
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DRGANIZATIO	ONAL CHAN	IGE		0088		Day	Yea
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DRGANIZATIO A. Did this firm	ONAL CHAN	IGE		0088		Day	Yea
DRGANIZATIO A. Did this firm Yes	DNAL CHAN m experiends	IGE		0088		Day	Yea
DRGANIZATIO A. Did this firm Yes	ONAL CHAN	IGE		0088		Day	Yea
DRGANIZATION A. Did this firm Yes No B. Which of the	ONAL CHAN m experiences - Go to 4	IGE ce any acquisitions, sales, mergers, and/or divestitu g organizational changes occurred in 2018?	res in	2018	?		
DRGANIZATION A. Did this firm Yes No B. Which of the	ONAL CHAN m experiences - Go to 4	IGE ce any acquisitions, sales, mergers, and/or divestitu	res in	2018	?		
DRGANIZATIO A. Did this firm Yes No B. Which of the Check all tha	ONAL CHAN m experience s - Go to ne following at apply. If m	IGE ce any acquisitions, sales, mergers, and/or divestitu g organizational changes occurred in 2018?	res in	2018	?	explai	n in ① .
DRGANIZATIO A. Did this firm Yes No B. Which of the Check all tha	ONAL CHAN m experiences - Go to 4	IGE ce any acquisitions, sales, mergers, and/or divestitu g organizational changes occurred in 2018? hore than one organizational change occurred during the	res in	n 2018	?	explai	
DRGANIZATIO A. Did this firm Yes Onle No B. Which of th Check all tha Acq Sale	ONAL CHAN m experiences - Go to 4 ne following at apply. If m	IGE ce any acquisitions, sales, mergers, and/or divestitu g organizational changes occurred in 2018? Fore than one organizational change occurred during the	res in	n 2018	?	explai	n in ① .
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DRGANIZATIO A. Did this firm Yes On 16 No B. Which of the Check all tha Acq Sale O091 Mer Dive	PNAL CHAN m experiences - Go to 4 ne following at apply. If m quisition le erger vestiture f company	GE ce any acquisitions, sales, mergers, and/or divestitude g organizational changes occurred in 2018? Fore than one organizational change occurred during the Date of organizational change	res in	2018 ting per Mc	?	explai Day	n in ① .
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Form	SA-51219E (DRAFT)					Page 3		
4	REPORTING PERIOD							
	NOTE: Calendar year data are preferred. If they are unavailable, pleas	e report fo	or the fiscal vea	ar that in	ncludes	at least six		
	months of data for the 2018 calendar year.	o roport i	or the hood yes		ioidado	at 1000t 01X		
	What time period is covered by the data provided in this report	t?		2018				
				Е	Beginnin	g Date		
	Calendar year			Month	Day	Year		
	0006							
	Fiscal or partial year - Report beginning and ending dates .		0007			1 1 1		
					Ending	Date		
				Month	Day	Year		
			8000					
A	Ni . A . P. III							
5	Not Applicable.							
6	SALES, RECEIPTS, OR REVENUE							
	What were the revenues for this firm in 2018?							
	Include:							
	Allowances for cash and other discounts. Papert gross hillings, expent where noted elecuhors on the form.							
	 Report gross billings, except where noted elsewhere on the form. Dues and assessments from members and affiliates. 							
	Amounts received for work subcontracted to others.							
	 Amounts received for work subcontracted to others. For locations that were sold or acquired during a year, only report for 	or the ner	inds that this fi	rm oper	ated the	2		
	locations.	or the per	ious mat tills III	iiii opei	atou till			
	• Revenue from services performed by domestic locations of foreign p	parent firn	ns, subsidiaries	, branch	nes, etc.			
	• Revenues from electronic sources.							
	Exclude:							
	• Transfers made within the company.							
	• Taxes collected directly from customers or clients and paid directly to	to a local,	state, or federa	al tax ac	ency.			
	 Rents from and revenue of separately operated departments, concess 			-				
	Commissions from vending machine operators.							
	• Revenue of foreign subsidiaries (those located outside the U.S., i.e.,	outside th	ne 50 states, Di	strict of	Columb	oia, U.S.		
	Commonwealth Territories, or U.S. possessions).							
		Ma	rk "X"	2	2018			
			None \$ Bil.	Mil.	Thou.	Dol.		
1.	Audiovisual postproduction services - Providing computerized							
	and electronic image and sound processing services in audiovisual							
	works (e.g., editing, transfer, color correction, digital restoration,							
	visual effects, animation, duplication of masters, format conversion, compression and digital encoding, captioning, titling, subtitling,				1 1			
	sound editing and design services)	. 6221						
2.	Motion picture film laboratory services - Processing motion							
	picture film, negative matching, color timing, printing (e.g.,							
	workprints, answer prints, intermediates), release printing, and film			' '	' '	' '		
_	cleaning, etc.							
3.	Duplication and copying services - Multiple or limited duplication							
	of the master of a video, digital media, etc. Include screening copies, approval copies, etc. The copies are usually on VHS, streaming video,							
	or DVD format. Exclude mass duplication of copies intended for the	,						
	retail or rental market. Limited reproduction of the master of a film,							
	video, digital media, etc. (e.g., edit masters, high definition masters, clones, etc.) are included in line 1	6222				i i		
4.	All other operating revenue - Revenue not reported in lines	. 0223						
٠.	1 through 3. If this item is greater than 20% of the total							
	operating revenue, specify the primary source of the revenue							
	below 7							
		1700						
-	TOTAL OPERATING DEVENUE	1799			- -			
5.	TOTAL OPERATING REVENUE	4065			1 1	_ ' ' 		
	Sum of lines 1 through 4	. 1800						
7	Not Applicable.							

2018

Thou.

Dol.

Mil.



An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

Include:

- Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.).
- Revenue from the sale of personal, business, or mainframe computer software to clients and customers located outside the United States.

Exclude:

· Services provided to domestic subsidiaries of foreign firms.

A. Did the revenue reported in @ include any revenue from exports?

	Yes
0009	
	No - Go to 💶

	\$ Bil.	Mil.	Thou.	Dol.
What was this firm's revenue from exports in 2018?				

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

B

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

Gross annual payroll

Personnel Costs

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

employee contributions.

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

\$ Bil.

• 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
Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability	

CONTINUE WITH 14 ON PAGE 6

insurance programs, life insurance benefits, Medicare). Exclude

				-
Mark "X"			2018	
if None	\$ Bil.	Mil.	Thou.	Dol.
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26				
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00				
3	if None	3	if None \$Bil. Mil.	if None \$ Bil. Mil. Thou.

Form SA-51219E (DRA

18	CONTACT INFORMATION	
	Name of person to contact regarding this report (Please print)	Title
	Area code Number Extension Telephone	Area code Number
	E-mail address	Website address
	THANK YOU for completing your 2018 A	NNUAL SERVICES REPORT.
	We suggest you keep a copy f	

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

SERVICE ANNUAL SURVEY

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

FORM

2018 ANNUAL SERVICES REPORT

SA-51222A	(DRAFT)
Due Date	
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://www.census.gov/programs- surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.	
INTERNET REPORTING - Thi https://portal.census.gov	s survey should be completed online at:
Authentication Code:	To view Survey Results:
Authentication Code.	https://www.census.gov/programs-surveys/sas.html
	GENERAL INSTRUCTIONS
, ,	in this firm's operations should be noted in ① .
 For establishments sold this firm. 	or acquired in 2018, report data only for the period the establishments were operated by
•Estimates are acceptable	e if book figures are not available.
• Enter "0" where applical	
	r two or more detailed lines.
Figures should be round	al basis, except for payroll. \$ Bil. Mil. Thou. Dol.
_	456 it should be reported as ———————————————————————————————————
Include:	
Data for all Services est Construction operations	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and as defined by the survey coverage in ① B.
·	es primarily engaged in supporting services to those establishment(s) such as warehouses,
garages, central adminis	strative offices, and repair services.
1 A. MAILING ADDRESS	
Is this firm's name and	d mailing address the same as shown in the mailing address above?
□ Vaa	
Ves 0035	
□ No - Enter co	orrections in the mailing address above

Forn	n 5/	4-5 T	222A	(DRAFT)																	Page 2
0	В.	SUR	RVEY C	OVERAGE	E																
		Did	this fir	m provide	e the l	busine	ess ac	ctivit	ties d	lescri	ibed b	below	?								
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		0001	□ No	- Specify to	this fir	rm's b	usines	ss act	tivity ;	7											
									ŕ												
			0002																		
2			plicable.																		
3				ONAL CHA					_				.,					_			
	A.	Did		m experier	ence a	any ac	quisi	tions	s, sale	es, m	iergei	rs, and	d/or d	ivesti	iture	s in 2	2018	3?			
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	В.			ne followir at apply. If r										ring th	ne rep	oortin	ід ре	eriod	, expla	in in 🕡	
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		0091	Sa	le	A	ND															
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			☐ Div	estiture/																	
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		City,	, town, vi	llage, etc.										S	State	ZIP (Code				
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Form	SA-51222A (DRAFT)			Page 3
4	REPORTING PERIOD NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal year	ar that in	ncludes	at least six
	months of data for the 2018 calendar year. What time period is covered by the data provided in this report?		201	8
		E	Beginnin	g Date
	Calendar year	Month	Day	Year
	Fiscal or partial year - Report beginning and ending dates		Endina	Data
		Month	Ending Day	Year
	0008			
5	Not Applicable.			
6	SALES, RECEIPTS, OR REVENUE			
	What were the revenues for this firm in 2018?			
	Include:			
	 Allowances for cash and other discounts. Report gross billings, except where noted elsewhere on the form. 			
	• Dues and assessments from members and affiliates.			
	 Amounts received for work subcontracted to others. For locations that were sold or acquired during a year, only report for the periods that this fi 	rm oper	ated th	e
	locations.			
	 Revenue from services performed by domestic locations of foreign parent firms, subsidiaries Revenues from electronic sources. 	s, branci	ies, etc.	
	Exclude:			
	• Transfers made within the company.			
	• Taxes collected directly from customers or clients and paid directly to a local, state, or federal	-		
	 Rents from and revenue of separately operated departments, concessions, etc., which are lead Commissions from vending machine operators. 	ased to	others.	
	 Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Di 	strict of	Columi	oia, U.S.
	Commonwealth Territories, or U.S. possessions).			·
	Mark "X" if None \$Bil.		2018	Dol.
1.	Licensing Revenue	Mil.	Thou.	D01.
	a. Licensing of rights to use musical compositions - Granting			
	the right to use a musical composition (whose rights you own) on a fee or royalty basis. A musical composition may be the lyrics,			
	the music, or both. Include public performance rights, mechanical			
	rights, synchronization rights, videogram rights, commercial advertisement rights, and print rights			
	b. Licensing of rights to use musical recordings - Granting the			
	right to use a copyrighted recording (whose rights you own) on a fee or royalty basis. Exclude permission to use the copyrighted			
	composition			
2.	Other Operating Revenue a. Sale of recordings - The sale of recordings (e.g., CDs, music			
	streaming and downloads, cassette tapes, vinyl records)			
	containing a variety of sound material (e.g., music, plays, poetry, comedic routines). The sale of a recording is typically			
	accompanied by an implicit license, based upon the law, that places some limits on the usage of the recording by the end			
	customer			
	b. All other operating revenue - Revenue not reported in lines			
	1a through 2a. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7			
3	TOTAL OPERATING REVENUE			
3.	Sum of lines 1a through 2b			
7	Not Applicable.			

OHI	II JA-JIZZZA (DRAFI)					raye 4
8	REVENUES FROM ELECTRONIC SOURCE	ES				
	A. Did this firm have any revenues from mobile applications in 2018?	n customers e	ntering orders directly	on the fir	m's websites	s or
	O040 Yes					
	□ No					
	B. Did this firm have any revenues from mobile applications in 2018?	n customers e	ntering orders directly	on third-p	arty website	es or
	O041 Yes					
	□ No					
	C. Did this firm have any revenues from (such as private networks, dedicated	n customers e l lines, etc.) in	ntering orders via any 2018?	other elec	tronic systei	ms
	O042 Yes					
	□ No					
	D. Of the total 2018 revenues reported	in 6	2010		_ i	0040
	what was the dollar amount (or perc	entage)	2018 \$ Bil. Mil. Tho	ı. Dol.	-	2018 Percent
	that was from the revenues identifie A-C above? Please provide an estima exact figures are not available.	ite if			OR ₂₅₀₁	%
9-	-11 Not Applicable.					
12	INVENTORIES AT END OF YEAR					
	Report inventories at end of year at cost or	market value us	ing generally accepted	accounting p	orinciples.	
	Include:					
	•Inventory held in Foreign Trade Zones or i	n bond wareho	uses in the United State	S.		
	A. Did this firm own inventories, regard which you are reporting)?	dless of where	held, at the end of 20	018 (or the	period for	
	O43 Yes					
	□ No - <i>Go to</i> 14					
	B. What was the value of the inventorie	es owned by th	is firm on	♠ D∷I	2018	Dal
	December 31 in 2018?			\$ Bil.	Mil. Thou	. Dol.
	1. Finished goods		1751			
	2. Work-in-process		1752			
	3. Materials, supplies, fuel, etc		1753	+		
	4. TOTAL BOOK VALUE					
	Sum of lines 1 through 3		1754			1

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

expenses not reported disconners.					
	Mark "X"		:	2018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
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 . 18	821		1 1		
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	822				
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	323				
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b	860		1 1		
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 18	826				
Other Operating Expenses	<u> </u>				
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	831				

CONTINUE WITH 14 ON PAGE 6

Form	SA-51222A	(DRAFT)
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14	OPERATING EXPENSES - Continued					
		Mark "X"		2	2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
4.	Other Operating Expenses - Continued					
	b. 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 7					
		1879				
5.	TOTAL OPERATING EXPENSES					
	Sum of lines 1a through 4b	. 1900				
15	and 16 Not Applicable.					

	data were esti	'lease use ' mated.	this space	to expla	iin any s	ignificant yea	ır-to-year chang	es, to clarify	responses,	or maicat	e where
)	CONTACT IN	FORMATI	ON								
	Name of person	to contact	regarding t	his report	t (Please p	orint)	Title				
		Area code		Number		Extension		Area co	de	Number	
	Telephone	71100 0000				Extension	Fax				
				-						-	
	E-mail address						Website address	3			
	I						1				



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

2018 ANNUAL SERVICES REPORT

(DRAFT)

Due Date

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://www.census.gov/programssurveys/sas/information.html

YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and

182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

page. Without this approval, we could not conduct this survey.

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 ①.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

	\$ E	3il.		Mil.		Т	hοι	J.		Dol.	
→		I	0	3	0	2	8	0	4	5	6

- 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.

A. MAILING ADDRESS

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

	Yes	
0035		
	No	Ent

No - Enter corrections in the mailing address above



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SURVEY C		ha husiness	activities des	crihed balay	w?					
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Did this fir Ye O016 No Which of the Check all the Sa O091 Me Dir O017 Name of	rm experiences o - Go to 4 he following at apply. If me equisition alle erger vestiture of company	g organization ore than one of the of organization of the of organization of the office of the offic	nal changes of organizational anizational change information	occurred in 2 change occur	2018? Tred during th	ne repo	in 20	18? period Month	d, explai	n in (

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-orm	n SA-51222E (DRAFT)						Page 3		
4	REPORTING PERIOD								
	NOTE: Calendar year data are preferred. If they are unavailable, pleas months of data for the 2018 calendar year.	se report f	or the f	iscal ye	ar that ir	ncludes	at least six		
	What time period is covered by the data provided in this repor	t ?				2018	R		
	while time period is devered by the data provided in this repor				В	Beginning Date			
	☐ Calendar year				Month	Day	Year		
	0006								
	Fiscal or partial year - Report beginning and ending dates .			0007					
					N/1 4 l-	Ending			
					Month	Day	Year		
				0008			1 1 1		
•	Nist Assiliashia								
5	Not Applicable.								
6	SALES, RECEIPTS, OR REVENUE								
	What were the revenues for this firm in 2018?								
	Include:								
	 Allowances for cash and other discounts. Report gross billings, except where noted elsewhere on the form. 								
	 Report gross billings, except where noted elsewhere on the form. Dues and assessments from members and affiliates. 								
	Amounts received for work subcontracted to others.								
	• For locations that were sold or acquired during a year, only report f	or the per	iods th	at this f	irm oper	ated the			
	locations.								
	 Revenue from services performed by domestic locations of foreign Revenues from electronic sources. 	parent firn	ns, sub	sidiaries	s, branch	ies, etc.			
	Exclude:								
	Transfers made within the company.								
	• Taxes collected directly from customers or clients and paid directly	to a local.	. state.	or feder	al tax ac	iencv.			
	• Rents from and revenue of separately operated departments, concer				_	•			
	• Commissions from vending machine operators.								
	 Revenue of foreign subsidiaries (those located outside the U.S., i.e., Commonwealth Territories, or U.S. possessions). 	outside tl	he 50 s	tates, D	istrict of	Columb	ia, U.S.		
	Commonwealth Territories, or 0.5. possessions/.		_						
			rk "X" _ None	\$ Bil.	Mil.	2 018 Thou.	Dol.		
1.	Licensing Revenue			Ψ ΒΠ.	IVIII.	THOU.	Doi.		
	a. Licensing of rights to use musical compositions - Granting								
	the right to use a musical composition (whose rights you own) on	l							
	a fee or royalty basis. A musical composition may be the lyrics, the music, or both. Include public performance rights, mechanica	ıl	_						
	rights, synchronization rights, videogram rights, commercial								
	advertisement rights, and print rights	. 6008							
	b. Licensing of rights to use musical recordings - Granting the right to use a copyrighted recording (whose rights you own) on a								
	fee or royalty basis. Exclude permission to use the copyrighted								
	composition	. 6009							
2.	Other Operating Revenue								
	 Sale of recordings - The sale of recordings (e.g., CDs, music streaming and downloads, cassette tapes, vinyl records) 								
	containing a variety of sound material (e.g., music, plays,								
	poetry, comedic routines). The sale of a recording is typically accompanied by an implicit license, based upon the law, that								
	places some limits on the usage of the recording by the end								
	customer	. 6010							
	b. All other operating revenue - Revenue not reported in lines 1a through 2a. If this item is greater than 20% of the								
	total operating revenue, specify the primary source of the								
	revenue below 7								
		1799			1 1	100	1 1		
3.	TOTAL OPERATING REVENUE								
	Sum of lines 1a through 2b	. 1800							
7	Not Applicable.								

8	RE	VEN	UES	FROM ELECTRONIC SOURCES					
	A. Did this firm have any revenues from customers entering orders directly on the firm's websites or mobile applications in 2018?								
		0040		Yes					
				No					
	В.	Did mok	this	firm have any revenues from customers entering orders directly applications in 2018?	on thire	d-party v	vebsites (or	
		0041		Yes					
				No					
	C. Did this firm have any revenues from customers entering orders via any other electronic systems (such as private networks, dedicated lines, etc.) in 2018?								
		0042		Yes					
				No					
	D. Of the total 2018 revenues reported in 6, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if exact figures are not available								
9-	Œ	No	t Ap	plicable.					
Œ	INVENTORIES AT END OF YEAR Report inventories at end of year at cost or market value using generally accepted accounting principles. Include: Inventory held in Foreign Trade Zones or in bond warehouses in the United States.								
	A.			firm own inventories, regardless of where held, at the end of 20 ou are reporting)?	18 (or t	he perio	d for		
	Yes No - Go to 12								
	B. What was the value of the inventories owned by this firm on December 31 in 2018?					Mil.	2 018 Thou.	Dol.	
				hed goods	\$ Bil.	IVIII.	Tilou.	DOI.	
		2. V	Vork	-in-process					
		3. 1	/late	rials, supplies, fuel, etc				, ,	
		4. 1	OT/	AL BOOK VALUE of lines 1 through 3					

13	Not	Appl	icable
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14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

expenses not reported elsewhere.						
	Mark "X"					
	if None	\$ Bil.	Mil.	Thou.	Dol.	
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			1 1		1 1	
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.						
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						
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b			1 1			
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		1			1 1	
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) Fyclude impairment						

CONTINUE WITH 14 ON PAGE 6

Form	SA-5	1222E	(DRAFT)
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14 OPERATING EXPENSES - Continued

expenses below 7

15 and 16 Not Applicable.

TOTAL OPERATING EXPENSES
Sum of lines 1a through 4b . . .

Other Operating Expenses - Continued

b. 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

Dol.

2018

Thou.

Mil.

Mark "X"

1879

if None \$ Bil.

Form	SA-51222E	(DRAFT)	Page 7
	REMARKS - Ple data were estima	ease use this space to explain any significant year-to-year changes, to clarify responses, or indicate ated.	where

CONTACT II	NFORMATIC	ON .								
CONTACT II			is report <i>(F</i>	Please p	print)	Title				
	on to contact re	egarding th		Please p		Title				
		egarding th	lumber	Please p	Extension		ax	Area code	Number	
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SERVICE ANNUAL SURVEY

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

FORM

2018 ANNUAL SERVICES REPORT

SA-51223A (DRAFT) **Due Date** 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information **CONFIDENTIAL** and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey. INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov **Authentication Code:** To view Survey Results: https://www.census.gov/programs-surveys/sas.html **GENERAL INSTRUCTIONS** • Any significant change in this firm's operations should be noted in 12. • For establishments sold or acquired in 2018, 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. \$ Bil. Mil. Thou. Dol. • Figures should be rounded to the nearest dollar. 1030280 • If a figure is \$1,030,280,456 it should be reported as Include: Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) as defined by the survey coverage in **1**B. Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

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

rorm	1 3 <i>F</i>	4-5122	3A (DRAFT)											Page 2
0	В.	SURVE	Y COVERAGE											
		Did thi	s firm provide	e the bus	iness ac	tivities	describ	ed belov	v?					
			Yes											
		0001	No - Specify t	this firm's	s busines	ss activity	/7							
						,	•							
			0002											
2	No	t Applica	able.											
3	OR	GANIZ	ATIONAL CHA	ANGE										
	A.	Did this	s firm experie	ence any	acquisit	tions, sa	iles, me	rgers, ar	nd/or dive	stiture	s in 20	18?		
		0016	Yes											
			No - Go to 4											
	В.	Which	of the followir	ing organ	nizationa	al chang	ies occi	urred in 2	2018?					
			II that apply. If i							the rep	orting	period	, explai	n in 🕡.
			Acquisition									Month	Day	Year
				Date	of organ	izational	change				. 0018			
		0091	Sale	> AND										
			Merger	Enter	r detailed	l informat	tion belo	ow 7						
			Divestiture											
		0017 Nai	me of company	<i>)</i>							0019 E	N (9 diç	ıits)	
											,	-		
		Address	(Number and str	reet, P.O. E	Box, etc.)									
		City, tov	vn, village, etc.							State	ZIP Co	de		
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Forn	1 SA-51223A (DRAFT)					Page 3
4	REPORTING PERIOD	. 6	.			
	NOTE: Calendar year data are preferred. If they are unavailable, please report months of data for the 2018 calendar year.	ort for the	fiscal yea	r that ir		
	What time period is covered by the data provided in this report?				20	
				В	eginnir	ng Date
	Calendar year			Month	Day	Year
	Fiscal or partial year - Report beginning and ending dates		0007			1 1 1
					Ending	Date
				Month	Day	Year
			0008			1 1 1
5	Not Applicable.				<u>'</u>	
6	SALES, RECEIPTS, OR REVENUE					
U	What were the revenues for this firm in 2018?					
	Include:					
	• Report gross billings, except where noted elsewhere on the form.					
	• Dues and assessments from members and affiliates.					
	 Amounts received for work subcontracted to others. For locations that were sold or acquired during a year, only report for the 	parioda t	hat thia fir	m onor	atad th	_
	locations.	perious ti	וומנ נוווס ווו	iii opei	ateu iii	е
	• Revenue from services performed by domestic locations of foreign parent	firms, su	bsidiaries,	branch	nes, etc	
	Revenues from electronic sources.					
	• Transfers made within the company.					
	 Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local collection. 	cal state	or federa	l tax ac	encv	
	 Rents from and revenue of separately operated departments, concessions 			_	•	
	Commissions from vending machine operators.	,,				
	• Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside	de the 50	states, Dis	trict of	Colum	bia, U.S.
	Commonwealth Territories, or U.S. possessions).					
		Mark "X"			018	
4	Linearing Bossess	if None	\$ Bil.	Mil.	Thou	. Dol.
1.	Licensing Revenue					
	 a. Licensing of rights to use musical compositions - Granting the right to use a musical composition (whose rights you own) on 					
	a fee or royalty basis. A musical composition may be the lyrics,					
	the music, or both. Include public performance rights, mechanical rights, synchronization rights, videogram rights, commercial				1 1	
	advertisement rights, and print rights					
	b. Licensing of rights to use musical recordings - Granting the right to use a copyrighted recording (whose rights you own) on a					
	fee or royalty basis. Exclude permission to use the copyrighted					1 1
	composition					
2.	Other Operating Revenue					
	 a. Administration of copyrights for others - Administering copyright licenses owned by others. Include fees received from 					
	ensuring that the copyright owner is paid for the use by others of					
	the copyrighted material					
	b. Sale of recordings - The sale of recordings (e.g., CDs, music streaming and downloads, cassette tapes, vinyl records)					
	containing a variety of sound material (e.g., music, plays,					
	poetry, comedic routines). The sale of a recording is typically accompanied by an implicit license, based upon the law, that	,				
	places some limits on the usage of the recording by the end				1 1	' '
	customer					
	form or electronic text. Include prints of owned compositions					
	and of those for which your company has obtained rights to					
	the composition copyright, which are then distributed as sheet music, folios, or books in printed form or electronic text to	,				
	wholesalers and retailers for ultimate consumption by consumers. The licensing of the rights is included in line 1a 6232		'	1	1 1	' '
	The hearising of the rights is included in fine 10 6232					
	CONTINUE WITH 6 ON PAGE 4					

orm	SA-51223A (DRAFT)						Page 4
6	SALES, RECEIPTS, OR REVENUE - Continued						
			∕lark "X"		:	2018	
			if None	\$ Bil.	Mil.	Thou	. Dol.
2.	Other Operating Revenue - Continued						
	d. All other operating revenue - Revenue not reported in lines 1a through 2c. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below \(\textstyle{\gamma}\)						
		1799			1 1		
3.	TOTAL OPERATING REVENUE	_					
	Sum of lines 1a through 2d	. 1800					
7	Not Applicable.						
8	REVENUES FROM ELECTRONIC SOURCES						
	A. Did this firm have any revenues from customers entering or mobile applications in 2018?	rders di	rectly	on the	firm's w	ebsites	s or
	O040 Yes						
	□ No						
	B. Did this firm have any revenues from customers entering or mobile applications in 2018?	rders di	rectly	on thir	d-party v	vebsite	es or
	□ Yes						
	□ No						
	C. Did this firm have any revenues from customers entering or (such as private networks, dedicated lines, etc.) in 2018?	rders vi	a any o	ther e	lectronic	syste	ms
	O042 Yes						
	□ No						
	D. Of the total 2018 revenues reported in 6 , what was the dollar amount (or percentage)		018				2018
	that was from the revenues identified in	Mil.	Thou.	Do	ol.		Percent
	A-C above? Please provide an estimate if exact figures are not available				OF	2501	%
9	-11 Not Applicable.						

orm SA-51223A (draft)				Page
12 INVENTORIES AT END OF YEAR				
Report inventories at end of year at cost or market value using generally accepted acco	unting pr	rinciple	es.	
Include:				
•Inventory held in Foreign Trade Zones or in bond warehouses in the United States.				
A. Did this firm own inventories, regardless of where held, at the end of 2018 which you are reporting)?	(or the p	period	for	
☐ Yes				
No - Go to 14				
B. What was the value of the inventories owned by this firm on		20	018	
	Bil. N	1il.	Thou.	Dol.
1. Finished goods				
0 W 1 ·				1 1
2. Work-in-process				
3 Materials supplies fuel etc		'	' '	

13	Not	Applicable.
		, .pp

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Transfers made within the company.

4. TOTAL BOOK VALUE Sum of lines 1 through 3

- Capitalized expenses.
- Interest.
- · Bad debt.
- Impairment.
- Income tax.
- Expenses 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).

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"		2018								
if None	\$ Bil.	Mil.	Thou.	Dol.						

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 Employer's Annual Federal Tax Return, line spread on stock options that are taxable to

od or IRS Form 944			T			
4(c). Include the employees as wages . 1	1821					

OPERATING EXPENSES - Continued					
5 2 2 55	Mark "X"			2018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
Personnel Costs - Continued					
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions					
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					
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b					
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					
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			1 1		
1879					
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions. 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	Personnel Costs - Continued b. 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Report packaged software in line 3 and leased and rented equipment include 4 preciation charges and alterations include cost of the veloped or customized by others, web-design services and purchases, licensing agreements, upgrades of software, and maintenance fees related to software upgrades of software, and maintenance fees related to software upgrades of software	Personnel Costs - Continued b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. 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Chelloge of the contained of the package delivery agreements, upgrades of software, and maintenance fees related to software upgrades of software. Depreciation and amortization charges aginist intangible assets entire and instructions. Include office postage and anto-package delivery. Exclude purchases of merchandise

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U	REMARKS - Please use this space to explain any significant ye data were estimated.	ar-to-year changes, to clarify responses, or indicate where
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18	CONTACT INFORMATION	
	Name of person to contact regarding this report (Please print)	Title
	Area code Number Extension	Area code Number
	Telephone -	Fax
	E-mail address	Website address

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

2018 ANNUAL SERVICES REPORT

SA-51223E

(DRAFT)

Due Date

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https://www.census.gov/programssurveys/sas/information.html

YOUR RESPONSE IS REQUIRED

BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 ①.
- For establishments sold or acquired in 2018, report data only for the period the establishments were operated by this firm.
- Estimates are acceptable if book figures are not available.
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- Do not combine data for two or more detailed lines.
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- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

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- 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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A. MAILING ADDRESS

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

	Yes
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No - Enter corrections in the mailing address above

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Form	SA-51223E (DRAFT)					Page 3
4	REPORTING PERIOD					
	NOTE: Calendar year data are preferred. If they are unavailable, please rep	ort for the	e fiscal yea	r that in	ncludes a	at least six
	months of data for the 2018 calendar year.		·			
	What time period is covered by the data provided in this report?				2018	
	☐ Calendar year			Month	B eginning Day	Year
	0006			IVIOIILII	Day	Teal
	Fiscal or partial year - Report beginning and ending dates		0007			1 1 1
					Ending l	Date
				Month	Day	Year
					'	' ' '
			8000			
5	Not Applicable.					
6	SALES, RECEIPTS, OR REVENUE					
U	What were the revenues for this firm in 2018?					
	Include:Report gross billings, except where noted elsewhere on the form.					
	• Dues and assessments from members and affiliates.					
	Amounts received for work subcontracted to others.					
	• For locations that were sold or acquired during a year, only report for the	e periods	that this fir	rm oper	ated the	
	 locations. Revenue from services performed by domestic locations of foreign parer 	nt firme ei	ıheidiəride	hranck	nes etc	
	Revenues from electronic sources.	11 1111113, 30	absidiaries	, branci	163, 616.	
	Exclude:					
	Transfers made within the company.					
	• Taxes collected directly from customers or clients and paid directly to a l			-		
	• Rents from and revenue of separately operated departments, concession	s, etc., wh	ich are lea	sed to	others.	
	• Commissions from vending machine operators.	ida tha EO	etetee Di	atuiat af	Calumbi	: C
	 Revenue of foreign subsidiaries (those located outside the U.S., i.e., outs Commonwealth Territories, or U.S. possessions). 	side the 50	states, Dis	Strict Oi	Columb	ia, U.S.
		Mark "X"	,	2	2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
1.	Licensing Revenue					
	a. Licensing of rights to use musical compositions - Granting					
	the right to use a musical composition (whose rights you own) on a fee or royalty basis. A musical composition may be the lyrics,					
	the music, or both. Include public performance rights, mechanical					
	rights, synchronization rights, videogram rights, commercial advertisement rights, and print rights		'	' '	1 1	' '
	advertisement rights, and print rights	, L				
	right to use a copyrighted recording (whose rights you own) on a					
	fee or royalty basis. Exclude permission to use the copyrighted			1 1		
2	composition)				
2.	Other Operating Revenue					
	 Administration of copyrights for others - Administering copyright licenses owned by others. Include fees received from 					
	ensuring that the copyright owner is paid for the use by others of the copyrighted material		'	1 1	1 1	' '
	 Sale of recordings - The sale of recordings (e.g., CDs, music streaming and downloads, cassette tapes, vinyl records) 					
	containing a variety of sound material (e.g., music, plays,					
	poetry, comedic routines). The sale of a recording is typically accompanied by an implicit license, based upon the law, that					
	places some limits on the usage of the recording by the end			1 1	1 1	' '
	customer					
	c. Print music - The sale of musical compositions in printed form or electronic text. Include prints of owned compositions					
	and of those for which your company has obtained rights to					F
	the composition copyright, which are then distributed as sheet music, folios, or books in printed form or electronic text to					
	wholesalers and retailers for ultimate consumption by consumers.					
	The licensing of the rights is included in line 1a 6232	· L				
	CONTINUE WITH 6 ON PAGE 4					
	CONTINUE WITH CONTINUE T					

		-51223E (DRAFT)						Page
•	SAL	LES, RECEIPTS, OR REVENUE - Continued						
				Mark "X"			018	T = .
				if None	\$ Bil.	Mil.	Thou.	Dol.
		er Operating Revenue - Continued						
	1 t	All other operating revenue - Revenue not reported in 1a through 2c. If this item is greater than 20% of to total operating revenue, specify the primary source revenue below 7	he					
			1799					
	TOT	TAL OPERATING REVENUE						
	Sun	n of lines 1a through 2d	1800					
	Not	Applicable.						
	REV	/ENUES FROM ELECTRONIC SOURCES						
	A. [Did this firm have any revenues from customers er	ntering orders	directly	on the	firm's we	ebsites	or
	n	mobile applications in 2018?						
		☐ Yes						
	0							
		No						
	B. [Did this firm have any revenues from customers er mobile applications in 2018?	ntering orders	directly	on thire	d-party w	ebsites	or
		Yes						
	0	0041 res						
		□ No						
	C [storing orders	vio onv	than al	cotronio	ovotom.	_
	(:	Did this firm have any revenues from customers er (such as private networks, dedicated lines, etc.) in	2018?	via ally C	iller ei	ectronic	System	3
		Yes						
	0	0042						
		□ No						
		Of the total 2018 revenues reported in 6,		2018				2018
	V	what was the dollar amount (or percentage)	\$ Bil. Mil.	Thou.	Do	ol.		Percent
	t A		\$ Bil. Mil.	Thou.	Do	ol. OR	2501	Percent %

Form SA-51223E (DRAFT)				Page
12 INVENTORIES AT END OF YEAR				
Report inventories at end of year at cost or market value using generally accepted ac	countin	g principl	es.	
Include:				
•Inventory held in Foreign Trade Zones or in bond warehouses in the United States.				
A. Did this firm own inventories, regardless of where held, at the end of 201 which you are reporting)?	8 (or t	he perio	d for	
□ Yes				
No - Go to 14				
B. What was the value of the inventories owned by this firm on	2018			
December 31 in 2018?	\$ Bil.	Mil.	Thou.	Dol.
1. Finished goods				
2. Work-in-process				
3. Materials, supplies, fuel, etc				

B	Not	Δnn	licable.
В	IVOL	App	ilcable.



OPERATING EXPENSES

4. TOTAL BOOK VALUE Sum of lines 1 through 3

What were the operating expenses for this firm in 2018?

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

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"	2018						
if None	\$ Bil.	Mil.	Thou.	Dol.			

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 Fo Employer's Annual Federal Tax Return, line 4(c). Include spread on stock options that are taxable to employees

orm 944 de the			ı	ı		T
as wages . 1821		ı			ı	

1. Personnel Costs - Continued b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions. 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. 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. 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. c. Temporary staff and leased employee stopens (PEOs) and staffing agencies for personnel. Include all charges for payroll, benefits, and services. c. Temporary staff and leased employee stopens (PEOs) and staffing agencies for personnel. Include and the requipment (PeOs, copiers, fax machines, telephones, shop and lab equipment, (PEOs, and appropriate stopens, and parts used in providing services to others; materials and parts used in providing services to others; materials and parts used in repairs; office and janitorial supplies; small tools; containers and other packaging office and janitorial supplies; small tools; containers and other packaging office and janitorial supplies; small tools; containers and other packa	14 OPERATING EXPENSES - Continued							
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b. Employer's cost for fringe hensefits - Employer's cost for legally required programs and programs not required by law. Include insurance plants (a) the state of the state				Mil.	Т	hou.	I	Dol.
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5. TOTAL OPERATING EXPENSES								
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Sum of lines 1a through 4h								
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Page 7

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT. We suggest you keep a copy for your records.

E L

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

FORM

2018 ANNUAL SERVICES REPORT

SA-51224A	(DRAFT)
Due Date	
eed help or have questions?	
Call 1-877-787-9860, option "1"	
(8:00 a.m 5:00 p.m. ET, M-F) or Visit	
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Page. Without this approval, we hald not conduct this survey. WITERNET REPORTING - This ttps://portal.census.gov Authentication Code: Any significant change For establishments sold this firm. Estimates are acceptabled in this firm. Enter "0" where applicated in the policies of t	To view Survey Results: https://www.census.gov/programs-surveys/sas.htm GENERAL INSTRUCTIONS In this firm's operations should be noted in (a). Or acquired in 2018, report data only for the period the establishments were operated by the eif book figures are not available. Dele. In two or more detailed lines. I was or more detailed lines. I will thou bol. I wil

Form SA-51224A (DRAFT)

B. SURVEY COVERAGE

O001 Yes
No - Specify this firm's business activity
0002
2 Not Applicable.
3 ORGANIZATIONAL CHANGE
A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?
☐ Yes
0016
B. Which of the following organizational changes occurred in 2018?
Check all that apply. If more than one organizational change occurred during the reporting period, explain in ① .
Acquisition Month Day Year
Date of organizational change
Sale AND
☐ Merger Enter detailed information below ₹
☐ Divestiture
0017 Name of company 0019 EIN (9 digits)
Address (Number and street, P.O. Box, etc.)
City, town, village, etc. State ZIP Code

orm	SA-51224A (DRAFT)			Page 3			
4	REPORTING PERIOD						
	NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal year	ar that ir	ncludes	at least six			
	months of data for the 2018 calendar year.						
	What time period is covered by the data provided in this report?	2018					
		В	eginnin	g Date			
	Calendar year	Month	Day	Year			
		' '		1 1 1			
	Fiscal or partial year - Report beginning and ending dates			_			
			Ending				
		Month	Day	Year			
	0000	'	·				
	8000						
5	Not Applicable.						
6	SALES, RECEIPTS, OR REVENUE						
	What were the revenues for this firm in 2018?						
	Include:						
	Allowances for cash and other discounts.						
	Report gross billings, except where noted elsewhere on the form.						
	• Dues and assessments from members and affiliates.						
	Amounts received for work subcontracted to others.						
	• For locations that were sold or acquired during a year, only report for the periods that this fi	rm oper	ated the)			
	locations.						
	• Revenue from services performed by domestic locations of foreign parent firms, subsidiaries	, branch	ies, etc.				
	• Revenues from electronic sources.						
	Exclude:						
	• Transfers made within the company.						
	• Taxes collected directly from customers or clients and paid directly to a local, state, or federal	_					
	• Rents from and revenue of separately operated departments, concessions, etc., which are lea	sed to d	others.				
	Commissions from vending machine operators.						
	 Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Di Commonwealth Territories, or U.S. possessions). 	strict of	Columb	oia, U.S.			
	Mark "X" if None \$ Bil		018				
	Ψ Din.	Mil.	Thou.	Dol.			
1.	Studio recording - Services rendered in the process of converting sounds, words, and music to a permanent physical format using the						
	specialized technical equipment of a sound recording studio. Exclude						
	all live recordings done outside a studio (e.g., concert hall, stadium,	1 1	1 1				
	outdoor stage, conference center)						
2.	Sound recording studio rental and leasing - Permitting others						
	to use a sound recording studio, without provision of primary technicians. The studio supervises the client"s operation of the sound						
	recording equipment	1 1	1 1	1 1			
3.	All other operating revenue - Revenue not reported in lines 1						
	and 2. If this item is greater than 20% of the total operating						
	revenue, specify the primary source of the revenue below						
	1799						
4.	TOTAL OPERATING REVENUE						
•	Sum of lines 1 through 3						
6							
7	Not Applicable.						

								U		
8	RE	VEN	UES	FROM ELECTRONIC SOURCES						
				firm have any revenues from customers entering orders directly applications in 2018?	on the f	irm's w	ebsites o	r		
		0040		Yes						
				No						
	В.	Did mob	this	firm have any revenues from customers entering orders directly applications in 2018?	on third	l-party v	vebsites (or		
		0041		Yes						
				No						
	C. Did this firm have any revenues from customers entering orders via any other electronic systems (such as private networks, dedicated lines, etc.) in 2018?									
		0042		Yes						
				No						
		wha that A-C exac	t was abo	otal 2018 revenues reported in 6, as the dollar amount (or percentage) is from the revenues identified in ve? Please provide an estimate if gures are not available	Dol	l.	2501	2018 Percent		
9	U		-	plicable.						
12				IES AT END OF YEAR	oounting	n primain	loo			
		lude		ntories at end of year at cost or market value using generally accepted ac	counting	g princip	ies.			
			_	neld in Foreign Trade Zones or in bond warehouses in the United States.						
	A.	Did whi	this ch y	firm own inventories, regardless of where held, at the end of 20′ ou are reporting)?	18 (or th	ne perio	d for			
		6043		Yes						
				No - Go to 🖸						
	B.			as the value of the inventories owned by this firm on	φ Dil		2018	D-I		
		Dec	emb	er 31 in 2018?	\$ Bil.	Mil.	Thou.	Dol.		
		1. F	inis	hed goods						
		2. V	Vork	-in-process						
		3. N	/late	rials, supplies, fuel, etc						
				AL BOOK VALUE						
		-		of lines 1 through 2			1			

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

expenses not reported elsewhere.					
	Mark "X"		2	2018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
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			1 1		
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions					
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					
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b					
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					
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 conveights). Fxclude impairment			1 1		1 1

CONTINUE WITH 14 ON PAGE 6

Form	SA-5	1224A	(DRAFT)
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14	OPERATING EXPENSES - Continued						
			Mark "X"			2018	
			if None	\$ Bil.	Mil.	Thou.	Dol.
4.	Other Operating Expenses - Continued						
	b. 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 7						
		1879					
5.	TOTAL OPERATING EXPENSES	_					
	Sum of lines 1a through 4b	. 1900					
	and 16 Not Applicable.						

CONTACT INFORMATION	
 Name of person to contact regarding this report (Please print)	Title
Area code Niverba	A
Area code Number Extension Telephone	Area code Number Fax
-	- I dx

SERVICE ANNUAL SURVEY SA-51224E

2018 ANNUAL SERVICES REPORT

FORM SA-51224E	(DRAFT)
U.S. DEPARTMENT OF CON Economics and Statistics Admir U.S. CENSUS BUREAU	

Due Date		
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://www.census.gov/programs- surveys/sas/information.html		
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we		
could not conduct this survey.		
INTERNET REPORTING - This https://portal.census.gov	is survey should be completed online at:	
Authentication Code:	To view Survey Results: https://www.census.gov/programs-surveys/sas.h	tml
	GENERAL INSTRUCTIONS	
Throughout this survey, a area or the new EIN that v include data for the EIN re	any reference to "this firm" is referring to the EIN that is printed in the mailing address was provided as a response in 2 . Any responses related to "this firm" should only	
	in this firm's operations should be noted in 🕡.	
 For establishments sold this firm. 	or acquired in 2018, report data only for the period the establishments were operated by	
	e if book figures are not available.	
• Enter "0" where applicab	ble. or two or more detailed lines.	
• Figures should be round	ded to the nearest dollar	
_	456 it should be reported as 1 0 3 0 2 8 0 4 5 6	
Include:		
 Data for all Services esta Construction operations 	tablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and s) operating under the EIN printed in the mailing address area.	
	ies primarily engaged in supporting services to those establishment(s) such as warehouses, strative offices, and repair services.	
1 A. MAILING ADDRESS		
Is this firm's name and	d mailing address the same as shown in the mailing address above?	
□ Yes		
	orrections in the mailing address above	

D 01101	/EV/ 00V/ED 4 0E						
'	EY COVERAGE						
Did tl	his firm provide	the business activities described below?					
	Yes						
0001							
	No - Specify t	his firm's business activity 🍞					
	0002						
FEDERA	L EMPLOYER ID	ENTIFICATION NUMBER (EIN)					
	s firm report pa						
		,					
0013	Yes		-	 (.	
	No Enter ourren	t O digit FIN AND data payrall was first	E	EIN (9	digits)	
		t 9-digit EIN AND date payroll was first this EIN	. 0015		-		
					Month	Dov	Voor
					WOUTH	Day	Year
				0088			
ORGANI	ZATIONIAL CUA	NCF					
	ZATIONAL CHA		•		403		
A. Dia ti	nis tirm experiei	nce any acquisitions, sales, mergers, and/or divest	itures	In 20	18?		
	Yes						
0016	No - <i>Go to</i> 4						
_	NO - GO to 4						
B. Which	h of the followin	ng organizational changes occurred in 2018?					
Check	all that apply. If	more than one organizational change occurred during th	he repo	rting	period	, explai	n in 🛈.
_					Month	Day	Year
	Acquisition						
	Sale	Date of organizational change		0018			
0091		> AND					
	Merger	Enter detailed information below 7					
Г	Divestiture						
	21100 111410						
0017 N	lame of company		0	019 EII	N (9 dig	jits)	
				1	_	ı l	1 1
Addro	ess (Number and str	pat PO Roy etc.)					
Addre	os (ivuilibei allu Sti	500, T. O. DUA, GIU.)					
City, to	own, village, etc.	8	State Z	ZIP Cod			
						_	

REPORTING PERIOD						
NOTE: Calendar year data are preferred. If they are unavailable, pleas	se repo	ort for the	fiscal yea	ar that i	ncludes	at least
months of data for the 2018 calendar year.						
What time period is covered by the data provided in this report	t?			_	20	
Colondon						ng Date
Calendar year				Month	Day	Year
Fiscal or partial year - Report beginning and ending dates .			0007			
					Ending	Date
				Month	Day	Year
					1	
			8000			
Not Applicable.						
SALES, RECEIPTS, OR REVENUE						
What were the revenues for this firm in 2018?						
Include:						
Allowances for cash and other discounts.						
• Report gross billings, except where noted elsewhere on the form.						
• Dues and assessments from members and affiliates.						
Amounts received for work subcontracted to others.						
• For locations that were sold or acquired during a year, only report	or the	periods t	hat this fi	rm opei	rated th	е
locations.		·		·		
• Revenue from services performed by domestic locations of foreign	parent	firms, su	bsidiaries	, brancl	nes, etc	
Revenues from electronic sources.						
Exclude:						
• Transfers made within the company.						
Taxes collected directly from customers or clients and paid directly						
• Rents from and revenue of separately operated departments, conce	ssions	, etc., wh	ch are lea	ased to	otners.	
 Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e. 	outoi	do tha EO	etatos Di	etriet of	Colum	hia IIC
Commonwealth Territories, or U.S. possessions).	outsi	ue the 50	States, Di	Strict or	Colum	Dia, U.S.
		Mark "X"		2	2018	
		if None	\$ Bil.	Mil.	Thou	. Do
Studio recording - Services rendered in the process of converting						
sounds, words, and music to a permanent physical format using the						
sounds, words, and music to a permanent physical format using the specialized technical equipment of a sound recording studio. Exclud	е			1 1		
sounds, words, and music to a permanent physical format using the				1 1		
sounds, words, and music to a permanent physical format using the specialized technical equipment of a sound recording studio. Exclud all live recordings done outside a studio (e.g., concert hall, stadium, outdoor stage, conference center)						
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7 Not Applicable.

4. TOTAL BOOK VALUE Sum of lines 1 through 3

Not Applicable.

		-	20/7					\	
		CC)NI	INL	JE C	IN F	'AG	ìE 5	

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

OAPO!	noo not reported disewners.					
		Mark "X"		2	2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
Pers	onnel Costs					
w Er qı Er	ross annual payroll - Total annual Medicare salaries and rages for all employees as reported on this firm's IRS Form 941, employer's Quarterly Federal Tax Return, line 5(c) for the four uarters that correspond to the survey period or IRS Form 944 employer's Annual Federal Tax Return, line 4(c). Include the pread on stock options that are taxable to employees as wages . 1821			1 1		1 1
le In ar pr th de pl co in	mployer's cost for fringe benefits - Employer's cost for gally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); remium equivalents for self-insured plans and fees paid to hird-party administrators (TPAs); defined benefit pension plans; refined contribution plans (e.g., profit sharing, 401K, stock option lans); and other fringe benefits (e.g., Social Security, workers' empensation insurance, unemployment tax, state disability is surance programs, life insurance benefits, Medicare). Exclude mployee contributions					
pa ag	emporary staff and leased employee expense - Total costs aid to Professional Employer Organizations (PEOs) and staffing gencies for personnel. Include all charges for payroll, benefits, and services					
resal (e.g., CPUs servio janito mate	ensed equipment, materials, parts, and supplies (not for le) - Include expensed computer hardware and other equipment copiers, fax machines, telephones, shop and lab equipment, s, monitors). Include materials and supplies used in providing ces to others; materials and parts used in repairs; office and orial supplies; small tools; containers and other packaging rials; and motor fuels. Report packaged software in line 3 and d and rented equipment in line 4b			1 1		
custo devel purch	ensed purchases of software - Purchases of prepackaged, om coded, or vendor customized software. Include software loped or customized by others, web-design services and nases, licensing agreements, upgrades of software, and tenance fees related to software upgrades and alterations 1826					1 1
	er Operating Expenses					
a. D ch fir w ag	epreciation and amortization charges - Include depreciation narges taken against tangible assets owned and used by this rm, tangible assets and improvements owned by this firm ithin leaseholds, tangible assets obtained through capital lease greements, and amortization charges against intangible assets a.g., patents, copyrights). Exclude impairment			1 1		

CONTINUE WITH 14 ON PAGE 6

Form	SA-51	1224E	(DRAFT)
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14	OPERATING EXPENSES - Continued					
		Mark "X"		2	2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
4.	Other Operating Expenses - Continued					
	b. 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 7					
		4070		1 1		
		1879				
5.	TOTAL OPERATING EXPENSES		ı	1 1	1 1	1 1
	Sum of lines 1a through 4b	. 1900				
15	and 16 Not Applicable.					

m SA-51224E (DRAFT)	Page
REMARKS - Please use this space to explain any significant year-to-ye data were estimated.	ar changes, to clarify responses, or indicate where

CONTACT IN													
Name of person to contact regarding this report (Please print)							Title						
	Area code		Number		Extension			Area code	ļ	Number			
Telephone			-				Fax			-			
E-mail address						Website ad	dress						
					your 2018 A	'							

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

2018 ANNUAL SERVICES REPORT

SA-51510A	(DRAFT)
Due Date	
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://www.census.gov/programs-	
surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.	
INTERNET REPORTING - Thi https://portal.census.gov	s survey should be completed online at:
Authentication Code:	To view Survey Results:
	https://www.census.gov/programs-surveys/sas.html
	GENERAL INSTRUCTIONS
	in this firm's operations should be noted in ① . I or acquired in 2018, report data only for the period the establishments were operated by
Estimates are acceptablEnter "0" where applica	e if book figures are not available.
	r two or more detailed lines.
•	all basis, except for payroll. \$Bil. Mil. Thou. Dol. ded to the nearest dollar.
	456 it should be reported as \longrightarrow 1 0 3 0 2 8 0 4 5 6
Include:	
 Data for all Services est Construction operations 	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and s) as defined by the survey coverage in ① B.
 Data for auxiliary faciliti garages, central admini 	es primarily engaged in supporting services to those establishment(s) such as warehouses, strative offices, and repair services.
1 A. MAILING ADDRESS	

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

	Yes
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	No - Enter corrections in the mailing address above

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Form SA-51510A (DRAFT)	Page 2		
1 B. SURVEY COVERAGE			
Did this firm provide the business activities described below?			
ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes No - Go to 4 B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Date of organizational change			
		No - Specify this firm's business activity Not Applicable. ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?	
No - Specify this firm's business activity 7 0002 No - Specify this firm's business activity 7 No - Specify this firm's business activi			
0002			
•			
3 ORGANIZATIONAL CHANGE			
A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?			
Yes			
0016	changes occurred in 2018? changes occurred during the reporting period, explain in tentional change occurred during the reporting period, explain in tentional change occurred during the reporting period, explain in tentional change occurred during the reporting period, explain in tentional change occurred during the reporting period, explain in tentional change occurred during the reporting period, explain in tentional change occurred during the reporting period, explain in tentional change occurred during the reporting period, explain in tentional change occurred during the reporting period, explain in tentional change occurred during the reporting period, explain in tentional change occurred during the reporting period, explain in tentional change occurred during the reporting period, explain in tentional change occurred during the reporting period, explain in tentional change occurred during the reporting period, explain in tentional change occurred during the reporting period, explain in tentional change occurred during the reporting period, explain in tentional change occurred during the reporting period, explain in tentional change occurred during the reporting period, explain in tentional change occurred during the reporting period, explain in tentional change occurred during the reporting period, explain in tentional change occurred during the reporting period, explain in tentional change occurred during the reporting period occurred during the reporting per		
No - Go to 4			
B. Which of the following organizational changes occurred in 2018?			
	Ð.		
Month Day			
☐ Acquisition			
Date of organizational change			
0091 AND			
☐ Merger Enter detailed information below			
Divestiture			
0017 Name of company 0019 EIN (9 digits)			
	' '		
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc. State ZIP Code			
City, town, village, etc.			
	1 1		
	CHANGE Perience any acquisitions, sales, mergers, and/or divestitures in 2018? Dowing organizational changes occurred in 2018? If more than one organizational change occurred during the reporting period, explain in Date of organizational change		

) KEH	PORTING PERIOD				
	E: Calendar year data are preferred. If they are unavailable, please report for the fiscal year	r that ii	ncludes a	at least s	
	on this of data for the 2018 calendar year. The second is covered by the data provided in this report?		2018	2	
VVII	at time period is covered by the data provided in this report:	F	2016 Beginning		
	Calendar year	Month	Day	Year	
0006			1		
	Fiscal or partial year - Report beginning and ending dates			1 1	
			Ending		
		Month	Day	Year	
	0000	'	'		
	0008				
Not	Applicable.				
SAI	ES, RECEIPTS, OR REVENUE				
	at were the revenues for this firm in 2018?				
Incl	ude:				
	owances for cash and other discounts.				
	port gross billings, except where noted elsewhere on the form.				
	ies and assessments from members and affiliates.				
• Ar	nounts received for work subcontracted to others.				
	r locations that were sold or acquired during a year, only report for the periods that this fin cations.	m oper	rated the		
• Re	venue from services performed by domestic locations of foreign parent firms, subsidiaries	, brancl	nes, etc.		
• Re	venues from electronic sources.				
Exc	lude:				
• Tr	ansfers made within the company.				
• Ta	xes collected directly from customers or clients and paid directly to a local, state, or federa	l tax aç	gency.		
• Re	nts from and revenue of separately operated departments, concessions, etc., which are lea	sed to	others.		
	mmissions from vending machine operators.				
	venue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Dispersion of the control of the states of the control of the co	strict of	Columb	ia, U.S.	
	Mark "X"	2	2018		
	if None \$ Bil.	Mil.	Thou.	Dol	
	ional/regional/local air time - Providing air time for				
com	adcasting advertising content and program content (e.g., imercials, real estate listings, infomercials, sponsorship)		' '		
tele adv broa	collic and non-commercial programming services - Providing vision and radio broadcasts, generally without the insertion of ertising messages, for the benefit of the public at large. The adcasting of these programs is largely financed by grants, gifts, sidies, membership dues, underwriting, contracts, fundraising,	1			
	alties, and sales				
, .	other operating revenue - Revenue not reported in lines 1 and				

Form SA-51510A (DRAFT) Page 4

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8	RE	VEN	UES	FROM ELECTRONIC SOURCES					
	A.			firm have any revenues from customers emplications in 2018?	ntering orders	directly o	n the firm	's website	s or
		0040		Yes					
				No					
	В.			firm have any revenues from customers emplications in 2018?	ntering orders	directly o	n third-pai	rty websit	es or
		0041		Yes					
				No					
	C.			firm have any revenues from customers en private networks, dedicated lines, etc.) in		via any ot	her electr	onic syste	ms
		0042		Yes					
				No					
	D	Of t	he t	otal 2018 revenues reported in 6 ,		2010		l	2212
		wha	it wa	is the dollar amount (or percentage)	\$ Bil. Mil.	2018 Thou.	Dol.		2018 Percent
				s from the revenues identified in ve? Please provide an estimate if	Ψ Διι. Ινιιι.	Tilou.	501.		
		еха	ct fig	gures are not available				OR ₂₅₀₁	%

9-13	Not Applicable.
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14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.



14	OPERATING EXPENSES - Continued					
		Mark "X"				
1.	Personnel Costs	if None	\$ Bil.	Mil.	Thou.	Dol.
	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					1 1
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.					
	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			1 1		1 1
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4d					1 1
3.	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					
4.	Other Operating Expenses					
	 Broadcast rights and music license fees - The cost of broadcast rights to feature films, syndicated programming, sports events, and other programming. Exclude capitalized costs 6255 					
	b. Network compensation fees (networks only) - The cost of programming time purchased from affiliated and independent stations. Exclude the cost of programming time purchased from stations owned by your company			1 1		1 1
	c. 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			1 1		1 1
	d. 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					
_	1879					
5.	TOTAL OPERATING EXPENSES Sum of lines 1a through 4d					
15	and 16 Not Applicable.					

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REMARKS - Please use this space to expladata were estimated.	in any significant ye	ar-to-year changes,	to clarify respons	es, or indicate wher
CONTACT INFORMATION				
Name of person to contact regarding this report	(Please print)	Title		
Area code Number	Extension		Area code	Number
Telephone -		Fax		_
E-mail address		Website address		
E man addross		Trobbito dudi 033		

SERVICE ANNUAL SURVEY

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

SA-51510E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

page. Without this approval, we could not conduct this survey.

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 ①.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

	\$ Bil.			Mil.		T	hοι	١.		Dol.	
→		1	0	3	0	2	8	0	4	5	6

- 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	ADDRES
		Is this firm	's name a

nd mailing address the same as shown in the mailing address above?

	Yes
0035	
	No - Enter corrections in the mailing address abo



	/ERAGE										
Did this firm		he busines	s activitie	es describe	ed below?	•					
O001 Yes											
□ No - 3	Specify this	is firm's bus	siness activ	∕ity ⊋							
0002											
FEDERAL EMPLO				BER (EIN)							
Does this firm re	eport payr	roll under	EIN								
Yes								- (-		,	
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ORGANIZATION			uisitions.	sales. mer	gers, and	or dives	titures	in 20	187		
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A. Did this firm o	experienc		uisitions,	sales, mer	gers, and	/or dives	stitures	in 20	18?		
A. Did this firm o			uisitions,	sales, mer	gers, and	/or dives	titures	in 20	18?		
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REPORTING PERIOD			C	ar that i	مماريطمم	
NOTE: Calendar year data are preferred. If they are unavai months of data for the 2018 calendar year.	lable, please rep	ort for the	riscai ye	sai illai li	nciudes	at least six
What time period is covered by the data provided in	this report?				20	18
	о гороги			Е		ng Date
☐ Calendar year				Month	Day	Year
0006						
Fiscal or partial year - Report beginning and end	ing dates		000	7		
				Month	Ending	
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			000	8		
Not Applicable.						
SALES, RECEIPTS, OR REVENUE						
What were the revenues for this firm in 2018?						
Include:						
 Allowances for cash and other discounts. 						
• Report gross billings, except where noted elsewhere on	the form.					
 Dues and assessments from members and affiliates. Amounts received for work subcontracted to others. 						
 For locations that were sold or acquired during a year, or 	ply roport for the	noriode t		c.		
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Form SA-51510E (DRAFT) Page 4

OHI	1 3/	H-5 I	510	(DKAFI)						га	ge
8	RE	VEN	UES	FROM ELECTRONIC SOURCES							
	A.	Did mol	this ile a	firm have any revenues from customers en applications in 2018?	tering	orders d	irectly on	the firm	's websites	or	
		0040		Yes							
				No							
	В.			firm have any revenues from customers en applications in 2018?	tering	orders d	irectly on	third-pa	rty website	s or	
		0041		Yes							
				No							
	C.			firm have any revenues from customers en private networks, dedicated lines, etc.) in			ia any otl	ner electr	onic systei	ns	
		0042		Yes							
				No							
	D.	Of t	he t	otal 2018 revenues reported in ① ,		•	2018		l [2018	
		wha	t wa	as the dollar amount (or percentage) s from the revenues identified in	\$ Bil.	Mil.	Thou.	Dol.		Percent	t
		A-C	abo	ve? Please provide an estimate if					OR ₂₅₀₁		%

9-13	Not Applicable.
------	-----------------

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

14	OPERATING EXPENSES - Continued					
		Mark "X"				
1.	Personnel Costs	if None	\$ Bil.	Mil.	Thou.	Dol.
	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					1 1
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.					
	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			1 1		1 1
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4d					
3.	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					1 1
4.	Other Operating Expenses					
	 Broadcast rights and music license fees - The cost of broadcast rights to feature films, syndicated programming, sports events, and other programming. Exclude capitalized costs 6255 					
	b. Network compensation fees (networks only) - The cost of programming time purchased from affiliated and independent stations. Exclude the cost of programming time purchased from stations owned by your company			1 1		1 1
	c. 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			1 1		1 1
	d. 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					
_	1879					
5.	TOTAL OPERATING EXPENSES Sum of lines 1a through 4d					
15	and 16 Not Applicable.					

REMARKS - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate when data were estimated.	REMARKS - Please use this space to explain any significant year-to-vear chan-	ges, to clarify responses, or indicate wher
	data were estimated.	, ,

18	(

18 CONTACT INFORMATION

Name of persor	n to contact	regarding t	his	report <i>(Please p</i>	orint)	Title							
Telephone	Area code		Nun	nber	Extension		Area code	e Number					
						Fax							
			-						-				
E-mail address	E-mail address					Website address							

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

We suggest you keep a copy for your records.

SERVICE ANNUAL SURVEY

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

2018 ANNUAL SERVICES REPORT

FORM

SA-51520A (DRAFT) **Due Date** 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information **CONFIDENTIAL** and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey. INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov **Authentication Code:** To view Survey Results: https://www.census.gov/programs-surveys/sas.html **GENERAL INSTRUCTIONS** • Any significant change in this firm's operations should be noted in 12. • For establishments sold or acquired in 2018, 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. \$ Bil. Mil. Thou. Dol. • Figures should be rounded to the nearest dollar. 030280 • If a figure is \$1,030,280,456 it should be reported as Include: Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) as defined by the survey coverage in **1**B. Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services. A. MAILING ADDRESS Is this firm's name and mailing address the same as shown in the mailing address above? 0035 No - Enter corrections in the mailing address above

Form SA-51520A (DRAFT)

Did this firm provide the business activities described below? Yes No - Specify this firm's business activity 7 Total N	1 B.	SURVEY COVERAGE						
No - Specify this firm's business activity 7 No - Specify this firm's business activity 7 No - Specify this firm's		Did this firm provide the business activities described below?						
No - Specify this firm's business activity 7 No - Specify this firm's business activity 7 No - Specify this firm's								
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2 Not Applicable. 3 ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes O16 No - Go to 3 B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in 1. Acquisition Date of organizational change AND Enter detailed information below Divestiture O17 Name of company O19 EIN (9 digits)								
One Applicable. 3 ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes No - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Sale AND Enter detailed information below Double of company Dou		□ No - Specify this firm's business activity ₹						
One Applicable. 3 ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes No - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Sale Month Date of organizational change AND Enter detailed information below Dots EIN (9 digits) One Office A divertified by the company One Office A divertified by the company one of the comp								
3 ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes		0002						
A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes OND - Go to NO - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Sale AND Enter detailed information below? OND EIN (9 digits)	2 No	Applicable.						
Yes	3 OF	GANIZATIONAL CHANGE						
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Sale Month Day Year Date of organizational change	A.	Did this firm experience any acquisitions, sales, mergers, and/or divest	titure	s in 20	18?			
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in ①. Acquisition Date of organizational change								
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0017 Name of company 0019 EIN (9 digits)		Enter detailed information below?						
		Divestiture						
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Address (Number and street, P.O. Box, etc.)				i i	-	1 1		
		Address (Number and street, P.O. Box, etc.)						
City, town, village, etc. State ZIP Code		City, town, village, etc.	State	ZIP Co	de			
						-		'

	REPORTING PERIOD			
	NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal year months of data for the 2018 calendar year.	ar that ir	ncludes	at least s
	What time period is covered by the data provided in this report?		201	18
	That this portou is sortifue by the data provided in this report.	В	Beginnin	
	☐ Calendar year	Month		Year
(0006		1	
	Fiscal or partial year - Report beginning and ending dates			
			Ending	Date
		Month	Day	Year
	0008		'	
		<u> </u>		
	Not Applicable.			
;	SALES, RECEIPTS, OR REVENUE			
1	What were the revenues for this firm in 2018?			
	Include:			
	• Report gross billings, except where noted elsewhere on the form.			
	 Dues and assessments from members and affiliates. Amounts received for work subcontracted to others. 			
	 For locations that were sold or acquired during a year, only report for the periods that this fi 	irm oper	rated the	e
	locations.	٥ρο.		
	 Revenue from services performed by domestic locations of foreign parent firms, subsidiaries 	s branch	nes etc	
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Form SA-51520A (DRAFT) Page 4

8	REV	/EN	UES	FROM ELECTRONIC SOURCES							
	A. I	Did mob	this ile a	firm have any revenues from customers en applications in 2018?	tering	orders d	lirectly or	the firm	's website	s or	
	O	0040		Yes							
				No							
	B. I	Did mob	this ile a	firm have any revenues from customers en applications in 2018?	ntering	orders d	lirectly or	third-pai	rty website	es or	
	O	0041		Yes							
				No							
	C. I	Did suc	this h as	firm have any revenues from customers en private networks, dedicated lines, etc.) in	tering 2018?	orders v	ia any otl	ner electr	onic syste	ms	
	0	0042		Yes							
				No							
	D. (Of tl	he t	otal 2018 revenues reported in ① ,			2018			2018	
	1	that	was	as the dollar amount (or percentage) s from the revenues identified in	\$ Bil.	Mil.	Thou.	Dol.		Percent	
	6	A-C exac	abo t fig	ve? Please provide an estimate if gures are not available					OR ₂₅₀₁		%
_	_										

9	-13	Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.



14	OPERATING EXPENSES - Continued					
		Mark "X"			2018	
1.	Personnel Costs	if None	\$ Bil.	Mil.	Thou.	Dol.
••	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 . 18	821				1 1
	' '	822				1 1
		823				1 1
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4c	860		1 1		1 1
3.	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 18	826				
4.	Other Operating Expenses					
	 a. Program and production costs - Include talent and music license fees, the value of bartered programming, and all other costs of programming and production. Exclude capitalized costs 	013				
	b. 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	831		1 1		1 1
	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					
_		879				
5.	TOTAL OPERATING EXPENSES Sum of lines 1a through 4c	900				
15	and 16 Not Applicable.					

_
0
9
0
$\overline{}$
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2
$\overline{}$
2

18 CONTACT INFORMATION

Name of person to contact regarding this report (Please print) Title Area code Number Extension Telephone Fax

E-mail address Website address

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

We suggest you keep a copy for your records.

THE WITCH STATE OF THE STATE OF

SERVICE ANNUAL SURVEY

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

FORM

SA-51520E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

could not conduct this survey.

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as -

	\$ E	3il.	Mil.			Thou.			Dol.		
*		1	0	3	0	2	8	0	4	5	6

nclude

- 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.

_	
_	
_	_

A. MAILING ADDRESS

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

	ш	Yes
0035		
		No - Enter corrections

No - Enter corrections in the mailing address above

1 B. SURVEY COVERAGE	
Did this firm provide the business activities described below?	
Ves	
□ No - Specify this firm's business activity 7	
0002	
2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)	
Does this firm report payroll under EIN	
☐ Yes	
⁰⁰¹³ EIN (9 digi	ts)
No - Enter current 9-digit EIN AND date payroll was first	
reported for this EIN	
Mon	th Day Year
0088	
ODCANIZATIONAL CHANCE	
3 ORGANIZATIONAL CHANGE	
A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?	
Ves	
□ No - Go to 4	
D. Which of the fellowing emericational changes account in 20102	
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting periods.	nd. explain in 🕡.
Moni	
Acquisition	
Date of organizational change	
0091 AND	
☐ Merger Enter detailed information below	
Divestiture	
0017 Name of company 0019 EIN (9 c	digits)
Address (Number and street, P.O. Box, etc.)	
City, town, village, etc. State ZIP Code	
	_

REPORTING PERIOD				
NOTE: Calendar year data are preferred. If they are unavailable, please report for the	he fiscal ye	ear that i	ncludes	at least
months of data for the 2018 calendar year.				
What time period is covered by the data provided in this report?			20 [.] Beginniı	
Calendar year		Month		Year
0006		Wienian	Day	1001
Fiscal or partial year - Report beginning and ending dates	000	7		
			Ending	Date
		Month	Day	Year
	000	8		
Not Applicable				
Not Applicable.				
SALES, RECEIPTS, OR REVENUE				
What were the revenues for this firm in 2018?				
Include:Report gross billings, except where noted elsewhere on the form.				
Dues and assessments from members and affiliates.				
Amounts received for work subcontracted to others.				
• For locations that were sold or acquired during a year, only report for the periods locations.	s that this	firm ope	rated th	е
• Revenue from services performed by domestic locations of foreign parent firms,	subsidiarie	e brancl	haa ata	
		55, Dianci	nes, etc	
Revenues from electronic sources.		os, branci	nes, etc	
Exclude:		ss, branci	nes, etc	
Exclude: • Transfers made within the company.				
Exclude:Transfers made within the company.Taxes collected directly from customers or clients and paid directly to a local, sta	ate, or fede	ral tax aç	gency.	
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Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, staes are Rents from and revenue of separately operated departments, concessions, etc., we Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the Commonwealth Territories, or U.S. possessions). Mark "?" If Non. Advertising and Program Revenue a. Licensing of rights to broadcast specialty programming protected by copyright - Granting permission to broadcast specialty television and audio programming (usually an entire channel that is implicitly or explicitly protected by copyright owned or controlled by the licensor)	ate, or fede vhich are lo 50 states, [eral tax ageased to District of	gency. others. f Colum 2018	bia, U.S.
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• Transfers made within the company. • Taxes collected directly from customers or clients and paid directly to a local, sta • Rents from and revenue of separately operated departments, concessions, etc., w • Commissions from vending machine operators. • Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the Commonwealth Territories, or U.S. possessions). **Mark** **Advertising and Program Revenue* a. Licensing of rights to broadcast specialty programming protected by copyright - Granting permission to broadcast specialty television and audio programming (usually an entire channel that is implicitly or explicitly protected by copyright owned or controlled by the licensor) b. Air time - Providing television air time to clients for broadcasting both advertising content and program content, on television stations and networks and on cable and other subscription television program systems. Include local, regional, or national air time; advertising content such as advertising messages, real estate listings, infomercials, home shopping channels, sponsorships; and non-commercial programs such as news, financial, religious, educational, and community information programs All other operating revenue - Revenue not reported in lines 1a and 1b. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7	ate, or fede vhich are lo 50 states, [eral tax ageased to District of	gency. others. f Colum 2018	bia, U.S.

Form SA-51520E (DRAFT) Page 4

8	RE	VEN	UES	FROM ELECTRONIC SOURCES						
	A.			firm have any revenues from customers en applications in 2018?	itering or	ders d	irectly on	the firm'	s website:	s or
		0040		Yes						
				No						
	В.	Did mob	this	firm have any revenues from customers en applications in 2018?	itering or	ders d	irectly on	third-par	ty website	es or
		0041		Yes						
				No						
	C.	Did (suc	this h as	firm have any revenues from customers en private networks, dedicated lines, etc.) in	itering or 2018?	ders vi	ia any oth	er electro	onic syste	ms
		0042		Yes						
				No						
	D.	Of t	he t	otal 2018 revenues reported in 6 ,		2	2018			2018
		that	wa	as the dollar amount (or percentage) s from the revenues identified in	\$ Bil.	Mil.	Thou.	Dol.		Percent
				ve? Please provide an estimate if gures are not available					OR ₂₅₀₁	%

9-13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

14	OPERATING EXPENSES - Continued					
		Mark "X"			2018	
1.	Personnel Costs	if None	\$ Bil.	Mil.	Thou.	Dol.
	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 . 18	321				1 1
	1 /	322				
	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	323				1 1
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4c	360				1 1
3.	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	326				
4.	Other Operating Expenses					
	a. Program and production costs - Include talent and music license fees, the value of bartered programming, and all other costs of programming and production. Exclude capitalized costs 60	013				
	b. 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	331		1 1		1 1
	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					
				1 1		1 1
_		379				
5.	TOTAL OPERATING EXPENSES Sum of lines 1a through 4c	900				
1 5	and 16 Not Applicable.					

) [REMARKS - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate who data were estimated.
(udia were estimateu.

CONTACT IN	CHIVIATI	Ola						
Name of persor	n to contact	regarding thi	Title					
	Area code	N	umber	Extension		Area code	Number	
Telephone					Fax			
			-				Number _	
E-mail address					Website address			

SERVICE ANNUAL SURVEY U.S. DEPARTMENT OF COMMERCE

Economics and Statistics Administration U.S. CENSUS BUREAU

2018 ANNUAL SERVICES REPORT

SA-51710A (DRAFT) **Due Date** 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey. INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov **Authentication Code:** To view Survey Results: https://www.census.gov/programs-surveys/sas.html **GENERAL INSTRUCTIONS** Any significant change in this firm's operations should be noted in ①.

- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

	\$ E	3il.		Mil.		Т	hοι	ı.		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) as defined by the survey coverage in **1**B.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

1	A. MA	ILIN	G ADDRESS
	Is th	is fi	rm's name and mailing address the same as shown in the mailing address above?
	0035		Yes
	0000	П	No - Enter corrections in the mailing address above



Form SA-51710A (DRAFT)

1 B. SURVEY COVERAGE	
Did this firm provide the business activities described below?	
☐ Yes	
0001 ☐ No - Specify this firm's business activity ⊋	
The opening and min a pasiness delivity g	
0002	
2 Not Applicable.	
3 ORGANIZATIONAL CHANGE	
A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?	
☐ Yes	
0016 No - <i>Go to</i> 4	
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in 0.	Ð
	Year
Acquisition	1
☐ Sale Date of organizational change	
0091 → AND ☐ Merger ← AND	
Enter detailed information below?	
Divestiture	
0017 Name of company 0019 EIN (9 digits)	
Address (Number and street, P.O. Box, etc.)	
City, town, village, etc.	

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Form	SA-51710A (DRAFT)			Page 3
4	REPORTING PERIOD			
	NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal year months of data for the 2018 calendar year.	r that ir	ncludes	at least six
	What time period is covered by the data provided in this report?		20	18
		В	eginnir	ng Date
	Calendar year	Month	Day	Year
	Fiscal or partial year - Report beginning and ending dates			_
		B.0. (1	Ending	
		Month	Day	Year
	0008			
5	Not Applicable.			
6	SALES, RECEIPTS, OR REVENUE			
	What were the revenues for this firm in 2018?			
	Include:			
	• Report gross billings, except where noted elsewhere on the form.			
	Dues and assessments from members and affiliates.			
	 Amounts received for work subcontracted to others. For locations that were sold or acquired during a year, only report for the periods that this fire. 	m onor	atad th	0
	locations.	iii opei	ateu tii	G
	• Revenue from services performed by domestic locations of foreign parent firms, subsidiaries	branch	nes, etc	
	Revenues from electronic sources.			
	Exclude:			
	 Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federa 	l tay ac	ionov.	
	 Rents from and revenue of separately operated departments, concessions, etc., which are lea 	_		
	• Commissions from vending machine operators.	360 10 1	otileis.	
	• Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Dis	strict of	Colum	bia, U.S.
	Commonwealth Territories, or U.S. possessions).			
	Mark "X"	2	018	
	if None \$ Bil.	Mil.	Thou	. Dol.
1.	Fixed Services			
	 a. Fixed local telephony - Providing access to the public switched telephone network (PSTN) for the transmission and switching 			
	of voice, data, and video within and between local calling areas,			
	where the call is made from a fixed location. Include basic service connection fees; revenue from extended areas; local			
	private lines; public telephone services provided with the basic			
	service area; and fixed local calling features such as directory	' '	1 1	
	assistance, caller identification, call forwarding, and call waiting . 6015 b. Fixed long-distance telephony - Providing outbound or			
	inbound calls made from a fixed customer location where			
	the call is paid for by the caller or the recipient and the call transmits beyond the basic service area. Include international			
	call originating in the United States, any charges for operator			
	assistance or special billings directly related to these calls 6016			
	 Fixed all distance telephony (no distinction between local or long distance) - Transmission and switching of voice, data, 			
	and video over the public switched telephone network (PSTN),			
	where the call is made from a fixed customer location and where the charges are not distance sensitive	' '		' '
2.	Other Telecommunications Services			
	a. Carrier services - Providing wired or wireless services			
	to originate, terminate, or transmit calls for another			
	telecommunication service provider, including transoceanic telecommunications. Include network access and Internet			
	backbone services, charges such as interconnection and			
	settlement charges for the termination of domestic or international calls, charges to long distance carriers for			
	calls originating at a payphone or within another carrier's			
	local network, charges for jointly used facilities such as pole attachments, and charges for the exclusive rights of circuits 6017	1	1 1	' '
	attachments, and charges for the exclusive rights of chedits			
	CONTINUE WITH 6 ON PAGE 4			

6	SALES, RECEIPTS, OR REVENUE - Continued					
	SALES, RECEIP 13, ON REVENUE - Continued				2040	
		Mark "X" if None	\$ Bil.	Mil.	2018 Thou.	Dol.
2.	Other Telecommunications Services - Continued					
	b. Private network services - Providing a wired or wireless telecommunication link(s) between specified points for the exclusive use of the client. Include packet switching services. Exclude provision of private links to telecommunication service providers as classified in line 2a		, , , , , , , , , , , , , , , , , , ,			1 1
	c. Subscriber line charges - Fees received from end users and paid directly to local telephone companies. This fee, regulated and capped by the Federal Communication Commission, covers the cost of connecting end users' calls to the telephone network 6282					
	d. Internet access services - Providing a direct connection to the Internet, both wired and wireless. Include broadband, narrowband, digital subscriber lines (DSL), dial-up, and always-on Internet access services					
	e. Internet telephony - Providing a direct connection to the Internet, wired or wireless, for the transmission of voice or data to fixed local telephone locations on the public switched telephone network (PSTN). Include 911 service and a number to mimic a local fixed telephone number for the purpose of receiving calls from local fixed telephone users in the same local calling area. A broadband connection to the Internet is a prerequirement in order to obtain this service. Include Voice Over Internet Protocol (VOIP) and related Internet telephony services					
	f. Telecommunication network installation services - Installing wires and other equipment to put a telecommunication network in place					
	g. Reselling services for telecommunications equipment, retail - Retailing of telecommunications equipment such as fixed or mobile telephones, pagers, mobile radio units, key telephones, Private Branch Exchanges (PBX), modems, and data terminal equipment, purchased on own-account for resale 6022	. 🗆				1 1
	h. Rental of telecommunications equipment - Renting or leasing telecommunication equipment such as fixed or mobile telephones, pagers, mobile radio units, key telephones, PBX, modems, and data terminal equipment					
	i. Repair and maintenance services for telecommunications equipment - Repair and maintenance of telecommunications equipment, facilities, and related products on or off a customer's premises. Include telephones, modems, multi-plexers, earth stations, etc.					1 1
3.	Other Operating Revenue					
	a. Basic programming package - Providing subscriber access to a basic range of programming services generally for a monthly fee. Include initial connection to network or reconnection to the network charges					1 1
	b. Premium programming package - Providing subscriber programming services in addition to those included in the basic package for a fee separate from, and in addition to, the basic monthly fee					
	c. Pay-per-view - Providing subscribers the ability to view a specific program (movie or event) from his/her home for a fee separate from, and in addition to, the monthly fee for basic or discretionary programming packages					
	d. Air time - Providing television air time to clients for broadcasting both advertising content and program content, on television stations and networks and on cable and other subscription television program systems					1 1
	e. Rental and reselling services for program distribution equipment - Renting and retailing equipment necessary to receive programming packages via a program distribution network					
	f. Installation services for connections to program distribution networks - Installing cable on the customer premises and/or installing outlets to connect to the program distribution network	; D				
	CONTINUE WITH 6 ON PAGE 5					

A-51710A (DRAFT)						Page
LES, RECEIPTS, OR REVENUE - Continued						
		Mark "X"	ф D:I			D-I
		II INOITE	ֆ ВII.	IVIII.	Thou	. Dol.
•						
customer's website and related files			·			
1a through 3g. If this item is greater than 20% of the total operating revenue, specify the primary source of the						
				1 1		
	1799					
	. 1800					
Applicable.						
VENITES EDOM ELECTRONIC SOLIDOES						
□ No Did this firm have any revenues from customers entering of mobile applications in 2018? □ Yes □ No Did this firm have any revenues from customers entering of						
☐ Yes						
□ No						
		2018				2018
what was the dollar amount (or percentage) that was from the revenues identified in	Mil.	Thou.	Do	ol.		Percent
A-C above? Please provide an estimate if exact figures are not available				0	R ₂₅₀₁	0
	Mebsite hosting services - Providing the infrastructure to host a customer's website and related files	Mebsite hosting services - Providing the infrastructure to host a customer's website and related files	Mark "X" if None ther Operating Revenue - Continued Website hosting services - Providing the infrastructure to host a customer's website and related files	Mark "X" if None \$Bil. The Poperating Revenue - Continued Website hosting services - Providing the infrastructure to host a customer's website and related files	Mark "X" \$ Bil. Mil. Mer Operating Revenue - Continued Website hosting services - Providing the infrastructure to host a customer's website and related files	Mark "X" if None Mehatic hosting services - Providing the infrastructure to host a customer's website and related files All other operating revenue - Revenue not reported in lines 1s through 3g. If this item is greater than 20% of the total 2018 revenue, specify the primary source of the revenue below 7 TAL OPERATING REVENUE m of lines 1s through 3h Applicable. VENUES FROM ELECTRONIC SOURCES Did this firm have any revenues from customers entering orders directly on the firm's websites mobile applications in 2018? Yes No Did this firm have any revenues from customers entering orders directly on third-party websites mobile applications in 2018? Yes No Of the total 2018 revenues reported in O, what was the dollar amount (or percentage)





14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

	Refises not reported eisewhere.					
		Mark "X"		2	2018	
_		if None	\$ Bil.	Mil.	Thou.	Dol.
_	ersonnel 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				1 1	1 1
b	Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions					
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					
(e Cl se ja m	expensed equipment, materials, parts, and supplies (not for esale) - Include expensed computer hardware and other equipment e.g., copiers, fax machines, telephones, shop and lab equipment, PUs, monitors). Include materials and supplies used in providing ervices to others; materials and parts used in repairs; office and nitorial supplies; small tools; containers and other packaging laterials; and motor fuels. Report packaged software in line 3 and ased and rented equipment in line 4e					
cı de pı	xpensed purchases of software - Purchases of prepackaged, ustom coded, or vendor customized software. Include software eveloped or customized by others, web-design services and urchases, licensing agreements, upgrades of software, and an alterations 1826					
0	ther Operating Expenses					
a.	Access charges - Payment for access to the local loop. Firms providing cellular phone service, report interconnection fees here. Include fees for leased facilities access charges paid to foreign companies for international calls originating in the United States 6025					

CONTINUE WITH 14 ON PAGE 8

Other Operating Expenses - Continued b. Universal service contributions (USC) and other similar charges - Payments to state and federal governments to support universal funds for services for local and independent providers costs include talent and music license fees, the value of battered programming, and all other costs section and amount and costs of the value of battered programming, and all other costs and the value of battered programming, and all other costs and the value of battered programming, and all other costs and the value of battered programming and all other costs of the value of battered programming, and all other costs of the value of battered programming and all other costs of the value of battered programming and all other costs of the value of battered programming and all other costs of the value of battered programming and all other costs of the value of battered programming and all other costs of the value of batteries and programming and programming and all other costs of the value of batteries and programming and all other costs of the value of the	
b. Universal service contributions (USC) and other similar charges - Payments to state and federal governments to support universal funds for services for local and independent providers . 6026 c. Program and production costs - Include talent and music license fees, the value of bartered programming, and all other costs of programming and production. Exclude capitalized costs d. 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	
b. Universal service contributions (USC) and other similar charges - Payments to state and federal governments to support universal funds for services for local and independent providers . 6026 c. Program and production costs - Include talent and music license fees, the value of bartered programming, and all other costs of programming and production. Exclude capitalized costs . 6013 d. 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 e. 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 7 TOTAL OPERATING EXPENSES Sum of lines 1a through 4e . 1900	Dol.
charges - Payments to state and federal governments to support universal funds for services for local and independent providers 6026 c. Program and production costs - Include talent and music license fees, the value of bartered programming, and all other costs of programming and production. Exclude capitalized costs 6013 d. Depreciation and amortization charges - Include depreciation charges taken against tangible assets owned 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 e. 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 7	
license fees, the value of bartered programming, and all other costs of programming and production. Exclude capitalized costs d. 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	1 1
d. 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	
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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 TOTAL OPERATING EXPENSES Sum of lines 1a through 4e	
TOTAL OPERATING EXPENSES Sum of lines 1a through 4e	
Sum of lines 1a through 4e	

18	CONTACT IN	IFORMATI	ON							
	Name of person to contact regarding this report (Please print)						Title			
		Area code Number			Extension		Area code	Number		
	Telephone						Fax			
				-					-	
	E-mail address						Website address			

We suggest you keep a copy for your records.

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



SERVICE ANNUAL SURVEY

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

2018 ANNUAL SERVICES REPORT

SA-51710E

(DRAFT)

Due Date

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://www.census.gov/programssurveys/sas/information.html

YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and

182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

page. Without this approval, we could not conduct this survey.

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 ①.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

	\$ E	3il.		Mil.		Т	hοι	١.		Dol.	
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- 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.



A. MAILING ADDRESS

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

	Yes		
0035			
	No	Entor	00 ==

No - Enter corrections in the mailing address above



B. SURVEY COVERAGE Did this firm provide the business activities described below?				
Did this firm provide the business activities described below?				
T West				
U Yes □ Ves				
☐ No - Specify this firm's business activity Ţ				
0002				
FEDERAL EMPLOYED IDENTIFICATION NUMBER (FINI)				
FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)				
Does this firm report payroll under EIN				
Yes				
	EIN (9	digits)		
No - Enter current 9-digit EIN AND date payroll was first reported for this EIN	1	_ '		
reported for this Env				
		Month	Day	Yea
	0088		,	
ORGANIZATIONAL CHANGE				
A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures	ın 20	18?		
Yes				
0016 No - <i>Go to</i> 4				
- No - Go to G				
B. Which of the following organizational changes occurred in 2018?		neriod a	explair	n in T D.
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the repo	orting _i	ocrioa, c	Day	Year
Check all that apply. If more than one organizational change occurred during the repo			Day	
Check all that apply. If more than one organizational change occurred during the repo			Day	
Check all that apply. If more than one organizational change occurred during the reportant Acquisition Date of organizational change			Day	
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Form	SA-51710E (DRAFT)			Page 3
4	REPORTING PERIOD			
	NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal year	r that in	cludes	at least six
	months of data for the 2018 calendar year.			
	What time period is covered by the data provided in this report?		201	
	Calandan		eginnin	
	Calendar year	Month	Day	Year
	Fiscal or partial year - Report beginning and ending dates			
	3 3 3 4 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		Ending	Date
		Month	Day	Year
	8000			
5	Not Applicable.			
6	SALES, RECEIPTS, OR REVENUE			
	What were the revenues for this firm in 2018?			
	Include:			
	 Report gross billings, except where noted elsewhere on the form. Dues and assessments from members and affiliates. 			
	Amounts received for work subcontracted to others.			
	• For locations that were sold or acquired during a year, only report for the periods that this fir	m oper	ated the	e
	locations.	·		
	 Revenue from services performed by domestic locations of foreign parent firms, subsidiaries 	, branch	es, etc.	
	Revenues from electronic sources.			
	Exclude: • Transfers made within the company.			
	 Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federa 	ıl tax an	encv	
	• Rents from and revenue of separately operated departments, concessions, etc., which are lea	_		
	Commissions from vending machine operators.			
	• Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Dis	strict of	Columb	oia, U.S.
	Commonwealth Territories, or U.S. possessions).			
	Mark "X"		018	
_	if None \$Bil.	Mil.	Thou.	Dol.
1.	Fixed Services			
	 a. Fixed local telephony - Providing access to the public switched telephone network (PSTN) for the transmission and switching 			
	of voice, data, and video within and between local calling areas,			
	where the call is made from a fixed location. Include basic service connection fees; revenue from extended areas; local			
	private lines; public telephone services provided with the basic			
	service area; and fixed local calling features such as directory assistance, caller identification, call forwarding, and call waiting 6015			
	b. Fixed long-distance telephony - Providing outbound or			
	inbound calls made from a fixed customer location where			
	the call is paid for by the caller or the recipient and the call transmits beyond the basic service area. Include international			
	call originating in the United States, any charges for operator			
	assistance or special billings directly related to these calls 6016			
	c. Fixed all distance telephony (no distinction between local or long distance) - Transmission and switching of voice, data,			
	and video over the public switched telephone network (PSTN),			
	where the call is made from a fixed customer location and where the charges are not distance sensitive	' '		
2.	Other Telecommunications Services			
	a. Carrier services - Providing wired or wireless services			
	to originate, terminate, or transmit calls for another			
	telecommunication service provider, including transoceanic telecommunications. Include network access and Internet			
	backbone services, charges such as interconnection and			
	settlement charges for the termination of domestic or			
	international calls, charges to long distance carriers for calls originating at a payphone or within another carrier's			
	local network, charges for jointly used facilities such as pole		1 1	
	attachments, and charges for the exclusive rights of circuits 6017			
	CONTINUE WITH (6) ON PAGE 4			

6	SA	LES, RECEIPTS, OR REVENUE - Continued					
			Mark "X"			2018	
			if None	\$ Bil.	Mil.	Thou.	Dol.
2.		her Telecommunications Services - Continued					
		Private network services - Providing a wired or wireless telecommunication link(s) between specified points for the exclusive use of the client. Include packet switching services. Exclude provision of private links to telecommunication service providers as classified in line 2a			1 1		1 1
	C.	Subscriber line charges - Fees received from end users and paid directly to local telephone companies. This fee, regulated and capped by the Federal Communication Commission, covers the					
		cost of connecting end users' calls to the telephone network 6282 Internet access services - Providing a direct connection to the Internet, both wired and wireless. Include broadband, narrowband, digital subscriber lines (DSL), dial-up, and always-on					
	e.	Internet access services					
		Internet, wired or wireless, for the transmission of voice or data to fixed local telephone locations on the public switched telephone network (PSTN). Include 911 service and a number to mimic a local fixed telephone number for the purpose of receiving calls from local fixed telephone users in the same local calling area. A broadband connection to the Internet is a prerequirement in order to obtain this service. Include Voice Over Internet Protocol (VOIP) and related Internet telephony services			1 1	1 1	1 1
	f.	Telecommunication network installation services - Installing wires and other equipment to put a telecommunication network in place					
	g.	Reselling services for telecommunications equipment, retail - Retailing of telecommunications equipment such as fixed or mobile telephones, pagers, mobile radio units, key telephones, Private Branch Exchanges (PBX), modems, and data terminal equipment, purchased on own-account for resale 6022					
		Rental of telecommunications equipment - Renting or leasing telecommunication equipment such as fixed or mobile telephones, pagers, mobile radio units, key telephones, PBX, modems, and data terminal equipment					
	i.	Repair and maintenance services for telecommunications equipment - Repair and maintenance of telecommunications equipment, facilities, and related products on or off a customer's premises. Include telephones, modems, multi-plexers, earth stations, etc.			1 1		1 1
3.	Ot	her Operating Revenue					
		Basic programming package - Providing subscriber access to a basic range of programming services generally for a monthly fee. Include initial connection to network or reconnection to the network charges					1 1
	b.	Premium programming package - Providing subscriber programming services in addition to those included in the basic package for a fee separate from, and in addition to, the basic monthly fee					1 1
		Pay-per-view - Providing subscribers the ability to view a specific program (movie or event) from his/her home for a fee separate from, and in addition to, the monthly fee for basic or discretionary programming packages					
		Air time - Providing television air time to clients for broadcasting both advertising content and program content, on television stations and networks and on cable and other subscription television program systems					
	e.	Rental and reselling services for program distribution equipment - Renting and retailing equipment necessary to receive programming packages via a program distribution network					
	f.	Installation services for connections to program distribution networks - Installing cable on the customer premises and/or installing outlets to connect to the program distribution network					
		CONTINUE WITH 6 ON PAGE 5			, ,		

orm	S	A-51710E (DRAFT)					Page 5
6	SA	ALES, RECEIPTS, OR REVENUE - Continued					
				Mark "X"		2018	
				if None	\$ Bil.	Mil. Tho	u. Dol.
3.	Ot	her Operating Revenue - Continued					
	g.	Website hosting services - Providing the infrastructure to customer's website and related files					
	h.	All other operating revenue - Revenue not reported in line 1a through 3g. If this item is greater than 20% of the total operating revenue, specify the primary source of revenue below					
			1799				
4.	TO	TAL OPERATING REVENUE			i i		
	Su	m of lines 1a through 3h	1800				
7	No	t Applicable.					
8	RE	VENUES FROM ELECTRONIC SOURCES					
	Δ	Did this firm have any revenues from customers enteri	na ordere	directly	on the fir	m'e waheita	e or
	Α.	mobile applications in 2018?	ilg orders	unectiy	on the m	III 2 WEDSILE	:5 UI
		U Yes 0040					
		No					
	В.	Did this firm have any revenues from customers enterimobile applications in 2018?	ng orders	directly	on third-p	oarty websit	es or
		Yes					
		0041 TeS					
		□ No					
	C.	Did this firm have any revenues from customers enteri (such as private networks, dedicated lines, etc.) in 201	ng orders 8?	via any o	other elec	tronic syste	ems
		Yes					
		0042					
		No					
	D	Of the total 2018 revenues reported in 6,					
	D.	what was the dollar amount (or percentage)	:1 84:1	2018	D-I		2018
		that was from the revenues identified in A-C above? Please provide an estimate if	il. Mil.	Thou.	Dol.		Percent
		exact figures are not available				OR ₂₅₀₁	%
<u> </u>		- N A. 19 11					
9	anc	Not Applicable.					



14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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"			2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
Personnel Cost	S					
wages for all Employer's Q quarters that Employer's A	Il payroll - Total annual Medicare salaries and employees as reported on this firm's IRS Form 941, uarterly Federal Tax Return, line 5(c) for the four correspond to the survey period or IRS Form 944 nnual Federal Tax Return, line 4(c). Include the ck options that are taxable to employees as wages . 1821			1 1		1 1
legally require Include insur and single se premium equ third-party ad defined contri plans); and ot compensatior	cost for fringe benefits - Employer's cost for ed programs and programs not required by law. rance premiums for hospital plans, medical plans, rvice plans (e.g., dental, vision, prescription drugs); ivalents for self-insured plans and fees paid to ministrators (TPAs); defined benefit pension plans; ibution plans (e.g., profit sharing, 401K, stock option ther fringe benefits (e.g., Social Security, workers' in insurance, unemployment tax, state disability grams, life insurance benefits, Medicare). Exclude htributions.					
' '	taff and leased employee expense - Total costs					
paid to Profes	ssional Employer Organizations (PEOs) and staffing personnel. Include all charges for payroll, benefits,			1 1		1 1
resale) - Include (e.g., copiers, fax CPUs, monitors). services to others janitorial supplies materials. Report	ment, materials, parts, and supplies (not for expensed computer hardware and other equipment machines, telephones, shop and lab equipment, Include materials and supplies used in providing s; materials and parts used in repairs; office and s; small tools; containers and other packaging packaged software in line 3, the cost of motor fuels ed and rented equipment in line 4e					
custom coded, or developed or cus purchases, licens	nases of software - Purchases of prepackaged, r vendor customized software. Include software stomized by others, web-design services and sing agreements, upgrades of software, and s related to software upgrades and alterations 1826					
Other Operating	g Expenses					
providing cell Include fees	ges - Payment for access to the local loop. Firms ular phone service, report interconnection fees here. for leased facilities access charges paid to foreign r international calls originating in the United States 6025			1 1		

CONTINUE WITH 14 ON PAGE 8

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 Other Operating Expenses - Continued Universal service contributions (USC) and other similar charges - Payments to state and federal governments to support 	k "X" \$ I	Bil.	Mil.	20	Tho	DU.	D	ol.
Other Operating Expenses - Continued b. Universal service contributions (USC) and other similar charges - Payments to state and federal governments to support universal funds for services for local and independent providers . 6026 c. Program and production costs - Include talent and music license fees, the value of bartered programming, and all other costs of programming and production. Exclude capitalized costs 6013 d. 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 e. 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 7 TOTAL OPERATING EXPENSES Sum of lines 1a through 4e . 1900	lone \$ [Bil.	Mil.	20		u.	D	ol.
b. Universal service contributions (USC) and other similar charges - Payments to state and federal governments to support universal funds for services for local and independent providers . 6026 c. Program and production costs - Include talent and music license fees, the value of bartered programming, and all other costs of programming and production. Exclude capitalized costs . 6013 d. 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		Bil.	Mil.		Tho	u.	D	ol.
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d. 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								
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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								
agreements, and amortization charges against intangible assets (e.g., patents, copyrights). Exclude impairment								
e. 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? TOTAL OPERATING EXPENSES Sum of lines 1a through 4e								
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 7 TOTAL OPERATING EXPENSES Sum of lines 1a through 4e								
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 7 TOTAL OPERATING EXPENSES Sum of lines 1a through 4e								
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TOTAL OPERATING EXPENSES Sum of lines 1a through 4e					+			
and 16 Not Applicable.								

Form	SA-51710E	(DRAFT)			Page 9
	REMARKS - Plea data were estima		n any significant year-to-year (changes, to clarify responses,	or indicate where

18	Name of person			this repor	t (Please	print)	Title				
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U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU FORM SA-51721A

2018 ANNUAL SERVICES REPORT

5A-51/21A	(DRAFT)
Due Date	
Need below become action 2	
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://www.census.gov/programs- surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED	
BY LAW. Title 13 United States	
Code (U.S.C.), Sections 131 and 182 authorizes this collection.	
Sections 224 and 225 require your response. The U.S. Census Bureau	
is required by Section 9 of the	
same law to keep your information CONFIDENTIAL and can use your	
responses only to produce statistics. The Census Bureau is not permitted	
to publicly release your responses in a way that could identify your	
business, organization, or institution.	
Per the Federal Cybersecurity Enhancement Act of 2015, your data	
are protected from cybersecurity	
risks through screening of the systems that transmit your data.	
This collection has been approved by the Office of Management and	
Budget (OMB). The eight-digit OMB	
approval number is 0607-0422 and appears at the upper right of this	
page. Without this approval, we could not conduct this survey.	
could not conduct this survey.	
Authentication Code:	To view Survey Results: https://www.census.gov/programs-surveys/sas.html
	GENERAL INSTRUCTIONS
 Any significant change i 	n this firm's operations should be noted in 🕡.
 For establishments sold this firm. 	or acquired in 2018, report data only for the period the establishments were operated by
 Estimates are acceptable 	e if book figures are not available.
Enter "0" where applicat	
	two or more detailed lines.
	al basis, except for payroll. \$ Bil. Mil. Thou. Dol.
• Figures should be round	
Include:	456 it should be reported as
 Data for all Services esta 	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and) as defined by the survey coverage in 1 B.
 Data for auxiliary facilities 	es primarily engaged in supporting services to those establishment(s) such as warehouses, strative offices, and repair services.
1 A. MAILING ADDRESS	
Is this firm's name and	I mailing address the same as shown in the mailing address above?
Yes	
0035 TeS	
□ No - Enter co	rrections in the mailing address above

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rorm	1 SA-51721A (DRAFT)			Page 3
4	REPORTING PERIOD			
	NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal yearness of data for the 2018 calendar year.	ear that i	ncludes	at least six
	What time period is covered by the data provided in this report?		201	Ω
	what time period is covered by the data provided in this report:		Beginnin	
	☐ Calendar year	Month		Year
	0006		1	
	Fiscal or partial year - Report beginning and ending dates	7		
			Ending	
		Month	Day	Year
	000	8		
5	Not Applicable.			
6	SALES, RECEIPTS, OR REVENUE			
	What were the revenues for this firm in 2018?			
	Include:			
	• Report net selling value after discounts and allowances.			
	• Report gross billings, except where noted elsewhere on the form.			
	 Dues and assessments from members and affiliates. Amounts received for work subcontracted to others. 			
	 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 one	rated the	<u>م</u>
	locations.	шт орс	ratea tin	•
	• Revenue from services performed by domestic locations of foreign parent firms, subsidiaries	es, branc	hes, etc.	
	Revenues from electronic sources.			
	Exclude:			
	Transfers made within the company. Transfers made within the company. Transfers made within the company.	mal tave a	~~~~	
	 Taxes collected directly from customers or clients and paid directly to a local, state, or fede Rents from and revenue of separately operated departments, concessions, etc., which are local 			
	• Commissions from vending machine operators.	aseu to	otileis.	
	• Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, I	istrict of	Columb	oia, U.S.
	Commonwealth Territories, or U.S. possessions).			
	Mark "X"	:	2018	
	if None \$Bil.	Mil.	Thou.	Dol.
1.	Mobile Services			
	a. Messaging (paging) services - Providing mobile radio service that subscribers primarily use to receive voice, text, or tone			
	messages with small radio receivers. These devices may or may			
	not be accessed by the public switched telephone network (PSTN) 6301			
	b. Mobile telephony - Providing access to the public switched and/or mobile switching center telephone networks for the			
	transmission and switching of voice, data, and video within			
	and between local calling areas, where the call originates from			
	or terminates into a portable handset. Include value added services, calling features, transmissions using cellular, Personal			
	Communications Services (PCS), Enhanced Specialized Mobile	1 1		
	Radio (ESMR), and similar technologies			
	c. Mobile long-distance - Providing access to the public switched and/or mobile switching center telephone networks for the			
	transmission of switching voice, data, and video, where the call			
	originates from or transmits into a portable headset. Include roaming charges, calls using cellular, PCS, and ESMR technology 6311			
	d. Mobile all distance - Providing access to the public switched			
	and/or mobile switching center telephone networks for the			
	transmission of switching voice, data, and video, where the call originates from or transmits into a portable headset and where			
	there is no distinction between local and long distance areas.			
	Include calls using cellular PCS, and ESMR, mobile satellite telephony, air-to-ground, and ship-to-shore telecommunication			
	services	1 1	1 1	
	CONTINUE WITH 6 ON PAGE 4			

1 01111	SA-31/21A (DRAFI)				raye 4
6	SALES, RECEIPTS, OR REVENUE - Continued				
		Mark "X"		2018	
		if None	\$ Bil. M	l. Thou	ı. Dol.
2.	Other Telecommunications Services				
	 a. Internet access services - Providing a direct connection to the Internet, both wired and wireless. Include broadband, 				
	narrowband, digital subscriber lines (DSL), dial-up, and always-on				
	Internet access services				
	wires and other equipment to put a telecommunication network in				
	place				
	c. Reselling services for telecommunications equipment, retail - Retailing of telecommunications equipment such as fixed				
	or mobile telephones, pagers, mobile radio units, key telephones, Private Branch Exchanges (PBX), modems, and data terminal				
	equipment, purchased on own-account for resale 6022				
	d. Rental of telecommunications equipment - Renting or leasing telecommunication equipment such as fixed or mobile telephones,				
	pagers, mobile radio units, key telephones, PBX, modems, and				
	data terminal equipment				
	e. Repair and maintenance services for telecommunications equipment - Repair and maintenance of telecommunications				
	equipment, facilities, and related products on or off a customer's premises. Include telephones, modems, multi-plexers, earth				
	stations, etc				
3.	All other operating revenue - Revenue not reported in lines				
	1a through 2e. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue				
	below 7				
	1799				
4.	TOTAL OPERATING REVENUE				
	Sum of lines 1a through 3				
7	Not Applicable.				
8	REVENUES FROM ELECTRONIC SOURCES				
	A. Did this firm have any revenues from customers entering orders	directly	on the firm	's website	s or
	mobile applications in 2018?				
	Yes				
	0040				
	□ No				
	B. Did this firm have any revenues from customers entering orders	directly	on third-pa	rty website	es or
	mobile applications in 2018?				
	☐ Yes				
	0041				
	No				
	C. Did this firm have any revenues from customers entering orders (such as private networks, dedicated lines, etc.) in 2018?	via any o	other electr	onic syste	ms
	Yes				
	0042				
	□ No				
	D. Of the total 2018 revenues reported in 3 ,	2018			2018
	what was the dollar amount (or percentage) that was from the revenues identified in \$\text{Bil.} \text{Mil.}	Thou.			Percent
	A-C above? Please provide an estimate if exact figures are not available	1 1		OR and	%
	exact figures are not available			2501	

FUIII	1 SA-51/21A (DRAFT)						Page 5
9	and 10 Not Applicable.						
1	CLASS OF CUSTOMER						
	What percentage of sales, receipts, or revenue reported in 6 to following classes of customers in 2018 and 2017?	was rec	eived fr	om the	•		2018 Percent
	1. Household consumers and individual users					. 1763	%
	2. Business firms, not-for-profit organizations, and Governme	ent (Fed	leral, sta	ate, and	d local)		00%
12	and 13 Not Applicable.						
14	OPERATING EXPENSES						
	What were the operating expenses for this firm in 2018?						
	Exclude:						
	Transfers made within the company.Capitalized expenses.						
	• Interest.						
	Bad debt.						
	• Impairment.						
	 Income tax. Expenses of foreign subsidiaries (those located outside the U.S., i.e 	outsic	de the 50	states	District	of Columbi	ia IIS
	Commonwealth Territories, or U.S. possessions).	or, outsic		otatoo,	District	or columb	iu, 0.0.
	Gross annual payroll						
	Include salaries and wages, commissions, dismissal pay, bonuses, etax withholding, union dues, group insurance premiums, savings borpay, vacation pay, sick leave, stock purchase plans, and employee company.	nds, cas	h equiva	lent in-	kind, all	al Security, owances, h	income oliday
	Exclude the cost of leased employees, employer's cost for fringe be temporary help services. For unincorporated businesses, exclude pr partners.	enefits, a rofit or o	ind temp other con	orary si npensat	aff obta ion of p	ined from roprietors o	or
	All other operating expenses						
	Include travel and entertainment; postage, shipping or delivery serv security services; janitorial and grounds maintenance services; purch expenses not reported elsewhere.						
			Mark "X"			2018	
			if None	\$ 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		,			
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers'	1					
	compensation insurance, unemployment tax, state disability						
	insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	. 1822			1 1	1 1	, ,
	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					
	CONTINUE WITH 14 ON PAGE	GE 6					

14 OPERATING EXPENSES - Continued

leased and rented equipment in line 4d.

Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and

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

Dol.

2018

Thou.

Mil.

Mark "X" if None \$ Bil.

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	maintenance rees related to software appliades and afterations	. 1020				
4.	Other Operating Expenses					
	a. Access charges - Payment for access to the local loop. Firms providing cellular phone service, report interconnection fees here. Include fees for leased facilities access charges paid to foreign companies for international calls originating in the United States	6025			1	
	 Universal service contributions (USC) and other similar charges - Payments to state and federal governments to support universal funds for services for local and independent providers 	. 6026				
	c. 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			ı		 l l
	d. 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?					
		1879				
5.	TOTAL OPERATING EXPENSES Sum of lines 1a through 4d	. 1900				
15	and 16 Not Applicable.					

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	REMARKS - Please use this space to explain any significant yed data were estimated.			
)	CONTACT INFORMATION			
	Name of person to contact regarding this report (Please print)	Title		
	Area code Number Extension		Area code	Number
	Telephone	Fax	Area code	
	E-mail address	Website address		

We suggest you keep a copy for your records.



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

FORM

SA-51721E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as -

	\$ E	3il.		Mil.		1	hοι	١.		Dol.	
→		1	0	3	0	2	8	0	4	5	6

nclude

- 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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A. MAILING ADDRESS

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

	Yes
0035	
	No - Enter correction

No - Enter corrections in the mailing address above

B. SURVEY COVERAGE					
Did this firm provide the business activities described below?					
Yes					
0001					
□ No - Specify this firm's business activity 7					
0002					
EDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)					
Does this firm report payroll under EIN					
Yes					
013	П	EIN (9	diaits)	
No - Enter current 9-digit EIN AND date payroll was first	<u> </u>	LIIV (5	digits	1	
reported for this EIN	. 0015		-		
			Month	Day	Year
		,			
		0088			
DRGANIZATIONAL CHANGE		0088			
DRGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divesti	itures		18?		
A. Did this firm experience any acquisitions, sales, mergers, and/or divesti	itures		18?		
	itures		18?	1	
A. Did this firm experience any acquisitions, sales, mergers, and/or divesti	itures		18?		
A. Did this firm experience any acquisitions, sales, mergers, and/or divesti	itures		18?		
A. Did this firm experience any acquisitions, sales, mergers, and/or divestions Yes No - Go to No by the following organizational changes occurred in 2018?		in 20		. explai	in in 17 .
A. Did this firm experience any acquisitions, sales, mergers, and/or divesti		in 20	period		
A. Did this firm experience any acquisitions, sales, mergers, and/or divestions Yes No - Go to No by the following organizational changes occurred in 2018?		in 20			in in ① .
A. Did this firm experience any acquisitions, sales, mergers, and/or divesting the sales of the	he repo	in 20	period		
A. Did this firm experience any acquisitions, sales, mergers, and/or divesting Yes One No - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the Acquisition	he repo	in 20	period		
A. Did this firm experience any acquisitions, sales, mergers, and/or divesting the sales of the	he repo	in 20	period		
A. Did this firm experience any acquisitions, sales, mergers, and/or divesting the sales of the	he repo	in 20	period		
A. Did this firm experience any acquisitions, sales, mergers, and/or divesting the sales of the	he repo	in 20	period		
A. Did this firm experience any acquisitions, sales, mergers, and/or divesting the sales of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the Acquisition Acquisition Date of organizational change AND Enter detailed information below Divestiture	he repo	in 20 orting	period Month	Day	
A. Did this firm experience any acquisitions, sales, mergers, and/or divesting the sales of the	he repo	in 20	period Month	Day	
A. Did this firm experience any acquisitions, sales, mergers, and/or divesting the sales of the	he repo	in 20 orting	period Month	Day	
A. Did this firm experience any acquisitions, sales, mergers, and/or divesting the sales of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the Acquisition Acquisition Date of organizational change AND Enter detailed information below Divestiture	he repo	in 20 orting	period Month	Day	
A. Did this firm experience any acquisitions, sales, mergers, and/or divesting the sales of the	he repo	in 20 orting	period Month	Day	
A. Did this firm experience any acquisitions, sales, mergers, and/or divesting the sales of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the pate of organizat	he repo	in 20 orting	period Month N (9 dig	Day	
A. Did this firm experience any acquisitions, sales, mergers, and/or divesting the sales of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the sale of organizat	he repo	orting	period Month N (9 dig	Day gits)	
A. Did this firm experience any acquisitions, sales, mergers, and/or divesting the sales of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the sale of organizat	he repo	orting	period Month N (9 dig	Day	
A. Did this firm experience any acquisitions, sales, mergers, and/or divesting the sales of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the sale of organizat	he repo	orting	period Month N (9 dig	Day gits)	

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Form	SA-51721E (DRAFT)			Page 3
4	REPORTING PERIOD			
	NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal year months of data for the 2018 calendar year.	ar that in	ncludes	at least six
	What time period is covered by the data provided in this report?		201	8
		Е	eginnin	g Date
	Calendar year	Month	Day	Year
	5 Since I as most in the second and in a date.	' '		
	Fiscal or partial year - Report beginning and ending dates			D 4
		Month	Ending	
		Month	Day	Year
	0008			
•	N. A. P. III			
5	Not Applicable.			
6	SALES, RECEIPTS, OR REVENUE			
	What were the revenues for this firm in 2018?			
	Include:			
	Report net selling value after discounts and allowances.			
	• Report gross billings, except where noted elsewhere on the form.			
	Dues and assessments from members and affiliates.			
	 Amounts received for work subcontracted to others. For locations that were sold or acquired during a year, only report for the periods that this fi 	rm oper	ated the	e
	 locations. Revenue from services performed by domestic locations of foreign parent firms, subsidiaries 	branch	nes etc	
	• Revenues from electronic sources.	, Branci	100, 0101	
	Exclude:			
	• Transfers made within the company.			
	• Taxes collected directly from customers or clients and paid directly to a local, state, or federal			
	• Rents from and revenue of separately operated departments, concessions, etc., which are lea	ased to	others.	
	Commissions from vending machine operators.			
	 Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Di Commonwealth Territories, or U.S. possessions). 	strict of	Columb	oia, U.S.
	Mark "X"	2	018	
	if None \$Bil.	Mil.	Thou.	Dol.
1.	Mobile Services			
	a. Messaging (paging) services - Providing mobile radio service			
	that subscribers primarily use to receive voice, text, or tone			
	messages with small radio receivers. These devices may or may not be accessed by the public switched telephone network (PSTN) 6301			
	b. Mobile telephony - Providing access to the public switched			
	and/or mobile switching center telephone networks for the			
	transmission and switching of voice, data, and video within			
	and between local calling areas, where the call originates from or terminates into a portable handset. Include value added			
	services, calling features, transmissions using cellular, Personal			
	Communications Services (PCS), Enhanced Specialized Mobile Radio (ESMR), and similar technologies			
	c. Mobile long-distance - Providing access to the public switched			
	and/or mobile switching center telephone networks for the			
	transmission of switching voice, data, and video, where the call			
	originates from or transmits into a portable headset. Include roaming charges, calls using cellular, PCS, and ESMR technology 6311			
	d. Mobile all distance - Providing access to the public switched			
	and/or mobile switching center telephone networks for the			
	transmission of switching voice, data, and video, where the call			
	originates from or transmits into a portable headset and where there is no distinction between local and long distance areas.			
	Include calls using cellular PCS, and ESMR, mobile satellite			
	telephony, air-to-ground, and ship-to-shore telecommunication services		1 1	
	Services			
	CONTINUE MUTU CON DACE 4			
	CONTINUE WITH 6 ON PAGE 4			

1 01111	SA-SI/ZIE (DRAFI)				raye 4
6	SALES, RECEIPTS, OR REVENUE - Continued				
		Mark "X"		2018	
		if None	\$ Bil. M	il. Thou	ı. Dol.
2.	Other Telecommunications Services				
	 a. Internet access services - Providing a direct connection to the Internet, both wired and wireless. Include broadband, 				
	narrowband, digital subscriber lines (DSL), dial-up, and always-on				
	Internet access services				
	wires and other equipment to put a telecommunication network in				
	place				
	c. Reselling services for telecommunications equipment, retail - Retailing of telecommunications equipment such as fixed				
	or mobile telephones, pagers, mobile radio units, key telephones, Private Branch Exchanges (PBX), modems, and data terminal			1 1	
	equipment, purchased on own-account for resale 6022				
	d. Rental of telecommunications equipment - Renting or leasing telecommunication equipment such as fixed or mobile telephones,				
	pagers, mobile radio units, key telephones, PBX, modems, and				
	data terminal equipment				
	e. Repair and maintenance services for telecommunications equipment - Repair and maintenance of telecommunications				
	equipment, facilities, and related products on or off a customer's premises. Include telephones, modems, multi-plexers, earth				
	stations, etc				
3.	All other operating revenue - Revenue not reported in lines				
	1a through 2e. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue				
	below 7				
				1 1	
	1799				
4.	TOTAL OPERATING REVENUE				
	Sum of lines 1a through 3				
7	Not Applicable.				
8	REVENUES FROM ELECTRONIC SOURCES				
	A. Did this firm have any revenues from customers entering orders	directly	on the firm	's website	s or
	mobile applications in 2018?				
	☐ Yes				
	0040				
	□ No				
	B. Did this firm have any revenues from customers entering orders	directly	on third-pa	rty website	es or
	mobile applications in 2018?				
	Yes				
	0041				
	□ No				
	C. Did this firm have any revenues from customers entering orders	via anv	other electr	onic svste	ms
	(such as private networks, dedicated lines, etc.) in 2018?			,,,,,,	
	Yes				
	0042				
	□ No				
	D. Of the total 2018 revenues reported in 6 ,	2018			2018
	what was the dollar amount (or percentage) that was from the revenues identified in \$\text{Bil.} \text{Mil.}	Thou.			Percent
	A-C above? Please provide an estimate if exact figures are not available.			OR ₂₅₀₁	%
	exact figures are not available 2500			2501	

Form	SA-51721E (DRAFT)					Page 5
9	and 10 Not Applicable.					
1	CLASS OF CUSTOMER					
Ť	What percentage of sales, receipts, or revenue reported in 3 was a following classes of customers in 2018 and 2017?	eceived f	rom the			2018 Percent
	1. Household consumers and individual users				. 1763	%
	2. Business firms, not-for-profit organizations, and Government (F	ederal, st	ate, and	local)	. 1760 +	%
					1	00%
12	and 13 Not Applicable.					
14	OPERATING EXPENSES					
	What were the operating expenses for this firm in 2018?					
	Exclude:					
	• Transfers made within the company.					
	Capitalized expenses.					
	• Interest.					
	Bad debt.					
	Impairment. Income tax.					
	 Expenses of foreign subsidiaries (those located outside the U.S., i.e., out 	eida tha 50	n etatae	Dietrict	of Columb	211 c
	Commonwealth Territories, or U.S. possessions).	Side the St	o states,	District	or Columb	iu, 0.0.
	Gross annual payroll					
	Include salaries and wages, commissions, dismissal pay, bonuses, emplotax withholding, union dues, group insurance premiums, savings bonds, opay, vacation pay, sick leave, stock purchase plans, and employee contrib	ash equiva	alent in-k	ind, all	l Security, owances, h	income oliday
	Exclude the cost of leased employees, employer's cost for fringe benefits temporary help services. For unincorporated businesses, exclude profit o partners.	, and temp r other cor	oorary sta mpensati	aff obta on of p	ined from roprietors o	or
	All other operating expenses					
	Include travel and entertainment; postage, shipping or delivery services; security services; janitorial and grounds maintenance services; purchased expenses not reported elsewhere.	warehousi transporta	ng and s	torage : operat	services; ro tors; and ot	yalties; her
		Mark "X"	,		2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
1.	Personnel Costs		7			
	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 . 182					
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans), and other frings benefit (e.g., Social Security, workers).					
	plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability					
	insurance programs, life insurance benefits, Medicare). Exclude employee contributions	2 🗆				
	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	3				
	CONTINUE WITH 12 ON PAGE 6					

14	OPERATING EXPENSES - Continued											
			lark "X"									
			f None	\$ Bil.	Mil.	Thou.	Dol.					
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4d						1 1					
3.	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										
4.	Other Operating Expenses											
	a. Access charges - Payment for access to the local loop. Firms providing cellular phone service, report interconnection fees here. Include fees for leased facilities access charges paid to foreign companies for international calls originating in the United States	6025										
	and the provider of the provid	. 6026			1 1							
	c. 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											
	d. 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 7											
							1 1					
5.	TOTAL OPERATING EXPENSES	1879										
J .	Sum of lines 1a through 4d	. 1900										
(15)	and 16 Not Applicable.											

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	REMARKS - F data were esti	mated.	nis space	to expia	alli ally Si	ignificant ye	ar-to-year (nanges, i	o clarity re	sponses, o	or indica	te wnere
	CONTACT !	FORM - T	NI.									
_	CONTACT IN											
	CONTACT IN Name of person			this repor	t (<i>Please</i> p	orint)	Title					
_				this repor	t (Please p	orint)	Title					
_		n to contact r	regarding		t (Please p		Title		Area code		Number	
	Name of persor		regarding	this repor	t (<i>Please p</i>	orint) Extension	Title	Fax	Area code		Number	
		n to contact r	regarding		t (Please p		Title	Fax	Area code		Number	
	Name of persor	Area code	regarding	Number	t (Please p		Title Website a		Area code			
	Name of person Telephone	Area code	regarding	Number	t (Please p				Area code			
	Name of person Telephone	Area code	regarding	Number	t (Please p				Area code			



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

FORM

SA-51730A

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information **CONFIDENTIAL** and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey. INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov **Authentication Code:** To view Survey Results: https://www.census.gov/programs-surveys/sas.html **GENERAL INSTRUCTIONS** • Any significant change in this firm's operations should be noted in 12. • For establishments sold or acquired in 2018, 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. \$ Bil. Mil. Thou. Dol. • Figures should be rounded to the nearest dollar. 030280 • If a figure is \$1,030,280,456 it should be reported as Include: Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) as defined by the survey coverage in **1**B. Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services. A. MAILING ADDRESS Is this firm's name and mailing address the same as shown in the mailing address above? 0035 No - Enter corrections in the mailing address above

Form SA-51730A (DRAFT)

0	B. SU	JRVEY	y cov	ERAGE																											
	Dic	d this	firm _I	provide	the b	usin	ıess	s ac	cti	viti	ies	de	SCI	rib	ed	be	low	v?													
	0001		Yes																												
			No - 5	Specify to	his firn	n's b	busi	ine	ess a	acti	ivit	ty 🗾																			
			0002																												
2	Not Ap	pplical	ble.																												
3	ORGA	NIZA	TION	AL CHA	NGE																										
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			Yes																												
	0016		No - 0	Go to 4																											
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			Divest	titure																											
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	Ad	ldress ((Numbe	er and stre	eet, P.O	. Box	x, et	tc.)																							
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Forn	n SA-51730A (draft)				Page 3
4	REPORTING PERIOD				
	NOTE: Calendar year data are preferred. If they are unavailable, please report for the fisc	al yea	ır that iı	ncludes	at least six
	months of data for the 2018 calendar year. What time period is covered by the data provided in this report?			201	R
	Time time period is devered by the data provided in this report.		Е	eginning	
	Calendar year		Month	Day	Year
	Fiscal or partial year - Report beginning and ending dates	. 0007		F	D-4-
			Month	Ending Day	Year
			WIOTH	Day	Tour
		8000			
5	Not Applicable.				
6	SALES, RECEIPTS, OR REVENUE				
U	What were the revenues for this firm in 2018?				
	Include:				
	Report gross billings, except where noted elsewhere on the form.				
	Dues and assessments from members and affiliates.				
	Amounts received for work subcontracted to others.				
	• For locations that were sold or acquired during a year, only report for the periods that locations.	this fii	rm oper	ated the	
	• Revenue from services performed by domestic locations of foreign parent firms, subsid	diaries	, brancł	nes, etc.	
	Revenues from electronic sources.				
	Exclude:				
	 Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or 	fodors	al tay ac	ionev	
	 Rents from and revenue of separately operated departments, concessions, etc., which a 		-	•	
	Commissions from vending machine operators.				
	• Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 state	es, Di	strict of	Columb	ia, U.S.
	Commonwealth Territories, or U.S. possessions).				
	Mark "X" if None \$ E	0:1	Mil.	018	Dol.
1.	Fixed local telephony - Providing access to the public switched)II.	IVIII.	Thou.	DOI.
	telephone network (PSTN) for the transmission and switching				
	of voice, data, and video within and between local calling areas, where the call is made from a fixed location. Include basic service				
	connection fees; revenue from extended areas; local private lines; public telephone services provided with the basic service area;				
	and fixed local calling features such as directory assistance, caller		1 1		
	identification, call forwarding, and call waiting 6015				
2.	Fixed long-distance telephony - Providing outbound or inbound calls made from a fixed customer location where the call is paid				
	for by the caller or the recipient and the call transmits beyond the				
	basic service area. Include international call originating in the United States, any charges for operator assistance or special billings directly		1 1		
	related to these calls				
3.	Mobile telephony - Providing access to the public switched and/ or mobile switching center telephone networks for the transmission				
	and switching of voice, data, and video within and between local				
	calling areas, where the call originates from or terminates into a portable handset. Include value added services, calling features,				
	transmissions using cellular, Personal Communications Services				
	(PCS), Enhanced Specialized Mobile Radio (ESMR), and similar technologies				
4.	Carrier services - Providing wired or wireless services to originate,				
	terminate, or transmit calls for another telecommunication service provider, including transoceanic telecommunications. Include				
	network access and Internet backbone services, charges such as				
	interconnection and settlement charges for the termination of domestic or international calls, charges to long distance carriers				
	for calls originating at a payphone or within another carrier's local				
	network, charges for jointly used facilities such as pole attachments, and charges for the exclusive rights of circuits			1 1	
	and shall got for the excitation rights of chounts in the first in the				
	CONTINUE WITH 6 ON PAGE 4				

Form	SA-51730A (draft)				F	Page 4
6	SALES, RECEIPTS, OR REVENUE - Continued					
Ŭ		Mark		2018		
5.	All other operating revenue - Revenue not reported in lines 1 through 4. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7	if No	one \$ Bil.	Mil. Thou	л. D	ol.
			1			
6.	TOTAL OPERATING REVENUE	1799				+
	Sum of lines 1 though 5	. 1800				
7	Not Applicable.					
8	REVENUES FROM ELECTRONIC SOURCES					
	A. Did this firm have any revenues from customers entering or mobile applications in 2018?	rders direc	tly on the fir	m's website	s or	
	O040 Yes					
	□ No					
	B. Did this firm have any revenues from customers entering or mobile applications in 2018?	rders direc	tly on third-p	arty websit	es or	
	□ Yes					
	□ No					
	C. Did this firm have any revenues from customers entering or (such as private networks, dedicated lines, etc.) in 2018?	rders via a	ny other elec	tronic syste	ms	
	O042 Yes					
	□ No					
	D. Of the total 2018 revenues reported in 6 ,	2018	<u> </u>		201	2
	what was the dollar amount (or percentage) that was from the revenues identified in		hou. Dol.		Perce	_
	A-C above? Please provide an estimate if exact figures are not available			OR ₂₅₀₁		%
9	and 10 Not Applicable.					
1	CLASS OF CUSTOMER					
W					201	8
	What percentage of sales, receipts, or revenue reported in 6 w following classes of customers in 2018 and 2017?	as receive	ea trom tne		Perce	
	1. Household consumers and individual users			1763		%
	2. Business firms, not-for-profit organizations, and Governmen	nt (Foderal	state and le	ncal) 1760 4		%
	2. Business inins, not-tor-profit organizations, and dovernmen	it (i edelai	, state, and R	76ai) . 1760 T	100	2 %
B	and 13 Not Applicable.					



What were the operating expenses for this firm in 2018?

Exclude:

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

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"		-	2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
P	ersonnel 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			1 1		1 1
b.	Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.					
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					
re (e Cl se ja m	Repensed equipment, materials, parts, and supplies (not for isale) - Include expensed computer hardware and other equipment i.g., copiers, fax machines, telephones, shop and lab equipment, PUs, monitors). Include materials and supplies used in providing ervices to others; materials and parts used in repairs; office and initorial supplies; small tools; containers and other packaging aterials; and motor fuels. Report packaged software in line 3 and ased and rented equipment in line 4c					
cı de pı	xpensed purchases of software - Purchases of prepackaged, istom coded, or vendor customized software. Include software eveloped or customized by others, web-design services and urchases, licensing agreements, upgrades of software, and aintenance fees related to software upgrades and alterations 1826					
0	ther Operating Expenses					
a.	Access charges - Payment for access to the local loop. Firms providing cellular phone service, report interconnection fees here. Include fees for leased facilities access charges paid to foreign companies for international calls originating in the United States 6025					1 1

CONTINUE WITH 14 ON PAGE 6

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14	OPERATING EXPENSES - Continued							
			rk "X"					
		if	None	\$ Bil.	Mil.	Thou.	Dol.	
4.	Other Operating Expenses - Continued b. 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	400-						
	 (e.g., patents, copyrights). Exclude impairment 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 7 	1831						
					1 1		1 1	
5	TOTAL OPERATING EXPENSES	1879						
5.		1900						
A	and 16 Not Applicable.	1000						

d	REMARKS - P data were estir	nated.	ns space	to expid	ally :	Significa	it year-t	o-y c ai tile	anges, t	o Garry I	capons	03, UI II	idicate WII
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ľ	Name of person	to contact r	egarding t	.ns report	l (riease	ρτιπτ)	1	itle					
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U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU

SA-51730E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 ①.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

	\$ E	3il.		Mil.		Т	hοι	١.		Dol.	
→		1	0	3	0	2	8	0	4	5	6

- 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.



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



OA 0170	OL (BRAFI)		
B. SURVE	Y COVERAGE		
Did th	s firm provide the business activities described below?		
	Yes		
0001	163		
	No - Specify this firm's business activity		
	0002		
EDERAL	EMPLOYER IDENTIFICATION NUMBER (EIN)		
	firm report payroll under EIN		
0013 Y	es	EINI /	D 11 14 1
	o - Enter current 9-digit EIN AND date payroll was first	EIN (S	9 digits)
	reported for this EIN		-
			Month Day Year
			Working Buy Four
		0088	
ORGANIZ	ATIONAL CHANGE		
	s firm experience any acquisitions, sales, mergers, and/or divestiture	s in 20)18?
0016	Yes		
	No - Go to 4		
	of the following organizational changes occurred in 2018? Il that apply. If more than one organizational change occurred during the re	nortina	pariod avalain in 17
CHECK	n that apply. If more than one organizational change occurred during the rej	oorang	
	Acquisition		Month Day Year
	Date of organizational change	. 0018	
0091	Sale AND		
	Merger		
	Enter detailed information below?		
L	Divestiture		
0017 No	me of company	0010 E	IN (9 digits)
0017 Na	ne of company	0019	iiv (9 digits)
			-
Addres	(Number and street, P.O. Box, etc.)		
City to	vn, village, etc.	ZIP Co	ida
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Form	SA-51730E (DRAFT)			Page 3
4	REPORTING PERIOD			
	NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal ye months of data for the 2018 calendar year.	ar that ir	cludes	at least six
	What time period is covered by the data provided in this report?		201	8
		В	eginnin	g Date
	Calendar year	Month	Day	Year
	Fiscal or partial year - Report beginning and ending dates		'	' ' '
	Fiscal or partial year - Report beginning and ending dates		Ending	Data
		Month	Day	Year
		WIOTILIT	Day	I Gai
	0008			1 1 1
5	Not Applicable.			
6	SALES, RECEIPTS, OR REVENUE			
U	What were the revenues for this firm in 2018?			
	Include:			
	 Report gross billings, except where noted elsewhere on the form. 			
	• Dues and assessments from members and affiliates.			
	Amounts received for work subcontracted to others.			
	• For locations that were sold or acquired during a year, only report for the periods that this f	irm oper	ated the)
	 locations. Revenue from services performed by domestic locations of foreign parent firms, subsidiaries 	s, branch	es, etc.	
	• Revenues from electronic sources.		·	
	Exclude:			
	• Transfers made within the company.			
	• Taxes collected directly from customers or clients and paid directly to a local, state, or feder	_		
	• Rents from and revenue of separately operated departments, concessions, etc., which are le	ased to (others.	
	 Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, D 	istrict of	Columb	sia IIS
	Commonwealth Territories, or U.S. possessions).	istrict or	Columb	na, 0.5.
	Mark "X"	2	018	
	if None \$Bil.	Mil.	Thou.	Dol.
1.	Fixed local telephony - Providing access to the public switched			
	telephone network (PSTN) for the transmission and switching of voice, data, and video within and between local calling areas,			
	where the call is made from a fixed location. Include basic service			
	connection fees; revenue from extended areas; local private lines; public telephone services provided with the basic service area;			
	and fixed local calling features such as directory assistance, caller			
	identification, call forwarding, and call waiting		1 1	
2.	Fixed long-distance telephony - Providing outbound or inbound			
	calls made from a fixed customer location where the call is paid for by the caller or the recipient and the call transmits beyond the			
	basic service area. Include international call originating in the United			
	States, any charges for operator assistance or special billings directly related to these calls			
3.	Mobile telephony - Providing access to the public switched and/			
0.	or mobile switching center telephone networks for the transmission			
	and switching of voice, data, and video within and between local calling areas, where the call originates from or terminates into a			
	portable handset. Include value added services, calling features,			
	transmissions using cellular, Personal Communications Services			
	(PCS), Enhanced Specialized Mobile Radio (ESMR), and similar technologies			
4.	Carrier services - Providing wired or wireless services to originate,			
	terminate, or transmit calls for another telecommunication service			
	provider, including transoceanic telecommunications. Include network access and Internet backbone services, charges such as			
	interconnection and settlement charges for the termination of			
	domestic or international calls, charges to long distance carriers			
	for calls originating at a payphone or within another carrier's local network, charges for jointly used facilities such as pole attachments,			
	and charges for the exclusive rights of circuits			
	CONTINUE WITH 6 ON PAGE 4			

Form	SA-51730E (DRAFT)				Page 4
6	SALES, RECEIPTS, OR REVENUE - Continued				
		Mark "	V"	2018	
		if Nor			. Dol.
5.	All other operating revenue - Revenue not reported in lin 1 through 4. If this item is greater than 20% of the top operating revenue, specify the primary source of the below 7	tal			
		1799			
6.	TOTAL OPERATING REVENUE Sum of lines 1 though 5	1800			
7	Not Applicable.				
8	REVENUES FROM ELECTRONIC SOURCES				
	A. Did this firm have any revenues from customers er mobile applications in 2018?	tering orders direct	y on the firm	's websites	s or
	☐ Yes				
	□ No				
	B. Did this firm have any revenues from customers er mobile applications in 2018?	tering orders direct	y on third-pa	rty website	es or
	☐ Yes				
	□ No				
	C. Did this firm have any revenues from customers er (such as private networks, dedicated lines, etc.) in		y other electr	onic systei	ms
	☐ Yes				
	No				
	D. Of the total 2018 revenues reported in 6 ,	0040) [0040
	what was the dollar amount (or percentage)	2018 \$ Bil. Mil. The	ou. Dol.		2018 Percent
	that was from the revenues identified in A-C above? Please provide an estimate if	φDii. IVIII. IIII	Ju. Doi.		
	exact figures are not available			OR ₂₅₀₁	%
9	and 10 Not Applicable.				
1	CLASS OF CUSTOMER				
	What percentage of sales, receipts, or revenue reporte	ed in 6 was received	from the		2018
	following classes of customers in 2018 and 2017?				Percent
	1. Household consumers and individual users			1763	%
	2. Business firms, not-for-profit organizations, and Go	overnment (Federal,	state, and loc	al) . 1760 +	%
					100%
B	and 13 Not Applicable.				
•	——————————————————————————————————————				

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

	xpenses not reported eisewhere.						
		Mark "X"					
_		if None	\$ Bil.	Mil.	Thou.	Dol.	
_	Personnel Costs						
а	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					1 1	
b	legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions						
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						
r (d S ja n	expensed equipment, materials, parts, and supplies (not for esale) - Include expensed computer hardware and other equipment e.g., copiers, fax machines, telephones, shop and lab equipment, PUs, monitors). Include materials and supplies used in providing ervices to others; materials and parts used in repairs; office and enitorial supplies; small tools; containers and other packaging naterials; and motor fuels. Report packaged software in line 3 and eased and rented equipment in line 4c					1 1	
c d	expensed purchases of software - Purchases of prepackaged, ustom coded, or vendor customized software. Include software eveloped or customized by others, web-design services and urchases, licensing agreements, upgrades of software, and						
	naintenance fees related to software upgrades and alterations 1826						
C	Other Operating Expenses						
а	. Access charges - Payment for access to the local loop. Firms						
	providing cellular phone service, report interconnection fees here. Include fees for leased facilities access charges paid to foreign						
	companies for international calls originating in the United States 6025						

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14	OPERATING EXPENSES - Continued						
	CI EIIATING EXI ENGLO - COIRTINGO					2018	
			Mark "X" if None	\$ Bil.	Mil.	Thou.	Dol.
4.	Other Operating Expenses - Continued			Ţ D.II.		THOU	2011
	b. 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						
	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						
_		1879					
5.	TOTAL OPERATING EXPENSES Sum of lines 1s through 4s	4000			1 1		
	Sum of lines 1a through 4c	1900					

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

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CONTACT IN	FORWATI	ON									
Name of persor	n to contact	regarding	this report (<i>Please</i>	Title							
	Area code		Number	Extension		Area code	N	lumber			
Telephone					Fax						
			-					_			
E-mail address					Website address						

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

2018 ANNUAL SERVICES REPORT

SA-51740A	(DRAFT)
Due Date	
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://www.census.gov/programs- surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED	
BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and	
182 authorizes this collection. Sections 224 and 225 require your	
response. The U.S. Census Bureau is required by Section 9 of the	
same law to keep your information CONFIDENTIAL and can use your	
responses only to produce statistics. The Census Bureau is not permitted	
to publicly release your responses in a way that could identify your	
business, organization, or institution.	
Per the Federal Cybersecurity Enhancement Act of 2015, your data	
are protected from cybersecurity risks through screening of the	
systems that transmit your data. This collection has been approved	
by the Office of Management and Budget (OMB). The eight-digit OMB	
approval number is 0607-0422 and appears at the upper right of this	
page. Without this approval, we could not conduct this survey.	
https://portal.census.gov Authentication Code:	To view Survey Results: https://www.census.gov/programs-surveys/sas.html
	OFNERAL INCERNATIONS
• Any significant change i	GENERAL INSTRUCTIONS n this firm's operations should be noted in ①.
	or acquired in 2018, report data only for the period the establishments were operated by
this firm.	
•	e if book figures are not available.
• Enter "0" where applical	ole. r two or more detailed lines.
	al basis, except for payroll. \$ Bil. Mil. Thou. Dol.
• Figures should be round	ded to the negrest dollar
•If a figure is \$1,030,280,	456 it should be reported as ———————————————————————————————————
Include:	
 Data for all Services est Construction operations 	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and) as defined by the survey coverage in ① B.
 Data for auxiliary faciliti 	es primarily engaged in supporting services to those establishment(s) such as warehouses,
garages, central adminis	strative offices, and repair services.
1 A. MAILING ADDRESS	
Is this firm's name and	d mailing address the same as shown in the mailing address above?
Yes	
0035	
No - Enter co	prrections in the mailing address above

rorn	n 5/	4-51	/40A	(DRAFT)															Page 2
0	В.	SUR	RVEY CO	/ERAGE															
		Did	this firm	provide	the bu	usiness	s activ	vities	descr	ibed b	elow?								
		0001	Yes																
			□ No -	Specify th	this firm	n's busi	iness a	activity	/ Z										
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	/hat time period is covered by the data provided in this report?			201	18
	nat time period to deterou by the data provided in time report.		В	eginnin	
	☐ Calendar year		Month	Day	Year
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	Fiscal or partial year - Report beginning and ending dates	0007			
			N / 4 l-	Ending	
			Month	Day	Year
		8000			1 1
No	ot Applicable.				
	**				
	ALES, RECEIPTS, OR REVENUE				
	hat were the revenues for this firm in 2018?				
	clude:				
	Report gross billings, except where noted elsewhere on the form. Dues and assessments from members and affiliates.				
	Amounts received for work subcontracted to others.				
• F	For locations that were sold or acquired during a year, only report for the periods that thi	s fir	m oper	ated th	е
	locations.		la maria d		
	Revenue from services performed by domestic locations of foreign parent firms, subsidia Revenues from electronic sources.	ries,	brancr	ies, etc.	
	relude:				
	Transfers made within the company.				
	Taxes collected directly from customers or clients and paid directly to a local, state, or fed	dera	l tax ag	ency.	
	Rents from and revenue of separately operated departments, concessions, etc., which are		_	•	
	Commissions from vending machine operators.				
• F	Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Commonwealth Territories, or U.S. possessions).	, Dis	trict of	Columi	oia, U.S.
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	Mark "X" if None \$ Bil.		Mil.	Thou.	Dol
	arrier services - Providing wired or wireless services to originate,				<u>'</u>
	rminate, or transmit calls for another telecommunication service ovider, including transoceanic telecommunications. Include				
ne	etwork access and Internet backbone services, charges such as				
100	terconnection and settlement charges for the termination of				
111	mantia or international calls, charges to long distance carriers				
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Form SA-51740A (DRAFT) Page 4

										•
8	REVI	ENUES	FROM ELECTRONIC SOURCES							
	A. D	id this obile	firm have any revenues from customers en applications in 2018?	tering	orders d	lirectly on	the firm	's website	s or	
	00	40	Yes							
			No							
			firm have any revenues from customers en applications in 2018?	ntering	orders d	irectly on	third-pa	rty websit	es or	
	00	41	Yes							
			No							
	C. D	id this uch as	firm have any revenues from customers en s private networks, dedicated lines, etc.) in	tering 2018?	orders v	ia any otl	ner electr	onic syste	ms	
	00	42	Yes							
			No							
	D. O	f the t	otal 2018 revenues reported in ⑤ ,			2018			2018	
	W	hat w	as the dollar amount (or percentage)	\$ Bil.	Mil.	Thou.	Dol.		Percent	t
			s from the revenues identified in over Please provide an estimate if	7 2			20			
			gures are not available					OR ₂₅₀₁	1 1	%

9–13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.



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	ODEDATING EVDENCES Continued					
W	OPERATING EXPENSES - Continued	A. /			2018	
		Mark "X" if None	\$ 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					
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.					
	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					
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4c					
3.	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					
4.	Other Operating Expenses					
	a. Access charges - Payment for access to the local loop. Firms providing cellular phone service, report interconnection fees here. Include fees for leased facilities access charges paid to foreign companies for international calls originating in the United States	. 🗆		1 1		
	b. 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					
	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					
	1879					
	TOTAL OPERATING EXPENSES					
5.	Sum of lines 1a through 4c					

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CONTACT INFORMATION												
Name of person to contact regarding this report (Please print)					Title							
Telephone	Area code	Number		Extension		Area code	1	Number				
					Fax							
			-					-				
E-mail address					Website address							

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

SA-51740E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 ①.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

	\$ E	3il.		Mil.		T	hοι	١.		Dol.	
→		1	0	3	0	2	8	0	4	5	6

- 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.

1	A.	MAILING ADDRES	(
		Is this firm's name a	

nd mailing address the same as shown in the mailing address above?

0035	ш	Yes
		No - Enter corrections in the mailing address above



B. SURVEY COVERAGE Did this firm provide the business activities described below?						
Did this firm provide the business activities described below?						
Yes						
0001						
No - Specify this firm's business activity						
0002						
FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)						
Does this firm report payroll under EIN						
Yes	Eu	NI /O	ı \			
☐ No - Enter current 9-digit EIN AND date payroll was first	EII	N (9 c	digits)			Τ
reported for this EIN	. 0015	, ,	-			ı
		N	/lonth	Day	Y	ear
				Duy		Jul
	O	8800				
ORGANIZATIONAL CHANGE						
A. Did this firm experience any acquisitions, sales, mergers, and/or divest	titures in	201	87			
			.			
Ves Ves						
□ No - Go to 4						
B. Which of the following organizational changes occurred in 2018?						
	ne reporti	_				
Check all that apply. If more than one organizational change occurred during the		I N	1onth	Day	Ye	ear
Check all that apply. If more than one organizational change occurred during the		IV				
Check all that apply. If more than one organizational change occurred during the Acquisition Date of organizational change	0				1	
Check all that apply. If more than one organizational change occurred during the Acquisition Date of organizational change	0		'			
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Check all that apply. If more than one organizational change occurred during the Acquisition Acquisition Date of organizational change	0019	9 EIN	-			

•	REPORTING PERIOD			
	NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal yea	ar that ii	ncludes a	at least s
	months of data for the 2018 calendar year.		norados (ut 1005t 5
1	What time period is covered by the data provided in this report?	_	2018	_
	Colondaryson		Beginning	
(Calendar year	Month	Day	Year
	Fiscal or partial year - Report beginning and ending dates			
			Ending	Date
		Month	Day	Year
	8000			
	Not Applicable.			
	SALES, RECEIPTS, OR REVENUE			
1	What were the revenues for this firm in 2018?			
	Include:			
	• Report gross billings, except where noted elsewhere on the form.			
	• Dues and assessments from members and affiliates.			
	• Amounts received for work subcontracted to others.		4	
	 For locations that were sold or acquired during a year, only report for the periods that this file locations. 	rm oper	ated the	
	 Revenue from services performed by domestic locations of foreign parent firms, subsidiaries 			
		s, branci	nes, etc.	
•	Revenues from electronic sources.	s, branci	nes, etc.	
	Revenues from electronic sources. Exclude:	s, branci	nes, etc.	
ı		s, branci	nes, etc.	
	Exclude:			
(Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federa Rents from and revenue of separately operated departments, concessions, etc., which are lea	al tax aç	gency.	
•	Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federa Rents from and revenue of separately operated departments, concessions, etc., which are lead Commissions from vending machine operators.	al tax aç ased to	gency. others.	
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	Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federal Rents from and revenue of separately operated departments, concessions, etc., which are least Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Discommonwealth Territories, or U.S. possessions). **Carrier services - Providing wired or wireless services to originate, terminate, or transmit calls for another telecommunication service provider, including transoceanic telecommunications. Include network access and Internet backbone services, charges such as interconnection and settlement charges for the termination of domestic or international calls, charges to long distance carriers for calls originating at a payphone or within another carrier's local	al tax ag ased to strict of	gency. others. Columb	
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	Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federal Rents from and revenue of separately operated departments, concessions, etc., which are least Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Discommonwealth Territories, or U.S. possessions). **Mark "X" if None ** Bil. ** **Bil. ** **Carrier services - Providing wired or wireless services to originate, terminate, or transmit calls for another telecommunication service provider, including transoceanic telecommunications. Include network access and Internet backbone services, charges such as interconnection and settlement charges for the termination of domestic or international calls, charges to long distance carriers for calls originating at a payphone or within another carrier's local network, charges for jointly used facilities such as pole attachments, and charges for the exclusive rights of circuits	al tax ag ased to strict of	gency. others. Columb	
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Form SA-51740E (DRAFT) Page 4

8	REVEN	UES	FROM ELECTRONIC SOURCES						
			firm have any revenues from customers er applications in 2018?	ntering orders (directly on	the firm	s website:	s or	
	0040		Yes						
			No						
	B. Did mol	this	firm have any revenues from customers er applications in 2018?	ntering orders o	directly on	third-par	ty website	es or	
	0041		Yes						
			No						
	C. Did (suc	this h as	firm have any revenues from customers er private networks, dedicated lines, etc.) in	ntering orders v 2018?	via any otł	ner electro	onic syste	ms	
	0042		Yes						
			No						
			otal 2018 revenues reported in (3 ,		2018			2018	
	that	: wa	as the dollar amount (or percentage) s from the revenues identified in	\$ Bil. Mil.	Thou.	Dol.		Percent	į
			ve? Please provide an estimate if gures are not available				OR ₂₅₀₁		%

9-13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.



14	OPERATING EXPENSES - Continued					
		Mark "X"			2018	D .
1.	Personnel Costs	if None	\$ Bil.	Mil.	Thou.	Dol.
	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	ı 🗆				1 1
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	2				1 1
	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	3				1 1
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4c	o 🗆		1 1	1 1	1 1
3.	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	6				
4.	Other Operating Expenses					
	 Access charges - Payment for access to the local loop. Firms providing cellular phone service, report interconnection fees here. Include fees for leased facilities access charges paid to foreign companies for international calls originating in the United States 	5				
	b. 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	1 🔲		1 1		1 1
	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?					
						1 1
5.	TOTAL OPERATING EXPENSES	9 📙				++-
3.	Sum of lines 1a through 4c)				
15	and 16 Not Applicable.					
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)	REMARKS - Please use this space to data were estimated.	explain any significant ye	ar-to-year changes, to clarify respor	ses, or indicate whe
(data were estimated.			

Name of person	to contact	regarding t	his rep	ort (<i>Please</i>	print)	Title							
	Area code		Numbe	er	Extension		Area code		Number				
Telephone						Fax							
			_						-				
E-mail address						Website address							

SERVICE ANNUAL SURVEY

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

2018 ANNUAL SERVICES REPORT

SA-51790A (DRAFT) **Due Date** 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information **CONFIDENTIAL** and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey. INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov **Authentication Code:** To view Survey Results: https://www.census.gov/programs-surveys/sas.html **GENERAL INSTRUCTIONS** • Any significant change in this firm's operations should be noted in 12. • For establishments sold or acquired in 2018, 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. \$ Bil. Mil. Thou. Dol. • Figures should be rounded to the nearest dollar. 030280 • If a figure is \$1,030,280,456 it should be reported as Include: Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) as defined by the survey coverage in **1**B. Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services. A. MAILING ADDRESS Is this firm's name and mailing address the same as shown in the mailing address above? 0035 No - Enter corrections in the mailing address above

Form SA-51790A (DRAFT)

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			No - Spe	ecify th	his fir	rm's	: bu	usir	ine	9 S S	s ac	ctiv	ity ;	7																			
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2	Not	Applica	able.																														
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	•	010	Yes																														
	U	016	No - <i>Go</i>	to 4																													
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Form SA-51790A Page 3

4	REP	ORT	ING PERIOD			
			alendar year data are preferred. If they are unavailable, please report for the fiscal yea of data for the 2018 calendar year.	r that ii	ncludes	at least six
	Wha	at tir	ne period is covered by the data provided in this report?		20	18
				E	Beginni	ng Date
			Calendar year	Month	Day	Year
	0006					
		ш	Fiscal or partial year - Report beginning and ending dates			
					Ending	g Date
				Month	Day	Year
			8000			

Not Applicable.

SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

- Report gross billings, **except** where noted elsewhere on the form.
- Dues and assessments from members and affiliates.
- · 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.
- Revenues from electronic sources.

Exclude:

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

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TAL OPERATING REVENUE	180

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Not Applicable.

Form SA-51790A (DRAFT)

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REVEN	UES	FROM ELECTRONIC SOURCES							
A. Did mol	this	firm have any revenues from customers er applications in 2018?	tering	orders d	lirectly on	the firm	's website:	s or	
0040		Yes							
		No							
B. Did mol	this	firm have any revenues from customers en applications in 2018?	tering	orders d	lirectly on	third-pai	rty website	es or	
0041		Yes							
		No							
C. Did (suc	this h as	firm have any revenues from customers er private networks, dedicated lines, etc.) in	tering 2018?	orders v	ia any otl	ner electr	onic syste	ms	
0042		Yes							
		No							
D. Of t	he to	otal 2018 revenues reported in ① ,		:	2018			2018	
that	t was	s from the revenues identified in	\$ Bil.	Mil.	Thou.	Dol.		Percent	
							OR ₂₅₀₁		%
	A. Did mol	A. Did this mobile a 0040 B. Did this mobile a 0041 C. Did this (such as 0042 D. Of the to what was A-C abo	mobile applications in 2018? Yes No B. Did this firm have any revenues from customers er mobile applications in 2018? Yes No C. Did this firm have any revenues from customers er (such as private networks, dedicated lines, etc.) in	A. Did this firm have any revenues from customers entering mobile applications in 2018? Yes No B. Did this firm have any revenues from customers entering mobile applications in 2018? Yes No C. Did this firm have any revenues from customers entering (such as private networks, dedicated lines, etc.) in 2018? Yes No D. Of the total 2018 revenues reported in ③, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if	A. Did this firm have any revenues from customers entering orders of mobile applications in 2018? Yes No B. Did this firm have any revenues from customers entering orders of mobile applications in 2018? Yes No C. Did this firm have any revenues from customers entering orders of (such as private networks, dedicated lines, etc.) in 2018? Yes No D. Of the total 2018 revenues reported in 6, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if	A. Did this firm have any revenues from customers entering orders directly on mobile applications in 2018? Yes No B. Did this firm have any revenues from customers entering orders directly on mobile applications in 2018? Yes No C. Did this firm have any revenues from customers entering orders via any oth (such as private networks, dedicated lines, etc.) in 2018? Yes No D. Of the total 2018 revenues reported in 6, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if	A. Did this firm have any revenues from customers entering orders directly on the firm mobile applications in 2018? Yes	A. Did this firm have any revenues from customers entering orders directly on the firm's websited mobile applications in 2018? Yes No B. Did this firm have any revenues from customers entering orders directly on third-party websited mobile applications in 2018? Yes No C. Did this firm have any revenues from customers entering orders via any other electronic system (such as private networks, dedicated lines, etc.) in 2018? Yes No D. Of the total 2018 revenues reported in ③, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if	A. Did this firm have any revenues from customers entering orders directly on the firm's websites or mobile applications in 2018? Yes

9-13 Not App	plicable.
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14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

14	OPERATING EXPENSES - Continued						
			ark "X"	4 5 11	B	2018	5.
1.	Personnel Costs	IŤ	None	\$ Bil.	Mil.	Thou.	Dol.
	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	1821					
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	1822					
	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					1 1
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4c	1860					1 1
3.	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					1 1
4.	Other Operating Expenses						
	a. Access charges - Payment for access to the local loop. Firms providing cellular phone service, report interconnection fees here. Include fees for leased facilities access charges paid to foreign companies for international calls originating in the United States	6025					1 1
	b. 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					1 1
	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?						
					1 1		1 1
5.	TOTAL OPERATING EXPENSES	1879					1 1
	Come of lines de Abronolo de	1900					
15	and 16 Not Applicable.						

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

Marrie or persor	i to contact	regarding	uns	report (Frease p	111111/	TILLE				
	Area code		Nun	nber	Extension		Area code	Nun	nber	
Telephone			_			Fax		_		
E-mail address						Website address				

We suggest you keep a copy for your records.

SERVICE ANNUAL SURVEY

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

SA-51790E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 ①.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

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- 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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A. MAILING ADDRESS

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

	Yes		
0035			
	NIa	Entor.	

No - Enter corrections in the mailing address above



B. SURVEY CO											
Did this fire	rm provide 1	the busi	ness activit	ties descr	ibed belo	w?					
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□ No	o - Specify th	his firm's	business ac	tivity 📝							
0002	12										
FEDERAL EMP	PLOYER IDE	ENTIFIC <i>A</i>	ATION NUM	IBER (EIN)						
Does this firm	n report pay	yroll und	er EIN								
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0013								EIN (9	digits))	
	Enter current			te payroll v	vas first				J .		
re	reported for a	this EIN .					0015		-		
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Form SA-51790E	(DRAFT)	Page
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4	NOT	E: C	FING PERIOD alendar year data are preferred. If they are unavailable, please report for the fiscal yea of data for the 2018 calendar year.	r that i	ncludes	s at least six
			me period is covered by the data provided in this report?		20	18
				E	Beginni	ng Date
			Calendar year	Month	Day	Year
	0006					
		Ш	Fiscal or partial year - Report beginning and ending dates			
					Ending	g Date
				Month	Day	Year
			8000			

5 Not Applicable.

SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

- Report gross billings, **except** where noted elsewhere on the form.
- Dues and assessments from members and affiliates.
- 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.
- Revenues from electronic sources.

Exclude:

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

		2018								
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Not Applicable.

Form SA-51790E (DRAFT) Page 4

8	REVI	ENUE	S FROM ELECTRONIC SOURCES						
			s firm have any revenues from customers e applications in 2018?	entering orders o	lirectly or	the firm	s website	s or	
	004	40	Yes						
			No						
	B. D	id th	is firm have any revenues from customers e applications in 2018?	entering orders o	lirectly or	third-par	ty websit	es or	
	004	41	Yes						
			No						
	C. D	id th	s firm have any revenues from customers eas private networks, dedicated lines, etc.) in	entering orders v n 2018?	ia any otl	ner electro	onic syste	ms	
	004	42	Yes						
			No						
	D. O	f the	total 2018 revenues reported in 6,		2018			2018	
	th	nat w	vas the dollar amount (or percentage) as from the revenues identified in	\$ Bil. Mil.	Thou.	Dol.		Percent	t
	A	-C ab	ove? Please provide an estimate if figures are not available.				OR ₂₅₀₁		%

9-13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

14	OPERATING EXPENSES - Continued						
			ark "X"	4.50		2018	
1.	Personnel Costs	IŤ	None	\$ Bil.	Mil.	Thou.	Dol.
	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	1821					
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	1822			1 1		
	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					1 1
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4c	1860					1 1
3.	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			1 1		1 1
4.	Other Operating Expenses						
	a. Access charges - Payment for access to the local loop. Firms providing cellular phone service, report interconnection fees here. Include fees for leased facilities access charges paid to foreign companies for international calls originating in the United States	6025			1 1		1 1
	b. 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					1 1
	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?						
5.	TOTAL OPERATING EXPENSES	1879					
		1900					
15	and 16 Not Applicable.						

F	REMARKS -	Please use t	his space to e	explain any s	ignificant ve	ar-to-year ch	anges, to clari	fy responses.	or indicate wh
C	data were es	timated.	'	,	,	,	J	, , ,	

Name of persor	n to contact	regarding t	his report <i>(Please p</i>	orint)	Title					
	Area code	ea code Number Extension			Area code		Number			
Telephone			_		Fax					
								-		
E-mail address					Website address					

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SERVICE ANNUAL SURVEY

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

FORM

2018 ANNUAL SERVICES REPORT

SA-51820A (DRAFT) **Due Date** 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey. INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov **Authentication Code:** To view Survey Results: https://www.census.gov/programs-surveys/sas.html **GENERAL INSTRUCTIONS** Any significant change in this firm's operations should be noted in ①. • For establishments sold or acquired in 2018, 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. \$ Bil. Mil. Thou. Dol. • Figures should be rounded to the nearest dollar. 030280 • If a figure is \$1,030,280,456 it should be reported as Include:

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

1	A. MA	ILIN	G ADDRESS
	ls th	is fi	rm's name and mailing address the same as shown in the mailing address above?
	0035		Yes
	0033	П	No - Enter corrections in the mailing address above

Form SA-51820A (DRAFT)

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0	В.	SURVE	COVERAGE											
		Did this	firm provide	the busi	ness activ	vities des	scribed l	elow?						
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			No - Specify t	tnıs tırm's	business a	activity 7								
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3			TIONAL CHA											
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		0016	No - Go to 4											
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			of the followi I that apply. If							onortina	, norios	l ovoloi	n in Œ	.
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		Address	(Number and str	eet, P.O. Bo	ox, etc.)									
		City, tow	n, village, etc.						State	e ZIP C	ode			
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	NOTE: Calendar year data are preferred. If they are unavailable, please report for the fi	, -			
	months of data for the 2018 calendar year.				
	What time period is covered by the data provided in this report?			201	
	☐ Calendar year		Month	Beginnin Day	ng Date Year
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	Fiscal or partial year - Report beginning and ending dates	0007	,		1 1 1
				Ending	Date
			Month	Day	Year
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		8000	3		
5	Not Applicable.				
6	SALES, RECEIPTS, OR REVENUE				
	What were the revenues for this firm in 2018?				
	Include:				
	 Report gross billings, except where noted elsewhere on the form. 				
	 Dues and assessments from members and affiliates. 				
	Amounts received for work subcontracted to others.				
	• For locations that were sold or acquired during a year, only report for the periods that	at this f	irm opei	rated the	е
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	Revenues from electronic sources.				
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	• Transfers made within the company.				
	• Taxes collected directly from customers or clients and paid directly to a local, state, or	or feder	al tax ac	nency.	
	 Rents from and revenue of separately operated departments, concessions, etc., which 		ai tax aç	joiloy.	
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	• Commissions from vending machine operators. • Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 st Commonwealth Territories, or U.S. possessions). **Mark "X" if None** **Data Processing, Information Technology (IT) Infrastructure Provisioning, and Hosting Services **a. Data processing, information technology (IT) infrastructure provisioning, and hosting services - Providing IT services and labor to host, support, and manage business processes for others; managing and administering data as an organizational resource (e.g., data modeling, data mobilization, data mapping/ rationalization, data mining, system architecture); providing leased software applications from a centralized, hosted, and managed computing environment; providing the infrastructure to host a customer's website and related files; providing rack space for servers or enterprise platforms with connections to the Internet or other communication networks and routine monitoring of such servers **Other Operating Revenue** **Information technology (IT) design and development services - Providing technical expertise to design and develop an IT solution (e.g., custom applications, networks, computer systems) **Description technology (IT) technical support services - Providing advice or expert opinion on technical matters related to the use of information technology (e.g., hardware and software requirements and procurement, systems integration, and security). Exclude non IT-related consulting; report in line 2f 6005 **d. Information and document transformation services - 6005	tates, D	istrict of	Columb 2018	

	ALES, RECEIPTS, OR REVENUE - Continued						
			Mark "X"		:	2018	
			if None	\$ Bil.	Mil.	Thou.	Dol.
	ther Operating Revenue - Continued						1 1
	Software publishing - Developing software for wide dis mass production, or licensing	6036					
	Resale of computer hardware and software - Retailin computer hardware and software	6006		·			
g.	All other operating revenue - Revenue not reported in 1a through 2f. If this item is greater than 20% of th total operating revenue, specify the primary source revenue below	е					
т	OTAL OPERATING REVENUE	1799					
	um of lines 1a through 2g	1800					
	ot Applicable.						
	EVENUES FROM ELECTRONIC SOURCES						
	Did this firm have any revenues from customers entermobile applications in 2018? Yes No Did this firm have any revenues from customers entermore from customers entermor	tering orders					
	mobile applications in 2018? Yes No Did this firm have any revenues from customers en	tering orders					
	Yes No Did this firm have any revenues from customers end (such as private networks, dedicated lines, etc.) in 2 Yes	tering orders					
C.	mobile applications in 2018? Yes No Did this firm have any revenues from customers en (such as private networks, dedicated lines, etc.) in 2 Yes No Of the total 2018 revenues reported in 6,	tering orders					
C.	yes Outline No Did this firm have any revenues from customers end (such as private networks, dedicated lines, etc.) in 2 Yes No No	tering orders	via any d		ectronic		s
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14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

expenses not reported elsewhere.					
	Mark "X"		2	2018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
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			1 1		1 1
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions					
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					
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b			1 1		1 1
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				1 1	1 1
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			1 1		! !

CONTINUE WITH 14 ON PAGE 6

14	OPERATING EXPENSES - Continued					
		Mark "X"			2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
4.	Other Operating Expenses - Continued					
	b. 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 7					
		1879				
5 .	TOTAL OPERATING EXPENSES					
	Sum of lines 1a through 4b	. 1900		1 1		1 1
1	and 16 Not Applicable.					



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

51830073

SERVICE ANNUAL SURVEY

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

SA-51820E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

appears at the upper right of this page. Without this approval, we could not conduct this survey.

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 ①.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

	\$ Bil.			Mil.		T	hοι	١.		Dol.	
>		1	0	3	0	2	8	0	4	5	6

- 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.

1	A.	MAILING	ADDRES
		Is this firm	ı's name a

nd mailing address the same as shown in the mailing address above?

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0035		No - Enter corrections in the mailing address above



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6	SA	ALES, RECEIPTS, OR REVENUE - Continued				
			Mark "X"		2018	
			if None	\$ Bil.	Mil. Thou	ı. Dol.
2.	Ot	her Operating Revenue - Continued				
	e.	Software publishing - Developing software for wide distribution, mass production, or licensing	36			
	f.	Resale of computer hardware and software - Retailing of computer hardware and software	06			
	g.	All other operating revenue - Revenue not reported in lines 1a through 2f. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7				
_		17:	99			
3.		OTAL OPERATING REVENUE				
_		m of lines 1a through 2g	300			
7	No	t Applicable.				
8	RE	VENUES FROM ELECTRONIC SOURCES				
	A.	Did this firm have any revenues from customers entering order mobile applications in 2018?	rs directly	on the fir	n's website	s or
		□ V				
		U Yes 0040				
		□ No				
	В.	Did this firm have any revenues from customers entering order mobile applications in 2018?	rs directly	on third-p	arty website	es or
		Yes				
		0041				
		□ No				
	C.	Did this firm have any revenues from customers entering order (such as private networks, dedicated lines, etc.) in 2018?	rs via any o	other elec	tronic syste	ms
		□ Yes 0042				
		□ No				
	D.	Of the total 2018 revenues reported in (6) , what was the dollar amount (or percentage)	2018			2018
		that was from the revenues identified in \$\text{Bil.} \text{Mil.}	l. Thou.	Dol.		Percent
		A-C above? Please provide an estimate if exact figures are not available			OR ₂₅₀₁	%
9	Æ	Not Applicable.				
	3	,				

Form SA-51820E (DRAFT) 14 OPERATING EXPENSES What were the operating Exclude:

What were the operating expenses for this firm in 2018?

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

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.

expenses not reported eisewhere.					
	Mark "X"			2018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
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					
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions					
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					
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b					
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			1 1		1 1
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					

CONTINUE WITH 14 ON PAGE 6

orm SA-51820E	(DRAFT)	Page	e 6

14	OPERATING EXPENSES - Continued					
		Mark "X"		2	2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
4.	Other Operating Expenses - Continued					
	b. 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?					
		1879				
5.	TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	. 1900				
15	and 16 Not Applicable.					

REMARKS - P	lease use this space	to explain any signi	ficant year-to-year ch	anges, to clarify respon	ses, or indicate who
uata were estir	nated.				

Name of person	to contact	regarding	this re	port (Please p	orint)	Title						
	Area code		Numb	oer		Extension			Area cod	е	Numl	ber	
Telephone			-				Fax			_			
E-mail address							Website address						



SERVICE ANNUAL SURVEY

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

2018 ANNUAL SERVICES REPORT

SA-51911A	(DRAFT)
Due Date	
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://www.census.gov/programs- surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics.	
The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity	
risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and	
Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we	
could not conduct this survey.	
INTERNET REPORTING - This https://portal.census.gov	s survey should be completed online at:
Authentication Code:	To view Survey Results: https://www.census.gov/programs-surveys/sas.html
	GENERAL INSTRUCTIONS
Any significant change in	n this firm's operations should be noted in ① .
	or acquired in 2018, report data only for the period the establishments were operated by
	e if book figures are not available.
• Enter "0" where applicab	ole. r two or more detailed lines.
	al basis, except for payroll. \$ Bil. Mil. Thou. Dol.
• Figures should be round	ded to the pearest dollar
•If a figure is \$1,030,280,4	456 it should be reported as ———————————————————————————————————
Include: • Data for all Services esta	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and
	as defined by the survey coverage in 1 B. es primarily engaged in supporting services to those establishment(s) such as warehouses,
	strative offices, and repair services.
1 A. MAILING ADDRESS	
Is this firm's name and	d mailing address the same as shown in the mailing address above?
☐ Yes	
0035 No - Enter co	prrections in the mailing address above

B. SURVEY COVERAGE

Did this firm provide the business activities described below?

REPORTING PERIOD NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal year that includes at least six months of data for the 2018 calendar year. What time period is covered by the data provided in this report? Calendar year Calendar year Calendar year Fiscal or partial year - Report beginning and ending dates	orm	SA-5	19	911A (DRAFT)						Page 3				
What time period is covered by the data provided in this report? Calendar year	4	NOTE:	: C	alendar year data are preferred. If they are unavailable, please	e repo	ort for the	fiscal yea	er that	includes	at least six				
Calendar year Calendar year Fiscal or partial year - Report beginning and ending dates Seginning Date Month Day Year				•			18							
Fiscal or partial year - Report beginning and ending dates										ng Date				
Fiscal or partial year - Report beginning and ending dates				Calendar year				Month	Day	Year				
Not Applicable. SALES, RECEIPTS, OR REVENUE What were the revenues for this firm in 2018? Include: Report gross billings, except where noted elsewhere on the form. Dues and assessments from members and affiliates. 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. Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federal tax agency. 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). Mark "X" 2018 If None SBI. Mil. Thou. Dol. Licensing of rights to use syndicated media content - Granting permission to others to use media content (e.g., news reports, articles, features, photography graphics, comic strips, ready-to-air radio and television programs, websites) All other operating revenue - Revenue not reported in line 1. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7		0006	-											
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Mark "X" if None \$\frac{1}{2018}\$ 1. Licensing of rights to use syndicated media content - Granting permission to others to use media content (e.g., news reports, articles, features, photography graphics, comic strips, ready-to-air radio and television programs, websites) 2. All other operating revenue - Revenue not reported in line 1. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7 3. TOTAL OPERATING REVENUE Sum of lines 1 and 2 1799		• Reve	nu	e of foreign subsidiaries (those located outside the U.S., i.e.,	outsi	de the 50	states, Di	strict o	f Colum	bia, U.S.				
1. Licensing of rights to use syndicated media content - Granting permission to others to use media content (e.g., news reports, articles, features, photography graphics, comic strips, ready-to-air radio and television programs, websites)						Mark "X"			2018					
permission to others to use media content (e.g., news reports, articles, features, photography graphics, comic strips, ready-to-air radio and television programs, websites)							\$ Bil.	Mil.	Thou	. Dol.				
articles, features, photography graphics, comic strips, ready-to-air radio and television programs, websites)	1.	Licen	sin	g of rights to use syndicated media content - Granting										
2. All other operating revenue - Revenue not reported in line 1. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7 3. TOTAL OPERATING REVENUE Sum of lines 1 and 2		permi	SSI	on to others to use media content (e.g., news reports,						1 1				
this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7 3. TOTAL OPERATING REVENUE Sum of lines 1 and 2		radio	and	d television programs, websites)	6371									
3. TOTAL OPERATING REVENUE Sum of lines 1 and 2	2.	this it	ter	n is greater than 20% of the total operating revenue,										
3. TOTAL OPERATING REVENUE Sum of lines 1 and 2								1 1						
Sum of lines 1 and 2					1799	Ш								
	3.				4000									
					1800									

Form SA-51911A (DRAFT) Page 4

				(,							•
8	RE	VEN	UES	FROM ELECTRONIC SOURCES							
	A.			firm have any revenues from customers en pplications in 2018?	tering	orders d	irectly or	the firm	's website	s or	
		0040		Yes							
				No							
	В.			firm have any revenues from customers en pplications in 2018?	tering	orders d	irectly or	third-pa	rty websit	es or	
		0041		Yes							
				No							
	C.			firm have any revenues from customers en private networks, dedicated lines, etc.) in			ia any otl	ner electr	onic syste	ms	
		0042		Yes							
				No							
	D	Of +	ha t	otal 2018 revenues reported in 3 ,					1		
	٥.	wha	t wa	s the dollar amount (or percentage)	ф D:I	_	2018	D-I		2018	
		that	was	from the revenues identified in	\$ Bil.	Mil.	Thou.	Dol.		Percent	Į.
				ve? Please provide an estimate if jures are not available.				1 1	OR ₂₅₀₁		%

9-13	Not Applicable.
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14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

	OPERATING EXPENSES - Continued				0010	
		Mark ") if None		Mil.	2018 Thou.	Dol.
1.	Personnel Costs		Ψ 5		mour	Bon
	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				1 1
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	1822				
	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				
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b.	1860				
3.	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				
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				
	b. 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 7					
		🗖				
5.	TOTAL OPERATING EXPENSES	1879				
Э.		1900				
15	and 16 Not Applicable.					

•	CONTA OT IN	IFORM A TION						
		n to contact rega	rding this report (<i>Please p</i>	rint)	Title			
	Telephone	Area code	Number -	Extension	Fax	Area code	Number -	
	E-mail address				Website address			
		THANK	YOU for completing y	our 2018 A	NNUAL SERVICE	S REPORT.		

We suggest you keep a copy for your records.

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



SERVICE ANNUAL SURVEY

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

FORM

SA-51911E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as -

	\$ Bil.		Bil. Mil.		T	hοι	ı.	Dol.			
→		1	0	3	0	2	8	0	4	5	6

nclude

- 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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A. MAILING ADDRESS

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

0035	Yes
	No - Enter corrections in the mailing address above



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S. SURVEY C													
Did this fir	m provide	e the bu	usiness	activiti	ies des	cribed b	elow?						
□ Ye													
0001	S												
□ No	o - Specify th	this firm	n's busi	ness acti	ivity 🍞								
0002	2												
EDERAL EMF	PLOYER IDI	DENTIF	ICATIO	N NUM	BER (E	IN)							
oes this firm	n report pay	ayroll u	ınder E	IN									
Yes													
013										FIN (9	digits)	
	Enter current			ND date	e payrol	l was firs	t				aigito	/	
r	reported for	r this Ell	Ν						. 0015		-		
											Month	Day	Ye
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										0088	Worker	Day	
										0088		Day	
PRGANIZATIO												Day	
DRGANIZATIO			y acqui	isitions	, sales,	mergers	s, and/o	r divest	titure:			Day	
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A. Did this fir	rm experie n	ence an	y acqui	isitions	, sales,	merger	s, and/o	r divest	titures			Day	
A. Did this fir	m experien	ence an	y acqui	isitions	, sales,	mergers	s, and/o	r divest	titures			Day	
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A. Did this fir	rm experients s - Go to 4 he followin	ence an	anizatio	onal cha	anges d	occurred	in 2018	8?		s in 20	period	, explai	in in ①
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. Did this fir Ye On16 No No No No No Check all this	es o - Go to he followin at apply. If recognisition	ing orga more the	anizatio han one te of org	onal ch a organiz	anges (occurred change o	in 2018	8? during t	the rep	s in 20	period	, explai	in in ①
. Did this fir	es o - Go to he followin at apply. If recognisition	ing organism	anizatio han one te of org	onal ch a organiz ganizatio	anges c ational	occurred change o	in 2018	8? during t	the rep	s in 20	period	, explai	in in ①
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. Did this fir	es o - Go to 4 he followin at apply. If recquisition alle erger vestiture	ing organism	anizatio han one te of org	onal ch a organiz ganizatio	anges c ational	occurred change o	in 2018	8? during t	the rep	oorting	period	, explai	in in ①
A. Did this fir	es o - Go to 4 he followin at apply. If recquisition alle erger vestiture	ing organism	anizatio han one te of org	onal ch a organiz ganizatio	anges c ational	occurred change o	in 2018	8? during t	the rep	oorting	period, Month	, explai	in in ①
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A. Did this fir Out of the property of the pr	es o - Go to 4 he followin at apply. If recquisition alle erger vestiture	ing orga more the	anizatio han one te of org D ter detai	onal cha organiz ganizatio	anges c ational	occurred change o	in 2018	8? during t	the rep	oorting	period, Month	, explai	in in ①
A. Did this fir Out of the property of the pr	cm experiences co - Go to the following at apply. If recompany to experience a company to experience a company	ing orga more the	anizatio han one te of org D ter detai	onal cha organiz ganizatio	anges c ational	occurred change o	in 2018	8? during t	the rep	oorting	period, Month	, explai	in in ①
A. Did this fir Out of the property of the pr	cm experiences co - Go to the following at apply. If recognisition alle the erger experiences of company the ergent and street an	ing orga more the	anizatio han one te of org D ter detai	onal cha organiz ganizatio	anges c ational	occurred change o	in 2018	8? during t	the rep	oorting . 0019 El	period, Month N (9 dig	, explai	in in ①
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A. Did this fir Ye O016 No No No No No No No No No N	cm experiences co - Go to 4 the following at apply. If recognisition alle the erger are company mber and street.	ing orga more the	anizatio han one te of org D ter detai	onal cha organiz ganizatio	anges c ational	occurred change o	in 2018	8? during t	he rep	oorting . 0019 El	period, Month N (9 dig	, explaid	in in ①

Forn	1 SA-51911E (DRAFT)						Page 3
4	REPORTING PERIOD						
	NOTE: Calendar year data are preferred. If they are unavailable, please months of data for the 2018 calendar year.	e repo	rt for the	fiscal yea	r that ii	ncludes	at least six
	What time period is covered by the data provided in this report	t?				20	18
					E		ng Date
	Calendar year				Month	Day	Year
	Fiscal or partial year - Report beginning and ending dates .			0007			
	, , , , , , , , , , , , , , , , , , , ,					Ending	Date
					Month	Day	Year
				8000			
5	Not Applicable.						
6	SALES, RECEIPTS, OR REVENUE						
	What were the revenues for this firm in 2018?						
	Include:						
	• Report gross billings, except where noted elsewhere on the form.						
	 Dues and assessments from members and affiliates. Amounts received for work subcontracted to others. 						
	 Amounts received for work subcontracted to others. For locations that were sold or acquired during a year, only report for 	or the i	nariade t	hat this fir	m one	rated th	10
	locations.	or tire p	perious t	nat tins in	пт орег	ateu tii	
	• Revenue from services performed by domestic locations of foreign p	parent	firms, su	bsidiaries	, brancl	nes, etc	. .
	Revenues from electronic sources.						
	Exclude:						
	 Transfers made within the company. Taxes collected directly from customers or clients and paid directly t 	to a loc	ral etate	or federa	ıl tav ar	nencv	
	 Rents from and revenue of separately operated departments, concest 				-		
	Commissions from vending machine operators.	,					
	 Revenue of foreign subsidiaries (those located outside the U.S., i.e., Commonwealth Territories, or U.S. possessions). 	outsid	e the 50	states, Dis	strict of	Colum	bia, U.S.
			Mark "X"		2	2018	
			if None	\$ Bil.	Mil.	Thou	. Dol.
1.	Licensing of rights to use syndicated media content - Granting permission to others to use media content (e.g., news reports,						
	articles, features, photography graphics, comic strips, ready-to-air						
	radio and television programs, websites)	. 6371					
2.	All other operating revenue - Revenue not reported in line 1. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7						
		1799	Ш				
3.	TOTAL OPERATING REVENUE	4000			1 1		
		. 1800					
(7)	Not Applicable.						

orm S	A-51	911	(DRAFT)						Page
8 RE	VEN	UES	FROM ELECTRONIC SOURCES						
A.			firm have any revenues from customers pplications in 2018?	entering	orders o	lirectly or	the firm	's websites	s or
	0040		Yes						
			No						
В.			firm have any revenues from customers pplications in 2018?	entering	j orders d	lirectly or	third-pa	rty website	s or
	0041		Yes						
			No						
C.	Did (suc	this h as	firm have any revenues from customers private networks, dedicated lines, etc.) i	entering in 2018?	orders v	ia any otl	ner electr	onic systei	ms
	0042		Yes						
			No						
D.	Of t	he to	tal 2018 revenues reported in 3 ,			2018] [2018
	wha	t wa	s the dollar amount (or percentage)	\$ Bil.	Mil.	Thou.	Dol.		Percent
			from the revenues identified in	ф DII.	IVIII.	Hiou.	DOI.		reiteiit

9	-13	Not Applicable.
		• • •

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Transfers made within the company.

exact figures are not available.

- Capitalized expenses.
- Interest.
- · Bad debt.
- Impairment.
- Income tax.
- Expenses 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).

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.

25
9
9
5

14	OPERATING EXPENSES - Continued							
		Λ	∕lark "X"			2018		
			if None	\$ Bil.	Mil.	Tho	ou.	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						
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	1822						
	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						
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b.	1860						
3.	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							
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						
	b. 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?							
					-			T T
_	TOTAL OPERATING EVERYORS	1879					+++	
5.	TOTAL OPERATING EXPENSES			'	' '			
		1900						
15	and 16 Not Applicable.							

Title				
Number				
-				

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

SERVICE ANNUAL SURVEY

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

FORM

2018 ANNUAL SERVICES REPORT

SA-51912A	(DRAFT)
Due Date	
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://www.census.gov/programs-	
surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States	
Code (U.S.C.), Sections 131 and	
182 authorizes this collection. Sections 224 and 225 require your	
response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information	
same law to keep your information CONFIDENTIAL and can use your	
responses only to produce statistics. The Census Bureau is not permitted	
to publicly release your responses in a way that could identify your	
ousiness, organization, or institution.	
Per the Federal Cybersecurity Enhancement Act of 2015, your data	
re protected from cybersecurity isks through screening of the	
systems that transmit your data.	
This collection has been approved by the Office of Management and	
Budget (OMB). The eight-digit OMB approval number is 0607-0422 and	
appears at the upper right of this page. Without this approval, we	
could not conduct this survey.	
Authentication Code:	To view Survey Results: https://www.census.gov/programs-surveys/sas.htm
	GENERAL INSTRUCTIONS
 Any significant change i 	n this firm's operations should be noted in 1 .
, ,	or acquired in 2018, report data only for the period the establishments were operated by
	e if book figures are not available.
•Enter "0" where applicat	
	r two or more detailed lines.
• Figures should be round	al basis, except for payroll. \$ Bil. Mil. Thou. Dol.
_	456 it should be reported as ———————————————————————————————————
Include:	
 Data for all Services esta 	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and
	as defined by the survey coverage in 1 B.
garages, central adminis	es primarily engaged in supporting services to those establishment(s) such as warehouses, strative offices, and repair services.
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 co	rrections in the mailing address above

Form SA-51912A (DRAFT) Page 3

4	REPOR	TING PERIOD			
		alendar year data are preferred. If they are unavailable, please report for the fiscal yea of data for the 2018 calendar year.	r that ir	ncludes	at least six
	What ti	me period is covered by the data provided in this report?		20	18
	_		В	eginni	ng Date
		Calendar year	Month	Day	Year
	0006	Fiscal or partial year - Report beginning and ending dates			
				Ending	g Date
			Month	Day	Year
		0008			' ' '
5	TAX ST	ATUS is firm or organization operated on a not-for-profit basis?			
	A. 13 til	is initial of organization operated on a not for profit basis.			
		Yes			
	0031	No - Go to G			
	B. Was sect	all or part of the income of this firm or organization exempt from Federal income 501 of the Internal Revenue Code?	ome ta	xes ur	nder
	0030	Yes			
		No			

6 SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

- Report gross billings, except where noted elsewhere on the form.
- Dues and assessments from members and affiliates.
- · Revenues from electronic sources.

Exclude:

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

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.



	1 SA-51912A (DRAFT)						
6	SALES, RECEIPTS, OR REVENUE - Continued						
		Mark "X"			2018		
		if None	\$ Bil.	Mil.	Thou	ı.	Dol.
	Non-Operating Revenue (Lines 1a through 1d to be completed by tax-exempt firms only)						
	a Cantributions wifts and avents received		'	1 1	'	'	1 1
	a. Contributions, gifts, and grants received	741					
	b. Investment and property income - Include interest and dividends. Exclude gains (losses) from assets sold	742					
	c. Program service - Include revenue from the sale of any admissions (excluding state, local, or admission taxes); the use of facilities; the operation of schools, classes, training facilities, and instructional services; registration fees received in connection with a meeting or convention; equipment rental services; government			1 1			
	contracts; and other fees received for providing a service 17 d. All other non-operating revenue - Revenue not reported in lines 1a through 1c. Include capital gains and losses. If this item is greater than 20% of the total revenue, specify the	743					
	primary source of revenue below 7						
							ı
		809					
	TOTAL REVENUE (To be completed by tax-exempt and taxable firms)			1 1			T
	For tax-exempt firms this is the sum of lines 1a through 1d 18	800					
,	Not Applicable.						
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14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

expenses not reported elsewhere.					
	Mark "X"		:	2018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
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			1 1	1 1	
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions					
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					1 1
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b			1 1		
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	П				
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) Fxclude impairment					

CONTINUE WITH 14 ON PAGE 6

Form	SA-5	1912A	(DRAFT)
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Form	SA-51912A (DRAFT)					Page 6
14	OPERATING EXPENSES - Continued					
		Mark "X"		:	2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
4.	Other Operating Expenses - Continued					
	b. 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					
		1879				
5.	TOTAL OPERATING EXPENSES	1879				
Э.	Sum of lines 1a through 4b	1900	·			
1 5	and 16 Not Applicable.					

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

2018 ANNUAL SERVICES REPORT

SI A SI	SERVICE ANNUAL S U.S. DEPARTMENT OF CO Economics and Statistics Admi U.S. CENSUS BUREAU	MMERCE
	FORM SA-51912F	(DRAFT

Due Date			
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://www.census.gov/programs- surveys/sas/information.html			
	s survey should be completed onli	ine at:	
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this firm.		for the period the establishments were operated by	
	e if book figures are not available.		
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	al basis, except for payroll.	A D'I AA'I TI D I	
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	es primarily engaged in supporting se strative offices, and repair services.	ervices to those establishment(s) such as warehouses,	
A. MAILING ADDRESS			
	d mailing address the same as shown	in the mailing address above?	
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B. SURVEY CO	OVEDACE					
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□ No	- Specify th	is firm's business activity 🍞				
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Does this firm	report pay	roll under EIN				
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		9-digit EIN AND date payroll was first			· I	1 1 1
re	eported for t	this EIN	15			
				Mor	nth Day	Yea
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Form SA-51912E (DRAFT) Page 3

4	REPOR	TING PERIOD			
		Calendar year data are preferred. If they are unavailable, please report for the fiscal yea of data for the 2018 calendar year.	r that ir	ncludes	s at least six
	What ti	me period is covered by the data provided in this report?		20	18
			В	eginni	ng Date
		Calendar year	Month	Day	Year
	0006	Fiscal or partial year - Report beginning and ending dates			
				Ending	g Date
			Month	Day	Year
		0008		'	
5	TAX S	TATUS			
	A. Is th	is firm or organization operated on a not-for-profit basis?			
		Yes			
	0031	No - <i>Go to</i> 6			
		all or part of the income of this firm or organization exempt from Federal incition 501 of the Internal Revenue Code?	ome ta	xes ur	nder
	0030	Yes			
	0030	No			

6 SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

- Report gross billings, **except** where noted elsewhere on the form.
- Dues and assessments from members and affiliates.
- · Revenues from electronic sources.

Exclude:

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

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.



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8 REVENUES A. Did this mobile a	FROM ELECTRONIC SOURCES						
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(such as	private networks, dedicated lines, etc.) in 20° ⁄es		· · · · · · · · · · · · · · · · · · ·	7.		, o , o	
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D. Of the to	tal 2018 revenues reported in ① , s the dollar amount (or percentage)		2018				2018
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	ures are not available 2500				O	2501	7
					O	R 2501	9

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

expenses not reported elsewhere.					
	Mark "X"		2	2018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
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	1 🗆		1 1		1 1
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	2				
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	3				
Expensed equipment, materials, parts, and supplies (not for					
resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b					
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	3		1 1		1 1
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) Fyclude impairment					1 1

CONTINUE WITH 14 ON PAGE 6

orm	SA-51912E (DRAFT)						Page
14	OPERATING EXPENSES - Continued						
			Mark "X"		:	2018	
			if None	\$ Bil.	Mil.	Thou.	Dol.
4.	Other Operating Expenses - Continued						
	b. 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 ?						
		1879					
5.	TOTAL OPERATING EXPENSES	.070					
0.		. 1900			1 1		1 1

Form SA-51912E	(DRAFT)

CONTACT IN	FORMATI	ON				
Name of perso	n to contact	regarding this report (Please p	rint)	Title		
	Area code	Number	Extension		Area code	Number
				Fax		

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

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

We suggest you keep a copy for your records.

SERVICE ANNUAL SURVEY

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

2018 ANNUAL SERVICES REPORT

SA-51913A (DRAFT) **Due Date** 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey. INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov **Authentication Code:** To view Survey Results: https://www.census.gov/programs-surveys/sas.html **GENERAL INSTRUCTIONS** Any significant change in this firm's operations should be noted in ①. • For establishments sold or acquired in 2018, 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. ¢ Dil Mil Thou Dol • Figures should be r

If a figure is \$1,030,

oordar basis, except for payron.	ΦE	oii.		IVIII.		- 1	Hou	١.		טטו.		ı
ounded to the nearest dollar.		ı	\wedge	1	\wedge	0	0	\wedge	11	5	_	ı
280,456 it should be reported as		ı	\mathcal{O}	S	\mathcal{O}	L	Ö	\mathcal{O}	7	O	0	

Include:

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

1	A. MA	ILIN	G ADDRESS
	ls th	is fii	rm's name and mailing address the same as shown in the mailing address above?
	0035		Yes
	0000		No - Enter corrections in the mailing address above

Form SA-51913A (DRAFT)

. 0	. 07	OTOTO (DRAFT)					. age 2
1	В.	SURVEY COVERAGE					
		Did this firm provide the business activities described below?					
		Yes					
		001 Yes					
		□ No - Specify this firm's business activity 7					
		,					
		0002					
2	Not	Applicable.					
3		GANIZATIONAL CHANGE					
	A.	Did this firm experience any acquisitions, sales, mergers, and/or dive	stiture	s in 20	18?		
		Yes					
	(016					
		□ No - Go to 4					
	В.	Which of the following organizational changes occurred in 2018?					
		Check all that apply. If more than one organizational change occurred during	the rep	orting	period,	explai	n in 🕡.
					Month	Day	Year
		Acquisition					
		Date of organizational change		. 0018			
	(091 AND					
		☐ Merger Enter detailed information below 7					
		Divestiture					
		Name of company		0019 EI	N (9 dig	its)	
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		Address (Number and street, P.O. Box, etc.)					
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		City, town, village, etc.	State	ZIP Co	de		
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	What time period is covered by the data provided in this report	?				2	018	
						Beginn	ing I	Date
	Calendar year				Month	Day		Year
	Fiscal or partial year - Report beginning and ending dates			000	7			
						Endir	ng Da	ate
					Month	Day		Year
				0008				1 1
	N. A. P. H.			0000	,			
	Not Applicable.							
)	SALES, RECEIPTS, OR REVENUE							
	What were the revenues for this firm in 2018?							
	Include:							
	 Report gross billings, except where noted elsewhere on the form. Dues and assessments from members and affiliates. 							
	Amounts received for work subcontracted to others.							
	• For locations that were sold or acquired during a year, only report fo	r the p	eriods t	hat this t	firm ope	rated t	the	
	locations.	p						
	• Revenue from services performed by domestic locations of foreign p	arent fi	irms, su	bsidiarie	s, branc	hes, et	tc.	
	Revenues from electronic sources.							
	Exclude:							
	• Transfers made within the company.							
	Taxes collected directly from customers or clients and paid directly to							
	• Rents from and revenue of separately operated departments, concess	sions, e	etc., wn	ich are le	eased to	others	3.	
	Commissions from vending machine operators. Revenue of feering subsidiaries (these leasted subside the U.S. i.e.,	o+o:do	the FO	atataa D	\:a+=:a+ a	f Calum	a bio	11.0
	 Revenue of foreign subsidiaries (those located outside the U.S., i.e., Commonwealth Territories, or U.S. possessions). 	outsiae	the 50	states, L	district o	r Colur	nbia	, 0.5.
		Λ						
			Лark "X"			2018		
			Nark "X" if None	\$ Bil.	Mil.	2018 Tho	u.	Do
	Publishing and broadcasting of content on the Internet-			\$ Bil.			u.	Do
	Publishing and broadcasting audio, video, text and graphics content			\$ Bil.			u.	Do
	Publishing and broadcasting audio, video, text and graphics content on the Internet. Include Internet content paid for by subscriptions,			\$ Bil.			ou.	Do
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	Publishing and broadcasting audio, video, text and graphics content on the Internet. Include Internet content paid for by subscriptions, pay-per-view, membership fees, fees for downloads, and fees for other forms for licensed access	,		\$ Bil.			ou.	Do
	Publishing and broadcasting audio, video, text and graphics content on the Internet. Include Internet content paid for by subscriptions, pay-per-view, membership fees, fees for downloads, and fees for other forms for licensed access	6271		\$ Bil.			ou.	Do
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•	Publishing and broadcasting audio, video, text and graphics content on the Internet. Include Internet content paid for by subscriptions, pay-per-view, membership fees, fees for downloads, and fees for other forms for licensed access	6271		\$ Bil.			bu.	Do
	Publishing and broadcasting audio, video, text and graphics content on the Internet. Include Internet content paid for by subscriptions, pay-per-view, membership fees, fees for downloads, and fees for other forms for licensed access	6271 6014		\$ Bil.			ou.	Do
	Publishing and broadcasting audio, video, text and graphics content on the Internet. Include Internet content paid for by subscriptions, pay-per-view, membership fees, fees for downloads, and fees for other forms for licensed access Online advertising space - Provision of space for electronic advertising distributed over the Internet (e.g., banner ads, buttons, text links, interstitials, rich media ads, streaming audio and video ads) Licensing of rights to use intellectual property - Granting permission to others to use (e.g., broadcast, publish, reproduce, record, modify, incorporate, distribute) intellectual property (e.g., software, books, films, plays, music, graphics, photography, inventions, processes, trademarks) for an agreed period of time. Exclude the outright sale of rights in perpetuity; report these in line 4 All other operating revenue - Revenue not reported in lines	6271 6014		\$ Bil.			Du.	Do
	Publishing and broadcasting audio, video, text and graphics content on the Internet. Include Internet content paid for by subscriptions, pay-per-view, membership fees, fees for downloads, and fees for other forms for licensed access	6271 6014		\$ Bil.			DU.	Do
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	Publishing and broadcasting audio, video, text and graphics content on the Internet. Include Internet content paid for by subscriptions, pay-per-view, membership fees, fees for downloads, and fees for other forms for licensed access	6271 6014		\$ Bil.			DU.	Do
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Form	า S	A-51	913	A (DRAFT)							Pag	је
8		Did	this	FROM ELECTRONIC SOURCES firm have any revenues from customers en applications in 2018?	ntering	orders (directly o	n the firm	's website	s or		
		0040		Yes								
				No								
	В.	Did mol	this oile a	firm have any revenues from customers en applications in 2018?	ntering	orders (directly o	ı third-paı	rty website	es or		
		0041		Yes								
				No		_						
	C.			firm have any revenues from customers en private networks, dedicated lines, etc.) in		orders v	ia any ot	her electr	onic syste	ms		
		0042		Yes								
				No								
	D.	Of t	he t	otal 2018 revenues reported in 6 ,			2018			2(018	
		wha	t wa	as the dollar amount (or percentage) s from the revenues identified in	\$ Bil.	Mil.	Thou.	Dol.			rcent	
		A-C	abo	ve? Please provide an estimate if gures are not available			1 1		OR ₂₅₀₁			%
9	and	d 10	No.	t Applicable.								
O	CL	.ASS	OF	CUSTOMER								
	W	hat p	erce	entage of sales, receipts, or revenue reporte	ed in 6	was red	ceived fro	m the		20	018	
	fo	llow	ing c	lasses of customers in 2018 and 2017?						Pe	rcent	
	1.	Hou	seh	old consumers and individual users					1763	·		%
	2.	Bus	ines	s firms, not-for-profit organizations, and G	overnm	ent (Fed	leral, stat	e, and loc	al) . 1760 +		+-	%
										10	0	%
12	and	1 12	No	t Annlicable								

12 and 13	Not Applicable
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14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

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expenses not reported discimilate.					
	Mark "X"		2	2018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
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 . 183	21		1 1		1 1
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	22 🔲				
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	23				
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b.	60		1 1		
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 18:	26				
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	31				1 1

CONTINUE WITH 14 ON PAGE 6

Form	SA-51913A (DRAFT)							Page 6
14	OPERATING EXPENSES - Continued							
			Mark "X"			2018	3	
			if None	\$ Bil.	Mil.	Т	hou.	Dol.
4.	Other Operating Expenses - Continued							
	b. 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 7							
		1879						
5.	TOTAL OPERATING EXPENSES							
_	Sum of lines 1a through 4b	. 1900						

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D	REMARKS - Please use this space to explain any significant yea data were estimated.	r-to-year changes, to clarify responses, or indicate where
_		
18	CONTACT INFORMATION	Title
	Name of person to contact regarding this report (Please print)	Title
	Area code Number Extension	Area code Number
	Telephone -	Fax -
	E-mail address	Website address
	THANK YOU for completing your 2018 A	NNUAL SERVICES REPORT.
	We suggest you keep a copy t	

SERVICE ANNUAL SURVEY

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

2018 ANNUAL SERVICES REPORT

SA-51913E

(DRAFT)

Due Date

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://www.census.gov/programssurveys/sas/information.html

YOUR RESPONSE IS REQUIRED

BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 ①.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

	\$ E	3il.	Mil.			Т	hοι	١.		Dol.	
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- 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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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



CLIDVEV OF										
SURVEY CO										
Did this fire	m provide t	the busine	ss activiti	es described	l below?					
Yes	s									
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0002	2									
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. Did this fir	m experien		quisitions,	sales, merg	ers, and/c	or divestiture			th Day	Y
	m experien		quisitions,	sales, merg	ers, and/c	or divestiture			th Day	Y
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4	REPORTING PERIOD			
	NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal year months of data for the 2018 calendar year.	r that ir	ncludes a	at least six
	What time period is covered by the data provided in this report?		2018	8
		В	eginning	g Date
	Calendar year	Month	Day	Year
	Fiscal or partial year - Report beginning and ending dates			
			Ending	Date
		Month	Day	Year
	0000		'	1 1 1
_	0008			
5	Not Applicable.			
6	SALES, RECEIPTS, OR REVENUE			
	What were the revenues for this firm in 2018?			
	Include:			
	• Report gross billings, except where noted elsewhere on the form.			
	 Dues and assessments from members and affiliates. Amounts received for work subcontracted to others. 			
	 For locations that were sold or acquired during a year, only report for the periods that this file 	rm oper	ated the	
	locations.			
	 Revenue from services performed by domestic locations of foreign parent firms, subsidiaries Revenues from electronic sources. 	, branch	ies, etc.	
	Exclude:			
	• Transfers made within the company.			
	• Taxes collected directly from customers or clients and paid directly to a local, state, or federal	al tax ag	ency.	
	• Rents from and revenue of separately operated departments, concessions, etc., which are lea	ased to	others.	
	Commissions from vending machine operators.			
	 Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Dis Commonwealth Territories, or U.S. possessions). 	strict of	Columb	ia, U.S.
	Commonwealth Territories, or U.S. possessions).			ia, U.S.
	 Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Dis Commonwealth Territories, or U.S. possessions). Mark "X" if None \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\		Columb 018 Thou.	ia, U.S.
1.	Commonwealth Territories, or U.S. possessions). Mark "X" \$ Bil. Publishing and broadcasting of content on the Internet-	2	018	
1.	Commonwealth Territories, or U.S. possessions). Mark "X" \$ Bil. Publishing and broadcasting of content on the Internet- Publishing and broadcasting audio, video, text and graphics content on the Internet. Include Internet content paid for by subscriptions,	2	018	
1.	Commonwealth Territories, or U.S. possessions). Mark "X"	2	018	
1.	Commonwealth Territories, or U.S. possessions). Mark "X" * Bil. Publishing and broadcasting of content on the Internet- Publishing and broadcasting audio, video, text and graphics content on the Internet. Include Internet content paid for by subscriptions, pay-per-view, membership fees, fees for downloads, and fees for other forms for licensed access	2	018	
	Commonwealth Territories, or U.S. possessions). Mark "X" if None Publishing and broadcasting of content on the Internet- Publishing and broadcasting audio, video, text and graphics content on the Internet. Include Internet content paid for by subscriptions, pay-per-view, membership fees, fees for downloads, and fees for other forms for licensed access Online advertising space - Provision of space for electronic advertising distributed over the Internet (e.g., banner ads, buttons,	2	018	
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	Commonwealth Territories, or U.S. possessions). Mark "X"	2	018	
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2 . 3 .	Publishing and broadcasting of content on the Internet- Publishing and broadcasting audio, video, text and graphics content on the Internet. Include Internet content paid for by subscriptions, pay-per-view, membership fees, fees for downloads, and fees for other forms for licensed access	2	018	
2 . 3 .	Commonwealth Territories, or U.S. possessions). Mark "X" if None \$ Bil. Publishing and broadcasting of content on the Internet- Publishing and broadcasting audio, video, text and graphics content on the Internet. Include Internet content paid for by subscriptions, pay-per-view, membership fees, fees for downloads, and fees for other forms for licensed access	2	018	
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2. 3.	Publishing and broadcasting of content on the Internet-Publishing and broadcasting audio, video, text and graphics content on the Internet. Include Internet content paid for by subscriptions, pay-per-view, membership fees, fees for downloads, and fees for other forms for licensed access	2	018	
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COLL	1 3/	H-9 I	913	(DRAFI)						Г	aye
8	RE	VEN	UES	FROM ELECTRONIC SOURCES							
	A.	Did mok	this	firm have any revenues from customers emplications in 2018?	nterinç	g orders d	lirectly o	n the firm	's website	s or	
		0040		Yes							
				No							
	В.			firm have any revenues from customers emplications in 2018?	nterinç	g orders d	lirectly o	n third-pa	rty website	es or	
		0041		Yes							
				No							
	C.	Did (suc	this h as	firm have any revenues from customers exprivate networks, dedicated lines, etc.) in	ntering 2018	g orders v ?	ia any ot	her electr	onic syste	ms	
		0042		Yes							
				No							
	D.	Of t	he t	otal 2018 revenues reported in 6 ,			2040		l	2046	
		wha	it wa	s the dollar amount (or percentage)	\$ Bil.	Mil.	2018 Thou.	Dol.		2018 Percei	
		A-C	abo	s from the revenues identified in ve? Please provide an estimate if gures are not available	1				OR ₂₅₀₁		%
9	and	d 🛈	No	t Applicable.							
1	CL	.ASS	OF	CUSTOMER							
	W	hat p	erce	ntage of sales, receipts, or revenue report	ed in (was rec	eived fro	m the		2018	3
	fo	llowi	ng c	lasses of customers in 2018 and 2017?						Percei	
	1.	Hou	seh	old consumers and individual users					1763		%
	2.	Bus	ines	s firms, not-for-profit organizations, and G	overni	ment (Fed	eral, stat	e, and loc	al) . 1760 +		%
										100) %

12 and 13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

expenses not reported disconners.					
	Mark "X"		2	2018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
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	. 🗆		1 1		1 1
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions	2 🔲				
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	3 🗆				
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b) <u> </u>		1 1		1 1
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					
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					

CONTINUE WITH 14 ON PAGE 6

14	OPERATING EXPENSES - Continued					
		Mark "X"		2	2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
4.	Other Operating Expenses - Continued					
	b. 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 7					
		1879	_			
5.	TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	. 1900				
15	and 16 Not Applicable.					

Form	SA-51913E	(DRAFT)	Page 7
	REMARKS - Ple data were estima	ease use this space to explain any significant year-to-year changes, to clarify responses, or indicate wated.	vhere

CONTACT INFORMATION															
Name of persor	to contact	regarding t	his repo	rt <i>(Please p</i>	Title				-						
Telephone	Area code		Number		Extension		Area code		Number						
			-			Fax			-						
E-mail address						Website address									
	THAI	NK YOU 1	or con	npleting	your 2018 A	NNUAL SERVICES	S REPORT								

We suggest you keep a copy for your records.

18

SERVICE ANNUAL SURVEY

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

2018 ANNUAL SERVICES REPORT

SA-51919A (DRAFT) **Due Date** 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information **CONFIDENTIAL** and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey. INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov **Authentication Code:** To view Survey Results: https://www.census.gov/programs-surveys/sas.html **GENERAL INSTRUCTIONS** • Any significant change in this firm's operations should be noted in 12. • For establishments sold or acquired in 2018, 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. \$ Bil. Mil. Thou. Dol. • Figures should be rounded to the nearest dollar. 030280 • If a figure is \$1,030,280,456 it should be reported as Include: Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) as defined by the survey coverage in **1**B. Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services. A. MAILING ADDRESS Is this firm's name and mailing address the same as shown in the mailing address above? 0035 No - Enter corrections in the mailing address above

Form SA-51919A (DRAFT)

. 0	. 0,		.	A (DRAFI)																											·90 -
1	В.	SUR	VEY	COVERAGI	E .																										
		Did 1	this	firm provid	de th	he b	ousir	ness	s a	ıct	tivi	itie	es d	lesc	crib	ed	bel	ow	?												
				Yes																											
		0001		No - Specify	v this	is firı	m's i	bus	sine	ess	s ac	ctiv	∕ity 7	7																	
				. ,	•								. ,																		
				0002																											
2	Not	t App	licak	ole.																											
3	OR	GAN	IIZA	TIONAL CH	IAN	GE																									
	A.	Did 1	this	firm experie	ienc	ce ar	ny a	ıcqu	uisi	iti	ion	18, 9	sale	es,	me	erge	ers,	and	l/or	div	esti	tur	es ir	n 2	018	?					
		0016		Yes																											
		0010		No - Go to	4																										
	B.	Whic	ch o	f the follow	wina	ı ora	gani	zati	tion	nal	ıl ci	har	nae	s o	CCI	urre	ed ir	n 20	018	7											
				that apply. It																	g th	e re	por	ting	pe	riod	, exp	olair	in (Ð.	
				Acquisition																					Mo	onth	Da	У	`	Year	
						Da	ate o	of or	rgar	niz	zati	ion	nal c	har	nge								(0018		· 				i	I
		0091	Ш	Sale	>	A٨	VD																								
				Merger		En	nter d	deta	ailed	ed i	info	orn	nati	on	belo	ow 7	7														
				Divestiture												,															
		0017	Nam	e of company	<i>y</i>																		001	19 F	IN (9 dig	nits)				
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		Addr	ess (Number and s	street	et, P.C	O. Bo	ox, e	etc.))																					
		City,	towr	n, village, etc.																	S	tate	ZII	P Co	ode						
																												-			

NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal years they are the 2010 selections and the first the control of the control of the first the control of the first the control of the control o	ear that i	ncludes	at leas
months of data for the 2018 calendar year. What time period is covered by the data provided in this report?		201	8
That time period is serviced by the data provided in time report.	E	Beginnin	
☐ Calendar year	Month		Yea
Figgs or porticly year. Beneat beginning and anding dates		'	
Fiscal or partial year - Report beginning and ending dates	/	Ending	Data
	Month	ı i	Yea
		1	
000	8		
Not Applicable.			
SALES, RECEIPTS, OR REVENUE			
What were the revenues for this firm in 2018?			
Include:			
 Report gross billings, except where noted elsewhere on the form. 			
Dues and assessments from members and affiliates.			
• Amounts received for work subcontracted to others.	firm ana	"atad tha	
 For locations that were sold or acquired during a year, only report for the periods that this locations. 	iiriii opei	rated the	;
 Revenue from services performed by domestic locations of foreign parent firms, subsidiarie 	es, brancl	hes, etc.	
Revenues from electronic sources.			
Exclude:			
• Transfers made within the company.	1.		
· Tayon callested directly from ayotomore or aliente and noid directly to a local state, or fode			
 Taxes collected directly from customers or clients and paid directly to a local, state, or fede Rents from and revenue of separately operated departments, concessions, etc., which are left. 			
 Taxes collected directly from customers or clients and paid directly to a local, state, or fede Rents from and revenue of separately operated departments, concessions, etc., which are left Commissions from vending machine operators. 			
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 Rents from and revenue of separately operated departments, concessions, etc., which are left Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, I Commonwealth Territories, or U.S. possessions). Information search and retrieval services - Providing a systematic search for and retrieval of information (e.g., documents, databases, archived publications) based on established search criteria 6391 Information services - Storing collections of information for dissemination or other access. Include stock photo services, 	eased to	others. Columb	
 Rents from and revenue of separately operated departments, concessions, etc., which are left Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Commonwealth Territories, or U.S. possessions). Information search and retrieval services - Providing a systematic search for and retrieval of information (e.g., documents, databases, archived publications) based on established search criteria 6391 Information services - Storing collections of information for dissemination or other access. Include stock photo services, telephone based recordings, provision of real time financial market 	eased to	others. Columb	
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Form SA-51919A (DRAFT) Page 4

•											5 -
8	RE\	VEN	JES	FROM ELECTRONIC SOURCES							
				firm have any revenues from customers en applications in 2018?	tering	orders d	irectly on	the firm	's website	s or	
	(0040		Yes							
				No							
				firm have any revenues from customers en applications in 2018?	tering	orders d	irectly on	third-pa	rty website	es or	
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				No							
				firm have any revenues from customers en private networks, dedicated lines, etc.) in			ia any otł	ner electr	onic syste	ms	
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	D . (Of ti	he t	otal 2018 revenues reported in ⑤ ,			2018		l	2018	
	,	wha	t wa	as the dollar amount (or percentage)	\$ Bil.	Mil.	Thou.	Dol.		Percen	
	1	A-C	abo	s from the revenues identified in ve? Please provide an estimate if cures are not available.	,				OR ₂₅₀₁	1 1	%
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9-13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

14	OPERATING EXPENSES - Continued					
		Mark "X"			2018	
4	Personnel Costs	if None	\$ Bil.	Mil.	Thou.	Dol.
1.	 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 . 18 	821		1 1		
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	822		1 1		
	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	823		1 1		1 1
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b.	860		1 1		1 1
3.	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 18					
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	831				
	b. 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					
5.	TOTAL OPERATING EXPENSES	879				
J .	Constitute de de la late	900				
15	and 16 Not Applicable.					

17 REMARKS data were e	- Please use	this spac	e to expla	ain any s	ignificant yea	r-to-year cha	anges, t	o clarify re	sponses,	or indica	te where
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THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

We suggest you keep a copy for your records.



SERVICE ANNUAL SURVEY

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

SA-51919E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

appears at the upper right of this page. Without this approval, we could not conduct this survey.

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as -

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nclude

- 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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A. MAILING ADDRESS

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

	Yes
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	No - Enter corrections in the mailing address above



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REPORTING PERIOD			fiscal	ear that i	ncludes	
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months of data for the 2018 calendar year. What time period is covered by the data provided in this report	. 7				20	10
what time period is covered by the data provided in this report	•				20 Beginnir	
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Not Applicable.						
SALES, RECEIPTS, OR REVENUE						
What were the revenues for this firm in 2018?						
Include:						
Report gross billings, except where noted elsewhere on the form.						
Dues and assessments from members and affiliates.						
Amounts received for work subcontracted to others.						
 For locations that were sold or acquired during a year, only report for locations. 	or the	periods t	that this	firm ope	rated th	e
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• Revenue from services performed by domestic locations of foreign p	arent	firms, su	ıbsidiari	es, branc	hes, etc	
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Form SA-51919E (DRAFT) Page 4

8	RE	VEN	UES	FROM ELECTRONIC SOURCES							
				firm have any revenues from customers en applications in 2018?	tering	orders d	irectly on	the firm	's website	s or	
		0040		Yes							
				No							
				firm have any revenues from customers en applications in 2018?	tering	orders d	irectly on	third-pa	rty websit	es or	
		0041		Yes							
				No							
				firm have any revenues from customers en private networks, dedicated lines, etc.) in			ia any otł	ner electr	onic syste	ms	
		0042		Yes							
				No							
	D.	Of t	he t	otal 2018 revenues reported in ⑤ ,		•	2018			2018	
				as the dollar amount (or percentage) s from the revenues identified in	\$ Bil.	Mil.	Thou.	Dol.		Percent	t
				ve? Please provide an estimate if					0.0		Т
				gures are not available 2500	,		1 1		OR ₂₅₀₁	l i i	%

9-13 Not App	plicable.
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14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.



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14	OPERATING EVERNORS OF STATE AND										
	OPERATING EXPENSES - Continued		г								
			k "X" Ione	\$ Bil.	N/	lil.	2018	hou.		Dol.	
1.	Personnel Costs			φ ЫП.	IV	111.	'	nou.		DOI.	
	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				1					
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	1822									
	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				1		1			
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b	1860									
3.	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	 [
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 b. 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. 	1831] [-		1					
	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										
		1879									
	TOTAL OPERATING EVERNOES	1073							+		
5.	TOTAL OPERATING EXPENSES										

RE	EMARKS -	Please use th	nis space to (explain any s	significant yea	ır-to-year cha	nges, to clari	fy responses,	or indicate w	/he
aa	ita were esti	mated.								

51919066

18	CONTACT INFORMATION											
	Name of persor	to contact	regarding	this report (Please p	rint)	Title						
	Telephone	Area code		Number	Extension		Area code					
				-		Fax			-			
	E-mail address				Website address							

SERVICE ANNUAL SURVEY

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

2018 ANNUAL SERVICES REPORT

SA-52000A (DRAFT) **Due Date** 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey. INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

GENERAL INSTRUCTIONS

- Any significant change in this firm's operations should be noted in 12.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

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Include:

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

1 A	. MAIL	ING A	DRESS
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Is this firm's name and mailing address the same as shown in the mailing address above?



No - Enter corrections in the mailing address above



Form SA-52000A (DRAFT) Page 2

7111	3	1-52		(DRAFI)																	гац	g
1	В.	SUR	VEY	COVERAG	GE																	
		Did 1	this	firm provi	de	the bu	usines	ss ac	ctivi	ities	desc	cribe	ed be	low?								
			П	Yes																		
		0001																				
			Ш	No - Specif	fy th	his firn	n's bu	ısines	ss ac	ctivity	ty 📝											
				0002																		
2	No	t App	lical	ble.																		
3	OR	GAN	IIZA	TIONAL CH	HAI	NGE																
	A.	Did 1	this	firm exper	rien	nce an	y acq	quisit	tion	ıs, sa	ales,	mer	gers,	and/	or div	estiture	s in 20)18?				
				Yes																		
		0016		No - Go to	4																	
				f the follow												a tha ma		no mi o d	ovalo	:	5	
		Criec	кап	l that apply.	11 11	nore u	nan or	ne or	rgani	ıızatıc	onai c	cnang	ge oc	curred	aurin	g ine rej	oorung					
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		0091				> AN	D															
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				Divestiture																		
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		Addr	ess	(Number and	stre	eet, P.O	. Box, e	etc.)														
		City,	tow	n, village, etc.												State	ZIP Co					
																			_			

Form SA-52000A (DRAFT) Page 3

4	REP	ORT	TING PERIOD			
			alendar year data are preferred. If they are unavailable, please report for the fiscal yea of data for the 2018 calendar year.	r that i	ncludes	s at least six
	Wha	t tir	me period is covered by the data provided in this report?		20	18
				E	Beginni	ng Date
			Calendar year	Month	Day	Year
	0006					
			Fiscal or partial year - Report beginning and ending dates			1 1 1
					Ending	g Date
				Month	Day	Year

5 Not Applicable.

6 SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

- Report gross billings, **except** where noted elsewhere on the form.
- Amounts received for work subcontracted to others.
- Revenue from services performed by domestic locations of foreign parent firms, subsidiaries, branches, etc.
- Dues and assessments from members and affiliates.
- Income from investments, sales of company-owned real estate (land and building) or other assets (except inventory held for resale), securities, gifts, loans, contributions, and grants.
- Interest earned from financing leases. Interest earned from sales, rent or lease under capital, finance, or full payout. Also include interest, dividends, and royalties.
- Net realized gains (losses) within specified area(s) of activity.
- Rents from separately operated departments, concessions, etc., which are leased to others.
- Revenues from electronic sources.

Exclude:

- Transfers made within the company.
- Net unrealized gains (losses).
- Taxes collected directly from customers or clients and paid directly to a local, state, or federal tax agency.
- Revenue of separately operated departments, concessions, etc., which are leased to others.
- Revenue from customers for carrying or other credit charges.
- 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).
- Revenue from the sale of used equipment.

	2018												
	\$ Bil.	Mil.	Thou.	Dol.									
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Not Applicable.

Form	m SA-52000A (DRAFT)					Page 4
8	REVENUES FROM ELECTRONIC SOURCES					
	A. Did this firm have any revenues from customers enterin mobile applications in 2018?	g order:	s directly	on the firm	n's website	s or
	□ Yes					
	□ No					
	B. Did this firm have any revenues from customers enterin mobile applications in 2018?	g order	s directly	on third-pa	arty website	es or
	□ Yes					
	□ No					
	C. Did this firm have any revenues from customers enterin (such as private networks, dedicated lines, etc.) in 2018		s via any (other elect	ronic syste	ms
	O042 Yes					
	No					
	D. Of the total 2018 revenues reported in 3,		2040			2040
	what was the dollar amount (or percentage) that was from the revenues identified in	Mil.	2018 Thou.	. Dol.	-	2018 Percent
	A-C above? Please provide an estimate if		1 1		OR	%
	exact figures are not available				2501	/0
9-	-13 Not Applicable.					
14	OPERATING EXPENSES					
	What were the operating expenses for this firm in 2018?					
	Exclude:					
	• Transfers made within the company.					
	Capitalized expenses.Bad debt.					
	• Impairment.					
	• Income tax.					
	 Expenses of foreign subsidiaries (those located outside the U.S. Commonwealth Territories, or U.S. possessions). 	i.e., out	side the 50) states, Dis	trict of Colun	nbia, U.S.
	Gross annual payroll					
	Include salaries and wages, commissions, dismissal pay, bonuse tax withholding, union dues, group insurance premiums, savings pay, vacation pay, sick leave, stock purchase plans, and employed	bonds, d	ash equiva	alent in-kind	, allowances	y, income , holiday
	Exclude the cost of leased employees, employer's cost for fringe					
	temporary help services. For unincorporated businesses, exclude partners.	profit o	r otner cor	npensation	or proprietor	s or
	All other operating expenses					
	Include travel and entertainment; postage, shipping or delivery s security services; janitorial and grounds maintenance services; pu expenses not reported elsewhere.	ervices; rchased	warehousi transporta	ng and storation with op	age services; perators; and	royalties; other
			Mark "X"		2018	
			if None	\$ Bil. N	fil. Thou	ı. 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 9	41,				
	Employer's Quarterly Federal Tax Return, line 5(c) for the four quarters that correspond to the survey period or IRS Form 944					ľ
	Employer's Annual Federal Tax Return, line 4(c). Include the					
	spread on stock options that are taxable to employees as wag					
	CONTINUE WITH 10 ON	PAGE 5				

)	REMARKS - Please use data were estimated.	this space	e to explain any	significant yea	r-to-year changes,	to clarify res	ponses, or ir	ndicate where
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	CONTACT INFORMAT		this was - at /D/	nuint)	Title			
	Name of person to contact	t regarding	tnis report (Please	e print)	Title			
	Area code		Number	Extension		Area code		nber

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SERVICE ANNUAL SURVEY

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

FORM

SA-52000E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date
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://www.census.gov/programs-
surveys/sas/information.html
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.
This collection has been approved
by the Office of Management and Budget (OMB). The eight-digit OMB
approval number is 0607-0422 and appears at the upper right of this
page. Without this approval, we
could not conduct this survey.

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as -

	\$ I	Bil.		Mil.			hοι	ı.	Dol.			
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nclude

- 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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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



Form SA-52000E (DRAFT) Page 3

4	REP	ORT	TING PERIOD			
	NOT mon	E: C	alendar year data are preferred. If they are unavailable, please report for the fiscal yea of data for the 2018 calendar year.	r that ii	ncludes	s at least six
	Wha	t tir	me period is covered by the data provided in this report?		20	18
				E	Beginni	ng Date
			Calendar year	Month	Day	Year
	0006					
			Fiscal or partial year - Report beginning and ending dates			
					Ending	g Date
				Month	Day	Year

5 Not Applicable.

SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

- Report gross billings, **except** where noted elsewhere on the form.
- Amounts received for work subcontracted to others.
- Revenue from services performed by domestic locations of foreign parent firms, subsidiaries, branches, etc.
- Dues and assessments from members and affiliates.
- Income from investments, sales of company-owned real estate (land and building) or other assets (except inventory held for resale), securities, gifts, loans, contributions, and grants.
- Interest earned from financing leases. Interest earned from sales, rent or lease under capital, finance, or full payout. Also include interest, dividends, and royalties.
- Net realized gains (losses) within specified area(s) of activity.
- Rents from separately operated departments, concessions, etc., which are leased to others.
- Revenues from electronic sources.

Exclude:

- Transfers made within the company.
- Net unrealized gains (losses).
- Taxes collected directly from customers or clients and paid directly to a local, state, or federal tax agency.
- Revenue of separately operated departments, concessions, etc., which are leased to others.
- Revenue from customers for carrying or other credit charges.
- 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).
- Revenue from the sale of used equipment.

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Not Applicable.

Form	orm SA-52000E (DRAFT)				Page 4
8	8 REVENUES FROM ELECTRONIC SOURCES				
	A. Did this firm have any revenues from customers entering ord mobile applications in 2018?	ers directly	on the firm	's websites	or
	Yes 0040				
	No				
	B. Did this firm have any revenues from customers entering ord mobile applications in 2018?	ers directly	on third-pa	rty websites	s or
	☐ Yes				
	No				
	C. Did this firm have any revenues from customers entering ord (such as private networks, dedicated lines, etc.) in 2018?	ers via any o	other electr	onic system	ıs
	☐ Yes				
	No				
	D. Of the total 2018 revenues reported in 6 ,	2018)	2018
	what was the dollar amount (or percentage)	/lil. Thou.	Dol.		Percent
	A-C above? Please provide an estimate if exact figures are not available.			OR ₂₅₀₁	%
9	9-13 Not Applicable.				
14					
	What were the operating expenses for this firm in 2018?				
	Exclude:				
	 Transfers made within the company. Capitalized expenses. 				
	Bad debt.				
	Impairment. Income tax.				
	 Expenses of foreign subsidiaries (those located outside the U.S., i.e., of Commonwealth Territories, or U.S. possessions). 	outside the 50	states, Dist	rict of Colum	bia, U.S.
	Gross annual payroll				
	Include salaries and wages, commissions, dismissal pay, bonuses, em tax withholding, union dues, group insurance premiums, savings bonds pay, vacation pay, sick leave, stock purchase plans, and employee cont	s, cash equiva	alent in-kind,	allowances,	, income holiday
	Exclude the cost of leased employees, employer's cost for fringe bene temporary help services. For unincorporated businesses, exclude profi partners.	fits, and temp t or other cor	oorary staff on contraction of the contraction of t	btained from of proprietors	or
	All other operating expenses				
	Include travel and entertainment; postage, shipping or delivery service security services; janitorial and grounds maintenance services; purchas expenses not reported elsewhere.	es; warehousii ed transporta	ng and stora tion with ope	ge services; r erators; and d	oyalties; other
		Mark "X"		2018	
1.	1. Personnel Costs	if None	\$ Bil. M	il. Thou.	Dol.
•	 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			, , , , , , , , , , , , , , , , , , ,
	CONTINUE WITH 🔞 ON PAGE	5			

14	OPERATING EXPENSES - Continued							
		Mark '	'X"			20	18	
		if Nor	пе	\$ Bil.	Mil.		Thou.	Dol.
1.	Personnel Costs - Continued							
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	1822						1 1
	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						
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4c.	1860						1 1
3.	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			1 1			
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			1 1		1 1	1 1
	b. Operating interest expense	2110			1 1		1 1	
	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 7							
		1879		'			1 1	
5.	TOTAL OPERATING EXPENSES Sum of lines 1a through 4c							
15	and 16 Not Applicable.							

REMARKS - Please use this space to explain any significant data were estimated.	year-to-year changes, to clarify responses, or indicate who
uata were estimated.	
CONTACT INFORMATION	

Area code

Telephone

E-mail address

Number

Extension

Area code

Fax

Website address

Number

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

2018 ANNUAL SERVICES REPORT

SA-52200A	(DRAFT)
Due Date	
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://www.census.gov/programs- surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.	
	s survey should be completed online at:
https://portal.census.gov	
Authentication Code:	To view Survey Results:
	https://www.census.gov/programs-surveys/sas.html
	GENERAL INSTRUCTIONS
 For establishments sold this firm. 	n this firm's operations should be noted in ① . or acquired in 2018, report data only for the period the establishments were operated by
	e if book figures are not available.
• Enter "0" where applicate	ole. - two or more detailed lines.
	al basis, except for payroll. \$ Bil. Mil. Thou. Dol.
• Figures should be round	led to the nearest dollar
_	1 0 3 0 2 8 0 4 5 6
Include:	
Construction operations	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and as defined by the survey coverage in 1 B.
	es primarily engaged in supporting services to those establishment(s) such as warehouses, strative offices, and repair services.
A. MAILING ADDRESS	I mailing address the same as shown in the mailing address above?

Yes

No - Enter corrections in the mailing address above

0035

Form SA-52200A (DRAFT) Page 2

	1 3/	~ 01	2200	JA (DR	AFI)																	raye 2
1	В.	SUI	RVEY	COVE	RAGE																	
		Did	this	firm pr	ovide	the bu	usine	ss ac	ctivit	ties	desci	ribed	belo	ow?								
				Yes																		
		0001		N. C.		l. ' C'	! - !-	. •			_											
				No - Sp	есіту ті	nis tirn	n's bu	isines	ss acı	ctivity	7											
				0002																		
2	No	t Ap	plical	ble.																		
3	OF	RGAI	NIZA	TIONAL	- CHAI	NGE																
	A.	Did	this	firm ex	perien	nce an	y acc	quisit	tions	s, sa	iles, r	merge	ers, a	and/c	or div	estiture	s in 20	018?				
				Yes																		
		0016																				
			Ш	No - Go	to 4																	
	В.	Whi	ich o	of the fo	llowin	ng org	aniza	tiona	al ch	hang	jes od	ccurr	ed in	201	8?							
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Form	SA-52200A (DRAFT)			Page 3
4	REPORTING PERIOD			
Ŭ	NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal year	ar that ir	cludes	at least six
	months of data for the 2018 calendar year. What time period is covered by the data provided in this report?		201	0
	what time period is covered by the data provided in this report?	В	eginnin	
	Calendar year	Month	Day	Year
	Fiscal or partial year - Report beginning and ending dates			
		Month	Ending Day	Year
		WIOTH	Day	I Gai
	0008			
5	Not Applicable.			
6	SALES, RECEIPTS, OR REVENUE			
	What were the revenues for this firm in 2018?			
	Include:Report gross billings, except where noted elsewhere on the form.			
	Amounts received for work subcontracted to others.			
	• Revenue from services performed by domestic locations of foreign parent firms, subsidiaries	, branch	es, etc.	
	Dues and assessments from members and affiliates.			
	 Income from investments, sales of company-owned real estate (land and building) or other a held for resale), securities, gifts, loans, contributions, and grants. 	ssets (e	xcept in	ventory
	• Interest earned from financing leases. Interest earned from sales, rent or lease under capital,	finance	, or full	payout.
	Also include interest, dividends, and royalties.			
	 Net realized gains (losses) within specified area(s) of activity. Rents from separately operated departments, concessions, etc., which are leased to others. 			
	• Revenues from electronic sources.			
	Exclude:			
	• Transfers made within the company.			
	 Net unrealized gains (losses). Taxes collected directly from customers or clients and paid directly to a local, state, or federal 	al tay an	onov	
	• Revenue of separately operated departments, concessions, etc., which are leased to others.	ii tax ay	ericy.	
	Revenue from customers for carrying or other credit charges.			
	Commissions from vending machine operators.		0	
	 Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Discommonwealth Territories, or U.S. possessions). 	strict of	Columb	ia, U.S.
	Revenue from the sale of used equipment.			
	Mark "X"	2	018	
	if None \$ Bil.	Mil.	Thou.	Dol.
1.	Loan income from consumers - Include interest received, origination, other fees received, and revenue from sales of loans.			
	Include secured (e.g., residential mortgages, home equity, vehicle,	1 1	l l	1
_	other) and unsecured loans			
2.	Loan income from businesses and governments - Include interest received, origination, other fees received, and revenue from			
	sales of loans for commercial and industrial mortgages and other.			
	Include government guaranteed loans, loans secured by accounts receivables and inventories, and loans to government agencies and		1 1	1 ' '
	foreign governments			
3.	Credit card income from consumers - Include interest, fees, processing, insurance, and services	' '		' '
4.	Credit card income from businesses and governments -			
	Include interest, fees, processing, insurance, and services 2123			
5.	All other operating revenue - Revenue not reported in lines			
	1 through 4. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue			
	below			
	1799		1 1	
6.	TOTAL OPERATING REVENUE			
	Sum of lines 1 through 5			

orm	SA	-522	200	A	(DRAFT)										Page
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8	REV	/ENU	JES	FRC	M EL	ECTR	ONIC	SOUF	RCES							
						any r ns in 2			om cu	stomers e	ntering	orders d	lirectly on	the firm	's website	s or
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	C. [Did t	his 1 as	firm priv	have ate n	any retwor	reven ks, d	ues fr edica	om cu ted line	stomers e es, etc.) in	ntering 2018?	orders v	ia any otl	ner electr	onic syste	ms
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9-	13	Not]	
14					PENS		xpen	ses fo	or this	firm in 20	18?					
		lude			,	9										

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

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.

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14	OPERATING EXPENSES - Continued						
			ark "X" None	4 D''	8.471	2018	
1.	Personnel Costs	11	ivone	\$ Bil.	Mil.	Thou.	Dol.
	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	1821			1 1		
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	1822					
	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					1 1
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4c	1860					
3.	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					
ı.	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		1	1 1		
	b. Operating interest expense	2110			1 1		
	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?	2.10					
		1879					
5 .	TOTAL OPERATING EXPENSES Sum of lines 1a through 4c	1900					
Þ	and 16 Not Applicable.	1000					

R	REMARKS.	Please us	e this snace	to explain	any signif	icant vear	-to-vear ch	anges to d	larify respo	nses or in	dicate who
d	lata were es	stimated.	e this space	to explain	any organi	ourit your	10 ,001 01	idingoo, to c	idiny roopo	11000, 01 111	idiodico Wiii

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Name of persor	to contact	regarding t	his report <i>(Please p</i>	orint)	Title				
	Area code		Number	Extension		Area code	I	Number	
Telephone					Fax				
			-					-	
E-mail address					Website address				

SERVICE ANNUAL SURVEY

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

SA-52200E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 ①.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

	\$ E	3il.	Mil.			Т	hοι	١.	Dol.			
→		1	0	3	0	2	8	0	4	5	6	

- 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.

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 correction

No - Enter corrections in the mailing address above

B. SURVEY COVERAGE

	REPORTING PERIOD				
	NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal months of data for the 2018 calendar year.	year t	hat ii	ncludes	at least six
	What time period is covered by the data provided in this report?			20	
	☐ Calendar year	D. (1			ng Date
	0006 Caleffdal year	IVI	onth	Day	Year
	Fiscal or partial year - Report beginning and ending dates	007			
				Ending	J Date
		M	onth	Day	Year
	C	800	'	'	
(Not Applicable.				
	SALES, RECEIPTS, OR REVENUE				
	What were the revenues for this firm in 2018?				
	Include:				
	Report gross billings, except where noted elsewhere on the form.				
	Amounts received for work subcontracted to others. Province from partiages performed by demostic leastings of foreign parent firms, subsidies.	rica b	ropol	ana ata	
	 Revenue from services performed by domestic locations of foreign parent firms, subsidial Dues and assessments from members and affiliates. 	ies, b	lanci	ies, etc	•
	• Income from investments, sales of company-owned real estate (land and building) or other	er asse	ets (e	except i	nventory
	held for resale), securities, gifts, loans, contributions, and grants.				
	 Interest earned from financing leases. Interest earned from sales, rent or lease under capi Also include interest, dividends, and royalties. 	tal, fir	ance	e, or ful	I payout.
	Net realized gains (losses) within specified area(s) of activity.				
	 Rents from separately operated departments, concessions, etc., which are leased to other Revenues from electronic sources. 	s.			
	Exclude:				
	• Transfers made within the company.				
	 Net unrealized gains (losses). Taxes collected directly from customers or clients and paid directly to a local, state, or fee 	loral t	27. 20	nonov	
	 Revenue of separately operated departments, concessions, etc., which are leased to other 		ax aç	Jency.	
	Revenue from customers for carrying or other credit charges.				
	Commissions from vending machine operators.				
	 Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Commonwealth Territories, or U.S. possessions). 	Distri	ct of	Colum	bia, U.S.
	Revenue from the sale of used equipment.				
	Mark "X"		2	2018	
	if None \$ Bil.	M		Thou	. Dol.
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	origination, other fees received, and revenue from sales of loans. Include secured (e.g., residential mortgages, home equity, vehicle,				
	other) and unsecured loans		1	1 1	
2					
	interest received, origination, other fees received, and revenue from sales of loans for commercial and industrial mortgages and other.				
	Include government guaranteed loans, loans secured by accounts				
	receivables and inventories, and loans to government agencies and foreign governments	'	'		
3					
Ĭ	processing, insurance, and services		ı	1 1	
4	Credit card income from businesses and governments - Include interest, fees, processing, insurance, and services 2123		T		
5					
	1 through 4. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7				
	1799				
6					
	Sum of lines 1 through 5		1	1 1	1 1 1

orm	1 5A-5	2200	JE (DRAFT)						Page
7	Not Ap	plica	ble.						
8	REVE	NUES	FROM ELECTRONIC SOURCES						
			firm have any revenues from customers en applications in 2018?	tering	orders d	irectly on	the firm	's website:	s or
	0040		Yes						
			No						
			firm have any revenues from customers en applications in 2018?	itering	orders d	irectly on	third-pa	rty website	es or
	0041		Yes						
			No						
			s firm have any revenues from customers en s private networks, dedicated lines, etc.) in			ia any otł	ner electr	onic syste	ms
	0042		Yes						
			No						
			total 2018 revenues reported in 6 ,		2	2018			2018
	wn tha	at w it wa	as the dollar amount (or percentage) s from the revenues identified in	\$ Bil.	Mil.	Thou.	Dol.		Percent
	A-0	abo	ove? Please provide an estimate if gures are not available					OR ₂₅₀₁	%
9-	- 13 N	ot Ap	pplicable.						
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14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.



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14	OPERATING EXPENSES - Continued							
		Mark "X"	"	2018				
		if None	\$ Bil. N	lil. 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 . 182	ı1 🔲						
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions	.2						
	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	з 🗆		1 1				
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4c	.o						
3.	Expensed purchases of software - Purchases of prepackaged, custom coded, or vendor customized software. Include software developed or customized by others, web-design services and	.0						
_	purchases, licensing agreements, upgrades of software, and maintenance fees related to software upgrades and alterations 182	6						
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	ı1 🗆						
	h Outputing interest company	. 🗖						
	 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 7 	0						
	187	9						
5.	TOTAL OPERATING EXPENSES Sum of lines 1a through 4c							
æ	and 16 Not Applicable.							
•	and to repplicable.							

	REMARKS - Please use data were estimated.	e this spac	e to explain an	y significant ye	ar-to-year cha	inges, t	o clarify re	sponses,	or indicate	where
_	CONTACT INFORMAT	LION								
	Name of person to contact		this report (Plea	se print)	Title					
		- rogaranig	100011 11 100	oo piiiit,	11110					
	Area cod		Number	Extension			Area code		Number	

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.
We suggest you keep a copy for your records.

SERVICE ANNUAL SURVEY U.S. DEPARTMENT OF COMMERCE

Economics and Statistics Administration U.S. CENSUS BUREAU

2018 ANNUAL SERVICES REPORT

SA-52311A (DRAFT) **Due Date** 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey. INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov **Authentication Code:** To view Survey Results: https://www.census.gov/programs-surveys/sas.html **GENERAL INSTRUCTIONS** Any significant change in this firm's operations should be noted in ①. • For establishments sold or acquired in 2018, 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. \$ Bil. Mil. Thou. Dol. • Figures should be rounded to the nearest dollar. 030280 • If a figure is \$1,030,280,456 it should be reported as Include: Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) as defined by the survey coverage in **1**B. Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses,

garages, central administrative offices, and repair services.

1	A. MAI	LIN	G ADDRESS
	Is th	is fir	rm's name and mailing address the same as shown in the mailing address above?
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	0000		No - Enter corrections in the mailing address above



Form SA-52311A (DRAFT)

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F	REPORTING PERIOD		fiscal ve	ar that in	ncludes	at least	six
	NOTE: Calendar year data are preferred. If they are unavailable, please re nonths of data for the 2018 calendar year.	port for the	, ,				
	What time period is covered by the data provided in this report?				201	18	
Ī	The same possess to consider any time same provider in time reports	В	ng Date				
	Calendar year			Month	Day	Year	r
00						1 1	
	Fiscal or partial year - Report beginning and ending dates		0007		Ending	Doto	
				Month	Day	Year	
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			0008	3			
N	Not Applicable.						
Ş	SALES, RECEIPTS, OR REVENUE						
	What were the revenues for this firm in 2018?						
b	nclude:						
•	Report gross billings, except where noted elsewhere on the form.						
•	Amounts received for work subcontracted to others.						
	Revenue from services performed by domestic locations of foreign pare	ent firms, su	ıbsidiarie	s, branch	ies, etc		
	Dues and assessments from members and affiliates.						
•	Income from investments, sales of company-owned real estate (land an held for resale), securities, gifts, loans, contributions, and grants.	d building)	or other	assets (e	xcept ii	nventory	/
•	Interest earned from financing leases. Interest earned from sales, rent of	r lease und	er capital	. finance	. or full	pavout	
	Also include interest, dividends, and royalties.	i iease una	er capitai	, illiance	, or run	i payout.	•
•	Net realized gains (losses) within specified area(s) of activity.						
	Rents from separately operated departments, concessions, etc., which a	" loogod +					
	De la companya de la	ire leased to	others.				
_	Revenues from electronic sources.	ire leased to	o others.				
E	Exclude:	ire leased to	o others.				
E	Exclude: Transfers made within the company.	ire leased to	o others.				
•	Exclude: Transfers made within the company. Net unrealized gains (losses).						
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6	SALES, RECEIPTS, OR REVENUE - Continued					
		Mark "X"			2018	
_		if None	\$ Bil.	Mil.	Thou.	Dol.
6.	Repurchase agreements - net gains (losses) - The sale of a security to a counterparty for cash with an agreement to repurchase it at a fixed price on a specified future date. A reverse repurchase agreement is from the perspective of the counterparty to a repurchase agreement, i.e., the purchase of a security from a counterparty for cash with an agreement to sell it at a fixed price on a specified future date				1 1	1 1
7.	Trading debt instruments on own account - net gains (losses) - Gains made from buying and selling debt securities on own account 2165					
8.	Trading equities on own account - net gains (losses) - Gains made from buying and selling equity securities on own account 2166					
9.	Trading derivative contracts on own account - net gains (losses) - Gains made from buying and selling derivative contracts on own account					
10.	Financial Planning and Investment Management Products					
	a. Financial planning and investment management services for individuals - Providing financial planning, advisory, and investment management services for private individuals 2104				1 1	
	 b. Financial planning and investment management services for businesses and governments - Providing financial planning, advisory, and investment management services for businesses 					
11.	and governments					
	through 10b. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7					
	1799		l . l			
12.	TOTAL OPERATING REVENUE					
	Sum of lines 1 through 11			1 1	1 1	
7	Not Applicable.					
8	REVENUES FROM ELECTRONIC SOURCES					
	A. Did this firm have any revenues from customers entering orders mobile applications in 2018?	directly	on the fi	rm's w	ebsites o	or
	O040 Yes					
	□ No					
	B. Did this firm have any revenues from customers entering orders mobile applications in 2018?	directly	on third	party v	vebsites	or
	☐ Yes					
	□ No					
	C. Did this firm have any revenues from customers entering orders (such as private networks, dedicated lines, etc.) in 2018?	via any o	other ele	ctronic	systems	S
	O042 Yes					
	□ No					
	D. Of the total 2019 revenues reported in A					
	D. Of the total 2018 revenues reported in (3, what was the dollar amount (or percentage)	2018				2018
	that was from the revenues identified in \$\text{Bil.} \text{Mill.}	Thou.	Dol.			Percent
	A-C above? Please provide an estimate if exact figures are not available			OF	2501	%

Form SA-52311A	(DRAFT)					
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orm	1 SA-52311A (DRAFT)				Page							
9	Not Applicable.											
13	EXPORT REVENUE		businss									
	An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).											
	Include:											
	• Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent	firms, su	ubsidiarie	es, branche	s, etc.).							
	Services provided to domestic subsidiaries of foreign firms.											
	A. Did the revenue reported in ① include any revenue from exports?											
	Yes											
	0009 No - Go to 14											
	No - Go to C			2018								
		\$ Bil.	Mil.	Thou.	Dol.							
		· 1										
	B. What was this firm's revenue from exports in 2018?											
14	OPERATING EXPENSES											
	What were the operating expenses for this firm in 2018?											
	Exclude:											
	Transfers made within the company.											
	 Capitalized expenses. Bad debt. 											
	• Impairment.											
	• Income tax.											
	 Expenses of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 Commonwealth Territories, or U.S. possessions).) states,	District of	of Columbia	a, U.S.							
	Gross annual payroll											
	Include salaries and wages, commissions, dismissal pay, bonuses, employee contributax withholding, union dues, group insurance premiums, savings bonds, cash equiva pay, vacation pay, sick leave, stock purchase plans, and employee contributions to p	alent in-	kind, allo									
	Exclude the cost of leased employees, employer's cost for fringe benefits, and temp temporary help services. For unincorporated businesses, exclude profit or other corporatners.	orary si npensat	aff obtai ion of pr	ned from oprietors o	r							
	All other operating expenses											
	Include travel and entertainment; postage, shipping or delivery services; warehousin security services; janitorial and grounds maintenance services; purchased transportal expenses not reported elsewhere.											
	Mark "X"			2018								
_	if None	\$ 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											
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option											
	plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability											
	insurance programs, life insurance benefits, Medicare). Exclude employee contributions		1 1									

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14	OPERATING EXPENSES - Continued					
		Mark "X"			2018	
	Parameter Control Control	if None	\$ Bil.	Mil.	Thou.	Dol.
1.	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					
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4c					
3.	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			1 1		
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			1 1		
	b. Operating interest expense					
	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					
	1879					
5.	TOTAL OPERATING EXPENSES Sum of lines 1a through 4c					
	and 16 Not Applicable.					

	REMARKS - Please use this space to explain any significant yea data were estimated.	
_		
3	CONTACT INFORMATION	
	Name of person to contact regarding this report (Please print)	Title
	Area code Number Extension	Area code Number
	Telephone -	Fax
	E-mail address	Website address



SERVICE ANNUAL SURVEY

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

FORM

SA-52311E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as -

	\$ E	3il.		Mil.		T	hοι	١.		Dol.	
→		1	0	3	0	2	8	0	4	5	6

nclude:

- 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.

1 (a	

A. MAILING ADDRESS

	Yes
0035	
	No - Enter corrections in the mailing address above



P. CUDVEY COVERAGE				
B. SURVEY COVERAGE				
Did this firm provide the business activities described below?				
Yes				
0001				
No - Specify this firm's business activity				
0002				
FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)				
Does this firm report payroll under EIN				
Ves	EINI /	N -1" - "1 -	١	
No - Enter current 9-digit EIN AND date payroll was first	EIN (S	digits)	
reported for this EIN		-	1 1	
		Month	Day	Year
		WOTE	Day	i cai
	0088			
ORGANIZATIONAL CHANGE				
A. Did this firm experience any acquisitions, sales, mergers, and/or divestiture	e in 20	1197		
	3 III 20	,10:		
Ves 0016				
No - Go to 4				
B. Which of the following organizational changes occurred in 2018?				
Check all that apply. If more than one organizational change occurred during the re	porting			n in 😈.
Acquisition		Month	Day	Year
Date of organizational change	. 0018			
Sale > AND				
Merger				
Enter detailed information below				
Divestiture				
	1 1-	IN 10 11	** \	
0017 Name of company	0019 E	IN (9 diç	gits)	
		-		1 1 1
Address (Number and street, P.O. Box, etc.)				
City town village etc	ZIP Co	do		
City, town, village, etc.	ZIF CO	ae		
			_	<u> </u>

4	REPORTING PERIOD							
	NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal yea	ar that ir	ncludes	at least six				
	months of data for the 2018 calendar year.			10				
١	What time period is covered by the data provided in this report?	2018 Beginning Date						
	Calendar year	Month	Day	Year				
C	0006							
	Fiscal or partial year - Report beginning and ending dates							
			Ending					
		Month	Day	Year				
	0008							
) [Not Applicable.							
) ;	SALES, RECEIPTS, OR REVENUE							
1	What were the revenues for this firm in 2018?							
ı	Include:							
	 Report gross billings, except where noted elsewhere on the form. 							
	Amounts received for work subcontracted to others.							
	• Revenue from services performed by domestic locations of foreign parent firms, subsidiaries	, branch	nes, etc					
	• Dues and assessments from members and affiliates.	acota /-	voont :	ny conto m				
	 Income from investments, sales of company-owned real estate (land and building) or other a held for resale), securities, gifts, loans, contributions, and grants. 	issets (e	xcept II	nventory				
•	 Interest earned from financing leases. Interest earned from sales, rent or lease under capital, 	finance	, or full	l payout.				
	Also include interest, dividends, and royalties.							
	Net realized gains (losses) within specified area(s) of activity.							
	 Rents from separately operated departments, concessions, etc., which are leased to others. Revenues from electronic sources. 							
	Exclude:							
-	Transfers made within the company							
	• Transfers made within the company.							
•	Net unrealized gains (losses).	al tax ac	iency.					
•	 Net unrealized gains (losses). Taxes collected directly from customers or clients and paid directly to a local, state, or federal 	al tax ag	jency.					
	Net unrealized gains (losses).	al tax ag	jency.					
	 Net unrealized gains (losses). Taxes collected directly from customers or clients and paid directly to a local, state, or federalized repartments of separately operated departments, concessions, etc., which are leased to others. Revenue from customers for carrying or other credit charges. Commissions from vending machine operators. 		•					
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	Net unrealized gains (losses). Taxes collected directly from customers or clients and paid directly to a local, state, or federal Revenue of separately operated departments, concessions, etc., which are leased to others. Revenue from customers for carrying or other credit charges. Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Di Commonwealth Territories, or U.S. possessions). Revenue from the sale of used equipment. Mark "X" if None Securities origination products - These products assist the issuers of securities (businesses and governments) in creating their securities and having them distributed to the investing public. The service may involve advising the issuer, purchasing the securities and selling them (underwriting), or acting as an agent in marketing the securities 2161 Brokering and dealing products - debt instruments - Brokering and dealing in debt instruments (e.g., bills, bonds, notes, CDs, Guaranteed Investment Contracts (GICs), commercial paper, bankers acceptances, all other debt instrument products) Brokering and dealing products - equities - Brokering and dealing in equity securities (e.g., common stock, preferred stock, convertible bonds, warrants, industrial corporations, commercial corporations, non-financial services corporations, financial corporations, holding companies, American Depository Receipts, Estate Contribution Certificates, and all other equity products) Brokering and dealing products - derivative contracts - Brokering and dealing derivative contracts (e.g., forward, swap, option, credit derivative contracts, all other derivative contracts traded over-the-counter or on exchanges)	strict of	Colum					

1 0111	SA-92311E (DRAFI)					raye 4
6	SALES, RECEIPTS, OR REVENUE - Continued					
		Mark "X"			2018	
•	Born alternation of the first flowers. The relation	if None	\$ Bil.	Mil.	Thou.	Dol.
6.	Repurchase agreements - net gains (losses) - The sale of a security to a counterparty for cash with an agreement to repurchase it at a fixed price on a specified future date. A reverse repurchase agreement is from the perspective of the counterparty to a repurchase agreement, i.e., the purchase of a security from a counterparty for cash with an agreement to sell it at a fixed price on a specified future date			1 1		
7.	Trading debt instruments on own account - net gains (losses) - Gains made from buying and selling debt securities on own account 2165					
8.	Trading equities on own account - net gains (losses) - Gains made from buying and selling equity securities on own account 2166					
9.	Trading derivative contracts on own account - net gains (losses) - Gains made from buying and selling derivative contracts on own account			1 1		
10.	Financial Planning and Investment Management Products					
	a. Financial planning and investment management services for individuals - Providing financial planning, advisory, and investment management services for private individuals 2104					
	b. Financial planning and investment management services for businesses and governments - Providing financial planning, advisory, and investment management services for businesses and governments			1 1		
11.	All other operating revenue - Revenue not reported in lines 1 through 10b. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7					
	1799					
12.	TOTAL OPERATING REVENUE					
	Sum of lines 1 through 11			1 1	1 1	
7	Not Applicable.					
8	REVENUES FROM ELECTRONIC SOURCES A. Did this firm have any revenues from customers entering orders mobile applications in 2018?	directly	on the f	irm's v	vebsites	or
	Ves No					
	B. Did this firm have any revenues from customers entering orders mobile applications in 2018?	directly	on third	l-party	websites	s or
	Ves No					
	C. Did this firm have any revenues from customers entering orders (such as private networks, dedicated lines, etc.) in 2018?	via any o	other eld	ectroni	c system	าร
	□ Yes					
	□ No					
	D. Of the total 2018 revenues reported in 3 ,	2018				2018
	what was the dollar amount (or percentage) that was from the revenues identified in \$ Bil. Mil.	Thou.	Do	l.		Percent
	A-C above? Please provide an estimate if exact figures are not available			O	OR 2501	%

Form	SA-52311E	(DRAFT)
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Not Applicable.

	_	
13	EXPORT	REVENU

An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

Include:

• Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.).

Exclude:

Services provided to domestic subsidiaries of foreign firms.

A. Did the revenue reported in 6 include any revenue from exports?

	Yes
0009	
	No - Go to 🗗

В.	What was this	firm's revenue	from expo	rts in 2018?					2100

2018							
\$ Bil.	Mil.	Thou.	Dol.				
	1 1	1 1	1 1				

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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"	2018						
if None	\$ 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
- b. Employer's cost for fringe benefits Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.

CONTINUE WITH 1	ON PAGE 6
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	SA-9231TE (DRAFI)					raye
14	OPERATING EXPENSES - Continued					
		Mark "X	"		2018	
		if None	\$ 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	3				
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4c	0				
3.	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 182					
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	1 🔲				
	b. Operating interest expense	0				
	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 7					
	187	9	, i			
5.	TOTAL OPERATING EXPENSES					
	Sum of lines 1a through 4c	0				

CONTACT IN	IFORMATIO	N						
CONTACT IN			report (<i>Please</i>	print)	Title			
			report (<i>Please</i>	print)	Title			
	n to contact re	egarding this			Title	Area and a	NI.	umbor
		egarding this	report <i>(Please</i>	print) Extension	Title	Area code	Nu	umber

SERVICE ANNUAL SURVEY

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

FORM

2018 ANNUAL SERVICES REPORT

SA-52312A (DRAFT) **Due Date** 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information **CONFIDENTIAL** and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey. INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

GENERAL INSTRUCTIONS

- Any significant change in this firm's operations should be noted in
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

	\$ Bil.			Mıl.		I	hou	l.		Dol.	
•		1	0	3	0	2	8	0	4	5	6

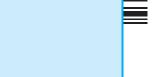
Include:

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) as defined by the survey coverage in ①B.
- 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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. MAILING ADDRESS

	Yes
0035	
	No - Enter corrections in the mailing address above



Form	า 5/	A-52312A (DRAFT)					Page 2
0	В.	SURVEY COVERAGE					
		Did this firm provide the business activities described below?					
		Yes					
		0001					
		No - Specify this firm's business activity					
		0002					
2	No	t Applicable.					
3		GANIZATIONAL CHANGE					
		Did this firm experience any acquisitions, sales, mergers, and/or dive	stiture	s in 20	18?		
		Yes					
		0016					
		No - Go to 4					
	B.	Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during	the ren	ortina	nariad	ovnlaji	v in G
		Check all that apply. If more than one organizational change occurred during	j ille rep	orung	Month	Day	Year
		Acquisition			WIOTILIT	Day	1 001
		Sale Date of organizational change		. 0018			
		0091 AND Merger					
		Enter detailed information below?					
		Divestiture					
		0017 Name of company		0019 EI	N (9 dig	its)	
				<u>'</u>	-		
		Address (Number and street, P.O. Box, etc.)					
			State	ZIP Co	de		
		City, town, village, etc.	State	00			
		City, town, village, etc.	State	2 00	1 1	_	1 1 1
		City, town, village, etc.	State			-	
		City, town, village, etc.	State			-	
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		for the	fiscal yea	ar that ir	ncludes	at least	six
4	REPORTING PERIOD	for the	fiscal year	ar that ir	ncludes	at least	six
1	NOTE: Calendar year data are preferred. If they are unavailable, please report						
	months of data for the 2018 calendar year.						
١	What time period is covered by the data provided in this report?		201				
	☐ Calendar year					ng Date	
C	Calefidat year			Month	Day	Year	
	Fiscal or partial year - Report beginning and ending dates		0007				
	3, 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,				Ending	Date	
				Month	Day	Year	
					1		
			8000			1 1	1
٠.	Nigr A - Parkita						
1 (Not Applicable.						
) \$	SALES, RECEIPTS, OR REVENUE						
1	What were the revenues for this firm in 2018?						
I	Include:						
•	• Report gross billings, except where noted elsewhere on the form.						
•	Amounts received for work subcontracted to others.						
•	• Revenue from services performed by domestic locations of foreign parent fi	rms, su	bsidiaries	s, branch	nes, etc.		
•	 Dues and assessments from members and affiliates. 						
•	• Income from investments, sales of company-owned real estate (land and bu	ıilding) (or other a	assets (e	xcept in	nventory	
	held for resale), securities, gifts, loans, contributions, and grants.			c.			
•	 Interest earned from financing leases. Interest earned from sales, rent or lea Also include interest, dividends, and royalties. 	ise unae	er capitai,	, tinance	, or tull	payout.	
ě	• Net realized gains (losses) within specified area(s) of activity.						
	 Rents from separately operated departments, concessions, etc., which are le 	eased to	others.				
	• Revenues from electronic sources.						
•			0				
			04.10101				
ı	Exclude:						
	Exclude: Transfers made within the company.		3.11.0.0 1				
•	Exclude: Transfers made within the company. Net unrealized gains (losses).	al, state,		al tax aq	iencv.		
	Exclude: Transfers made within the company. Net unrealized gains (losses). Taxes collected directly from customers or clients and paid directly to a loca		or feder	al tax ag	jency.		
•	Exclude: Transfers made within the company. Net unrealized gains (losses).		or feder	al tax ag	jency.		
•	Exclude: Transfers made within the company. Net unrealized gains (losses). Taxes collected directly from customers or clients and paid directly to a local Revenue of separately operated departments, concessions, etc., which are le		or feder	al tax ag	jency.		
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Form	SA-52312A (DRAFT)							Page 4
6	SALES, RECEIPTS, OR REVENUE - Continued							
				Mark "X"			2018	
7.	Management of financial market clearing products - Set that provide an infrastructure for conducting trades in securi commodity contracts, clearing and settlement services for set and commodities contracts and payments. Include services allow trade execution to take place on exchanges or over-the and clearing and settlement services for those trades	ties and curities, that c-counter	6404	if None	\$ Bil.	Mil.	Thou	ı. Dol.
8.	All other operating revenue - Revenue not reported in line 1 through 7. If this item is greater than 20% of the toto operating revenue, specify the primary source of the rebelow 7	es al						
			1799					
9.	TOTAL OPERATING REVENUE		1755					
	Sum of lines 1 through 8		1800					
7	Not Applicable.							
8	REVENUES FROM ELECTRONIC SOURCES							
	A. Did this firm have any revenues from customers entered mobile applications in 2018? Yes No B. Did this firm have any revenues from customers entered mobile applications in 2018? Yes No C. Did this firm have any revenues from customers entered mobile applications in 2018? No No No No No No No No	tering ord	ders (directly (on third	-party	websit	es or
	D. Of the total 2018 revenues reported in 6,			2018				2018
	what was the dollar amount (or percentage) that was from the revenues identified in	\$ Bil. 1	Mil.	Thou.	Dol			Percent
	A-C above? Please provide an estimate if exact figures are not available		'				OR ₂₅₀₁	%
9-	Not Applicable.							

2018

Thou.

Dol.

Mil.

1.

	EVDODT	DEVEN	
1 5 1	EXPORT	KEVEN	IUE

An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

Include

• Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.).

Exclude:

• Services provided to domestic subsidiaries of foreign firms.

A. Did the revenue reported in 6 include any revenue from exports?

0009	Yes
0009	No - Go to 🕰

	\$ Bil.	Mil.	Thou.	Dol.
. What was this firm's revenue from exports in 2018?				

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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

\$ Bil.

Pe	rsonnel 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		ı			1		
b.	Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans;							

CONTINUE WITH 14 ON PAGE 6

insurance programs, lif															
employee contributions	3.	٠	٠	٠				٠				٠			1822

defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability

IG EXPENSES - Continued					
			D 4:1	2018	Б.
Costs - Continued	ii ivone	\$ Bil.	IVIII.	I hou.	Dol.
rary staff and leased employee expense - Total costs Professional Employer Organizations (PEOs) and staffing s for personnel. Include all charges for payroll, benefits,	1823				
equipment, materials, parts, and supplies (not for include expensed computer hardware and other equipment rs, fax machines, telephones, shop and lab equipment, itors). Include materials and supplies used in providing others; materials and parts used in repairs; office and upplies; small tools; containers and other packaging and motor fuels. Report packaged software in line 3 and					
led, or vendor customized software. Include software or customized by others, web-design services and licensing agreements, upgrades of software, and	1826				
· ·					
taken against tangible assets owned and used by this ngible assets and improvements owned by this firm easeholds, tangible assets obtained through capital lease ents, and amortization charges against intangible assets	1831				
ing interest expense	2110		1 1		1 1
orted above, unless specifically excluded in the general ions. Include office postage paid and package delivery. e purchases of merchandise for resale and non-operating es. If this item is greater than 20% of the total ing expenses, specify the primary source of the					
	1879				
	1900				
ot Applicable.					
	Costs - Continued Trary staff and leased employee expense - Total costs Professional Employer Organizations (PEOs) and staffing as for personnel. Include all charges for payroll, benefits, vices	Costs - Continued rary staff and leased employee expense - Total costs Professional Employer Organizations (PEOs) and staffing sis for personnel. Include all charges for payroll, benefits, vices	Costs - Continued rary staff and leased employee expense - Total costs Professional Employer Organizations (PEOs) and staffing is for personnel. Include all charges for payroll, benefits, vices	Costs - Continued rary staff and leased employee expense - Total costs Professional Employer Organizations (PEOs) and staffing is for personnel. Include all charges for payroll, benefits, vices requipment, materials, parts, and supplies (not for nelude expensed computer hardware and other equipment rs, fax machines, telephones, shop and lab equipment, ritors). Include materials and supplies used in providing others; materials and parts used in repairs; office and upplies; small tools; containers and other packaging and motor fuels. Report packaged software in line 3 and rented equipment in line 4c. 1860 purchases of software - Purchases of prepackaged, ded, or vendor customized software. Include software or customized by others, web-design services and licensing agreements, upgrades of software, and ce fees related to software upgrades and alterations taken against tangible assets owned and used by this ngible assets and improvements owned by this firm easeholds, tangible assets obtained through capital lease ents, and amortization charges against intangible assets atients, copyrights). Exclude impairment ing interest expense er operating expenses - All other operating expenses orted above, unless specifically excluded in the general ions. Include office postage paid and package delivery, er operating expenses - All other operating expenses orted above, unless specifically excluded in the general ions. Include office postage paid and package delivery, er operating expenses, specify the primary source of the ing interest expense 2110 PERATING EXPENSES es 1a through 4c. 1900	Costs - Continued \$Bil. Mil. Thou.

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D	REMARKS - data were est	Please use this	s space to explain	any significant y	ear-to-year changes,	to clarify responses, or indicate when
3	CONTACT IN		AI.			
9			y garding this report <i>(Pl</i>	lease print)	Title	
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SERVICE ANNUAL SURVEY

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

FORM

SA-52312E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as -

	\$ E	3il.		Mil.		T	hοι	ı.		Dol.	
→		1	0	3	0	2	8	0	4	5	6

nclude

- 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.

1	A.	MAILI
		la thia

A. MAILING ADDRESS

	Yes
0035	
	No - Enter corrections in the mailing address above



0/1 020	EE (DRAFI)			· ugc
B. SURV	Y COVERAGE			
Did th	s firm provide the business activities described below?			
Г	Yes			
0001	165			
	No - Specify this firm's business activity			
	0002			
EDERAL	EMPLOYER IDENTIFICATION NUMBER (EIN)			
	firm report payroll under EIN			
0013	es	EINI /	2 1: : .	
	o - Enter current 9-digit EIN AND date payroll was first	EIN (S	9 digits)	
	reported for this EIN		-	
			Month Day Y	'ear
		8800		
ORGANIZ	ATIONAL CHANGE			
	s firm experience any acquisitions, sales, mergers, and/or divestiture	s in 20)18?	
0016	Yes			
	No - Go to 4			
D Which	of the following organizational changes occurred in 2018?			
	of the following organizational changes occurred in 2016: Ill that apply. If more than one organizational change occurred during the rep	ortina	neriod explain in 6	,
CHECK	in that apply. If there than one organizational change occurred daring the rep	orting		
	Acquisition		Month Day Yo	ear
	Date of organizational change	. 0018		
0091	Sale AND			
	Merger			
	Enter detailed information below			
L	Divestiture			
0017 N	me of company	0019 E	IN (9 digits)	
33.3				
			-	
Addres	s (Number and street, P.O. Box, etc.)			
City, to	vn, village, etc. State	ZIP Co	de	
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		. 6	fiscal ve	ear that in	ncludes	at lea	st six		
4 F	REPORTING PERIOD		fiscal ve	ear that in	ncludes	at lea	st six		
	NOTE: Calendar year data are preferred. If they are unavailable, please report	rt for the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	nonths of data for the 2018 calendar year. What time period is covered by the data provided in this report?			2018					
	That time period is severed by the data provided in this report.			Е	Beginnir		ate		
	☐ Calendar year			Month	Day		ear		
0	Fiscal or partial year - Report beginning and ending dates		200	_					
	riscal of partial year - neport beginning and ending dates		000	/	Ending	Date			
				Month	Day	Ye	ear		
			000	8					
1	Not Applicable.								
) (SALES, RECEIPTS, OR REVENUE								
	What were the revenues for this firm in 2018?								
I	nclude:								
	Report gross billings, except where noted elsewhere on the form.								
	Amounts received for work subcontracted to others.	C	la a talta a ta						
	Revenue from services performed by domestic locations of foreign parent Dues and assessments from members and affiliates.	firms, su	bsidiarie	es, branci	nes, etc				
	Income from investments, sales of company-owned real estate (land and b	uilding)	or other	assets (e	xcept i	nvento	ry		
	held for resale), securities, gifts, loans, contributions, and grants.	_							
•	 Interest earned from financing leases. Interest earned from sales, rent or le Also include interest, dividends, and royalties. 	ase unde	er capita	I, finance	or tull	l payou	ut.		
•	Net realized gains (losses) within specified area(s) of activity.								
•	Rents from separately operated departments, concessions, etc., which are								
		leased to	others.						
•	Revenues from electronic sources.	leased to	others.						
• E	Exclude:	leased to	others.						
• E	Exclude: Transfers made within the company.	leased to	others.						
• •	Exclude: Transfers made within the company. Net unrealized gains (losses).			ral tax ac	gency.				
• •	Exclude: Transfers made within the company.	cal, state,	, or fede	-	gency.				
• •	Exclude: Transfers made within the company. Net unrealized gains (losses). Taxes collected directly from customers or clients and paid directly to a loconomers of separately operated departments, concessions, etc., which are Revenue from customers for carrying or other credit charges.	cal, state,	, or fede	-	gency.				
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6 SALES, RECEIPTS, OR REVENUE - Continued

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2018

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Mil.

Mark "X" sil.

7.	Management of financial market clearing products - Services that provide an infrastructure for conducting trades in securities and commodity contracts, clearing and settlement services for securities, and commodities contracts and payments. Include services that allow trade execution to take place on exchanges or over-the-counter and clearing and settlement services for those trades
8.	All other operating revenue - Revenue not reported in lines 1 through 7. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7
	1799
9.	TOTAL OPERATING REVENUE
	Sum of lines 1 through 8
7	Not Applicable.
8	REVENUES FROM ELECTRONIC SOURCES
	A. Did this firm have any revenues from customers entering orders directly on the firm's websites or mobile applications in 2018? Yes No
	B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018? Yes No
	C. Did this firm have any revenues from customers entering orders via any other electronic systems (such as private networks, dedicated lines, etc.) in 2018? Yes No
	D. Of the total 2018 revenues reported in 6, 2018 2018
	what was the dollar amount (or percentage) that was from the revenues identified in \$Bil. Mil. Thou. Dol.
	A-C above? Please provide an estimate if exact figures are not available
9-	12 Not Applicable.

13 EXPORT REVENUE

An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

Include

• Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.).

Exclude:

Services provided to domestic subsidiaries of foreign firms.

A. Did the revenue reported in 6 include any revenue from exports?

	Yes
0009	
	No - Go to 1

	2018										
	\$ Bil.	Mil.	Thou.	Dol.							
0		1 1	1 1	1 1							

What were the operating expenses for this firm in 2018?

Exclude:

- Transfers made within the company.
- · Capitalized expenses.

14 OPERATING EXPENSES

- · Bad debt.
- Impairment.
- Income tax.
- Expenses 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).

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"	2018								
if None	\$ 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
- b. Employer's cost for fringe benefits Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.

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2.

14 OPERATING EXPENSES - Continued

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,

Dol.

2018

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Mil.

j j	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4c							
((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							
	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			1 1				
				+ +				
	b. Operating interest expense	ш					Ш	
	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 7							
					ı			
	1879			100	100			
	TOTAL OPERATING EXPENSES				I			
						+		
	TOTAL OPERATING EXPENSES Sum of lines 1a through 4c							
	TOTAL OPERATING EXPENSES Sum of lines 1a through 4c							

Mark "X" sil.

Form	SA-	5231	12E	(DRAFT)
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SERVICE ANNUAL SURVEY

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

2018 ANNUAL SERVICES REPORT

SA-52390A (DRAFT) **Due Date** 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey. INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov **Authentication Code:** To view Survey Results: https://www.census.gov/programs-surveys/sas.html

GENERAL INSTRUCTIONS

- Any significant change in this firm's operations should be noted in ①.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

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Include:

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

U	A. MA	ILIN	G ADDRESS
	ls th	nis fir	rm's name and mailing address the same as shown in the mailing address above
	0035		Yes
			No - Enter corrections in the mailing address above



Form SA-52390A (DRAFT) Page 2

•	IJF	4-52330	UM (DRAFI)											raye	, _
1	В.	SURVE	Y COVERAGE	E											
		Did this	firm provide	le the bu	siness ac	ctivities	describ	ed below?							
			_												
			Yes												
		0001	No Coolf.	. 41a i a £i											
			No - Specify	, mis mim	i s busines	ss activity	<i>y</i> 🖟								
			0002												
2	No	t Applica	ble.												
3	OR	GANIZA	ATIONAL CHA	IANGE											
	A.	Did this	s firm experie	ience any	y acquisit	tions, sa	iles, me	rgers, and/o	or dives	titure	s in 20	18?			
			Yes												
		0016													
			No - Go to 4	4											
			of the follow												
		Check al	ll that apply. If	If more th	an one or	ganizatio	onal chan	ige occurred	during t	the rep	orting	period,	explair	in ① .	
			Acquisition									Month	Day	Year	
				Date	e of organ	izational	change				. 0018				
		0091	Sale	> ANI	_		Ü								
			Merger												
				Ente	er detailed	l informa:	ition belo	\nearrow							
			Divestiture												
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		Address	(Number and 30	street, i .O.	DOX, etc.)										
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		City, tow	n, village, etc.							State	ZIP Co	de			
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4	REPORTING PERIOD					
	NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal months of data for the 2018 calendar year.	year	that i	ncludes	at least six	
	What time period is covered by the data provided in this report?			201	8	
			Beginning Date			
	Calendar year		Month	Day	Year	
	Final as partial year. Bases having in and andian dates		ı			
	Fiscal or partial year - Report beginning and ending dates	007		F	D-4-	
			Month	Ending Day	Year	
			IVIOIILII	Day	rear	
	0	800			1 1 1	
5	Not Applicable.					
6	SALES, RECEIPTS, OR REVENUE					
	What were the revenues for this firm in 2018?					
	Include:					
	• Report gross billings, except where noted elsewhere on the form.					
	Amounts received for work subcontracted to others.					
	• Revenue from services performed by domestic locations of foreign parent firms, subsidiar	ies,	branc	hes, etc.		
	• Dues and assessments from members and affiliates.					
	• Income from investments, sales of company-owned real estate (land and building) or other	r as	sets (e	except in	ventory	
	held for resale), securities, gifts, loans, contributions, and grants. • Interest earned from financing leases. Interest earned from sales, rent or lease under capit	le:	inance	or full	navout	
	Also include interest, dividends, and royalties.	.ai, i	mance	, or run	payout.	
	 Net realized gains (losses) within specified area(s) of activity. 					
	• Rents from separately operated departments, concessions, etc., which are leased to others	6.				
	Revenues from electronic sources.					
	Exclude:					
	Transfers made within the company.					
	 Net unrealized gains (losses). Taxes collected directly from customers or clients and paid directly to a local, state, or fed 	oral	tav a	nancv		
	 Revenue of separately operated departments, concessions, etc., which are leased to others 		tux u	jorioy.		
	Revenue from customers for carrying or other credit charges.					
	Commissions from vending machine operators.					
	 Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Commonwealth Territories, or U.S. possessions). 	Dis	trict of	Columb	ia, U.S.	
	Revenue from the sale of used equipment.					
	Mark "X" if None \$ Bil.		Mil.	2 018 Thou.	Dol.	
1.	Financial Planning and Investment Management Products		viii.	Tilou.	D01.	
	a. Financial planning and investment management services					
	a. Financial planning and investment management services for individuals - Providing financial planning, advisory, and					
	a. Financial planning and investment management services for individuals - Providing financial planning, advisory, and investment management services for private individuals. Report					
	a. Financial planning and investment management services for individuals - Providing financial planning, advisory, and investment management services for private individuals. Report corresponding services for trust accounts in line 3 2104		ı			
	 a. Financial planning and investment management services for individuals - Providing financial planning, advisory, and investment management services for private individuals. Report corresponding services for trust accounts in line 3					
	 a. Financial planning and investment management services for individuals - Providing financial planning, advisory, and investment management services for private individuals. Report corresponding services for trust accounts in line 3					
2	a. Financial planning and investment management services for individuals - Providing financial planning, advisory, and investment management services for private individuals. Report corresponding services for trust accounts in line 3					
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FOITI	1 3A-3239UA (DRAFI)								
6	SALES, RECEIPTS, OR REVENUE - Continued								
				Mark "X" if None	ф D:1	B.4:1	2018		D 1
4.	All other operating revenue - Revenue not reported in lir	nes		ii None	\$ Bil.	Mil.	Tho	u.	Dol.
	1a through 3. If this item is greater than 20% of the toperating revenue, specify the primary source of the	total revenu	е						
	below 7								
			1799						
5.	TOTAL OPERATING REVENUE Sum of lines 1a through 4		1800						
7	Not Applicable.								
8	REVENUES FROM ELECTRONIC SOURCES								
	A. Did this firm have any revenues from customers en mobile applications in 2018?	ntering	orders	directly	on the	firm's	website	es or	
	Yes								
	0040 No								
	B. Did this firm have any revenues from customers en mobile applications in 2018?	ntering	orders	directly	on thir	d-part	y websit	es or	
	Yes								
	0041								
	□ No	ntorina	ordoro:	vio opv	sthar a	lootro	nio evete	mo	
		ntering 2018?	orders	via any (other e	lectro	nic syste	ems	
	 No C. Did this firm have any revenues from customers er (such as private networks, dedicated lines, etc.) in 	ntering 2018?	orders	via any (other e	lectro	nic syste	ems	
	No C. Did this firm have any revenues from customers en (such as private networks, dedicated lines, etc.) in Yes	ntering 1 2018?	orders	via any (other e	lectro	nic syste	ems	
	 No C. Did this firm have any revenues from customers er (such as private networks, dedicated lines, etc.) in 	ntering 2018?	orders	via any (other e	lectro	nic syste	ems	
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	No C. Did this firm have any revenues from customers er (such as private networks, dedicated lines, etc.) in Yes No	ntering 2018?	orders Mil.			lectro	nic syste	20	018 rcent
	C. Did this firm have any revenues from customers et (such as private networks, dedicated lines, etc.) in Yes No D. Of the total 2018 revenues reported in 6, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if	1 2018?		2018			OR	20	
	C. Did this firm have any revenues from customers et (such as private networks, dedicated lines, etc.) in Yes No D. Of the total 2018 revenues reported in 6, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if exact figures are not available	1 2018?		2018				20	rcent
9	C. Did this firm have any revenues from customers en (such as private networks, dedicated lines, etc.) in Yes No D. Of the total 2018 revenues reported in 6, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if exact figures are not available	1 2018?		2018			OR	20	rcent
9-	C. Did this firm have any revenues from customers et (such as private networks, dedicated lines, etc.) in Yes No D. Of the total 2018 revenues reported in ③, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if exact figures are not available	\$ Bil.	Mil.	2018 Thou.	Di	ol.	OR ₂₅₀₁	20	rcent
9	C. Did this firm have any revenues from customers en (such as private networks, dedicated lines, etc.) in Yes No D. Of the total 2018 revenues reported in 6, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if exact figures are not available	\$ Bil.	Mil.	2018 Thou.	rnment	ol.	OR ₂₅₀₁	20	rcent
9-	C. Did this firm have any revenues from customers et (such as private networks, dedicated lines, etc.) in Yes No D. Of the total 2018 revenues reported in 6, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if exact figures are not available	\$ Bil.	Mil. t (individ the 50 S	Thou.	rnment trict of	ol. , busin Colum	OR ₂₅₀₁	Per	weent %
9	C. Did this firm have any revenues from customers en (such as private networks, dedicated lines, etc.) in Yes No No D. Of the total 2018 revenues reported in 6, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if exact figures are not available	\$ Bil. or clien outside	Mil. t (individ the 50 S	Thou.	rnment trict of	ol. , busin Colum	OR ₂₅₀₁	Per	www.
9	C. Did this firm have any revenues from customers et (such as private networks, dedicated lines, etc.) in Yes No D. Of the total 2018 revenues reported in 6, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if exact figures are not available	\$ Bil. or clien outside firms (i.e.	Mil. t (individ the 50 S	2018 Thou. Tual, gove	rnment trict of	ol. , busin Colum	OR ₂₅₀₁	Per	%
9-13	C. Did this firm have any revenues from customers en (such as private networks, dedicated lines, etc.) in Yes No No D. Of the total 2018 revenues reported in 6, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if exact figures are not available	\$ Bil. or clien outside firms (i.e.	Mil. t (individ the 50 S	2018 Thou. Tual, gove	rnment trict of	ol. , busin Colum	OR ₂₅₀₁	Per	%
9	C. Did this firm have any revenues from customers et (such as private networks, dedicated lines, etc.) in Yes No D. Of the total 2018 revenues reported in 6, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if exact figures are not available	\$ Bil. or clien outside firms (i.e.	Mil. t (individ the 50 S	2018 Thou. Tual, gove	rnment trict of	ol. , busin Colum	OR ₂₅₀₁	Per	%
13	C. Did this firm have any revenues from customers er (such as private networks, dedicated lines, etc.) in Yes No D. Of the total 2018 revenues reported in ③, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if exact figures are not available	\$ Bil. or clien outside firms (i.e.	Mil. t (individ the 50 S	2018 Thou. Tual, gove	rnment trict of	ol. , busin Colum	OR ₂₅₀₁	Per	%
9 -	C. Did this firm have any revenues from customers et (such as private networks, dedicated lines, etc.) in Yes No No D. Of the total 2018 revenues reported in ③, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if exact figures are not available	\$ Bil. or clien outside firms (i.e.	Mil. t (individ the 50 S	2018 Thou. Tual, gove	rnment trict of	ol. , busin Colum	OR ₂₅₀₁	Per	%
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14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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 expenses not reported elsewhere.	transporta	tion with	n operato	ors; and oth	er
		Mark "X"			2018	
		if None	\$ 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					
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.					
	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					1 1
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4c					
3.	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					
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					
	CONTINUE WITH A ON PACE 6					

Forn	n SA-52390A (DRAFT)					Page
14	OPERATING EXPENSES - Continued					
		Mark "X"			2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
4.	Other Operating Expenses - Continued					
	h. Our offer late and a second					
	b. Operating interest expense					
	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					
	1879					
5.	TOTAL OPERATING EXPENSES					
	Sum of lines 1a through 4c					

Form	1 SA-52390A (DRAFT) Page 7
D	REMARKS - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

														_
18	CONTACT IN	FORMATI	ON											E
	Name of persor	to contact	regarding	this report (Pl	rint)	Title							E	
												E		
														E
		Area code		Number		Extension			Area code		Num	ber		
	Telephone	ne				Fax		1 1					E	
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	E-mail address							Website address						E

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT. We suggest you keep a copy for your records.



SERVICE ANNUAL SURVEY

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

FORM

SA-52390E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as -

	\$ Bil.			Mil.		T	hοι	١.		Dol.	
→		1	0	3	0	2	8	0	4	5	6

nclude

- 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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A. MAILING ADDRESS

	Yes
0035	
	No - Enter corrections in the mailing address above



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B. SURVEY COVERAGE					
Did this firm provide the hypiness activities described helevy?					
Did this firm provide the business activities described below?					
☐ Yes					
No - Specify this firm's business activity ₹					
- No - Specify this initi s business delivity					
0002					
EDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)					
Ooes this firm report payroll under EIN					
Yes					
013		EIN (S	digits)	
No - Enter current 9-digit EIN AND date payroll was first reported for this EIN	0045		_		
reported for this EIN	0015				
			Month	Day	Yea
		0088			
DRGANIZATIONAL CHANGE					
A. Did this firm experience any acquisitions, sales, mergers, and/or dive	stiture	s in 20	187		
Ves Yes					
No - Go to 4					
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during	the rep	orting	period,	. explai	n in 🕡.
3. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during	the rep	orting	period,		n in 17 . Yea
8. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during Acquisition				-	
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during Acquisition Date of organizational change				-	
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during Acquisition Date of organizational change				-	
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during Acquisition Date of organizational change				-	
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during Acquisition Date of organizational change				-	
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during Acquisition Date of organizational change		. 0018		Day	
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during Acquisition Date of organizational change		. 0018	Month	Day	
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during Acquisition Date of organizational change		. 0018	Month N (9 dig	Day	
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Form	SA-52390E (DRAFT)			Page 3
4	REPORTING PERIOD			
	NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal year	r that i	ncludes	at least six
	months of data for the 2018 calendar year.			at 10001 01%
	What time period is covered by the data provided in this report?			8
				g Date
	Calendar year	Month	Day	Year
	Figure or portial year. Papart beginning and anding dates	'	'	' '
	Fiscal or partial year - Report beginning and ending dates		Ending	Data
		Month	Day	Year
		WOTE	Day	Cal
	8000			1 1 1
5	Not Applicable.			
6	SALES, RECEIPTS, OR REVENUE			
_	What were the revenues for this firm in 2018?			
	Include:			
	• Report gross billings, except where noted elsewhere on the form.			
	Amounts received for work subcontracted to others.			
	• Revenue from services performed by domestic locations of foreign parent firms, subsidiaries	, branch	nes, etc.	
	Dues and assessments from members and affiliates.	aaata la	waant im	mtom.
	 Income from investments, sales of company-owned real estate (land and building) or other a held for resale), securities, gifts, loans, contributions, and grants. 	ssets (e	хсерг п	ventory
	• Interest earned from financing leases. Interest earned from sales, rent or lease under capital,	finance	, or full	payout.
	Also include interest, dividends, and royalties.			
	Net realized gains (losses) within specified area(s) of activity.			
	 Rents from separately operated departments, concessions, etc., which are leased to others. Revenues from electronic sources. 			
	Exclude:			
	• Transfers made within the company.			
	Net unrealized gains (losses).			
	• Taxes collected directly from customers or clients and paid directly to a local, state, or federal	al tax aç	jency.	
	• Revenue of separately operated departments, concessions, etc., which are leased to others.			
	Revenue from customers for carrying or other credit charges.			
	• Commissions from vending machine operators.		0	
	 Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Dis Commonwealth Territories, or U.S. possessions). 	strict of	Column	oia, U.S.
	• Revenue from the sale of used equipment.			
		2	2018	
	Mark "X" if None \$ Bil.	Mil.	Thou.	Dol.
1.	Financial Planning and Investment Management Products			
	a. Financial planning and investment management services			
	for individuals - Providing financial planning, advisory, and		1 1	
	investment management services for private individuals. Report corresponding services for trust accounts in line 3 2104			
	b. Financial planning and investment management services			
	for businesses and governments - Providing financial planning,			
	advisory, and investment management services for businesses			
2.	and governments			
۷.	in equity securities (e.g., common stock, preferred stock, convertible			
	bonds, warrants, industrial corporations, commercial corporations,			
	non-financial services corporations, financial corporations, holding companies, American Depository Receipts, Estate Contribution		1 1	
	Certificates, and all other equity products)	1 1	1 1	
3.	Trust products - Trust products involve one party establishing a			
	fiduciary relationship with a second party, such that the second party manages property for the benefit of either the first party or others 6411			
	munuges property for the benefit of either the first party of others 6411			
	CONTINUE WITH 6 ON PAGE 4			

6	SALES, RECEIPTS, OR REVENUE - Continued						
		Mark				2018	-
4.	All other operating revenue - Revenue not reported in lines 1a through 3. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below	if No	one s	Bil.	Mil.	Thou.	Dol.
		1799					
5.	TOTAL OPERATING REVENUE Sum of lines 1a through 4	. 1800					
7	Not Applicable.	1 1000					
8	REVENUES FROM ELECTRONIC SOURCES						
	A. Did this firm have any revenues from customers entering or mobile applications in 2018?	ders direc	tly o	n the	firm's w	ebsites o	r
	O040 Yes						
	□ No						
	B. Did this firm have any revenues from customers entering or mobile applications in 2018?	ders direc	tly o	n thire	d-party v	websites	or
	□ Yes						
	□ No						
	C. Did this firm have any revenues from customers entering or (such as private networks, dedicated lines, etc.) in 2018?	ders via a	ny ot	her el	ectronic	systems	:
	Ves Yes						
	□ No						
	D. Of the total 2018 revenues reported in (5), what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if exact figures are not available.	2018 Mil. TI	hou.	Do	ol.	R 2501	2018 Percent
	-12 Not Applicable.						
13	EXPORT REVENUE						
	An exported service is a service performed for a customer or client (in establishment, etc.) located outside the United States (i.e., outside the Commonwealth Territories, or U.S. possessions). Include:						
	 Services performed for unaffiliated and affiliated foreign firms (i.e., f 	oreign pare	ent fir	ms, su	ıbsidiarie	s, branche	es, etc.).
	Exclude: • Services provided to domestic subsidiaries of foreign firms.						
	A. Did the revenue reported in 6 include any revenue from exp	orts?					
	Yes						
	0009 No - <i>Go to</i>						
					:	2018	
			5	Bil.	Mil.	Thou.	Dol.
	B. What was this firm's revenue from exports in 2018?	2	2100	'			

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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 texpenses not reported elsewhere.	.ransportai	lion with	operato	ors; and oth	ы
		Mark "X"			2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
1. I	Personnel Costs					
á	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			1 1		1 1
1	legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.					
•	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					
) (3 j	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include materials and supplies used in providing services to others; materials and parts used in repairs; office and anitorial supplies; small tools; containers and other packaging materials; and motor fuels. Report packaged software in line 3 and eased and rented equipment in line 4c			1 1		
)) 1	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					
4. (Other Operating Expenses					
á	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			1 1		1 1
	CONTINUE WITH 🔂 ON PAGE 6					

Form	SA-52390E	(DRAFT)
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14	OPERATING EXPENSES - Continued						
			Mark "X"			2018	
			if None	\$ Bil.	Mil.	Thou.	Dol.
4.	Other Operating Expenses - Continued						
	h Operating interest or page						
	 b. Operating interest expense 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 7 	2110					
E	TOTAL OPERATING EXPENSES	1879					
5.	Sum of lines 1a through 4c	1900					
	and 16 Not Applicable.	1300					

SA-52390E (DRAFT) REMARKS - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate when data were estimated.
data were estimated.

18	CONTACT IN	FORMATI	ON							
	Name of persor	to contact	regarding t	his report <i>(Pleas</i>	se print)	Title				
										=
		Area code		Number	Extension		Area code		Number	
	Telephone		1 1			Fax		1 1		
				-					-	
	E-mail address					Website address				

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

We suggest you keep a copy for your records.



SERVICE ANNUAL SURVEY

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

FORM

24004

2018 ANNUAL SERVICES REPORT

SA-52400A	(DRAFT)
Due Date	
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://www.census.gov/programs-	
surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States	
Code (U.S.C.), Sections 131 and	
182 authorizes this collection. Sections 224 and 225 require your	
response. The U.S. Census Bureau	
is required by Section 9 of the same law to keep your information	
CONFIDENTIAL and can use your responses only to produce statistics.	
The Census Bureau is not permitted to publicly release your responses	
in a way that could identify your	
business, organization, or institution. Per the Federal Cybersecurity	
Enhancement Act of 2015, your data	
are protected from cybersecurity risks through screening of the	
systems that transmit your data. This collection has been approved	
by the Office of Management and	
Budget (OMB). The eight-digit OMB approval number is 0607-0422 and	
appears at the upper right of this page. Without this approval, we	
could not conduct this survey.	
Authentication Code:	To view Survey Results: https://www.census.gov/programs-surveys/sas.html
	GENERAL INSTRUCTIONS
• Any significant change	in this firm's operations should be noted in ① .
, 5	or acquired in 2018, report data only for the period the establishments were operated by
	e if book figures are not available.
•Enter "0" where applica	
	r two or more detailed lines.
 Report data on an accru 	ual basis, except for payroll. \$ Bil. Mil. Thou. Dol.
• Figures should be round	ded to the pearest dollar
If a figure is \$1,030,280,	456 it should be reported as \longrightarrow 1 0 3 0 2 8 0 4 5 6
Include:	
 Data for all Services est Construction operations 	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and s) as defined by the survey coverage in ① B.
 Data for auxiliary facilit garages, central admini 	ies primarily engaged in supporting services to those establishment(s) such as warehouses, strative offices, and repair services.
1 A. MAILING ADDRESS	
	d mailing address the same as shown in the mailing address above?
	a maning address the same as shown in the maning address above:
Yes	
0035	and the second and th
□ No - Enter co	orrections in the mailing address above

Form SA-52400A (DRAFT) Page 2

		H-52	2400	/A (Dh	AFI)																	raye 2
1	В.	SUI	RVEY	COVE	RAGE																	
		Did	this	firm p	rovide	the bu	ısines	ss act	tiviti	es de	escrib	bed b	elow	?								
		0001		Yes																		
		0001		No - Sp	pecify th	his firm	n's bus	siness	s activ	vitv 7	,											
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				0002																		
2	No	nt An	plical	ble.																		
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		0016	Ш	Yes																		
		0010		No - G	o to 4																	
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		Add	lress ((Number	and stre	eet, P.O.	Box, e	etc.)														
		City	, towi	n, village	, etc.										Sta	ate	ZIP Co	de				
																				_		

4	REPORTING PERIOD													
	NOTE: Calendar year data are preferred. If they are unavailable, please re	port for th	ne fiscal ve	ear that i	ncludes a	t least s								
	months of data for the 2018 calendar year.		,											
	What time period is covered by the data provided in this report?				2018									
	Calandan				Beginning									
	Calendar year			Month	Day	Year								
	Fiscal or partial year - Report beginning and ending dates		0007	7										
					Ending D	Date								
				Month		Year								
			0008	8										
5	Not Applicable.													
6	SALES, RECEIPTS, OR REVENUE													
	What were the revenues for this firm in 2018?													
	Include:													
	• Report gross billings, except where noted elsewhere on the form.													
	Amounts received for work subcontracted to others.													
	• Revenue from services performed by domestic locations of foreign parent firms, subsidiaries, branches, etc.													
	Dues and assessments from members and affiliates.													
	• Income from investments, sales of company-owned real estate (land and building) or other assets (except inventory held for resale), securities, gifts, loans, contributions, and grants.													
	• Interest earned from financing leases. Interest earned from sales, rent or lease under capital, finance, or full payout.													
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	 Interest earned from financing leases. Interest earned from sales, rent of Also include interest, dividends, and royalties. 	r lease un	der capita	l, finance	e, or full p	ayout.								
	Also include interest, dividends, and royalties. • Net realized gains (losses) within specified area(s) of activity.			l, finance	e, or full p	ayout.								
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What	were	the	benefits	paid	to	policyhold

Benefits paid (losses) - Benefits paid to policyholders (losses) for

iviaik A				
if None	\$ Bil.	Mil.	Thou.	Dol.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

- Transfers made within the company.
- Capitalized expenses.
- Bad debt.
- Impairment.
- Income tax.
- Benefits paid to policyholders (losses).
- Expenses 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).

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.

Exclude benefits paid to policyholders (losses).

		Mark "X"			2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
ı	Personnel Costs					
í	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					
•	legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.					
(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,					
) ((; j	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include materials and supplies used in providing services to others; materials and parts used in repairs; office and anitorial supplies; small tools; containers and other packaging materials; and motor fuels. Report packaged software in line 3 and eased and rented equipment in line 4c					
(Expensed purchases of software - Purchases of prepackaged, custom coded, or vendor customized software. Include software developed or customized by others, web-design services and					
	ourchases, licensing agreements, upgrades of software, and maintenance fees related to software upgrades and alterations 1826					

CONTINUE WITH 10 ON PAGE 6

Form SA	-52400A	(DRAFT)
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14 OPERATING EXPENSES - Continued

Other Operating Expenses

Dol.

2018

Thou.

Mil.

Mark "X" if None \$ Bil.

	b.	Operating interest expense	2110					
	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 benefits paid to policyholders (losses), report these						
		in 3. 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 7						
		,						
						$\overline{}$		
			1879					
5.		TAL OPERATING EXPENSES						
	Su	m of lines 1a through 4c	1900					
15	and	d 16 Not Applicable.						
•		TOT Application						

	CONTACT IN	IFORMATI	this report	(Please r	orint)	Title					
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8	Name of perso	n to contact									
18	Name of perso	Area code	Number	1 1	Extensio	n	Fax	Area code	Number	1 1	
18		Area code			Extensio		Fax e address			1 1	

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

We suggest you keep a copy for your records.

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

OF THE

SERVICE ANNUAL SURVEY

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

FORM

SA-52400E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as -

	\$ I	Bil.		Mil.		T	hοι	ı.		Dol.	
→		1	0	3	0	2	8	0	4	5	6

nclude

- 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.

1	A.	M	AIL
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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



Did this firm provide the business activities described below? Yes No - Specify this firm's business activity O002 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	Yes No - Specify this firm's business activity 7						
Yes	Yes No - Specify this firm's business activity 7		ERAGE				
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Does this firm report payroll under EIN Yes	Does this firm report payroll under EIN Yes	EDERAL EMPL	YER IDENTIFICATION NUMBER (EIN)				
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REPORTING PERIOD				
NOTE: Calendar year data are preferred. If they are unavailable, please report for the fisca months of data for the 2018 calendar year.	al yea	r that ii	ncludes a	at least six
What time period is covered by the data provided in this report?			2018	<u> </u>
		Е	Beginning	Date
Calendar year		Month	Day	Year
Fiscal or partial year - Report beginning and ending dates	. 0007			
		Month	Ending Day	Year
		IVIOIILII	Day	I Gai
	8000	ı		
Not Applicable.		·		
**				
SALES, RECEIPTS, OR REVENUE				
What were the revenues for this firm in 2018?				
Include: • Report gross billings, except where noted elsewhere on the form.				
• Amounts received for work subcontracted to others.				
 Revenue from services performed by domestic locations of foreign parent firms, subsidi 	iaries,	branch	nes, etc.	
 Dues and assessments from members and affiliates. 				
 Income from investments, sales of company-owned real estate (land and building) or ot held for resale), securities, gifts, loans, contributions, and grants. 	her as	ssets (e	except in	ventory
 Interest earned from financing leases. Interest earned from sales, rent or lease under ca 	pital,	finance	e, or full	payout.
Also include interest, dividends, and royalties.				
 Net realized gains (losses) within specified area(s) of activity. Rents from separately operated departments, concessions, etc., which are leased to other 	ore			
 Revenues from electronic sources. 	C13.			
Exclude:				
Transfers made within the company.				
Net unrealized gains (losses).				
• Taxes collected directly from customers or clients and paid directly to a local, state, or f		l tax aç	gency.	
• Revenue of separately operated departments, concessions, etc., which are leased to oth	ers.			
 Revenue from customers for carrying or other credit charges. Commissions from vending machine operators. 				
 Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 state 	s, Dis	trict of	Columb	ia, U.S.
Commonwealth Territories, or U.S. possessions).	·			·
Revenue from the sale of used equipment.				
Mark "X"			2018	
if None \$ Bi	l.	Mil.	Thou.	Dol.
Health and medical insurance products - net premiums				
earned - include comprehensive medical service blans, individual				
earned - Include comprehensive medical service plans, individual service medical coverage plans (e.g., supplemental Medicare,				
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service medical coverage plans (e.g., supplemental Medicare, CHAMPUS, other), and other health and medical insurance products 2180 All other operating revenue - Revenue not reported in line 1. If this item is greater than 20% of the total operating revenue,				
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What were the benefits paid to policyholders (losses) for this firm as defined in **OB**?

	Mark "X"		2	2018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
Benefits paid (losses) - Benefits paid to policyholders (losses) for health insurance and hospital and medical service plans					



What were the operating expenses for this firm in 2018?

Exclude:

- Transfers made within the company.
- Capitalized expenses.
- Bad debt.
- Impairment.
- Income tax.
- Benefits paid to policyholders (losses).
- Expenses 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).

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.

Exclude benefits paid to policyholders (losses).

	Mark "X"	2018						
		if None	\$ Bil.	Mil.	Thou.	Dol.		
Personnel Costs								
a. Gross annual payroll - Total annu wages for all employees as reported Employer's Quarterly Federal Tax R quarters that correspond to the surv Employer's Annual Federal Tax Retuspread on stock options that are tax	d on this firm's IRS Form 941, eturn, line 5(c) for the four vey period or IRS Form 944 urn, line 4(c). Include the	n 🗆		1 1				
b. Employer's cost for fringe beneflegally required programs and proginclude insurance premiums for he and single service plans (e.g., denta premium equivalents for self-insure third-party administrators (TPAs); defined contribution plans (e.g., proplans); and other fringe benefits (e.g. compensation insurance, unemploy insurance programs, life insurance	Fits - Employer's cost for rams not required by law. pspital plans, medical plans, al, vision, prescription drugs); d plans and fees paid to efined benefit pension plans; offit sharing, 401K, stock option g., Social Security, workers' ment tax, state disability							
employee contributions		2						
c. Temporary staff and leased emp								
agencies for personnel. Include all and services	paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. Include all charges for payroll, benefits, and services	3						
Expensed equipment, materials, paresale) - Include expensed computer (e.g., copiers, fax machines, telephones CPUs, monitors). Include materials and services to others; materials and parts janitorial supplies; small tools; contains materials; and motor fuels. Report pack	hardware and other equipment s, shop and lab equipment, d supplies used in providing used in repairs; office and ers and other packaging kaged software in line 3 and			1 1				
leased and rented equipment in line 4c		0 🗀						
Expensed purchases of software - Foundation coded, or vendor customized so								
developed or customized by others, we	eb-design services and							
purchases, licensing agreements, upgramaintenance fees related to software u			'	' '		' '		
mamiliance lees related to software d	pyrades and alterations 182	.0						

CONTINUE WITH 14 ON PAGE 6

Form	SA-52400E	(DRAFT)
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. 01111	SA-32400E (DRAFI)					rage 0			
14	OPERATING EXPENSES - Continued								
		Mark "X"	2018						
		if None		Mil.	Thou.	Dol.			
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					1 1			
	b. Operating interest expense	2110							
	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 benefits paid to policyholders (losses), report these in (3). 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	. 2110							
		1879							
5.	TOTAL OPERATING EXPENSES								
	Sum of lines 1a through 4c	1900							

REMARKS -	Please use this space	ce to explain any sig	nificant year-to-year	changes, to clarify resp	onses, or indicate who
data were esti	mated.				

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

SERVICE ANNUAL SURVEY

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

FORM

2018 ANNUAL SERVICES REPORT

SA-52410A	(DRAFT)
Due Date	
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://www.census.gov/programs-	
surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection.	
Sections 224 and 225 require your response. The U.S. Census Bureau	
is required by Section 9 of the same law to keep your information	
responses only to produce statistics.	
The Census Bureau is not permitted to publicly release your responses	
in a way that could identify your business, organization, or institution.	
Per the Federal Cybersecurity Enhancement Act of 2015, your data	
are protected from cybersecurity risks through screening of the	
systems that transmit your data. This collection has been approved	
by the Office of Management and Budget (OMB). The eight-digit OMB	
approval number is 0607-0422 and appears at the upper right of this	
page. Without this approval, we could not conduct this survey.	
INTERNET REPORTING - This	s survey should be completed online at:
https://portal.census.gov	
Authentication Code:	To view Survey Results: https://www.census.gov/programs-surveys/sas.html
	OFNIFRAL INCTRUCTIONS
• Any significant change i	GENERAL INSTRUCTIONS In this firm's operations should be noted in ①.
	or acquired in 2018, report data only for the period the establishments were operated by
	e if book figures are not available.
• Enter "0" where applicat	ole. r two or more detailed lines.
	al basis, except for payroll. \$ Bil. Mil. Thou. Dol.
• Figures should be round	ded to the negreet dollar
_	456 it should be reported as ———————————————————————————————————
Include:	
 Data for all Services esta Construction operations 	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and) as defined by the survey coverage in 1 B.
 Data for auxiliary facilities 	es primarily engaged in supporting services to those establishment(s) such as warehouses,
garages, central adminis	strative offices, and repair services.
1 A. MAILING ADDRESS	
Is this firm's name and	d mailing address the same as shown in the mailing address above?
Yes	
0035	
	prrections in the mailing address above

rorn	1 3/	A-5241UA (DRAFT)					Г	age 2
1	В.	SURVEY COVERAGE						
		Did this firm provide the business activities described below?						
		Ves Yes						
		☐ No - Specify this firm's business activity 7						
_		0002						
2	No	ot Applicable.						
3	OF	RGANIZATIONAL CHANGE						
	A.	Did this firm experience any acquisitions, sales, mergers, and/or divestitu	ures	in 20	18?			
		☐ Yes						
		0016 No - Go to 4						
	_							
	В.	Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the	renc	ortina	period	explai	n in D .	
					Month	Day	Year	
		Acquisition			ı	1	l l	
		Sale Date of organizational change		. 0018				
		0091 → AND						
		Enter detailed information below?						
		Divestiture						
		0017 Name of company	(0019 EI	N (9 dig	its)		
					-		1 1	
		Address (Number and street, P.O. Box, etc.)						
		City, town, village, etc.	ate 2	ZIP Co	de			
						_		

	NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal year	ar that ir	cludes	at least								
	months of data for the 2018 calendar year. What time period is covered by the data provided in this report?		20	10								
	what time period is covered by the data provided in this report?	В	20 Beginni									
	☐ Calendar year	Month	Day	Year								
	Eigenler partial year. Papart beginning and anding dates											
	Fiscal or partial year - Report beginning and ending dates		Ending	Date								
		Month	Day	Year								
A	Not A a Parkin											
	Not Applicable.											
	SALES, RECEIPTS, OR REVENUE											
	What were the revenues for this firm in 2018?											
	Include:Report gross billings, except where noted elsewhere on the form.											
	 Report gross billings, except where noted elsewhere on the form. Amounts received for work subcontracted to others. 											
	• Revenue from services performed by domestic locations of foreign parent firms, subsidiaries, branches, etc.											
	• Dues and assessments from members and affiliates.											
	• Income from investments, sales of company-owned real estate (land and building) or other assets (except inventory											
	held for resale), securities, gifts, loans, contributions, and grants.											
	 Interest earned from financing leases. Interest earned from sales, rent or lease under capital, finance, or full payout. Also include interest, dividends, and royalties. 											
	Net realized gains (losses) within specified area(s) of activity.											
	• Rents from separately operated departments, concessions, etc., which are leased to others.											
	Revenues from electronic sources. Exclude:											
	Exclude: • Transfers made within the company											
	Transfers made within the company.Net unrealized gains (losses).											
	 Net unrealized gains (losses). Taxes collected directly from customers or clients and paid directly to a local, state, or federalized gains (losses). 	al tay an	encv									
	• Revenue of separately operated departments, concessions, etc., which are leased to others.	ar tax ag	onloy.									
	Revenue from customers for carrying or other credit charges.											
	Commissions from vending machine operators.											
	 Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Discommonwealth Territories, or U.S. possessions). 	strict of	Colum	bia, U.S.								
	• Revenue from the sale of used equipment.											
	Mark "X"	2	018									
	if None \$Bil.	Mil.	Thou	. Do								
1.	Life insurance underwriting services - net premiums earned 2190											
•		1 1										
	Pensions and annuities underwriting services - fees											
	Pensions and annuities underwriting services - fees											
3.	All other operating revenue - Revenue not reported in lines 1 and 2. If this item is greater than 20% of the total operating											
3.	All other operating revenue - Revenue not reported in lines 1											
3.	All other operating revenue - Revenue not reported in lines 1 and 2. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7											
3.	All other operating revenue - Revenue not reported in lines 1 and 2. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7											
3 . 4 .	All other operating revenue - Revenue not reported in lines 1 and 2. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7 TOTAL OPERATING REVENUE											
 4. 	All other operating revenue - Revenue not reported in lines 1 and 2. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7 TOTAL OPERATING REVENUE Sum of lines 1 through 3											
 4. 	All other operating revenue - Revenue not reported in lines 1 and 2. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7 TOTAL OPERATING REVENUE											
 4. 	All other operating revenue - Revenue not reported in lines 1 and 2. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7 TOTAL OPERATING REVENUE Sum of lines 1 through 3											
 4. 	All other operating revenue - Revenue not reported in lines 1 and 2. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7 TOTAL OPERATING REVENUE Sum of lines 1 through 3											

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8	RE	VEN	UES	FRO	ОМ Е	LECT	roi\	IIC S	SOU	RCES	5														
	A.					e an			es f	rom (custo	mers	s en	terin	g or	ders	direct	ly o	n the	firm	's w	ebsite	s or		
		0040		Yes																					
				No																					
	В.	Did mol	this	firm appli	n hav icati	e an	y rev n 20	enu 18?	es f	rom (custo	mers	s en	terin	g or	ders	direct	ly o	n thi	rd-pa	rty v	vebsit	es oi	r	
		0041		Yes																					
				No																					
	C.	Did (suc	this h as	firm priv	n hav /ate	re an netw	y rev orks	enu , de	es fi dica	rom d ited l	custo ines,	mers etc.)	en in 2	terin 2018	g or	ders	via an	y ot	her e	electr	onic	syste	ms		
		0042		Yes																					
				No																					
	D.	Of t	he t	otal	201	B rev	enue	s re	port	ted in	6,		Г				2018				1			2018	
										ercer		e)		\$ Bil.		Mil.		ou.		Ool.				ercent	t
		A-C	abo	ve?	Plea	se pr	ovid	e an	esti	imate	e if	2!	500								OF	2501			%
9-	12	No	t Ap	plica	ble.																-				
13	BE	NEF	ITS I	PAIC	(LO	SSES	S)																		
								to p	olic	yholo	ders	(losse	es) f	or th	is fi	rm a	s defi	ned	in O l	В?					
																	Mark	"X"			2	2018			
																	if No		\$ Bil.	M	il.	Thou	1.	Dol	
	Be life	nefi e, per	ts pa	aid (I , and	osse l ann	s) - B uity i	Benefi nsura	ts pa ince	aid to plan	o poli ıs . .	cyhol	ders (loss 	es) fo	or 	2195									



What were the operating expenses for this firm in 2018?

Exclude:

- Transfers made within the company.
- Capitalized expenses.
- Bad debt.
- Impairment.
- Income tax.
- Benefits paid to policyholders (losses).
- Expenses 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).

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.

Exclude benefits paid to policyholders (losses).

		Mark "X"	2018							
		if None	\$ Bil.	Mil.	Thou.	Dol.				
- 1	Personnel Costs									
•	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									
ı	legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.									
(paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. Include all charges for payroll, benefits, and services									
! !	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include materials and supplies used in providing services to others; materials and parts used in repairs; office and anitorial supplies; small tools; containers and other packaging materials; and motor fuels. Report packaged software in line 3 and eased and rented equipment in line 4c									
[Expensed purchases of software - Purchases of prepackaged, custom coded, or vendor customized software. Include software developed or customized by others, web-design services and burchases, licensing agreements, upgrades of software, and maintenance fees related to software upgrades and alterations 1826									

CONTINUE WITH 14 ON PAGE 6

Form	SA-524	10A	(DRAFT)
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-orm	SA-52410A (DRAFT)					Page
14	OPERATING EXPENSES - Continued					
		Mark "X"			2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
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	831				1 1
	b. Operating interest expense	110	'			
	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 benefits paid to policyholders (losses), report these in 3. 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					
			'			
5.	TOTAL OPERATING EXPENSES	879				
	Sum of lines 1a through 4c	900				

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D	REMARKS - Please use this space to explain any significant ye data were estimated.	ar-to-year changes, to clarify responses, or indicate where
18	CONTACT INFORMATION	
	Name of person to contact regarding this report (Please print)	Title
	Telephone Area code Number Extension	Area code Number
	E-mail address	Website address
	THANK YOU for completing your 2018	ANNUAL SERVICES REPORT.
	We suggest you keep a copy	

OF THE

SERVICE ANNUAL SURVEY

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

FORM

SA-52410E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as -

	\$ E	3il.		Mil.		T	hοι	١.		Dol.	
→		1	0	3	0	2	8	0	4	5	6

nclude

- 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.

1	A.	MAILING ADDRES	S
		le this firm's name	n

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

	ш	Yes
0035		
		No - Enter correction

No - Enter corrections in the mailing address above



B. SURVEY COVERAGE Did this firm provide the business activities described below?	Did this firm provide the business activities described below? Yes No - Specify this firm's business activity 7 O002 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes Ves No - Enter current 9-digit EIN AND date payroll was first reported for this EIN
Yes No - Specify this firm's business activity 7 One No - Specify this firm's business activity 7 One No - Specify this firm's business activity 7 One O	Yes No - Specify this firm's business activity Yes O002
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	No - Specify this firm's business activity 7 No - Specify this firm's business activity 7 No - Specify this firm's business activity 7 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
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FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes OND - Enter current 9-digit EIN AND date payroll was first reported for this EIN	No - Specify this firm's business activity No - Specify this firm's business activity No - Specify this firm's business activity No - Enter current payroll under EIN No - Enter current payroll tell and the payroll was first reported for this EIN
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FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes ONS No - Enter current 9-digit EIN AND date payroll was first reported for this EIN ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes ONS No - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Date of organizational change ONS AND Enter detailed information below 7 Divestiture ONS Address (Number and street, P.O. Box, etc.) City, town, village, etc. State ZiP Code	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
FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes ONO - Enter current 9-digit EIN AND date payroll was first reported for this EIN	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
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Yes No - Enter current 9-digit EIN AND date payroll was first reported for this EIN No - Enter current 9-digit EIN AND date payroll was first No - Go to Month Day Year Yes No - Go to Month Day Year Yes No - Go to Month Day Year Acquisition Date of organizational change occurred during the reporting period, explain in Date of organizational change No - Go to Date of organizational change No - Go to No - G	Yes No - Enter current 9-digit EIN AND date payroll was first reported for this EIN
Yes No - Enter current 9-digit EIN AND date payroll was first reported for this EIN No - Enter current 9-digit EIN AND date payroll was first reported for this EIN No - Goto Month Day Year Month Office of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in	Yes No - Enter current 9-digit EIN AND date payroll was first reported for this EIN
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No - Enter current 3-digit EIN AND date payroll was first reported for this EIN Month Day Year	No - Enter current 9-digit EIN AND date payroll was first reported for this EIN
ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes No - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Sale Month Day Year Acquisition Date of organizational change Date of organizational change Date of organizational change Date of organizational change AND Enter detailed information below? Address (Number and street, P.O. Box, etc.)	reported for this EIN
ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes	0088
ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes No - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Date of organizational change	
ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes No - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Date of organizational change	
A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes No - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Sale No - Go to Month Day Year Acquisition Date of organizational change	ORGANIZATIONAL CHANGE
Yes No - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Sale O091 Nerger Divestiture Date of organizational change AND Enter detailed information below? O017 Name of company O019 EIN (9 digits) Address (Number and street, P.O. Box, etc.)	UNDAMEATOWAL CHANGE
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Sale AND Enter detailed information below Divestiture Out Name of company Out Name of company Out Name of company Out State ZIP Code	A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Acquisition Date of organizational change	Ves
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Date of organizational change	
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Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Sale AND Enter detailed information below Divestiture Divestiture Divestiture Oo17 Name of company Oo19 EIN (9 digits) Address (Number and street, P.O. Box, etc.) City, town, village, etc.	B. Which of the following organizational changes occurred in 2018?
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Merger Divestiture Outh Name of company AND Enter detailed information below Outh Name of company Outh Name of company Outh Name of company Outh Name of company City, town, village, etc.	Date of organizational change
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O017 Name of company O019 EIN (9 digits) Address (Number and street, P.O. Box, etc.) City, town, village, etc. State ZIP Code	, and the second of the second
Address (Number and street, P.O. Box, etc.) City, town, village, etc. State ZIP Code	
Address (Number and street, P.O. Box, etc.) City, town, village, etc. State ZIP Code	
City, town, village, etc. State ZIP Code	0017 Name of company 0019 EIN (9 digits)
City, town, village, etc. State ZIP Code	
	Address (Number and street, P.O. Box, etc.)
	Address (Number and street, P.O. Box, etc.)
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Form SA-52410E (DRAFT)	Page
A REPORTING PERIOD	

-orm	1 SA-5241UE (DRAFT)			Page 3
4	REPORTING PERIOD			
	NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal year months of data for the 2018 calendar year.	ır that iı	ncludes	at least six
	What time period is covered by the data provided in this report?		201	18
		E	Beginnir	g Date
	Calendar year	Month	Day	Year
	5 Final an applial and Bound to a finite and applied to the second secon	'		1 1 1
	Fiscal or partial year - Report beginning and ending dates			
		N/I = 4 l=	Ending	
		Month	Day	Year
	0008			
5	Not Applicable.			
6	SALES, RECEIPTS, OR REVENUE			
	What were the revenues for this firm in 2018?			
	Include:			
	• Report gross billings, except where noted elsewhere on the form.			
	Amounts received for work subcontracted to others. Province from convices performed by demostic leasting of foreign perent firms, subsidiaries.	bropol	ana ata	
	 Revenue from services performed by domestic locations of foreign parent firms, subsidiaries Dues and assessments from members and affiliates. 	, Dianci	ies, etc.	•
	 Income from investments, sales of company-owned real estate (land and building) or other a held for resale), securities, gifts, loans, contributions, and grants. 	ssets (e	except in	nventory
	 Interest earned from financing leases. Interest earned from sales, rent or lease under capital, Also include interest, dividends, and royalties. 	finance	e, or full	payout.
	Net realized gains (losses) within specified area(s) of activity.			
	• Rents from separately operated departments, concessions, etc., which are leased to others.			
	Revenues from electronic sources.			
	Exclude:			
	• Transfers made within the company.			
	Net unrealized gains (losses). The small standard from the formula to the small standard from the formula to the small standard from the small s			
	 Taxes collected directly from customers or clients and paid directly to a local, state, or federa Revenue of separately operated departments, concessions, etc., which are leased to others. 	ıı tax aç	gency.	
	• Revenue from customers for carrying or other credit charges.			
	Commissions from vending machine operators.			
	• Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Dis Commonwealth Territories, or U.S. possessions).	strict of	Columi	oia, U.S.
	Revenue from the sale of used equipment.			
	Mark "X"	2	2018	
	if None \$ Bil.	Mil.	Thou.	Dol.
1.	Life insurance underwriting services - net premiums earned 2190	 		
•	Burst and the Mark of the Control of		1 -1	
2.	Pensions and annuities underwriting services - fees 2191			
3.	All other operating revenue - Revenue not reported in lines 1 and 2. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7			
	1799	1 1 7	T	
4.	TOTAL OPERATING REVENUE			
-	Sum of lines 1 through 3	1 1	1 1	

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8	RE	VEN	IUES	FRO)М Е	LECT	RONI	IC S	OUI	RCES	5															
	A.						reve 201		es fr	rom (custo	mers	ent	ering	g or	ders	dire	ctly	on t	he f	firm'	s we	bsite	s or		
		0040		Yes																						
				No																						
	В.	Did mol	this	firn appl	n hav icatio	e any ons ir	reve 201	enue 8?	es fi	rom (custo	mers	ent	ering	g or	ders	dire	ctly	on t	hird	l-par	ty w	ebsite	es oi	r	
		0041		Yes																						
				No																						
	C.	Did (suc	this ch as	firn priv	hav vate	e any netw	reve orks,	enue dec	es fr dica	rom d ted l	custo ines,	mers etc.)	ent in 2	ering 2018	g ord	ders	via	any (othe	r ele	ectro	onic	syste	ms		
		0042		Yes																						
				No																						
	D.	Of 1	the t	otal	2018	3 reve	nues	s rep	port	ed in	6 ,		Г				201	Q							2018	
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																		lone	\$ B	il.	Mil		Thou	ı.	Dol.	
												ders (2195										

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14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

- Transfers made within the company.
- Capitalized expenses.
- Bad debt.
- Impairment.
- Income tax.
- Benefits paid to policyholders (losses).
- Expenses 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).

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.

Exclude benefits paid to policyholders (losses).

	Mark "X"		2	2018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
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 . 182	1 🔲		1 1		
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	2				
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	3		1 1		
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4c	0				
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 182	6				

CONTINUE WITH 10 ON PAGE 6

AFT)	
	AFT)

FOLII	SA-5241UE (DRAFT)					Page 6
14	OPERATING EXPENSES - Continued					
		Mark "X"		2	2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
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		1 1		
	b. Operating interest expense	2110				
	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 benefits paid to policyholders (losses), report these in ③. Exclude purchases of merchandise for resale and nonoperating expenses. If this item is greater than 20% of the total operating expenses, specify the primary source of the expenses below 7					
		1879				
5.	TOTAL OPERATING EXPENSES Sum of lines 1a through 4c	1900				
16	and 16 Not Applicable.					

Form	SA-52410E (DRAFT)	age 7
	REMARKS - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate who data were estimated.	here

CONTACT IN								
Name of perso	n to contact	regarding t	this report (<i>Pleas</i>	e print)	Title			
	Area code		Number	Extension		Area code	Number	
Telephone			-		Fax		-	
					Website address			
E-mail address					vvensite address			

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

FORM

2018 ANNUAL SERVICES REPORT

SA-52412A	(DRAFT)
Due Date	
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://www.census.gov/programs- surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.	s survey should be completed online at:
https://portal.census.gov Authentication Code:	To view Survey Results: https://www.census.gov/programs-surveys/sas.htm
	GENERAL INSTRUCTIONS
 Any significant change i 	n this firm's operations should be noted in 17 .
 For establishments sold this firm. 	or acquired in 2018, report data only for the period the establishments were operated by
·	e if book figures are not available.
•Enter "0" where applicat	
	r two or more detailed lines.
Figures should be round	al basis, except for payroll. \$Bil. Mil. Thou. Dol.
_	456 it should be reported as 1030280456
Include:	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and
·) as defined by the survey coverage in O B.
 Data for auxiliary facilition garages, central adminis 	es primarily engaged in supporting services to those establishment(s) such as warehouses, strative offices, and repair services.
1 A. MAILING ADDRESS	
Is this firm's name and	d mailing address the same as shown in the mailing address above?
Voc	
Ves 0035	
_	orrections in the mailing address above

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Form SA-52412A (DRAFT)	Page 2
B. SURVEY COVERAGE	
Did this firm provide the business activities described below?	
Dia tino inini provide tilo baolinoso dotti ilioo docoribod boloni.	
Yes	
O001 Yes	
☐ No - Specify this firm's business activity ₹	
0002	
2 Not Applicable.	
3 ORGANIZATIONAL CHANGE	
A. Did this firm experience any acquisitions, sales, mergers, and/or d	ivestitures in 2018?
☐ Yes	
0016 No - <i>Go to</i>	
B. Which of the following organizational changes occurred in 2018?	
Check all that apply. If more than one organizational change occurred du	ing the reporting period, explain in 😈.
☐ Acquisition	Month Day Year
Date of organizational change	0018
Sale > AND	
Enter detailed information below?	
Divestiture	
0017 Name of company	0019 EIN (9 digits)
Address (Number and street, P.O. Box, etc.)	
City, town, village, etc.	State ZIP Code

Form SA-52412A (DRAFT) Page 3

4	REP	ORT	TING PERIOD						
			alendar year data are preferred. If they are unavailable, please report for the fiscal yea of data for the 2018 calendar year.	r that i	nclude	s at least six			
	Wha	t tir	me period is covered by the data provided in this report?		20	18			
				Beginning Date					
			Calendar year	Month	Day	Year			
	0006								
		Ш	Fiscal or partial year - Report beginning and ending dates						
					Ending	g Date			
				Month	Day	Year			
			2000						

5 Not Applicable.

SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

- Report gross billings, **except** where noted elsewhere on the form.
- Amounts received for work subcontracted to others.
- Revenue from services performed by domestic locations of foreign parent firms, subsidiaries, branches, etc.
- Dues and assessments from members and affiliates.
- Income from investments, sales of company-owned real estate (land and building) or other assets (except inventory held for resale), securities, gifts, loans, contributions, and grants.
- Interest earned from financing leases. Interest earned from sales, rent or lease under capital, finance, or full payout. Also include interest, dividends, and royalties.
- Net realized gains (losses) within specified area(s) of activity.
- Rents from separately operated departments, concessions, etc., which are leased to others.
- Revenues from electronic sources.

Exclude:

- Transfers made within the company.
- Net unrealized gains (losses).
- Taxes collected directly from customers or clients and paid directly to a local, state, or federal tax agency.
- Revenue of separately operated departments, concessions, etc., which are leased to others.
- Revenue from customers for carrying or other credit charges.
- 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).
- Revenue from the sale of used equipment.

	2018														
	\$ Bil.	Mil.	Thou.	Dol.											
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Not Applicable.

Form	S	A-52	412	2 A	(DRAFT)													Pa	ge 4
8	RE	VEN	UES	FRO	OM ELE	CTRON	IC SO	URCES											
	A.					any reve s in 201		from c	ustom	ers er	ntering	orders	directly	on the	firm's	s web	sites o	r	
		0040		Yes															
				No															
	В.					any reve s in 201		from c	ustom	ers er	ntering	orders	directly	on thi	rd-par	ty wel	bsites	or	
		0041		Yes															
				No															
	C. Did this firm have any revenues from customers entering o (such as private networks, dedicated lines, etc.) in 2018?												via any o	other e	electro	nic sy	/stems	•	
		0042		Yes															
				No															
	D.	Of 1	he t	otal	2018 r	evenues	s repo	rted in	6,				2018					2018	
						r amoui					\$ Bil.	Mil.	Thou.	Dol.				Percent	t
		A-C	abo	ve?	Please	provide ot avail	an es	timate	if	. 2500						OR	2501		%
9	Œ	No	t Ap	plica	able.														
13	DI	REC [.]	T LO	SSE	S INCU	RRED													
	W	hat v	vere	the	direct	losses i	ncurre	ed for t	his fir	m as d	lefined	in O B?	•						
													Mark "X"			201	8		
	Di	rect	loss	es ir	ncurred	- Direct	t losses	s incurr	ed for i	proper	ty and		if None	\$ Bil.	Mil		Thou.	Dol	
	Direct losses incurred - Direct losses incurred for proper casualty, title, and other insurance plans (except, life, heal medical)								health	, and	2186								



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14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

- Transfers made within the company.
- Capitalized expenses.
- Bad debt.
- Impairment.
- Income tax.
- Direct losses incurred.
- Expenses 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).

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.

Exclude direct losses incurred.

		Mark "X"									
		if None	\$ Bil.	Mil.	Thou.	Dol.					
- 1	Personnel Costs										
•	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										
1	legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.										
•	paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. Include all charges for payroll, benefits, and services										
! (: : :	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include materials and supplies used in providing services to others; materials and parts used in repairs; office and anitorial supplies; small tools; containers and other packaging materials; and motor fuels. Report packaged software in line 3 and eased and rented equipment in line 4c										
(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										

CONTINUE WITH 14 ON PAGE 6

Other Operating Expenses a. Depreciation and amortization charges - Include depreciation charges taken against tangible assets owned and used by this firm, langible assets owned improvements owned by this firm within losseholds, tangible assets obtained through capital lease (e.g., patents, copyrights). Exclude impairment lease (e.g., patents, copyrights). Exclude impairment lease of the control above, unless specifically excluded in the general instructions. Include office postage paid and package delivery. But this item is greater than 20% of the total operating expenses. If this item is greater than 20% of the total operating expenses, specify the primary source of the expenses below? TOTAL OPERATING EXPENSES Sum of lines 1a through 4c 1950.	rm SA-52412A (DRAFT)					Page
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	4) OPERATING EXPENSES - Continued					
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		NA 1 - 11371			2018	
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						Dol.
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	. Other Operating Expenses		+		111041	20
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 direct losses incurred, report these in 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 7 TOTAL OPERATING EXPENSES Sum of lines 1a through 4c	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	1831		1 1		1 1
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 direct losses incurred, report these in 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 7 TOTAL OPERATING EXPENSES Sum of lines 1a through 4c	h Operating interest expense					
TOTAL OPERATING EXPENSES Sum of lines 1a through 4c	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 direct losses incurred, report these in (3). 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	2110				
TOTAL OPERATING EXPENSES Sum of lines 1a through 4c						
Sum of lines 1a through 4c		1879				
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and To Not Applicable.		1900				

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	REMARKS - F data were esti	natoa.									
)	CONTACT IN										
	Name of persor	to contact	regarding	this repor	t (<i>Please</i> _l	print)	Title				
	Telephone	Area code		Number		Extensio		Fax	Area code	Number	1 1
	Totophono			-	1 1			Tux		-	
	E-mail address						Website ad	ddress			



SERVICE ANNUAL SURVEY

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

FORM

SA-52412E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 0.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as -

	\$ Bil.		\$ Bil. Mil.			Thou.			Dol.		
→		1	0	3	0	2	8	0	4	5	6

nclude:

- 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.

above

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

D. CURVEY COVERAGE				
B. SURVEY COVERAGE				
Did this firm provide the business activities described below?				
Yes				
0001				
No - Specify this firm's business activity				
0002				
FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)				
Does this firm report payroll under EIN				
☐ Yes			,	
	EIN (9	digits	5)	
No - Enter current 9-digit EIN AND date payroll was first reported for this EIN	,	-		
		Month	Dov	Voor
		IVIOIILI	n Day	Year
	0088			1 1
ORGANIZATIONAL CHANGE				
		403		
A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures	in 20	18?		
Yes				
0016 No - <i>Go to</i> 4				
No - Go to G				
B. Which of the following organizational changes occurred in 2018?				
Check all that apply. If more than one organizational change occurred during the rep	orting	period	l, explai	n in 🕡.
□ A :::::		Month	Day	Year
Acquisition			'	
□ Sale Date of organizational change	. 0018			
0091 AND				
☐ Merger Enter detailed information below				
Divestiture				
Name of company	0019 EI	N (9 di	gits)	
		-		
Address (Number and street, P.O. Box, etc.)				
City, town, village, etc.	ZIP Co			
City, town, village, etc.	ZIP Co	de		1 1
City, town, village, etc.	ZIP Cod		_	
City, town, village, etc.	ZIP Cod		-	

Form SA-52412E (DRAFT) Page 3

4	REP	ORT	TING PERIOD			
	NOT mon	E: C	alendar year data are preferred. If they are unavailable, please report for the fiscal yea of data for the 2018 calendar year.	r that i	ncludes	s at least six
	Wha	t tir	me period is covered by the data provided in this report?		20	18
				E	Beginni	ng Date
			Calendar year	Month	Day	Year
	0006		Fiscal or partial year - Report beginning and ending dates			
					Ending	g Date
				Month	Day	Year

5 Not Applicable.

6 SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

- Report gross billings, **except** where noted elsewhere on the form.
- Amounts received for work subcontracted to others.
- Revenue from services performed by domestic locations of foreign parent firms, subsidiaries, branches, etc.
- Dues and assessments from members and affiliates.
- Income from investments, sales of company-owned real estate (land and building) or other assets (except inventory held for resale), securities, gifts, loans, contributions, and grants.
- Interest earned from financing leases. Interest earned from sales, rent or lease under capital, finance, or full payout. Also include interest, dividends, and royalties.
- Net realized gains (losses) within specified area(s) of activity.
- Rents from separately operated departments, concessions, etc., which are leased to others.
- Revenues from electronic sources.

Exclude:

- Transfers made within the company.
- Net unrealized gains (losses).
- Taxes collected directly from customers or clients and paid directly to a local, state, or federal tax agency.
- Revenue of separately operated departments, concessions, etc., which are leased to others.
- Revenue from customers for carrying or other credit charges.
- 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).
- Revenue from the sale of used equipment.

		2018											
	\$ Bil.	Mil.	Thou.	Dol.									
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N	-	

Not Applicable.

Direct losses incurred - Direct losses incurred for property and casualty, title, and other insurance plans (except, life, health, and

medical)



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14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

- Transfers made within the company.
- Capitalized expenses.
- Bad debt.
- Impairment.
- Income tax.
- Direct losses incurred.
- Expenses 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).

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.

Exclude direct losses incurred.

	Mark "X"		2	2018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
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	ı 🗆				
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	2				
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	3				
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4c	o 🗆				
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					
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4	OPERATING EXPENSES - Continued							
		Mark	k "X"			20)18	
			lone	\$ Bil.	Mil.		Thou.	Dol
	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	╝.					
	b. Operating interest expense	2110		·				
	c. All other operating expenses - All other operating expenses	20						
	not reported above, unless specifically excluded in the general							
	instructions. Include office postage paid and package delivery. Exclude direct losses incurred, report these in (3). 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 7							
	,							
		1879						
	TOTAL OPERATING EXPENSES							
	Sum of lines 1a through 4c	1900						

Form	SA-52412E	(DRAFT)
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Ð	REMARKS - data were est	Please use imated.	this space	e to explain any s	significant yea	r-to-year changes	, to clarify re	sponses,	or indicat	e where
18	CONTACT IN					I				
	Name of perso	n to contact	regarding	this report (Please	print)	Title				
		Area code		Number	Extension		Area code		Number	
	Telephone	Area code		-	LATGIISIUII	Fax	Alea Code		-	
	E-mail address					Website address				

SERVICE ANNUAL SURVEY U.S. DEPARTMENT OF COMMERCE

Economics and Statistics Administration U.S. CENSUS BUREAU

2018 ANNUAL SERVICES REPORT

SA-52413A (DRAFT) **Due Date** 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey. INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov **Authentication Code:** To view Survey Results: https://www.census.gov/programs-surveys/sas.html **GENERAL INSTRUCTIONS** Any significant change in this firm's operations should be noted in ①. • For establishments sold or acquired in 2018, 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. d Dil Mil Thou Dol

- Report data on an accrual basis, except for payroll.
- F
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report data on an adordar basis, except for payron.	Эο	11.		IVIII.		- 1	Hou		L	טטו.	
Figures should be rounded to the nearest dollar.		1	\wedge	1	\wedge	7	O	\wedge	4	_	_
f a figure is \$1,030,280,456 it should be reported as		I	\mathcal{O}	S	\mathcal{O}	L	8	\mathcal{O}	7	O,	0

Include:

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

U	A. MA	LIN	G ADDRESS
	ls th	is fir	m's name and mailing address the same as shown in the mailing address above?
	0035		Yes
			No - Enter corrections in the mailing address above

orn	ı S/	A-52	2413	BA (DRAFT)		Page 2
0	В.	SUF	RVEY	COVERAGE		
		Did	this	firm provide	the business activities described below?	
		0001		Yes		
				No - Specify t	this firm's business activity 7	
				0002		
<u> </u>	NI-	. Λ				
2			plical			
3				TIONAL CHA	ence any acquisitions, sales, mergers, and/or divestitures in 2018?	
				Yes	,,,	
		0016				
				No - <i>Go to</i> 4		
	В.				ng organizational changes occurred in 2018? more than one organizational change occurred during the reporting period, explain in	®
		•		~	Month Day	Year
			Ш	Acquisition	Date of organizational change	
		0091		Sale	> AND	
				Merger	Enter detailed information below	
				Divestiture		
		0017	Nam	ne of company	0019 EIN (9 digits)	
		0017	IVali	ie of company	ous Eliv (3 digits)	
		Add	lress	(Number and str	reet, P.O. Box, etc.)	
				,		
		City	, tow	n, village, etc.	State ZIP Code	

Form SA-52413A (DRAFT) Page 3

4	REP	ORT	TING PERIOD			
			alendar year data are preferred. If they are unavailable, please report for the fiscal yea of data for the 2018 calendar year.	r that ii	ncludes	at least six
	Wha	t tii	me period is covered by the data provided in this report?		20	18
				E	Beginni	ng Date
			Calendar year	Month	Day	Year
	0006					
		Ш	Fiscal or partial year - Report beginning and ending dates			
					Ending	g Date
				Month	Day	Year

5 Not Applicable.

SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

- Report gross billings, **except** where noted elsewhere on the form.
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- Income from investments, sales of company-owned real estate (land and building) or other assets (except inventory held for resale), securities, gifts, loans, contributions, and grants.
- Interest earned from financing leases. Interest earned from sales, rent or lease under capital, finance, or full payout. Also include interest, dividends, and royalties.
- Net realized gains (losses) within specified area(s) of activity.
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- Revenue from the sale of used equipment.

2018													
\$ Bil.	Mil.	Thou.	Dol.										

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7 No

Not Applicable.



Direct losses incurred - Direct losses incurred for property and	d		
casualty, title, life, health, medical, and other insurance plans .		٠	2187

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What were the operating expenses for this firm in 2018?

Exclude:

- Transfers made within the company.
- Capitalized expenses.
- Bad debt.
- Impairment.
- Income tax.
- Direct losses incurred.
- Expenses 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).

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.

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		Mark "X"			2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
F	Personnel Costs					
ŧ	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				1 1	
k	legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.					
	. 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			1 1		
(() j r	expensed equipment, materials, parts, and supplies (not for esale) - Include expensed computer hardware and other equipment e.g., copiers, fax machines, telephones, shop and lab equipment, EPUs, monitors). Include materials and supplies used in providing ervices to others; materials and parts used in repairs; office and anitorial supplies; small tools; containers and other packaging naterials; and motor fuels. Report packaged software in line 3 and eased and rented equipment in line 4c					
	expensed purchases of software - Purchases of prepackaged,					
C	ustom coded, or vendor customized software. Include software					
C	eveloped or customized by others, web-design services and					
	ourchases, licensing agreements, upgrades of software, and naintenance fees related to software upgrades and alterations 1826					

CONTINUE WITH 10 ON PAGE 6

orm	SA-52413A (DRAFT)					Page
14	OPERATING EXPENSES - Continued					
		Mark "X"			2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
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	831				
	b. Operating interest expense	110				
	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 direct losses incurred, report these in . 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.					
	11	879				
5.	TOTAL OPERATING EXPENSES Sum of lines 1a through 4c	900				
	and 16 Not Applicable.					

	ONTACT IN				. (5))				
_	lame of persor	i to contact	regarding	this repo	rt (<i>Please</i>	print)	Title			
_							+			
Na	Telephone	Area code		Number -		Extension	Fax	Area code	Number -	

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



SERVICE ANNUAL SURVEY

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

FORM

SA-52413E

(DRAFT)

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- 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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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

No - Enter corrections in the mailing address above



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B. SURVEY COVERAGE					
Did this firm provide the business activities described below?					
Yes					
0001					
□ No - Specify this firm's business activity 7					
0002					
FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)					
Does this firm report payroll under EIN					
Yes					
0013		FIN (9	digits)		
No - Enter current 9-digit EIN AND date payroll was first		L114 (c	J digits/		
reported for this EIN	. 0015		-		
			Month	Day	Year
		8800			
ORGANIZATIONAL CHANGE					1 1
ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or diverse.	stiture	s in 20)18?		1 1
A. Did this firm experience any acquisitions, sales, mergers, and/or diver	stiture	s in 20)18?		
	stiture	s in 20)18?		
A. Did this firm experience any acquisitions, sales, mergers, and/or diversity Yes	stiture	s in 20)18?		
A. Did this firm experience any acquisitions, sales, mergers, and/or diversity of the sales of t	stiture	s in 20)18?		
A. Did this firm experience any acquisitions, sales, mergers, and/or diversions and the sales of				explai	n in D .
A. Did this firm experience any acquisitions, sales, mergers, and/or diversity of the sales of t			period,		
A. Did this firm experience any acquisitions, sales, mergers, and/or diversity of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the control of the following organization organizatio	the rep	oorting		<i>explai</i> Day	n in ① . Year
A. Did this firm experience any acquisitions, sales, mergers, and/or diversity of the sales of t	the rep	oorting	period,		
A. Did this firm experience any acquisitions, sales, mergers, and/or diversity of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the control of the following organization organizatio	the rep	oorting	period,		
A. Did this firm experience any acquisitions, sales, mergers, and/or diversity Yes No - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during Acquisition Date of organizational change	the rep	oorting	period,		
A. Did this firm experience any acquisitions, sales, mergers, and/or diversity Yes	the rep	oorting	period,		
A. Did this firm experience any acquisitions, sales, mergers, and/or diversity Yes No - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during Acquisition Date of organizational change	the rep	oorting	period,		
A. Did this firm experience any acquisitions, sales, mergers, and/or diversity Yes	the rep	oorting . 0018	period,	Day	
A. Did this firm experience any acquisitions, sales, mergers, and/or diversity of the following organizational changes occurred in 2018? B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during Acquisition Date of organizational change AND Enter detailed information below? Divestiture	the rep	oorting . 0018	period,	Day	
A. Did this firm experience any acquisitions, sales, mergers, and/or diversity of the sales of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during occurred during occurred our organizational change occurred during occurred our organizational change occurred our	the rep	oorting . 0018	period,	Day	
A. Did this firm experience any acquisitions, sales, mergers, and/or diversity of the following organizational changes occurred in 2018? B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during Acquisition Date of organizational change AND Enter detailed information below? Divestiture	the rep	oorting . 0018	period,	Day	
A. Did this firm experience any acquisitions, sales, mergers, and/or diversity of the sales of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during occurred during occurred our organizational change occurred during occurred our organizational change occurred our	the rep	oorting . 0018	period,	Day	
A. Did this firm experience any acquisitions, sales, mergers, and/or diversity of the sales of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during occurred during occurred our organizational change occurred during occurred our organizational change occurred our	the rep	oorting . 0018	period, Month	Day	
A. Did this firm experience any acquisitions, sales, mergers, and/or diversity of the following organizational changes occurred in 2018? B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during Acquisition Date of organizational change	the rep	0019 E	period, Month	Day	
A. Did this firm experience any acquisitions, sales, mergers, and/or diversity of the following organizational changes occurred in 2018? B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during Acquisition Date of organizational change	the rep	0019 E	period, Month	Day	

Form SA-52413E (DRAFT) Page 3

4	REP	ORT	TING PERIOD			
			alendar year data are preferred. If they are unavailable, please report for the fiscal yea of data for the 2018 calendar year.	r that ii	ncludes	s at least six
	Wha	t tir	me period is covered by the data provided in this report?		20	18
				E	Beginni	ng Date
			Calendar year	Month	Day	Year
	0006					
		Ш	Fiscal or partial year - Report beginning and ending dates			
					Ending	g Date
				Month	Day	Year

5 Not Applicable.

SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

- Report gross billings, **except** where noted elsewhere on the form.
- Amounts received for work subcontracted to others.
- Revenue from services performed by domestic locations of foreign parent firms, subsidiaries, branches, etc.
- Dues and assessments from members and affiliates.
- Income from investments, sales of company-owned real estate (land and building) or other assets (except inventory held for resale), securities, gifts, loans, contributions, and grants.
- Interest earned from financing leases. Interest earned from sales, rent or lease under capital, finance, or full payout. Also include interest, dividends, and royalties.
- Net realized gains (losses) within specified area(s) of activity.
- Rents from separately operated departments, concessions, etc., which are leased to others.
- Revenues from electronic sources.

Exclude:

- Transfers made within the company.
- Net unrealized gains (losses).
- Taxes collected directly from customers or clients and paid directly to a local, state, or federal tax agency.
- Revenue of separately operated departments, concessions, etc., which are leased to others.
- Revenue from customers for carrying or other credit charges.
- 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).
- Revenue from the sale of used equipment.

		2	2018	
	\$ Bil.	Mil.	Thou.	Dol.
0		1 1	1 1	1 1

1		TC	T	AL	OF	'ER	AT	ING	RE	VENU	JE
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V	4	7

Not Applicable.

13	DIRECT

What were the direct losses incurred for this firm as defined in **OB**?

	Mark "X"		2	2018		ĺ
	if None	\$ Bil.	Mil.	Thou.	Dol.	
Direct losses incurred - Direct losses incurred for property and casualty, title, life, health, medical, and other insurance plans						

1

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

- Transfers made within the company.
- Capitalized expenses.
- Bad debt.
- Impairment.
- Income tax.
- Direct losses incurred.
- Expenses 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).

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.

Exclude direct losses incurred.

	Mark "X"	2018			
	if None	\$ Bil.	Mil.	Thou.	Dol.
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	821		1 1		
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.			1 1	1 1	
c. Temporary staff and leased employee expense - Total costs	022				
paid to Professional Employer Organizations (PEOs) and staffing					
agencies for personnel. Include all charges for payroll, benefits, and services	823				
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4c	860				
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 18	826		1 1		1 1

CONTINUE WITH 10 ON PAGE 6

14	OPERATING EXPENSES - Continued					
		Mark			2018	
		if No	ne \$Bil.	Mil.	Thou.	Dol.
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				1 1	
	(e.g., patents, copyrights). Exclude impairment	1831				
	b. Operating interest expense	2110				1 1
	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 direct losses incurred, report these in . 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 7					
5.	TOTAL OPERATING EXPENSES	1879				
J .	Constitute de the set de	1900				

Form	SA-52413	3E (DRAFT)
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d	EMARKS - F ata were esti	lease use this space to explain any significant year-to-year changes, to clarify responses, or indi nated.	cate where
_		FORMATION	
Ν	Name of persor	to contact regarding this report (Please print) Title	
		Area code Number Extension Area code Number	er
	Telephone	- Fax	1 1 1

SERVICE ANNUAL SURVEY

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

FORM

2000 4

2018 ANNUAL SERVICES REPORT

SA-53000A	(DRAFT)
Due Date	
Need help or have questions?	
Call 1-877-787-9860, option "1" (8:00 a.m 5:00 p.m. ET, M-F)	
(6.00 a.m 5.00 p.m. E1, M-F)	
https://www.census.gov/programs-	
surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB	
Budget (OMB). The eight-digit OMB approval number is 0607-0422 and	
appears at the upper right of this page. Without this approval, we	
could not conduct this survey.	
Authentication Code:	To view Survey Results: https://www.census.gov/programs-surveys/sas.html
	GENERAL INSTRUCTIONS
 Any significant change 	in this firm's operations should be noted in ①.
 For establishments solo this firm. 	d or acquired in 2018, report data only for the period the establishments were operated by
·	le if book figures are not available.
Enter "0" where application	
	or two or more detailed lines.
	ual basis, except for payroll. \$ Bil. Mil. Thou. Dol.
_	ded to the nearest dollar. 456 it should be reported as 1 0 3 0 2 8 0 4 5 6
•	,456 it should be reported as TOSOZ80756
Include: • Data for all Services es	tablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and
·	s) as defined by the survey coverage in 1 B. ies primarily engaged in supporting services to those establishment(s) such as warehouses,
garages, central admin	strative offices, and repair services.
1 A. MAILING ADDRESS	
ls this firm's name ar	d mailing address the same as shown in the mailing address above?
Yes	
0035	
□ N. 5 (
□ No - Enter c	orrections in the mailing address above
□ No - Enter o	orrections in the mailing address above

Form SA-53000A (DRAFT) Page 2

B. SURVEY COVERAGE Did this firm provide the business activities described below?	
Did this firm provide the husiness activities described below?	
Dia tina inini hi atiaa maainaaa aatiattiga agaannaa neisaa:	
Yes	
0001	
□ No - Specify this firm's business activity 7	,
0002	
2 Not Applicable.	
3 ORGANIZATIONAL CHANGE	
A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?	
Yes	
0016	
□ No - Go to 4	
B. Which of the following organizational changes occurred in 2018?	
Check all that apply. If more than one organizational change occurred during the reporting period	d, explain in 🕡.
Acquisition	n Day Year
Date of organizational change	
Sale	
0091 AND Merger	
☐ Merger Enter detailed information below ₹	
Merger	
☐ Merger ☐ Divestiture ☐ Dive	iaits)
☐ Merger Enter detailed information below ₹	igits)
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Form SA-53000A	(DRAFT)	Page 3
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Form SA-53000A (DRAFT)				Page 3
4 REPORTING PERIOD NOTE: Calendar year data are preferred. If they are unavailable, please months of data for the 2018 calendar year.	e report for the fiscal year	that in	cludes	at least six
What time period is covered by the data provided in this report	?		20	18
		В	eginniı	ng Date
☐ Calendar year		Month	Day	Year
0006				
Fiscal or partial year - Report beginning and ending dates .	0007			
			Ending	Date
		Month	Day	Year
		1	ı	1 1 1
	8000			
5 Not Applicable.				
6 SALES, RECEIPTS, OR REVENUE				
What were the revenues for this firm in 2018?				
Include:				
 Report gross billings, except where noted elsewhere on the form. 				
 Dues and assessments from members and affiliates. 				
 Amounts received for work subcontracted to others. 				
 For locations that were sold or acquired during a year, only report follocations. 	or the periods that this firm	m opera	ated th	ie
 Revenue from services performed by domestic locations of foreign p 	parent firms, subsidiaries,	branch	es, etc	. .
 Revenues from electronic sources. 				
Exclude:				
 Transfers made within the company. 				
 Taxes collected directly from customers or clients and paid directly t 	o a local, state, or federal	tax ag	ency.	
 Rents from and revenue of separately operated departments, conces 	sions, etc., which are leas	sed to d	thers.	
 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).

	2018									
	\$ Bil.	Mil.	Thou.	Dol.						
800										

1.	TOTAL OPERATING REVENUE				
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	7 1

Not Applicable.

Form SA-53000A (DRAFT) Page 4

8	REVI	ENUE	S FROM ELECTRONIC SOURCES						
			s firm have any revenues from customers e applications in 2018?	entering orders o	lirectly or	the firm	s website	s or	
	004	40	Yes						
			No						
	B. D	id th	is firm have any revenues from customers e applications in 2018?	entering orders o	lirectly or	third-par	ty websit	es or	
	004	41	Yes						
			No						
	C. D	id th	s firm have any revenues from customers eas private networks, dedicated lines, etc.) in	entering orders v n 2018?	ia any otl	ner electro	onic syste	ms	
	004	42	Yes						
			No						
	D. O	f the	total 2018 revenues reported in 6,		2018			2018	
	th	nat w	vas the dollar amount (or percentage) as from the revenues identified in	\$ Bil. Mil.	Thou.	Dol.		Percent	t
	A	-C ab	ove? Please provide an estimate if figures are not available.				OR ₂₅₀₁		%

9-13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.



14	OPERATING EXPENSES - Continued						
			rk "X" Vone	ф D:I		2018	D 1
1.	Personnel Costs	11 1	vone	\$ Bil.	Mil.	Thou.	Dol.
	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	1821			1 1		
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	1822					
	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			1 1		1 1
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and	[1 1	
3.	leased and rented equipment in line 4b	1860					
	maintenance fees related to software upgrades and alterations	1826			1 1	1 1	1 1
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					
	b. 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 7						
5.	TOTAL OPERATING EXPENSES	1879					
J .	Sum of lines 1a through 4b	1900					
1 5	and 16 Not Applicable.						

) R	REMARKS - Please use the lata were estimated.	is space to explain a	nny significant year-	to-year changes, to cla	arify responses, or i	ndicate wher

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

We suggest you keep a copy for your records.

SERVICE ANNUAL SURVEY

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

SA-53000E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 ①.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

	\$ Bil.			Mil.		1	hοι	١.		Dol.	
→		1	0	3	0	2	8	0	4	5	6

- 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.

1	A.	MAILING ADDRESS
		le this firm's name and

name and mailing address the same as shown in the mailing address above?

	Ш	Yes
0035		
		No - Enter corrections in the mailing address above



1	В.	URVEY COVERAGE						
		id this firm provide the bu	siness activities described below?					
		Yes						
		01						
		No - Specify this firm	's business activity 7					
		0002						
2	FEI	RAL EMPLOYER IDENTIFI	CATION NUMBER (EIN)					
	Do	this firm report payroll u	nder EIN					
		Yes						
	0013	res		Г	EIN (9	diai	te)	
		No - Enter current 9-digi	t EIN AND date payroll was first		LIIV (3	uigi	15)	
			V	. 0015		-		
						Mon	th Day	Year
					0088			
3	OR	ANIZATIONAL CHANGE						
	A.	id this firm experience an	y acquisitions, sales, mergers, and/or divest	titures	in 20	18?		
		Yes						
		16						
		No - Go to 4						
	В.	hich of the following orga	anizational changes occurred in 2018?					
			an one organizational change occurred during t	he repo	orting p	perio	od, explai	in in 🕡.
					[Mon	th Day	Year
		Acquisition						
		Sale	e of organizational change		. 0018			
		91 ANI	ס					
		Merger Ente	er detailed information below 🍞					
		Divestiture	,					
)						
		Name of company		(0019 EII	V (9 d	digits)	
						_		
		ddress (Number and street, P.O.	Box, etc.)					
				0.				
		ity, town, village, etc.		State	ZIP Cod	le		
					1		-	

Form SA-53000E	(DRAFT)	Pag	ge 3	
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4	REP	ORT	TING PERIOD				
			alendar year data are preferred. If they are unavailable, please report for the fiscal yea of data for the 2018 calendar year.	ar that	inc	cludes	at least six
	Wha	ıt tir	ne period is covered by the data provided in this report?			20	18
					Ве	ginniı	ng Date
			Calendar year	Mont	h	Day	Year
	0006						
			Fiscal or partial year - Report beginning and ending dates				
					E	Ending	Date
				Mont	h	Day	Year
			0008				
5	Not	Annl	licable.				
7	IVOL	\neg hhi	iicabic.				

SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

- Report gross billings, **except** where noted elsewhere on the form.
- Dues and assessments from members and affiliates.
- 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.
- Revenues from electronic sources.

Exclude:

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

		2	2018	
	\$ Bil.	Mil.	Thou.	Dol.
1800				

1	ľ	IA	L OF	'EKA	HING	KEV	ENUE	

ľ	7	
١,		

Not Applicable.

Form SA-53000E (DRAFT) Page 4

8	REVEN	UES	FROM ELECTRONIC SOURCES						
	A. Did mol	this	firm have any revenues from customers en applications in 2018?	ntering orders	directly or	n the firm	's website	s or	
	0040		Yes						
			No						
	B. Did mol	this	firm have any revenues from customers en applications in 2018?	ntering orders	directly o	n third-pai	rty websit	es or	
	0041		Yes						
			No						
	C. Did (suc	this h as	firm have any revenues from customers en private networks, dedicated lines, etc.) in	ntering orders 2018?	via any ot	her electr	onic syste	ms	
	0042		Yes						
			No						
	D. Of t	he t	otal 2018 revenues reported in © ,		2018			2018	
	tha	t wa	as the dollar amount (or percentage) s from the revenues identified in	\$ Bil. Mil.	Thou.	Dol.		Percent	t
	A-C exa	abo ct fi	ve? Please provide an estimate if gures are not available				OR ₂₅₀₁	' '	%

9-13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.



14	OPERATING EXPENSES - Continued						
		1	Mark "X"			2018	
_			if None	\$ 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					1 1
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	1822					
	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,			-	1 1		1 1
2	and services	1823					
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b.						1 1
3.	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			1 1		1 1
4.	Other Operating Expenses		1				
	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						1 1
	b. 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		ı		1 1		
5.	TOTAL OPERATING EXPENSES	1879					
J .	Constitute de de la la de	1900			1 1		, ,
15	and 16 Not Applicable.						

)	REMARKS - Please use t data were estimated.	this space	to explain ar	ny significant y	ar-to-year ch	ianges, to	clarify re	sponses,	or indicate	where
	auta Word odinnatour									
		ON								
	Name of person to contact		his report (Place	see nrintl	Title					
	ivanie oi person to contact	regarding t	ms report (Piea	ise prifft)	ride					
	Area code		Number	Extension			Area code		Number	

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

FORM

SA-53110A

2018 ANNUAL SERVICES REPORT

SA-53110A	(DRAFT)
Due Date	
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://www.census.gov/programs-	
surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States	
Code (U.S.C.), Sections 131 and	
182 authorizes this collection. Sections 224 and 225 require your	
response. The U.S. Census Bureau is required by Section 9 of the	
same law to keep your information	
CONFIDENTIAL and can use your responses only to produce statistics.	
The Census Bureau is not permitted to publicly release your responses	
in a way that could identify your	
business, organization, or institution. Per the Federal Cybersecurity	
Enhancement Act of 2015, your data are protected from cybersecurity	
risks through screening of the	
systems that transmit your data. This collection has been approved	
by the Office of Management and	
Budget (OMB). The eight-digit OMB approval number is 0607-0422 and	
appears at the upper right of this	
page. Without this approval, we could not conduct this survey.	
https://portal.census.gov Authentication Code:	To view Survey Results: https://www.census.gov/programs-surveys/sas.html
	GENERAL INSTRUCTIONS
 Any significant change in 	n this firm's operations should be noted in 🕡.
this firm.	or acquired in 2018, report data only for the period the establishments were operated by
	e if book figures are not available.
• Enter "0" where applicab	
	r two or more detailed lines.
	al basis, except for payroll. \$ Bil. Mil. Thou. Dol.
• Figures should be round	
<u> </u>	456 it should be reported as
Include:	ablishments (avaluding data for Datail Whalesale Manufacturing Minima
• Data for all Services esta Construction operations	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and) as defined by the survey coverage in ① B.
	es primarily engaged in supporting services to those establishment(s) such as warehouses, strative offices, and repair services.
1 A. MAILING ADDRESS	
	I mailing address the same as shown in the mailing address above?
	The maining dual 505 and built do 516 m and maining dual 505 de 500.
Ves 0035	
□ No - Enter co	prections in the mailing address above

Forn	า 5/	-53110A (DRAFT)	Page 2
0	В.	SURVEY COVERAGE	
		Did this firm provide the business activities described below?	
		☐ Yes	
		0001	
		No - Specify this firm's business activity	
		0002	
2	No	Applicable.	
3		GANIZATIONAL CHANGE	
		Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?	
		☐ Yes	
		□ No - <i>Go to</i> 4	
	В.	Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in ①.	
		Month Day Yea	r
		Acquisition Date of organizational change	
		Sale Sale Sale	
		Merger	
		☐ Divestiture	
		0017 Name of company 0019 EIN (9 digits)	
		Address (Number and street, P.O. Box, etc.)	
		City, town, village, etc. State ZIP Code	

4	REPORTING PERIOD				
	NOTE: Calendar year data are preferred. If they are unavailable, please report for months of data for the 2018 calendar year.	or the fiscal ye	ar that i		
	What time period is covered by the data provided in this report?			201	
	☐ Calendar year		Month	Beginning Day	year
	0006		WOITH	Day	rear
	Fiscal or partial year - Report beginning and ending dates	0007	,		
				Ending	Date
			Month	Day	Year
		0000	3		
5	Not Applicable.				
6	SALES, RECEIPTS, OR REVENUE				
	What were the revenues for this firm in 2018?				
	Include:				
	• Report gross billings, except where noted elsewhere on the form.				
	Dues and assessments from members and affiliates.				
	 Amounts received for work subcontracted to others. For locations that were sold or acquired during a year, only report for the peri 	ods that this f	irm one	rated the	
	locations.	ous that this i	пп орс	atou tiic	,
	• Revenue from services performed by domestic locations of foreign parent firm	ns, subsidiarie	s, branc	hes, etc.	
	Revenues from electronic sources.				
	Exclude:				
	 Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, 	state or fede	al tax a	nency	
	 Rents from and revenue of separately operated departments, concessions, etc 				
	Commissions from vending machine operators.	•			
	 Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the Commonwealth Territories, or U.S. possessions). 	ne 50 states, D	istrict of	Columb	ia, U.S.
		rk "X" None \$ Bil.	Mil.	2 018 Thou.	Dol.
1.	Home, apartment, rooming house, and other residential space	ф Бп.	IVIII.	Tilou.	Doi.
•••	rental and leasing				
		_			
2.	Rental and leasing of land for nonresidential use 2171				
3.	Rental and leasing of office and professional space 2172				
	3				
4.	Rental and leasing of commercial space				
_	Doutel and location of industrial and manufacturing areas		1 1		' '
5.	Rental and leasing of industrial and manufacturing space 2174		++-		
6.	Rental of mini-warehouses and self-storage units space 2175		1 1		
7.	All other operating revenue - Revenue not reported in lines				
	1 through 6. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue				
	below 7				
		- 7 '	1 1	1 1	' '
8.	TOTAL OPERATING REVENUE				
ο.	Sum of lines 1 through 7				
A	Not Applicable.				
σ	τοι πρριτομίσ.				

Form SA-53110A (DRAFT) Page 4

										_
8	RE	VENUES	FROM ELECTRONIC SOURCES							
	A.	Did this mobile	firm have any revenues from customers er applications in 2018?	ntering	orders d	irectly or	the firm	's website	s or	
		0040	Yes							
			No							
	В.		firm have any revenues from customers er applications in 2018?	ntering	orders d	irectly or	third-pa	rty website	es or	
		0041	Yes							
			No							
	C.	Did this (such as	firm have any revenues from customers er private networks, dedicated lines, etc.) in	tering 2018?	orders v	ia any otl	ner electr	onic syste	ms	
		0042	Yes							
			No							
	D.	Of the t	otal 2018 revenues reported in 6 ,			2018		1	2018	
		what wa	as the dollar amount (or percentage)	\$ Bil.	Mil.	Thou.	Dol.		Percent	
			s from the revenues identified in	Ф DП.	IVIII.	Tilou.	Doi.		reiteilt	
			ve? Please provide an estimate if gures are not available.					OR ₂₅₀₁		%

9-13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

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14	OPERATING EXPENSES - Continued						
		/	Mark "X"			2018	
			if None	\$ 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					
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	1822					
	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					
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b	1860					
3.	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						
4.	Other Operating Expenses	1020					
4.	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					1 1
	b. 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 7						
		40==			I T		' '
_	TOTAL OPERATING EVERYORS	1879					
5.	TOTAL OPERATING EXPENSES			'	1 1		' '
		1900					
15	and 16 Not Applicable.						

18	

40	CONTA	CT INIE		
	CUNIA		CHIVIA	

Name of persor	n to contact	regarding '	eport (<i>Please p</i>	rint)	Title						_	
	Area code		Nun	nber	Extension		Area code		Nun	nber		
Telephone			_			Fax			_			
												_
E-mail address						Website address						
												П

We suggest you keep a copy for your records.

SERVICE ANNUAL SURVEY

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

2018 ANNUAL SERVICES REPORT

SA-53110E (DRAFT) **Due Date** 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey. INTERNET REPORTING - This survey should be completed online at:

https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 ①.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

	\$ E	3il.		Mil.		1	hοι	١.		Dol.	
→		1	0	3	0	2	8	0	4	5	6

- 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.

,

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

No - Enter corrections in the mailing address above

1 B. SURVEY COVERAGE				
Did this firm provide the business activities described below?				
Yes				
0001				
No - Specify this firm's business activity				
0002				
2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)				
Does this firm report payroll under EIN				
Does this firm report payron under Env				
Yes				
	EIN (9	digits)		
No - Enter current 9-digit EIN AND date payroll was first	1	_		
reported for this EIN				
		Month	Day	Year
			'	
	8800			
3 ORGANIZATIONAL CHANGE				
A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures	in 20	18?		
☐ Yes				
□ No - Go to 4				
B. Which of the following organizational changes occurred in 2018?			, .	
Check all that apply. If more than one organizational change occurred during the repo				ı ın W .
Acquisition		Month	Day	Year
Date of organizational change	0010	'	·	
□ Sale	. 0018			
0091 AND				
☐ Merger Enter detailed information below				
Divestiture				
_ Sirosinais				
0017 Name of company	0019 EII	N (9 dig	its)	
Address (Number and street, P.O. Box, etc.)				
City, town, village, etc.	ZIP Cod	de		
, , , , , , , , , , , , , , , , , , ,	350			
			-	

	months of data for the 2018 calendar year. What time period is covered by the data provided in this report?		201	10
	what time period is covered by the data provided in this report?	P	201 Beginnin	
	Calendar year	Month	Day	Year
	0006			
	Fiscal or partial year - Report beginning and ending dates			
		B.4. (1	Ending	
		Month	Day	Year
	0008			1 1 1
7	Not Applicable.			
<u>)</u>	SALES, RECEIPTS, OR REVENUE			
,	What were the revenues for this firm in 2018?			
	Include:			
	• Report gross billings, except where noted elsewhere on the form.			
	• Dues and assessments from members and affiliates.			
	Amounts received for work subcontracted to others.			
	• For locations that were sold or acquired during a year, only report for the periods that this fir	m oper	ated the	е
	locations.	·		
	• Revenue from services performed by domestic locations of foreign parent firms, subsidiaries,	branch	nes, etc.	
	Revenues from electronic sources.			
	• Revenues from electronic sources. Exclude:			
	 Revenues from electronic sources. Exclude: Transfers made within the company. 			
	 Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federa 	_		
	 Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federa Rents from and revenue of separately operated departments, concessions, etc., which are least 	_		
	 Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federa Rents from and revenue of separately operated departments, concessions, etc., which are least Commissions from vending machine operators. 	sed to	others.	-:- II.C
	 Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federa Rents from and revenue of separately operated departments, concessions, etc., which are least Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Dis 	sed to	others.	oia, U.S.
	 Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federa Rents from and revenue of separately operated departments, concessions, etc., which are least Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Dis Commonwealth Territories, or U.S. possessions). 	sed to	others.	oia, U.S.
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	 Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federa Rents from and revenue of separately operated departments, concessions, etc., which are least commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Dis Commonwealth Territories, or U.S. possessions). Mark "X" if None \$ Bil. Home, apartment, rooming house, and other residential space rental and leasing	sed to	others. Columb	
	Rental and leasing of office and professional space Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federa name and revenue of separately operated departments, concessions, etc., which are least commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Distance and the commonwealth Territories, or U.S. possessions). **Mark "X" if None	sed to	others. Columb	
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	Rental and leasing of office and professional space Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federa name and revenue of separately operated departments, concessions, etc., which are least commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Distance and the commonwealth Territories, or U.S. possessions). **Mark "X" if None	sed to	others. Columb	
	Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federa Rents from and revenue of separately operated departments, concessions, etc., which are lease Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, District Commonwealth Territories, or U.S. possessions). Mark "X" if None Home, apartment, rooming house, and other residential space rental and leasing	sed to	others. Columb	
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	Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federa. Rents from and revenue of separately operated departments, concessions, etc., which are least. Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, District Commonwealth Territories, or U.S. possessions). Mark "X" if None \$ Bil. Home, apartment, rooming house, and other residential space rental and leasing of land for nonresidential use 2171 Rental and leasing of office and professional space 2172 Rental and leasing of industrial and manufacturing space 2173 Rental of mini-warehouses and self-storage units space 2175 All other operating revenue - Revenue not reported in lines	sed to	others. Columb	
	Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federa. Rents from and revenue of separately operated departments, concessions, etc., which are lease. Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Discommonwealth Territories, or U.S. possessions). Mark "X" if None	sed to	others. Columb	
	Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federa. Rents from and revenue of separately operated departments, concessions, etc., which are least. Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, District Commonwealth Territories, or U.S. possessions). Mark "X" if None \$ Bil. Home, apartment, rooming house, and other residential space rental and leasing of land for nonresidential use 2171 Rental and leasing of office and professional space 2172 Rental and leasing of industrial and manufacturing space 2173 Rental of mini-warehouses and self-storage units space 2175 All other operating revenue - Revenue not reported in lines	sed to	others. Columb	
	Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federal Rents from and revenue of separately operated departments, concessions, etc., which are least Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Dist Commonwealth Territories, or U.S. possessions). Mark "X" if None	sed to	others. Columb	
	• Revenues from electronic sources. Exclude: • Transfers made within the company. • Taxes collected directly from customers or clients and paid directly to a local, state, or federa • Rents from and revenue of separately operated departments, concessions, etc., which are lead • Commissions from vending machine operators. • Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, District Commonwealth Territories, or U.S. possessions). **Mark "X" if None	sed to	others. Columb	
	• Revenues from electronic sources. Exclude: • Transfers made within the company. • Taxes collected directly from customers or clients and paid directly to a local, state, or federa Rents from and revenue of separately operated departments, concessions, etc., which are least commissions from vending machine operators. • Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, District Commonwealth Territories, or U.S. possessions). **Mark** "X"	sed to	others. Columb	
	• Revenues from electronic sources. Exclude: • Transfers made within the company. • Taxes collected directly from customers or clients and paid directly to a local, state, or federa • Rents from and revenue of separately operated departments, concessions, etc., which are lead • Commissions from vending machine operators. • Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, District Commonwealth Territories, or U.S. possessions). **Mark "X" if None	sed to	others. Columb	

Form SA-53110E (DRAFT) Page 4

8	RE	VEN	UES	FROM ELECTRONIC SOURCES						
	A.			firm have any revenues from customers er applications in 2018?	tering	orders di	irectly on	the firm'	s website	s or
		0040		Yes						
				No						
	В.			firm have any revenues from customers er applications in 2018?	ntering	orders d	irectly on	third-par	ty websit	es or
		0041		Yes						
				No						
	C.			firm have any revenues from customers er private networks, dedicated lines, etc.) in			a any oth	er electro	onic syste	ms
		0042		Yes						
				No						
	D.	Of t	he t	otal 2018 revenues reported in ⑤ ,		2	018			2018
		wha	it wa	as the dollar amount (or percentage) s from the revenues identified in	\$ Bil.	Mil.	Thou.	Dol.		Percent
		A-C	abo	ve? Please provide an estimate if					OP	%
				gures are not available 2500					OR ₂₅₀₁	70
	-									

	42	Not Applicable.
9	- цэ	NOT Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.



14 OPERATING EXPENSES - Continued

Dol.

2018

Thou.

Mil.

Mark "X" sif None \$ Bil.

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					
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions					
	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					
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b			ı	ı	
3.	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					
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			1		
	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			1	1	
	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			1		
E	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					
5.	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					
	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					

)	EMARKS - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate vata were estimated.	whe
(ata were estimated.	

Area code

Telephone

E-mail address

Number

Extension

Area code

Fax

Website address

Number



SERVICE ANNUAL SURVEY

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

FORM

CV-E313UV

2018 ANNUAL SERVICES REPORT

5A-5312UA	(DRAFT)
Due Date	
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://www.census.gov/programs-	
surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States	
Code (U.S.C.), Sections 131 and	
182 authorizes this collection. Sections 224 and 225 require your	
response. The U.S. Census Bureau	
is required by Section 9 of the	
same law to keep your information CONFIDENTIAL and can use your	
responses only to produce statistics. The Census Bureau is not permitted	
to publicly release your responses	
in a way that could identify your	
business, organization, or institution. Per the Federal Cybersecurity	
Enhancement Act of 2015, your data	
are protected from cybersecurity risks through screening of the	
systems that transmit your data.	
This collection has been approved	
by the Office of Management and Budget (OMB). The eight-digit OMB	
approval number is 0607-0422 and	
appears at the upper right of this page. Without this approval, we	
could not conduct this survey.	
Authentication Code:	To view Survey Results: https://www.census.gov/programs-surveys/sas.html
	GENERAL INSTRUCTIONS
 Any significant change i 	n this firm's operations should be noted in 🕡.
	or acquired in 2018, report data only for the period the establishments were operated by
this firm.	if healt figures are not available
• Enter "0" where applicate	e if book figures are not available.
· ·	r two or more detailed lines.
• Figures should be round	
ŭ	456 it should be reported as $$
Include:	
	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and) as defined by the survey coverage in 1 B.
	es primarily engaged in supporting services to those establishment(s) such as warehouses,
garages, central adminis	strative offices, and repair services.
1 A. MAILING ADDRESS	
	d mailing address the same as shown in the mailing address above?
	Thailing address the same as shown in the mailing address above:
O035 Yes	
	prrections in the mailing address above
ino - Emer co	Trections in the maining address above

rorn	n 9/	4-53120	A (DRAF	·T)																			Page 2
1	В.	SURVEY	COVER/	AGE																			
_		Did this	firm prov	vide 1	the b	usine	ess a	activ	vitie	s de	scrib	bed b	belov	v?									
		0001	Yes																				
			No - Spec	cify th	his firn	n's b	ousine	ess a	activi	ity 🗾													
			0002																				
2	No	t Applicab	ole.																				
3	OF	RGANIZA	TIONAL (CHAP	NGE																		
	A.	Did this	firm exp	erien	nce an	ıy ac	quis	sitio	ns, s	sales	s, me	ergei	rs, an	ıd/or	dive	stiture	s in 2	018	?				
			Yes																				
		0016	No - Go t	to 4																			
	D	Which of		_		.oni-	otio	nol e	obou				d in 1	2010	7								
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		Address (I	Number an	nd stre	eet, P.O). Box	(, etc.)	.)															
		City, town	n, village, et	tc.												State	ZIP C	ode					
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1	months of data for the 2018 calendar year.			
١	What time period is covered by the data provided in this report?		201	8
		Е	3eginning	g Date
,	Calendar year	Month	Day	Year
	Fiscal or partial year - Report beginning and ending dates			
	- Hotel of partial your Hopert Boginning and onling dates in the first in the second		Ending	Date
		Month	Day	Year
	8000			
) (Not Applicable.			
	SALES, RECEIPTS, OR REVENUE			
	What were the revenues for this firm in 2018?			
	Include:			
_	Report gross billings, except where noted elsewhere on the form.			
	Dues and assessments from members and affiliates.			
	Amounts received for work subcontracted to others.			
•	For locations that were sold or acquired during a year, only report for the periods that this fire	rm oper	rated the	!
	locations.			
	 Revenue from services performed by domestic locations of foreign parent firms, subsidiaries Revenues from electronic sources. 	s, branci	nes, etc.	
	Exclude:			
	Tanadan mada mithia tha assassa			
	Transfers made within the company.			
•	Taxes collected directly from customers or clients and paid directly to a local, state, or federa	-	•	
•	• Taxes collected directly from customers or clients and paid directly to a local, state, or federal Rents from and revenue of separately operated departments, concessions, etc., which are lea	-	•	
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	Taxes collected directly from customers or clients and paid directly to a local, state, or federal Rents from and revenue of separately operated departments, concessions, etc., which are lead to Commissions from vending machine operators. Prevenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Distriction Commonwealth Territories, or U.S. possessions). **Agent and brokerage services for the sale and rental of residential real estate - Include real estate auction and relocation services **Agent and brokerage services for the sale and rental of nonresidential real estate - Include real estate auction services	ased to	others. Columb	
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Form SA-53120A (DRAFT) Page 4

8	REV	/ENI	JES	FROM ELECTRONIC SOURCES							
	A. I	Did 1 mob	this ile a	firm have any revenues from customers er applications in 2018?	tering	orders d	lirectly on	the firm	's website	s or	
	C	0040		Yes							
				No							
	B. I	Did 1	this ile a	firm have any revenues from customers en applications in 2018?	tering	orders d	lirectly on	third-pai	rty website	es or	
	C	0041		Yes							
				No							
	C. I	Did (suc	this h as	firm have any revenues from customers er private networks, dedicated lines, etc.) in	tering 2018?	orders v	ia any oth	ner electr	onic syste	ms	
	C	0042		Yes							
				No							
	D. (Of tl	ne t	otal 2018 revenues reported in ① ,			2018			2018	
	1	that	was	s the dollar amount (or percentage) s from the revenues identified in	\$ Bil.	Mil.	Thou.	Dol.		Percent	
				ve? Please provide an estimate if gures are not available					OR ₂₅₀₁		%

9-13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.



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4										
	OPERATING EXPENSES - Continued									
			Mark "X"				201			
1 -	Pornounal Costs		if None	\$ Bil.		Mil.		Thou	Do	ol.
	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						1 1		T .
b	legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.									
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							1	1
r (d S já n	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include materials and supplies used in providing services to others; materials and parts used in repairs; office and anitorial supplies; small tools; containers and other packaging materials; and motor fuels. Report packaged software in line 3 and eased and rented equipment in line 4b.			1				1 1		
d p	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								
4. C	Other Operating Expenses									
	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								1	
		4070								
5. T	TOTAL OPERATING EXPENSES	1879								+
	Sum of lines 1a through 4b	1900								

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CONTACT IN	FORMATI	ON						
Name of persor	to contact	regarding this report (Please p	orint)	Title				
	Area code	Number	Extension		Area code	N	lumber	
Telephone				Fax				1
							-	
E-mail address			Website address					
								7



SERVICE ANNUAL SURVEY

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

FORM

2018 ANNUAL SERVICES REPORT

SA-53120E (DRAFT) **Due Date** 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey. INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as -

	\$ E	3il.	Mil.			Thou.			Dol.		
→		1	0	3	0	2	8	0	4	5	6

nclude

- 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.



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	tho

No - Enter corrections in the mailing address above

	LOL (DRAFT)		
B. SUR	EY COVERAGE		
Did	nis firm provide the business activities described below?		
	Yes		
0001	163		
	No - Specify this firm's business activity		
	0002		
FEDER	L EMPLOYER IDENTIFICATION NUMBER (EIN)		
	s firm report payroll under EIN		
0013	Yes	EINI //	0 1: :-)
013	No - Enter current 9-digit EIN AND date payroll was first	EIN (9 digits)
	reported for this EIN	15	-
			Month Day Year
			World Buy Your
		0088	
ORGAN	ZATIONAL CHANGE		
	nis firm experience any acquisitions, sales, mergers, and/or divestitu	res in 20	018?
0016	Yes		
	No - Go to 4		
D 14/1.	of the falls that a sector of sectors have a sector of a contract of the contr		
	n of the following organizational changes occurred in 2018? all that apply. If more than one organizational change occurred during the I	enortina	nariod avalain in 🚯
Criec	an that apply. If those than one organizational change occurred during the f	eporting	
	Acquisition		Month Day Year
	Date of organizational change	0018	
0091	Sale > AND		
	Merger		
	Enter detailed information below?		
	Divestiture		
0017	lame of company	0019 F	IN (9 digits)
0017	tame of company	0019 L	iii (5 digits)
			-
Addı	ss (Number and street, P.O. Box, etc.)		
City	own, village, etc.	e ZIP Co	nde
City,	J	211 00	
			-

	REPORTING PERIOD					
	NOTE: Calendar year data are preferred. If they are unavailable, please repo months of data for the 2018 calendar year.	ort for the	fiscal ye	ear that ir	ncludes a	at least s
	What time period is covered by the data provided in this report?				2018	8
				В	Beginning	
	☐ Calendar year			Month		Year
(0006					
	Fiscal or partial year - Report beginning and ending dates		000	7		
					Ending	
				Month	Day	Year
			000		'	
			000	8		
	Not Applicable.					
) :	SALES, RECEIPTS, OR REVENUE					
	What were the revenues for this firm in 2018?					
	Include:					
	• Report gross billings, except where noted elsewhere on the form.					
	 Dues and assessments from members and affiliates. Amounts received for work subcontracted to others. 					
,	• Amounts received for work supcontracted to others					
			د: داند بد دا	£:	4 4	
•	• For locations that were sold or acquired during a year, only report for the	periods t	hat this	firm oper	rated the	
	• For locations that were sold or acquired during a year, only report for the locations.			·		
	• For locations that were sold or acquired during a year, only report for the			·		
•	 For locations that were sold or acquired during a year, only report for the locations. Revenue from services performed by domestic locations of foreign parent Revenues from electronic sources. 			·		
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	For locations that were sold or acquired during a year, only report for the locations. Revenue from services performed by domestic locations of foreign parent Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a low Rents from and revenue of separately operated departments, concessions, Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside Commonwealth Territories, or U.S. possessions). Agent and brokerage services for the sale and rental of residential real estate - Include real estate auction and relocation services	firms, succal, state, etc., while the 50	, or fede ich are lo states, E	es, branch eral tax ag eased to o District of	gency. others. Columb	ia, U.S.
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7.	All other operating revenue - Revenue not reported in lines 1 through 6. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7					
		1799				
8.	TOTAL OPERATING REVENUE Sum of lines 1 through 7	1800				

71	Not	Applicable	١

Form SA-53120E (DRAFT) Page 4

8	REVEN	UES	FROM ELECTRONIC SOURCES						
			firm have any revenues from customers en applications in 2018?	ntering orders d	lirectly on	the firm	s website	s or	
	0040		Yes						
			No						
	B. Did mol	this	firm have any revenues from customers en applications in 2018?	ntering orders d	lirectly on	third-par	ty websit	es or	
	0041		Yes						
			No						
	C. Did (suc	this h as	firm have any revenues from customers en private networks, dedicated lines, etc.) in	ntering orders v 2018?	ia any otl	ner electro	onic syste	ms	
	0042		Yes						
			No						
	D. Of t	he t	otal 2018 revenues reported in ① ,	•	2018			2018	
			as the dollar amount (or percentage) s from the revenues identified in	\$ Bil. Mil.	Thou.	Dol.		Percent	
	A-C	abo	gures are not available				OR ₂₅₀₁		%

9-13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.



14	OPERATING EXPENSES - Continued						
			Mark "X"		2	2018	
_			if None	\$ 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			1 1	1 1	1 1
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	1822					
	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			1 1		1 1
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b.	1860					
3.	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			1 1		1 1
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			1 1	1 1	1 1
	b. 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						
		1070					
5.	TOTAL OPERATING EXPENSES	1879					
•	Constitute de de contrate	1900			1 1		
(1)	and 16 Not Applicable.						

da	ta were esti	Please use this mated.				

Name of person	to contact	regarding	this report (Please)	orint)	Title			-
	Area code		Number	Extension		Area code	Number	
Telephone			-		Fax		_	
E-mail address					Website address			



SERVICE ANNUAL SURVEY

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

2018 ANNUAL SERVICES REPORT

SA-54000A	(DRAFT)
Due Date	
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://www.census.gov/programs- surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED	
BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and	
182 authorizes this collection. Sections 224 and 225 require your	
response. The U.S. Census Bureau	
is required by Section 9 of the same law to keep your information	
CONFIDENTIAL and can use your responses only to produce statistics.	
The Census Bureau is not permitted to publicly release your responses	
in a way that could identify your business, organization, or institution.	
Per the Federal Cybersecurity	
Enhancement Act of 2015, your data are protected from cybersecurity	
risks through screening of the systems that transmit your data.	
This collection has been approved	
by the Office of Management and Budget (OMB). The eight-digit OMB	
approval number is 0607-0422 and appears at the upper right of this	
page. Without this approval, we could not conduct this survey.	
INTERNET REPORTING - Thi https://portal.census.gov	is survey should be completed online at:
Authentication Code:	To view Survey Results:
	https://www.census.gov/programs-surveys/sas.html
	GENERAL INSTRUCTIONS
, ,	in this firm's operations should be noted in ① .
this firm.	or acquired in 2018, report data only for the period the establishments were operated by
•Estimates are acceptabl	e if book figures are not available.
•Enter "0" where applica	ble.
 Do not combine data fo 	r two or more detailed lines.
· ·	ual basis, except for payroll. \$ Bil. Mil. Thou. Dol.
——————————————————————————————————————	ded to the nearest dollar. 456 it should be reported as 1 0 3 0 2 8 0 4 5 6
	456 it should be reported as $ 1030280736 $
Include:	ablishments (evaluding data for Petail Wholesole, Manufacturing, Mining, and
Construction operations	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and s) as defined by the survey coverage in ① B.
 Data for auxiliary facilit 	ies primarily engaged in supporting services to those establishment(s) such as warehouses,
garages, central admini	strative offices, and repair services.
1 A. MAILING ADDRESS	
	d mailing address the same as shown in the mailing address above?
_	and the state of t
Yes	
0035	orrections in the mailing address above
ino - Enter co	medions in the maining address above

01111	3	4-54000	UA (DRAFT	T)																						Page 2
1	В.	SURVE	Y COVERA	AGE																						
		Did this	s firm prov	vide	the b	busir	nes	ss a	act	tivi1	ties	s de	escri	ibec	d be	low	?									
			Yes																							
		0001																								
			No - Spec	cify th	his fir	m's l	bus	sine	ess	s act	ctivi	ity 🍞	7													
			0002																							
2	No	t Applica	ıble.																							
3	OR	IGANIZ	ATIONAL C	CHAI	NGE																					
	A.	Did this	s firm expo	erien	ice a	ny a	ıcqı	uis	siti	ions	s, s	sale	s, m	nerg	jers,	, and	l/or o	live	stiture	s in	20 ′	18?				
			Yes																							
		0016	No. Co.																							
			No - Go to	0 4																						
	B.		of the follo																						_	
		Check a	ll that apply	y. If n	more	than	one	пе о	org	janiz	izati	iona	al ch	ange	e oc	curre	ed du	ring	the rep	ortii	ng p	erio	d, e	xplai	n in ① .	,
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		Address	(Number an	nd stre	eet, P.0	O. Bo	ox, e	etc.)	.)																	
		City, tow	n, village, et	tc.															State	ZIP	Cod	e				
		Oity, tota	in, vinago, ot																Otato		000					
																								-		

Form SA-54000A	(DRAFT)	Page 3
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Form	SA-54000A (DRAFT)				Page 3
4	REPORTING PERIOD				
	NOTE: Calendar year data are preferred. If they are unavailable, please report for the months of data for the 2018 calendar year.	fiscal y	ear that i	ncludes	at least six
	What time period is covered by the data provided in this report?			201	8
		Е	Beginnin	g Date	
	Calendar year		Month	Day	Year
	0006			'	
	Fiscal or partial year - Report beginning and ending dates	00	07		
			B.0. (1)	Ending	
			Month	Day	Year
		000	08		
5	Not Applicable.				
6	SALES, RECEIPTS, OR REVENUE				
	What were the revenues for this firm in 2018?				
	Include:				
	 Report gross billings, except where noted elsewhere on the form. 				
	 Dues and assessments from members and affiliates. 				
	 Amounts received for work subcontracted to others. 				
	 For locations that were sold or acquired during a year, only report for the periods the locations. 				
	 Revenue from services performed by domestic locations of foreign parent firms, su Revenues from electronic sources. 	bsidiari	es, brancl	nes, etc.	
	Exclude:				
	Transfers made within the company.				
	 Taxes collected directly from customers or clients and paid directly to a local, state, 	or fede	eral tax ag	gency.	
	 Rents from and revenue of separately operated departments, concessions, etc., whi 	ch are l	eased to	others.	
	Commissions from vending machine operators.				
	 Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 commonwealth Territories, or U.S. possessions). 	states, I	District of	Columb	ла, U.S.
			2	2018	
		\$ Bil.	Mil.	Thou.	Dol.

	\$ Bil.	IVIII.	Thou.	Dol.
AL OPERATING REVENUE 1800				

7 Not Applicable.

Form SA-54000A (DRAFT) Page 4

8	RE	VEN	UES	FROM ELECTRONIC SOURCES					
	A.			firm have any revenues from customers entering orders dirapplications in 2018?	ectly	on the	firm's w	ebsites/	or
		0040		Yes					
				No					
	В.			firm have any revenues from customers entering orders dir applications in 2018?	rectly	on thir	d-party v	website	s or
		0041		Yes					
				No					
	C.			firm have any revenues from customers entering orders via private networks, dedicated lines, etc.) in 2018?	a any o	other e	lectronic	c systen	ns
		0042		Yes					
				No					
	D.			otal 2018 revenues reported in 6 ,	018			Г	2018
				as the dollar amount (or percentage) s from the revenues identified in	Thou.	D	ol.		Percent
		A-C	abo	ve? Please provide an estimate if gures are not available			O	R 2501	%
9-	12	No	t Ap	plicable.					
13	EX	POR	RT R	EVENUE					
	esi	tablis	shme	d service is a service performed for a customer or client (individua ent, etc.) located outside the United States (i.e., outside the 50 State ealth Territories, or U.S. possessions).	l, gove es, Dis	rnment trict of	, busines: Columbia	s n, U.S.	
		lude							
		ervic clud		erformed for unaffiliated and affiliated foreign firms (i.e., foreign p	arent 1	irms, s	ubsidiarie	es, branc	hes, etc.).
				rovided to domestic subsidiaries of foreign firms.					
	A.	Did	the	revenue reported in 6 include any revenue from exports?					
		0009		Yes					
				No - Go to 🕜					
								2018	
						\$ Bil.	Mil.	Thou.	Dol.
	В.	Wha	at w	as this firm's revenue from exports in 2018?	. 2100				

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

expenses not reported eisewhere.					
	Mark "X"		:	2018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
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			1 1		
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	· 🗆				
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	3 D				1 1
Expensed equipment, materials, parts, and supplies (not for					
resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b			1 1		
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	;		1 1	1 1	1 1
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) Fxclude impairment					

CONTINUE WITH 14 ON PAGE 6

Form SA-54000A (DRAFT) Page 6

0111	OR O-TOOOR (DRAFT)					r ugo c
14	OPERATING EXPENSES - Continued					
		Mark "X"		2	2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
4.	Other Operating Expenses - Continued					
	b. 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 7					
		1879				
5.	TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	. 1900				
15	and 16 Not Applicable.					

ן (REMARKS - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate lata were estimated.	wher

CONTACT IN	CONTACT INFORMATION													
Name of person to contact regarding this report (Please print) Title														
	Area code	N	umber	Extension		Area code		Number						
Telephone					Fax									
								-						
E-mail address					Website address									

OF THE

SERVICE ANNUAL SURVEY

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

FORM

SA-54000E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

page. Without this approval, we could not conduct this survey.

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as -

	\$ E	Bil. Mil.				T	hοι	ı.	Dol.			
→		1	0	3	0	2	8	0	4	5	6	

nclude

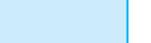
- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses,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

address above

1	A.	M	AIL	ING	ADD	PRESS

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

	Ш	Yes
0035		
		No - Enter corrections in the mailing



orm SA-54000E	(DRAFT)		Page 3
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4	REP	ORT	TING PERIOD			
			alendar year data are preferred. If they are unavailable, please report for the fiscal yea of data for the 2018 calendar year.	r that i	ncludes	s at least six
	Wha	ıt tiı	me period is covered by the data provided in this report?		20	18
					Beginni	ng Date
			Calendar year	Month	Day	Year
	0006					
		Ш	Fiscal or partial year - Report beginning and ending dates			
					Ending	g Date
				Month	Day	Year
			0008			1 1 1

5 Not Applicable.

6 SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

- Report gross billings, **except** where noted elsewhere on the form.
- Dues and assessments from members and affiliates.
- 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.
- Revenues from electronic sources.

Exclude:

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

		2	2018	
	\$ Bil.	Mil.	Thou.	Dol.
. 1800				

1.	TOTAL	OPERATING	REVENUE															ı
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7	-
L Z	

Not Applicable.

Form SA-54000E (DRAFT) Page 4

8	REV	/EN	UES	FROM ELECTRONIC SOURCES					
				firm have any revenues from customers entering orders dire	ectly o	n the	firm's v	websites	s or
	0	0040		Yes					
				No					
				firm have any revenues from customers entering orders dire applications in 2018?	ectly o	n thir	d-party	website	es or
	0	0041		Yes					
				No					
				firm have any revenues from customers entering orders via private networks, dedicated lines, etc.) in 2018?	any o	ther e	lectroni	c systei	ns
	0	0042		Yes					
				No					
	D. (Of ti	he t	otal 2018 revenues reported in (),	18				2018
	1	wha	t wa	as the dollar amount (or percentage)		D	ol.		
		A-C	abo	ve? Please provide an estimate if	111041	_		ND.	
	•	exac	t fi	gures are not available				2501	/0
9-	P	No	t Ap	plicable.					
13	EXF	POR	T RE	EVENUE					
	esta	ablis.	hme	I service is a service performed for a customer or client (individual, ent, etc.) located outside the United States (i.e., outside the 50 State ealth Territories, or U.S. possessions).	, gover es, Disti	nment rict of	, busines Columbi	ss a, U.S.	
		lude		and a more of the constituted and affiliated familian finance (i.e. familian as	6:		السامة الماسان		
		lude		eriormed for unaniliated and aniliated foreign firms (i.e., foreign pa	arent iii	ms, s	ubsidiari	es, branc	mes, etc.).
	•Se	ervic	es p	rovided to domestic subsidiaries of foreign firms.					
	Α. Ι	Did [•]	the	revenue reported in 6 include any revenue from exports?					
	0	0009		Yes					
				No - Go to 🕜					
								2018	
						\$ Bil.	Mil.	Thou	. Dol.
	В. \	Wha	t wa	as this firm's revenue from exports in 2018?	. 2100		· '		
					\$ Bil. Mil. Thou. Dol. Percent OR 2501 Percent Mil. Thou. Dol. OR 2501 Percent % Med for a customer or client (individual, government, business United States (i.e., outside the 50 States, District of Columbia, U.S. ressions). Id affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.). Aries of foreign firms. Elude any revenue from exports?				
					2018 Solution Columbia Col				

54000047

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

expenses not reported eisewhere.										
	Mark "X"		:	2018						
	if None	\$ Bil.	Mil.	Thou.	Dol.					
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			1 1		1 1					
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.										
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										
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b										
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										
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 convigats) Fyclude impairment										

CONTINUE WITH 14 ON PAGE 6

Form SA-54000E (DRAFT) Page 6

FUIII	1 3/	A-94000E (DRAFI)								гац	ge c
14	OF	PERATING EXPENSES - Continued									
			Mark "X"				2	018			
			if None	\$ Bil		Mil		Tho	u.	Dol.	
4.	Ot	ther Operating Expenses - Continued									
	b.	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									
			1879								
5.	TC	OTAL OPERATING EXPENSES			Ť						
	Su	ım of lines 1a through 4b	. 1900							l ,	
15	and	d 16 Not Applicable.									

REMARKS - Please used data were estimated.	this space	e to explain any s	significant yea	r-to-year changes, t	o clarify response	s, or indicate where
data were estimated.						
	CION					
CONTACT INFORMAT				Tiel		
Name of paragrate agets	t rocardin-	thic ropert /Diagra-	nrintl			
Name of person to contact	t regarding	this report (Please	print)	Title		
				Title		
Name of person to contact Area cod Telephone		Number	Extension	Fax	Area code	Number

SERVICE ANNUAL SURVEY

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

2018 ANNUAL SERVICES REPORT

SA-54002A (DRAFT) **Due Date** 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey. INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov **Authentication Code:** To view Survey Results: https://www.census.gov/programs-surveys/sas.html

GENERAL INSTRUCTIONS

- Any significant change in this firm's operations should be noted in ①.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

	ф DII.		IVIII.			not	1.		טטו.	
→	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) as defined by the survey coverage in **1**B.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

_	ls th	is fi	rm's name and mailing address the same as shown in the mailing address above?
	0035		Yes
	0000		No - Enter corrections in the mailing address above

A MAILING ADDRESS

01111	JA	1-5400	ZA (DRAFT)																						ı a	ge 2
0	В. :	SURVE	Y COVERAG	GE																						
	ı	Did this	s firm provid	ide t	he bu	sine	ss a	activ	vitie	es de	escr	ribe	d b	elov	v?											
	(0001	Yes																							
			No - Specify	fy th	is firm	ı's bu	ısine	ess a	activ	∕ity 🍞	7															
			0002																							
2	Not	Applica	able.																							
3	OR	GANIZA	ATIONAL CH	HAN	IGE																					
4	A .	Did this	s firm experi	riend	ce any	y acc	quisi	itio	ns, s	sale	es, m	nerç	gers	s, an	nd/o	r div	estitur	es i	in 2	018?						
			Yes																							
	(0016	No - Go to	A																						
_				_		_							_													
			of the follow Il that apply. I														na the re	nn	rtino	neri	ind	exr	olain	in 1	7	
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			Acquisition	ו	_	_																	. ,			
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		Address	(Number and s	stree	et, P.O.	Box,	etc.))																		
		City, tow	vn, village, etc.).													State	Z	IP Co	ode						
																							_			

Form SA-54002A	(DRAFT)	Page 3
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NOT	E: C	FING PERIOD alendar year data are preferred. If they are unavailable, please report for the fiscal year of data for the 2018 calendar year.	ar tha	at ir	ncludes	at least six
		me period is covered by the data provided in this report?			20	18
				В	eginni	ng Date
		Calendar year	Мо	nth	Day	Year
0006						
	ш	Fiscal or partial year - Report beginning and ending dates				
					Ending	Date
			Мо	nth	Day	Year
					ı	
		8000				

5 Not Applicable.

6 SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

- Report gross billings, **except** where noted elsewhere on the form.
- Dues and assessments from members and affiliates.
- 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.
- Revenues from electronic sources.

Exclude:

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

		2	2018	
	\$ Bil.	Mil.	Thou.	Dol.
. 1800				

		1		' '	1
1.	TOTAL OPERATING REVENUE				

7	

Not Applicable.

Form SA-54002A (DRAFT) Page 4

8	REVEN	UES	FROM ELECTRONIC SOURCES						
			firm have any revenues from customers er applications in 2018?	ntering orders (directly on	the firm	s website:	s or	
	0040		Yes						
			No						
	B. Did mol	this	firm have any revenues from customers er applications in 2018?	ntering orders o	directly on	third-par	ty website	es or	
	0041		Yes						
			No						
	C. Did (suc	this h as	firm have any revenues from customers er private networks, dedicated lines, etc.) in	ntering orders v 2018?	via any otł	ner electro	onic syste	ms	
	0042		Yes						
			No						
			otal 2018 revenues reported in (3 ,		2018			2018	
	that	: wa	as the dollar amount (or percentage) s from the revenues identified in	\$ Bil. Mil.	Thou.	Dol.		Percent	į
			ve? Please provide an estimate if gures are not available				OR ₂₅₀₁		%

9-13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

Personnel Costs

OPERATING EXPENSES - Continued

employee contributions.

leased and rented equipment in line 4b.

Other Operating Expenses

a. Gross annual payroll - Total annual Medicare salaries and

b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans;

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

defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude

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,

Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and

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

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

b. 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.

(e.g., patents, copyrights). **Exclude** impairment

spread on stock options that are taxable to employees as wages . 1821

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2018

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Mark "X" if None

\$ Bil.

	expenses. If this item is greater than 20% of the total operating expenses, specify the primary source of the expenses below 7	
	1879	
90	5. TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	
54003058	and 16 Not Applicable.	

REMARKS - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicated at a were estimated.	te wher

18	CONTACT IN	FORMATI	ON									
	Name of person to contact regarding this report (Please print)						Title					
						I						
		Area code		Number		Extension		Area code	9	Number		
	Telephone	1 1		_			Fax		' '		1 1	
	E-mail address						Website address					

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

We suggest you keep a copy for your records.

SERVICE ANNUAL SURVEY

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

FORM

SA-54002E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

could not conduct this survey.

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as -

	\$ E	3il.	il. Mil.			1	hοι	١.	Dol.		
→		1	0	3	0	2	8	0	4	5	6

nclude

- 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.

,

A. MAILING ADDRESS

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

0035	Yes
	No - Enter corrections in the mailing address above



. SUR	VEY CO	VERAGE											
Did	this firm	provide	the b	usiness	activitie	s describe	d below	?					
	Yes												
0001	No -	Specify tl	thic firi	m'e hueir	ness activi	ity 7							
	110	opecity ti		ii s busii	iess activi	ity 🖟							
	0002												
						/							
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	Yes												
13							_			EIN (9	digit	s)	
		iter current ported for				payroll was			. 0015		_	1 1	1 1 1
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	this firm		NGE					l/or divesti				h Day	Ye
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	this firm		NGE nce ai									h Day	Ye
Did	this firm Yes No -	experier	NGE nce ai	ny acqui	isitions, s	sales, mer	gers, and	d/or divesti				h Day	Ye
. Did	this firm Yes No-	experier Go to 4	NGE nce ar	ny acqui	isitions, s	sales, mer	gers, and	d/or divesti 018?	itures	s in 20	18?		
. Did	this firm Yes No-	experier Go to 4	NGE nce ar	ny acqui	isitions, s	sales, mer	gers, and	d/or divesti	itures	s in 20	18?	d, expla	in in ① .
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oone Which	this firm Yes No - ch of the ck all that Acqu	Go to 4 e following apply. If ruisition	ng org	ny acqui ganization than one onte of org	onal chan organizat	sales, mer nges occur tional chang	gers, and	d/or divesti 018? ed during th	itures he rep	s in 20	18?	d, expla	in in ① .
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. Did 0016 . Whi Chec	this firm Yes No - ch of the ck all that Sale Mer Dive	Go to Go following apply. If ruisition ger	ng org	ganization than one of the of orguing ter details	onal chan organizat	sales, mer nges occur tional chang	gers, and	d/or divesti 018? ed during th	itures	orting	period	d, expla	in in ① .
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0016 . Whiched	this firm Yes No - ch of the ck all that Sale Mer Dive	Go to 4 e following apply. If ruisition ger estiture company	ng org	ganization than one of the of orguing ter details	onal chan organizat	sales, mer nges occur tional chang	gers, and	Jor divesti	itures	orting	period Month	d, expla	in in ① .
0016 . Whiched	this firm Yes No - ch of the ck all that Sale Dive	Go to 4 e following apply. If ruisition ger estiture company	ng org	ganization than one of the of orguing ter details	onal chan organizat	sales, mer nges occur tional chang	gers, and	Jor divesti	itures	orting . 0018	period Month	d, expla	in in ① .

orm SA-54002E	(DRAFT)	Page 3	i
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NOT	E: C	FING PERIOD alendar year data are preferred. If they are unavailable, please report for the fiscal yea of data for the 2018 calendar year.	r that ii	ncludes	s at least six
Wha	ıt tiı	me period is covered by the data provided in this report?		20	18
			E	Beginni	ng Date
		Calendar year	Month	Day	Year
0006					
	Ш	Fiscal or partial year - Report beginning and ending dates			
				Ending	g Date
			Month	Day	Year
		0008			

Not Applicable.

SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

- Report gross billings, **except** where noted elsewhere on the form.
- Dues and assessments from members and affiliates.
- · 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.
- Revenues from electronic sources.

Exclude:

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

	2018								
	\$ Bil.	Mil.	Thou.	Dol.					
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Not Applicable.

Form SA-54002E (DRAFT) Page 4

			(•
8	REV	ENUES	FROM ELECTRONIC SOURCES							
	A. D	id this	firm have any revenues from customers er applications in 2018?	ntering	orders d	irectly on	the firm	's website	s or	
	00	040	Yes							
			No							
			firm have any revenues from customers er applications in 2018?	ntering	orders d	irectly on	third-pa	rty websit	es or	
	00	041	Yes							
			No							
	C. D	id this	s firm have any revenues from customers er s private networks, dedicated lines, etc.) in	tering 2018?	orders v	ia any otł	ner electr	onic syste	ms	
	00)42	Yes							
			No							
	D. O	of the 1	otal 2018 revenues reported in ⑤ ,		•	2018			2018	
	V	hat w	as the dollar amount (or percentage)	\$ Bil.	Mil.	Thou.	Dol.		Percent	t
			s from the revenues identified in over Please provide an estimate if	7 2	11111	11.00.7				
			gures are not available				1 1	OR ₂₅₀₁	1 1	%

9-13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

14	OPERATING EXPENSES - Continued						
		N	lark "X"	X" 2018			
	Paragraph Conta	i	f None	\$ 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					1 1
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	1822					1 1
	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					
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b.	1860			1 1		1 1
3.	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			1 1		
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					
	b. 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 7						
		1879			1 1		1 1
5.	TOTAL OPERATING EXPENSES	1070					
	Sum of lines 1a through 4b	1900					
T	and 16 Not Applicable.						

F	REMARKS - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate when ata were estimated.								
d	data were estimated.								

Area code

Telephone

E-mail address

Number

Extension

Area code

Fax

Website address

Number



SERVICE ANNUAL SURVEY

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

FORM

2018 ANNUAL SERVICES REPORT

SA-54011A7	(DRAFT)
Due Date	
eed 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://www.census.gov/programs- surveys/sas/information.html	
OUR RESPONSE IS REQUIRED Y LAW. Title 13 United States of LAW. States of LAW. Sections 224 and 225 require your esponse. The U.S. Census Bureau required by Section 9 of the same law to keep your information ONFIDENTIAL and can use your esponses only to produce statistics. The Census Bureau is not permitted a publicly release your responses a way that could identify your usiness, organization, or institution. For the Federal Cybersecurity can be protected from cybersecurity sks through screening of the vistems that transmit your data. This collection has been approved of the Office of Management and udget (OMB). The eight-digit OMB opporars at the upper right of this age. Without this approval, we could not conduct this survey.	
ttps://portal.census.gov	is survey should be completed online at:
uthentication Code:	To view Survey Results: https://www.census.gov/programs-surveys/sas.h
	GENERAL INSTRUCTIONS
	in this firm's operations should be noted in 17 . If or acquired in 2018, report data only for the period the establishments were operated by
	le if book figures are not available.
Enter "0" where applical	
 Do not combine data for 	or two or more detailed lines.
•Report data on an accru	ual basis, except for payroll. \$ Bil. Mil. Thou. Dol.
Report data on an accruFigures should be round	ual basis, except for payroll. \$ Bil. Mil. Thou. Dol. ded to the nearest dollar.
Report data on an accruFigures should be roundIf a figure is \$1,030,280,	ual basis, except for payroll. \$ Bil. Mil. Thou. Dol.
 Report data on an accru Figures should be round If a figure is \$1,030,280, Include: Data for all Services est Construction operations 	tablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and s) as defined by the survey coverage in ①B.
 Report data on an accru Figures should be round If a figure is \$1,030,280, Include: Data for all Services est Construction operations Data for auxiliary faciliti 	tablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and
 Report data on an accru Figures should be round If a figure is \$1,030,280, Include: Data for all Services est Construction operations Data for auxiliary faciliti 	tablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and s) as defined by the survey coverage in ①B. Lies primarily engaged in supporting services to those establishment(s) such as warehouses, istrative offices, and repair services.
 Report data on an accru Figures should be round If a figure is \$1,030,280, Include: Data for all Services est Construction operations Data for auxiliary faciliti garages, central administration A. MAILING ADDRESS 	tablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and s) as defined by the survey coverage in ①B. Lies primarily engaged in supporting services to those establishment(s) such as warehouses, istrative offices, and repair services.
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Report data on an accru Figures should be round If a figure is \$1,030,280, Include: Data for all Services est Construction operations Data for auxiliary faciliti garages, central adminis A. MAILING ADDRESS Is this firm's name and Yes	tablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and s) as defined by the survey coverage in 1 B. ies primarily engaged in supporting services to those establishment(s) such as warehouses, istrative offices, and repair services.

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-Orm SA-94U11AI (DRAFT)	Page 2
1 B. SURVEY COVERAGE	
Did this firm provide the business activities described below?	
☐ Yes	
0001	
□ No - Specify this firm's business activity 7	
0002	
2 Not Applicable.	
3 ORGANIZATIONAL CHANGE	
A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?	
Yes	
0016 No - <i>Go to</i> 4	
B. Which of the following organizational changes occurred in 2018?	_
Check all that apply. If more than one organizational change occurred during the reporting period, explain in	T .
Acquisition Month Day	Year
Date of organizational change	
Sale AND	
Merger	
Enter detailed information below 7	
Divestiture	
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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NI	EPORTING PERIOD				
	OTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal yea onths of data for the 2018 calendar year.	r that	ıncludes	at least s	
	hat time period is covered by the data provided in this report?		20	18	
			Beginni	ng Date	
	Calendar year	Month	Day	Year	
000	Fiscal or partial year - Report beginning and ending dates				
	Piscal of partial year - neport beginning and ending dates		Endin	g Date	
		Month	_	Year	
		11101111		1 1	
	0008				
T/	AX STATUS				
	. Is this firm or organization operated on a not-for-profit basis?				
Α.	. is this firm or organization operated on a not-for-profit basis:				
	Yes				
	No - Go to 6				
	No - Go to G				
B.	Was all or part of the income of this firm or organization exempt from Federal inc- section 501 of the Internal Revenue Code?	ome t	axes ui	nder	
	section 501 of the internal nevenue Code?				
	Yes				
	0030 No.				
	□ No				
	Revenues from electronic sources.				
• F	Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federal Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Discommonwealth Territories, or U.S. possessions). ISTRUCTIONS FOR TAXABLE FIRMS clude: Amounts received for work subcontracted to others. For locations that were sold or acquired during a year, only report for the periods that this fillocations. Revenue from services performed by domestic locations of foreign parent firms, subsidiaries colude: Rents from and revenue of separately operated departments, concessions, etc., which are lease	rm ope	f Colum erated th	ne c.	
IN In •	Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federal Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Discommonwealth Territories, or U.S. possessions). ISTRUCTIONS FOR TAXABLE FIRMS clude: Amounts received for work subcontracted to others. For locations that were sold or acquired during a year, only report for the periods that this find locations. Revenue from services performed by domestic locations of foreign parent firms, subsidiaries colude:	rm ope	f Colum erated th	ne c.	
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• F	Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federal Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Dis Commonwealth Territories, or U.S. possessions). ISTRUCTIONS FOR TAXABLE FIRMS clude: Amounts received for work subcontracted to others. For locations that were sold or acquired during a year, only report for the periods that this final locations. Revenue from services performed by domestic locations of foreign parent firms, subsidiaries colude: Rents from and revenue of separately operated departments, concessions, etc., which are lead commissions from vending machine operators. Mark "X" if None \$ Bil.	rm ope , brand	f Colum erated th ches, etc others.	ne :.	
IIN In	Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federal revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Discommonwealth Territories, or U.S. possessions). ISTRUCTIONS FOR TAXABLE FIRMS clude: Amounts received for work subcontracted to others. For locations that were sold or acquired during a year, only report for the periods that this fillocations. Revenue from services performed by domestic locations of foreign parent firms, subsidiaries colude: Rents from and revenue of separately operated departments, concessions, etc., which are lead commissions from vending machine operators. Mark "X" if None perating Revenue Legal services, civil law - Providing legal advice, representation, and drafting of documents and related services concerning civil law. Civil law may include all legal services related to civil matters, including real estate law; wills, estates and trusts; family law; business and commercial law; civil negligence law; labor and	rm ope , brand	erated the ches, etc. others.	ne :.	
IIN In •	Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federal revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Discommonwealth Territories, or U.S. possessions). ISTRUCTIONS FOR TAXABLE FIRMS clude: Amounts received for work subcontracted to others. For locations that were sold or acquired during a year, only report for the periods that this fillocations. Revenue from services performed by domestic locations of foreign parent firms, subsidiaries colude: Rents from and revenue of separately operated departments, concessions, etc., which are lead commissions from vending machine operators. Mark "X" if None \$ Bil. Perating Revenue Legal services, civil law - Providing legal advice, representation, and drafting of documents and related services concerning civil law. Civil law may include all legal services related to civil matters, including real estate law; wills, estates and trusts; family law; business and commercial law; civil negligence law; labor and employment law; and civil litigation	rm ope , brand	erated the ches, etc. others.	ne :.	
IIN In •	Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federal revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Discommonwealth Territories, or U.S. possessions). ISTRUCTIONS FOR TAXABLE FIRMS clude: Amounts received for work subcontracted to others. For locations that were sold or acquired during a year, only report for the periods that this fillocations. Revenue from services performed by domestic locations of foreign parent firms, subsidiaries colude: Rents from and revenue of separately operated departments, concessions, etc., which are lead commissions from vending machine operators. Mark "X" if None perating Revenue Legal services, civil law - Providing legal advice, representation, and drafting of documents and related services concerning civil law. Civil law may include all legal services related to civil matters, including real estate law; wills, estates and trusts; family law; business and commercial law; civil negligence law; labor and	rm ope , brand	erated the ches, etc. others.	ne :.	

orn	SA-54011AT (DRAFT)					Page 4							
6	SALES, RECEIPTS, OR REVENUE - Continued												
		Mark "X"											
			if None	\$ Bil.	Mil. Thou	ı. Dol.							
1.	Operating Revenue - Continued												
	 Legal research and document services - Providing document filing and search services, including title, abstract and settler 	nent nent											
	services; process server services; and notarization and certifi	cation											
	d. All other operating revenue - Revenue not reported in line												
	through 1c. If this item is greater than 20% of the total ope revenue, specify the primary source of the revenue here	rating											
	revenue, specify the primary source of the revenue here												
2.	TOTAL OPERATING REVENUE	1799											
	Sum of lines 1a through 1d	1800											
7	Not Applicable.												
8	REVENUES FROM ELECTRONIC SOURCES												
		ina orders	directly	on the fir	m's website	s or							
	A. Did this firm have any revenues from customers entering orders directly on the firm's websites or mobile applications in 2018?												
	Yes												
	0040												
	□ No												
	B. Did this firm have any revenues from customers entering orders directly on third-party websites or												
	mobile applications in 2018?												
	□ Yes												
	0041												
	No												
	C. Did this firm have any revenues from customers enter	ing orders	via any o	ther elec	tronic syste	ms							
	(such as private networks, dedicated lines, etc.) in 201	8?											
	Yes												
	0042												
	No												
	D. Of the total 2018 revenues reported in 3 ,		0010			0010							
	what was the dollar amount (or percentage)	Bil. Mil.	2018 Thou.	Dol.		2018 Percent							
	A-C above? Please provide an estimate if		111041	20.1	OR	%							
	exact figures are not available				OR ₂₅₀₁	/0							
9	Not Applicable.												

2018

Thou.

Dol.

Mil.

B	EXPORT	REV	ENITE
ш	EXPUNI	NEV	EINOE

An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

Include

Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.).

Exclude:

• Services provided to domestic subsidiaries of foreign firms.

A. Did the revenue reported in 6 include any revenue from exports?

	Yes
0009	
	No - Go to 14

	\$ Bil.	Mil.	Thou.	Dol.
	ф БП.	IVIII.	mou.	Doi.
What was this firm's revenue from exports in 2018?				

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

a. Gross annual payroll - Total annual Medicare salaries and

Exclude:

B.

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

Gross annual payroll

Personnel Costs

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

employee contributions.

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

\$ Bil.

	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	ı		1		
b.	Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude						

CONTINUE WITH 14 ON PAGE 6

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	OPERATING EXPENSES - Continued					
	OPERATING EXPENSES - Continued				2018	
		Mark "X" if None	\$ Bil.	Mil.	Thou.	Dol.
1.	Personnel Costs - Continued		¥ 2		711041	20
	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			1 1		
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b					
3.	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					
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				1 1	
	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					
	4550					
5.	TOTAL OPERATING EXPENSES					
J .	Sum of lines 1a through 4b					

7	REMARKS - P data were esti	'lease use tl mated.	his space	e to expla	iin any s	significant ye	ar-to-year chang	es, to clarif	y responses	s, or indica	te wher
3	CONTACT IN	FORMATIC	NC								
	Name of person	ı to contact r	egarding	this report	t (Please	print)	Title				
		Area code		Number		Extension		Area d		Number	
	Telephone			-			Fax	×		_	
	·										
	E-mail address						Website address	3			
	E-mail address						Website address	3			



2018 ANNUAL SERVICES REPORT

leed help or have questions?	
cou noip or navo quostions.	
Call 1-877-787-9860, option "1" (8:00 a.m 5:00 p.m. ET, M-F) or Visit	
https://www.census.gov/programs- surveys/sas/information.html	
COUR RESPONSE IS REQUIRED BY LAW. Title 13 United States 20de (U.S.C.), Sections 131 and 82 authorizes this collection. Sections 224 and 225 require your esponse. The U.S. Census Bureau is required by Section 9 of the ame law to keep your information CONFIDENTIAL and can use your esponses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your pusiness, organization, or institution. For the Federal Cybersecurity inhancement Act of 2015, your data are protected from cybersecurity inks through screening of the ystems that transmit your data. This collection has been approved by the Office of Management and Sudget (OMB). The eight-digit OMB piproval number is 0607-0422 and pipears at the upper right of this large. Without this approval, we would not conduct this survey. **NTERNET REPORTING - This inters.**/ **Inters.*//portal.census.gov**	s survey should be completed online at:
Authentication Code:	To view Survey Results: https://www.census.gov/programs-surveys/sas.htm
	GENERAL INSTRUCTIONS
, ,	n this firm's operations should be noted in 1 . or acquired in 2018, report data only for the period the establishments were operated by
this firm. • Estimates are acceptable	e if book figures are not available.
• Enter "0" where applicab	ole. r two or more detailed lines.
	al basis, except for payroll. \$ Bil. Mil. Thou. Dol.
• Figures should be round	led to the pearest dollar
<u> </u>	456 it should be reported as — 1030280456
Include: • Data for all Services esta	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and) as defined by the survey coverage in 1 B.
 Data for auxiliary facilities 	es primarily engaged in supporting services to those establishment(s) such as warehouses, strative offices, and repair services.
1 A. MAILING ADDRESS	
	d mailing address the same as shown in the mailing address above?
is this illilis hand and	G
Yes	

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OHII	1 SA-54011A I E(DRAFT)		Page 2
1	B. SURVEY COVERAGE		
	Did this firm provide the busing	ness activities described below?	
	Yes		
	No - Specify this firm's	husings activity	
	No - Specify this him's	business activity /	
	0002		
2	Not Applicable.		
3	ORGANIZATIONAL CHANGE		
	A. Did this firm experience any a	cquisitions, sales, mergers, and/or divestitures in 2018?	
	Yes		
	0016		
	No - <i>Go to</i> 4		
	B. Which of the following organi	zational changes occurred in 2018?	
	Check all that apply. If more than	one organizational change occurred during the reporting period,	explain in ① .
	Acquisition	Month	Day Year
		f organizational change	
	□ Sale	. o.gamzanona, onango	
	Merger		
	Enter	detailed information below 7	
	Divestiture		
	0017 Name of company	oo19 EIN (9 digit	ts)
	on litaine or company		
	Address (Number and street, P.O. Bo	x, etc.)	
	City, town, village, etc.	State ZIP Code	
			- 1

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	REPORTING PERIOD			
	NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal year	r that ir	ncludes	at least
	months of data for the 2018 calendar year.			
	What time period is covered by the data provided in this report?		20	
	Colondaryage			ng Date
	Calendar year	Month	Day	Year
	Fiscal or partial year - Report beginning and ending dates			
	Thousand partial your moport beginning and onling action 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Ending	Date
		Month		Year
	8000			
5	TAX STATUS			
IJ				
	A. Is this firm or organization operated on a not-for-profit basis?			
	Yes			
	0031			
	No - Go to 6			
	B. Was all or part of the income of this firm or organization exempt from Federal income	ome ta	xes un	der
	section 501 of the Internal Revenue Code?	J.1.10 L u	7,00 di	
	Yes			
	0030			
	□ No			
_				
	 Revenues from electronic sources. Exclude: Transfers made within the company. 			
	 Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federa Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Dis 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 paym applicable period. Gross sales of merchandise minus returns and allowances. Income from interest, dividends, gross rents (including display space rentals and share of recoperated by other companies), royalties, and other investments. 	etrict of	Colum s receiv	ved in the
	 Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federa Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Dis 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 paym applicable period. Gross sales of merchandise minus returns and allowances. Income from interest, dividends, gross rents (including display space rentals and share of recoperated 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 operators). 	ent was	Colum s receiv om dep	ved in the
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	 Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federa Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Dis 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 paym applicable period. Gross sales of merchandise minus returns and allowances. Income from interest, dividends, gross rents (including display space rentals and share of recoperated 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 operators). Gross receipts from fundraising activities. Exclude: 	ent was	Colum s receiv om dep	ved in the
	 Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federa Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Dis 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 paym applicable period. Gross sales of merchandise minus returns and allowances. Income from interest, dividends, gross rents (including display space rentals and share of recoperated 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 operators). Gross receipts from fundraising activities. Exclude: Gross receipts of departments or concessions operated by other companies. 	ent was	Colum s receiv om dep	ved in the
	 Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federa Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Dis 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 paym applicable period. Gross sales of merchandise minus returns and allowances. Income from interest, dividends, gross rents (including display space rentals and share of recoperated 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 operators). Gross receipts from fundraising activities. Exclude: 	ent was	Colum s receiv om dep	ved in the
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	 Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federa Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Dis 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 paymapplicable period. Gross sales of merchandise minus returns and allowances. Income from interest, dividends, gross rents (including display space rentals and share of recoperated 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 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. 	ent was	S received om depending	ved in the
ı.	 Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federa Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Dis 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 paymapplicable period. Gross sales of merchandise minus returns and allowances. Income from interest, dividends, gross rents (including display space rentals and share of recoperated 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 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. 	ent was eipts fr from v	s received om depending	ved in the
	Exclude: • Transfers made within the company. • Taxes collected directly from customers or clients and paid directly to a local, state, or federa • Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Dis 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 paym applicable period. • Gross sales of merchandise minus returns and allowances. • Income from interest, dividends, gross rents (including display space rentals and share of recoperated 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 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 \$\frac{1}{3} \text{Bil.}	ent was eipts fr from v	s received om depending	ved in the
	Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federal Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Distriction 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 paymapplicable period. Gross sales of merchandise minus returns and allowances. Income from interest, dividends, gross rents (including display space rentals and share of recoperated 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 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 \$\frac{\text{Bil.}}{\text{Bil.}}\$	ent was eipts fr from v	s received om depending	ved in the
	Exclude: • Transfers made within the company. • Taxes collected directly from customers or clients and paid directly to a local, state, or federa • Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Dis 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 paym applicable period. • Gross sales of merchandise minus returns and allowances. • Income from interest, dividends, gross rents (including display space rentals and share of recoperated 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 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 \$\frac{1}{3} \text{Bil.}	ent was eipts fr from v	s received om depending	ved in the

Form	SA-54011ATE(DRAFT)					Page 4
6	SALES, RECEIPTS, OR REVENUE - Continued					
			Mark "X"		2018	
	No. Constitution Description		if None	\$ Bil.	Mil. Thou	ı. Dol.
1.	Non-Operating Revenue - Continued c. Program service - Include revenue from classes and					
	instructional services; registration fees received in conne a meeting or convention; government contracts; and oth received for providing a service	er fees	1743			
	d. All other non-operating revenue - Revenue not report lines 1a through 1c. Include capital gains and losses. I item is greater than 20% of the total revenue, spec primary source of revenue below	lf this				
			1809			
2.	TOTAL REVENUE					
	Sum of lines 1a through 1d	1	1800			
7	Not Applicable.					
8	REVENUES FROM ELECTRONIC SOURCES					
	NOTE: For tax-exempt firms, please include monetary donat	tions receive	ed online as	Revenue fr	om Electronic	Sources.
	A. Did this firm have any revenues from customers en mobile applications in 2018?	itering ord	ers directly	on the fir	rm's website	s or
	□ Yes					
	□ No					
	B. Did this firm have any revenues from customers en mobile applications in 2018?	ntering ord	ers directly	on third-	party website	es or
	Ves 0041					
	□ No					
	C. Did this firm have any revenues from customers en (such as private networks, dedicated lines, etc.) in	itering orde	ers via any	other elec	ctronic syste	ms
	Yes					
	0042					
	□ No					
	D. Of the total 2018 revenues reported in 6 ,		2018			2018
	what was the dollar amount (or percentage) that was from the revenues identified in	\$ Bil. N	fil. Thou	. Dol.		Percent
	A-C above? Please provide an estimate if exact figures are not available				OR ₂₅₀₁	%
9-	-12 Not Applicable.					
	O Hot / Application					

Dol.

13	EXP	ORT	RF\	/FNI	MF
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An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

include:

Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.).

Exclude:

• Services provided to domestic subsidiaries of foreign firms.

A. Did the revenue reported in 6 include any revenue from exports?

0009		Yes
	Ш	No - Go to 14

		\$ Bil.	Mil.
What was this firm's rayonus from avnorts in 2019?	2100		

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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	\$ Bil.	Mil.	Thou.	Dol.				

2018

Thou.

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
- b. Employer's cost for fringe benefits Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.

fined benefit pension plans; it sharing, 401K, stock option ., Social Security, workers' nent tax, state disability				
enefits, Medicare). Exclude				
CONTINUE WITH A ON BACE 6				

CONTINUE WITH 14 ON PAGE 6

Form SA-54011ATE	DRAFT)
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14 OPERATING EXPENSES - Continued

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, Dol.

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Mark "X" if None \$ Bil.

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3	CONTACT IN	FORMATI	ON									
	Name of persor	to contact	regarding	this report	(Please	print)		Title				
		Area code		Number		Extens			Area cod		Number	
	Telephone			-				Fax			_	
	E-mail address							Website address				



SERVICE ANNUAL SURVEY

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

SA-54011ET

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your

risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 ①.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

	\$ I	\$ Bil.		I. Mil.		Thou.			Dol.		
→		1	0	3	0	2	8	0	4	5	6

- 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.



A. MAILING ADDRESS

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

	Yes		
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No - Enter corrections in the mailing address above



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CLIBVEV COV											
SURVEY COV											
Did this firm p	provide t	the busin	ess activit	ies descri	bed belov	v?					
Yes											
0001											
□ No - S	Specify thi	is firm's b	ousiness act	ivity 7							
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EDERAL EMPLO	OYER IDE	NTIFICA	TION NUM	IBER (EIN)							
oes this firm re	eport pay	roll unde	er EIN								
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REPORTING PERIOD		
NOTE: Calendar year data are preferred. If they are unavailable, please report for the fisca months of data for the 2018 calendar year.	I year that includes	at least six
What time period is covered by the data provided in this report?	201	8
The same process of the sa	Beginning	
Calendar year	Month Day	Year
Figure or partial year. Papart beginning and anding dates		1 1 1
Fiscal or partial year - Report beginning and ending dates	Ending	Date
	Month Day	Year
	0008	
TAX STATUS		
A. Is this firm or organization operated on a not-for-profit basis?		
U Yes 0031		
No - Go to 6		
B. Was all or part of the income of this firm or organization exempt from Federa section 501 of the Internal Revenue Code?	I income taxes und	der
U Yes 0030		
□ No		
SALES, RECEIPTS, OR REVENUE		
What were the revenues for this firm in 2018?		
Include:		
 Report gross billings, except where noted elsewhere on the form. Dues and assessments from members and affiliates. 		
Revenues from electronic sources.		
Exclude:		
Transfers made within the company.		
• Taxes collected directly from customers or clients and paid directly to a local, state, or for	•	
 Taxes collected directly from customers or clients and paid directly to a local, state, or fee Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 state 	•	ia, U.S.
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orn	S	A-54011ET (DRAFT)									Page
6	SA	ALES, RECEIPTS, OR REVENUE - Continued									
					Mark "X"			20	018		
					if None	\$ Bil.	Mil.		Thou	ı.	Dol.
1.	Or	perating Revenue - Continued									
	C.	Legal research and document services - Providing document filing and search services, including title, abstract and settlen services; process server services; and notarization and certification and certificat	nent								1 1
		services	3	8052							
	d.	All other operating revenue - Revenue not reported in line through 1c . If this item is greater than 20% of the total oper revenue, specify the primary source of the revenue here									
			1	799							
2.	TC	OTAL OPERATING REVENUE									
	Su	ım of lines 1a through 1d	1	800							
7	No	ot Applicable.									
8	RE	EVENUES FROM ELECTRONIC SOURCES									
	A.	Did this firm have any revenues from customers enteri mobile applications in 2018?	ng orde	ers d	lirectly	on the	firm's	s we	bsite	s or	
		□ Yes									
		□ No									
	В.	Did this firm have any revenues from customers enteri mobile applications in 2018?	ng orde	ers d	lirectly	on thii	d-part	ty w	ebsite	es or	
		☐ Yes									
		□ No									
	C.	Did this firm have any revenues from customers enteri (such as private networks, dedicated lines, etc.) in 201	ng orde 8?	ers v	ia any o	ther e	lectro	nic :	syste	ms	
		O042 Yes									
		□ No									
	D.	Of the total 2018 revenues reported in 6,			2018					2	2018
		what was the dollar amount (or percentage) that was from the revenues identified in	il. M		Thou.	D	ol.				ercent
		A-C above? Please provide an estimate if exact figures are not available						OR	2501		%
9	Œ	Not Applicable.									

2018

Thou.

Dol.

Mil.

13)	EXPORT	REVENU	E

An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

Include

Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.).

Exclude:

• Services provided to domestic subsidiaries of foreign firms.

A. Did the revenue reported in 6 include any revenue from exports?

		Yes
0009		
	Ш	No - Go to 14

	\$ Bil.	Mil.	Thou.	Dol.
B. What was this firm's revenue from exports in 2018?				

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). **Exclude**

Exclude:

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

Gross annual payroll

Personnel Costs

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

employee contributions.

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

\$ Bil.

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						
b.	Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers'						

CONTINUE WITH 10 ON PAGE 6

14	OPERATING EXPENSES - Continued					
		Mark "X"			2018	
	Bonnania Costa Continued	if None	\$ Bil.	Mil.	Thou.	Dol.
1.	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			1 1		
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b					
3.	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					
4.	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					
	b. 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					
	1879					
5.	TOTAL OPERATING EXPENSES Sum of lines 1a through 4b					

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7	REMARKS - Please use this space to explain any significant year data were estimated.	r-to-year changes, to clarify responses, or indicate where
	data Word oddinatodi	
8	CONTACT INFORMATION	
	Name of person to contact regarding this report (Please print)	Title
	Area code Number Extension	Area code Number
	Telephone	Fax
	Telephone	
	Telephone - E-mail address	



SERVICE ANNUAL SURVEY

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

SA-54011ETE (DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date

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://www.census.gov/programssurveys/sas/information.html

YOUR RESPONSE IS REQUIRED

BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 ①.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

	\$ I	Bil.	Mil.			Thou.				Dol.	
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- 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.

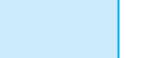
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A. MAILING ADDRESS

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

	Yes		
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No - Enter corrections in the mailing address above



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CLIBVEV OO												
B. SURVEY CO	VERAGE											
Did this firm	n provide 1	the bu	siness a	ctivities	describe	d below?	•					
Yes												
0001 No -	- Specify th	his firm	's busine	ess activity	v 7							
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	report pay	yron ui	iluer Eliv	•								
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DRGANIZATION			y acquisi	itions, sa			/or dives	titure			Day	Ye
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A. Did this firm Yes	n experien	nce any			ales, mer	gers, and		titure			Day	Ye
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REPORTING PERIOD NOTE: Calendar year dat	a are preferred. If they are unavailable, please report for the fiscal	vear that	includes	at least
months of data for the 20	13 are preferred. If they are unavailable, please report for the listar.	year that	includes	at icast
What time period is co	vered by the data provided in this report?		201	8
			Beginnin	g Date
Calendar year		Month	Day	Year
0006 Figure or portical	year - Report beginning and ending dates		'	1 1
riscal of partial	year - neport beginning and ending dates	0007	Ending	Data
		Month	T	Year
		Worten	Duy	100
		8000		
TAX STATUS				
	nization operated on a not-for-profit basis?			
A. Is this firm or organ	iization operated on a not-for-profit basis:			
Yes				
0031				
No - Go to				
B. Was all or part of the	ne income of this firm or organization exempt from Federal	income ta	axes und	der
section 501 of the	nternal Revenue Code?			
Yes				
0030				
No				
SALES, RECEIPTS, OR	REVENUE			
	es for this firm in 2018?			
Include:				
	xcept where noted elsewhere on the form.			
	from members and affiliates.			
 Revenues from electror 	iic sources.			
Exclude:	the company			
Transfers made within Taxes collected directly	the company. from customers or clients and paid directly to a local, state, or fed	doral tay a	aoney	
	sidiaries (those located outside the U.S., i.e., outside the 50 states			211 ci
	ries, or U.S. possessions).	, District o	Columb	na, 0.0
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INSTRUCTIONS FOR T	AX-EXEMPT FIRMS			
Include:				
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	ue for services provided in the applicable period, whether or not pa	ayment wa	as receive	ed in th
applicable period.		ayment wa	as receive	ed in th
applicable period.Gross sales of merchar	dise minus returns and allowances.	·		
applicable period.Gross sales of merchanIncome from interest, d		·		
 applicable period. Gross sales of merchan Income from interest, doperated by other com Gross contributions, gif 	idise minus returns and allowances. lividends, gross rents (including display space rentals and share of panies), royalties, and other investments. its, and grants (whether or not restricted for use in operations).	f receipts f	rom dep	artment
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Form	S	A-54011ETE (draft)					Page 4
6	SA	ALES, RECEIPTS, OR REVENUE - Continued					
				Mark "X"		2018	
				if None	\$ Bil. N	lil. Tho	u. Dol.
1.	C.	Program service - Include revenue from classes and instructional services; registration fees received in conne a meeting or convention; government contracts; and oth received for providing a service	er fees 1743 ted in I f this				1 1 1
		item is greater than 20% of the total revenue, spec primary source of revenue below 7	ity the				
		<i>'</i>	1				
			1809				' ' '
2.	то	TAL REVENUE					
	Su	m of lines 1a through 1d	1800				
7	No	t Applicable.					
8	RE	VENUES FROM ELECTRONIC SOURCES					
	NC	DTE: For tax-exempt firms, please include monetary donate	ions received	online as F	Revenue from	n Electronic	Sources.
	A.	Did this firm have any revenues from customers er	tering orders	directly	on the firm	ı's website	s or
		mobile applications in 2018?	_				
		Yes					
		0040					
		No					
	В.	Did this firm have any revenues from customers er mobile applications in 2018?	tering orders	directly	on third-pa	rty websit	es or
		☐ Yes					
		□ No					
	C	Did this firm have any revenues from customers er	toring orders	via any <i>c</i>	other electi	ronio evete	me
	U.	(such as private networks, dedicated lines, etc.) in	2018?	o via ally C	Julier electi	onic syste	:1115
		U Yes 0042					
		No					
	D.	Of the total 2018 revenues reported in 6 ,		2018		7	2018
		what was the dollar amount (or percentage) that was from the revenues identified in	\$ Bil. Mil.	Thou.	Dol.		Percent
		A-C above? Please provide an estimate if				OR	%
		exact figures are not available				2501	70
9-	12	Not Applicable.					

2018

Thou.

Dol.

Mil.

13	EXPORT	REVENUE

An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

Include

Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.).

Exclude:

• Services provided to domestic subsidiaries of foreign firms.

A. Did the revenue reported in 6 include any revenue from exports?

	Yes
0009	No - <i>Go to</i> 1
	No - Go to 🝱

	\$ Bil.	Mil.	Thou.	Dol.
What was this firm's revenue from exports in 2018?				

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). **Exclude**

Exclude:

B.

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

Gross annual payroll

Personnel Costs

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

employee contributions.

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.

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 . 1	1821				ı		
b.	Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers'							

Mark "X" if None

\$ Bil.

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	OPERATING EXPENSES - Continued					
	OPERATING EXPENSES - Continued				2040	
		Mark "X" if None		Mil.	2018 Thou.	Dol.
1.	Personnel Costs - Continued		4 2			20
•	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	3				
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b	0				
3.	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	6				
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	1 🔲				
	b. 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 7					
_	TOTAL OPERATING EXPENSES	9 📙				
5.	Sum of lines 1a through 4b	n				

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REMARKS - Please use this space to explain any significant yea data were estimated.	
CONTACT INFORMATION	
Name of person to contact regarding this report (Please print)	Title
Area code Number Extension	Area code Number
Telephone -	Fax
	NAC 1 26 11
E-mail address	Website address
E-mail address	website address

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

2018 ANNUAL SERVICES REPORT

FORM SA-54131A	(DRAFT)
Due Date	
_ 20 _ 200	
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://www.census.gov/programs-	
surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States	
Code (U.S.C.), Sections 131 and 182 authorizes this collection.	
Sections 224 and 225 require your response. The U.S. Census Bureau	
is required by Section 9 of the same law to keep your information	
CONFIDENTIAL and can use your	
responses only to produce statistics. The Census Bureau is not permitted	
to publicly release your responses in a way that could identify your	
business, organization, or institution. Per the Federal Cybersecurity	
Enhancement Act of 2015, your data are protected from cybersecurity	
risks through screening of the systems that transmit your data.	
This collection has been approved	
by the Office of Management and Budget (OMB). The eight-digit OMB	
approval number is 0607-0422 and appears at the upper right of this	
page. Without this approval, we could not conduct this survey.	
INTERNET REPORTING - Thi	s survey should be completed online at:
https://portal.census.gov	
Authentication Code:	To view Survey Results:
	https://www.census.gov/programs-surveys/sas.html
	GENERAL INSTRUCTIONS
, ,	n this firm's operations should be noted in ① . or acquired in 2018, report data only for the period the establishments were operated by
this firm.	or acquired in 2010, report data only for the period the establishments were operated by
· · · · · · · · · · · · · · · · · · ·	e if book figures are not available.
• Enter "0" where applicat	
	r two or more detailed lines. al basis, except for payroll. \$ Bil. Mil. Thou. Dol.
• Figures should be round	led to the pearest dollar
•	456 it should be reported as ———————————————————————————————————
Include:	
Data for all Services esta	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and) as defined by the survey coverage in ① B.
· ·	es primarily engaged in supporting services to those establishment(s) such as warehouses,
garages, central adminis	strative offices, and repair services.
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

B. SURVEY COVERAGE

Yes

0002

3 ORGANIZATIONAL CHANGE

Yes

No - Go to 4

Acquisition

Not Applicable.

0016

Did this firm provide the business activities described below?

No - Specify this firm's business activity 7

B. Which of the following organizational changes occurred in 2018?

A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?

	Sale Merger Divestiture	Date of organizational change AND Enter detailed information below		
	0017 Name of company		0019 EIN (9 digits)	
			-	
	Address (Number and s	treet, P.O. Box, etc.)		
	City, town, village, etc.		State ZIP Code	
2				' '
54132022				

Check all that apply. If more than one organizational change occurred during the reporting period, explain in 10.

Month

Day

Year

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Form	SA-54131A (DRAFT)					Page 3			
4	REPORTING PERIOD								
	NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal year that includes at least six months of data for the 2018 calendar year.								
	What time period is covered by the data provided in this report?	•			3				
	Colondan				Beginning				
	Calendar year			Month	Day	Year			
	Fiscal or partial year - Report beginning and ending dates		0007						
	The second of partial				Ending	Date			
				Month	Day	Year			
			8000						
5	Not Applicable.								
6	SALES, RECEIPTS, OR REVENUE								
	What were the revenues for this firm in 2018?								
	Include:								
	• Report gross billings, except where noted elsewhere on the form.								
	• Dues and assessments from members and affiliates.								
	Amounts received for work subcontracted to others.								
	• For locations that were sold or acquired during a year, only report for	the periods	that this fi	rm ope	rated the				
	locations.Revenue from services performed by domestic locations of foreign pa	ront firms o	uboidiarios	brand	hac ata				
	• Revenues from electronic sources.	ilelit ililiis, st	absidiai ies	, branc	1165, 616.				
	Exclude:								
	• Transfers made within the company.								
	• Taxes collected directly from customers or clients and paid directly to	a local, state	e, or federa	al tax aç	gency.				
	• Rents from and revenue of separately operated departments, concess	ions, etc., wh	ich are lea	ased to	others.				
	Commissions from vending machine operators.								
	 Revenue of foreign subsidiaries (those located outside the U.S., i.e., o Commonwealth Territories, or U.S. possessions). 	outside the 50	states, Di	strict of	Columb	ia, U.S.			
	Commonwealth Territories, or 0.5. possessions).								
		Mark "X" if None	\$ Bil.	Mil.	2018 Thou.	Dol.			
1.	Residential and Non-Residential Building Projects		ф БП.	IVIII.	mou.	Doi.			
	a. Single-family residential projects - The design of single-family								
	residential properties, such as single-family homes and town homes	3081							
	b. Multi-family residential projects (excludes apartment								
	building projects) - The design of multi-family residential projects. Exclude apartment buildings, hotels, resorts, and similar								
	temporary overnight accommodations; and nursing homes and								
	similar residential health care projects	3101							
	c. Non-residential building projects (includes apartment								
	building projects) - The design of non-residential building projects, such as, apartment buildings, offices, retail, restaurants,								
	hotels, convention centers, health care, entertainment, recreation,								
	educational, industrial, transportation and other non-residential facilities	3102							
2.	Other Services (performed independent of the architecture	0.02							
	projects above)								
	a. Landscape architectural services - Providing architectural			1 1					
	services relating to the design of the built landscape. Include golf courses	3094							
	b. Interior design services - Providing services relating to the								
	planning and designing of interior spaces	3095		1 1	1 1				
	CONTINUE WITH A ON PAGE	4							
	CONTINUE WITH 6 ON PAGE	4							
	CONTINUE WITH 6 ON PAGE	4							
	CONTINUE WITH 6 ON PAGE	4							

orm	S	4-5 4	131	A (DRAFT)						Page
6	SA	LES	, RE	CEIPTS, OR REVENUE - Continued						
						Mark "X"		2	2018	
						if None	\$ Bil.	Mil.	Thou.	Dol.
3.	rev ma ser rer the	es 1 a chited view s nage vices ntal o	thr servi emer s, en or lea	perating revenue - Revenue not reported in ough 2b. Include historical restoration projects, ladvisory services, urban planning services, peer ces, project site master planning services, construction at services, facility management, drafting services, training gineering services, sale or licensing of merchandise, and sing of equipment. If this item is greater than 20% of perating revenue, specify the primary source of the preservices.						
					1799		'		1 1	
4.	то	TAL	OP	ERATING REVENUE	1733					
	Su	m of	line	s 1a through 3	. 1800			1 1	1 1	
7	No	t Apı	plica	ble.						
8	RF	VFN	UFS	FROM ELECTRONIC SOURCES						
	В.	mole 0040 Did mole 0041	this cite this	firm have any revenues from customers entering of applications in 2018? Yes No firm have any revenues from customers entering of applications in 2018? Yes No firm have any revenues from customers entering of applications in 2018?	rders	directly	on third	-party v	vebsites	s or
		(SUC		yes						
				No						
	D.			otal 2018 revenues reported in 6,		2018				2018
		what	t wa	as the dollar amount (or percentage) s from the revenues identified in	Mil.	Thou.	Dol			Percent
		A-C	abo	ve? Please provide an estimate if gures are not available				OF	2501	%
9	Œ	No.	ot Ap	plicable.						

2018

Thou.

Dol.

Mil.



An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

Include:

• Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.).

Exclude:

Services provided to domestic subsidiaries of foreign firms.

A. Did the revenue reported in 6 include any revenue from exports?

		Yes
0009		
	П	No - Go to 🕰

	\$ Bil.	Mil.	Thou.	Dol.
. What was this firm's revenue from exports in 2018?	1	1 1		1 1

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). **Exclude**

Exclude:

R

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

Gross annual payroll

Personnel Costs

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

employee contributions.

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

\$ Bil.

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	
b.	Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option	

CONTINUE	WITH 14	ON	PAGE	6

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14	OPERATING EXPENSES - Continued						
		Mark "X"					
		if None	\$ 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						
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b						
3.	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			1 1			
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			1 1			
	b. 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 7						
	1879						
5.	TOTAL OPERATING EXPENSES		'	1 1			
	Sum of lines 1a through 4b						

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CONTACT II				D/	* .1					
Name of perso	n to contact	regarding t	nıs report (i	riease p	print)	Title				
	Area code		Number		Extension		Area code	r	Number	
	7.130 0006		-		Extension	Fax	7.1.50 5006		-	
Telephone		I i i								
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Telephone E-mail address	3					Website address				



SERVICE ANNUAL SURVEY

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

FORM

SA-54131E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

could not conduct this survey.

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as -

	\$ Bil.			Mil.		1	hοι	١.		Dol.	
→		1	0	3	0	2	8	0	4	5	6

nclude

- 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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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



SURVE	Y COVERAGI											
	COVENAGI											
Did this	s firm provid	de the b	usiness act	tivities desc	cribed belo	ow?						
0001	Yes											
	No - Specify	this firm	n's business	activity 7								
	0002											
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O016 ATIONAL CHAS firm experience Yes No - Go to Control of the follow If that apply. In Acquisition Sale Merger	JANGE ience and ving org If more to AN Entite	ny acquisiti nanizational han one org te of organiz	ions, sales, I changes o	mergers, a	a 2018? urred during	the rep	orting	period,	explai	īn in Q) .	
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4	REPORTING PERIOD					
	NOTE: Calendar year data are preferred. If they are unavailable, please repoments of data for the 2018 calendar year.	ort for the	fiscal ye	ar that ir	ncludes a	nt least six
	What time period is covered by the data provided in this report?				3	
				В	Date	
	Calendar year			Month	Day	Year
	Fiscal or partial year - Report beginning and ending dates		0007	,	'	' ' '
	rised of partial year ricport beginning and chaing dates		0007		Ending I	Date
				Month	Day	Year
			3000	3		
5	Not Applicable.					
6	SALES, RECEIPTS, OR REVENUE					
	What were the revenues for this firm in 2018?					
	Include:					
	• Report gross billings, except where noted elsewhere on the form.					
	• Dues and assessments from members and affiliates.					
	Amounts received for work subcontracted to others.					
	• For locations that were sold or acquired during a year, only report for the	periods t	hat this f	irm oper	ated the	
	Revenue from services performed by domestic locations of foreign parent	t firms, su	ıbsidiarie	s, branch	nes, etc.	
	Revenues from electronic sources.					
	Exclude:					
	Transfers made within the company. Toyon collected directly from gustomers or clients and paid directly to a let	and state	or fodo	ral tay ac	iono.	
	 Taxes collected directly from customers or clients and paid directly to a lo Rents from and revenue of separately operated departments, concessions 			_	•	
	 Commissions from vending machine operators. 	o, Glo., Wii	icii are ie	asea to t	otileis.	
	• Revenue of foreign subsidiaries (those located outside the U.S., i.e., outsi					
	Tievende of foreign substatuties (those located outside the o.o., fier, outsi	de the 50	states, D	istrict of	Columbi	a, U.S.
	Commonwealth Territories, or U.S. possessions).	de the 50	states, D	istrict of	Columbi	a, U.S.
	Commonwealth Territories, or U.S. possessions).				Columbi 2018	a, U.S.
	Commonwealth Territories, or U.S. possessions).	de the 50 Mark "X" if None				Dol.
1.	Commonwealth Territories, or U.S. possessions). Residential and Non-Residential Building Projects	Mark "X"		2	018	
1.	Commonwealth Territories, or U.S. possessions). Residential and Non-Residential Building Projects a. Single-family residential projects - The design of single-family residential properties, such as single-family homes and town	Mark "X"		2	018	
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orn	1 SA-54131E (DRAFT)					Page
6	SALES, RECEIPTS, OR REVENUE - Continued					
			Mark "X"		2018	
			if None	\$ Bil. N	/lil. Tho	ou. Dol.
3.	All other operating revenue - Revenue not reported in lines 1a through 2b. Include historical restoration project architectural advisory services, urban planning services, pereview services, project site master planning services, consimanagement services, facility management, drafting services services, engineering services, sale or licensing of merchan rental or leasing of equipment. If this item is greater that the total operating revenue, specify the primary sour revenue here	er truction es, training dise, and in 20% of				
	TOTAL OPERATING DEVENUE	1799				
4.	TOTAL OPERATING REVENUE Sum of lines 1a through 3	1800		' '		
7	Not Applicable.					
8	REVENUES FROM ELECTRONIC SOURCES					
•	A. Did this firm have any revenues from customers e					
	mobile applications in 2018? Yes No No B. Did this firm have any revenues from customers e mobile applications in 2018? Yes No C. Did this firm have any revenues from customers e	ntering orders			·	
	(such as private networks, dedicated lines, etc.) in Yes	2018?				
	□ No					
	D. Of the total 2018 revenues reported in 3 ,		2018			2018
	what was the dollar amount (or percentage) that was from the revenues identified in	\$ Bil. Mil.	Thou.	Dol.		Percent
	A-C above? Please provide an estimate if exact figures are not available				OR ₂₅₀₁	%
9	-12 Not Applicable.					



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	EXPORT			
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An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.).

Exclude:

• Services provided to domestic subsidiaries of foreign firms.

A. Did the revenue reported in 6 include any revenue from exports?

	Yes
0009	
	No - Go to

B.	What was this firm's revenue from exports in 2018?					2100

	2018								
	\$ Bil.	Mil.	Thou.	Dol.					
)		1 1	1 1	1 1					

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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"			2018	
if None	\$ Bil.	Mil.	Thou.	Dol.

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
- b. Employer's cost for fringe benefits Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); de defined contribution plans (e.g., prof plans); and other fringe benefits (e.g compensation insurance, unemployr insurance programs, life insurance b employee contributions.

fined benefit pension plans; it sharing, 401K, stock option ., Social Security, workers' nent tax, state disability					
enefits, Medicare). Exclude					
		ı			
CONTINUE WITH 10 ON PAGE 6			·		

14	OPERATING EXPENSES - Continued					
		Mark "X"			2018	
		if None	\$ 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	3 🗆				1 1
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b	0				1 1
3.	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 1820	6				
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	1 🔲				1 1
	b. 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 \(\textstyle{\gamma} \)					
		9	'	1 1		1 1
5.	TOTAL OPERATING EXPENSES	9				
٥.	Sum of lines 1a through 4b	0				
15	and 16 Not Applicable.					

	CONTACT IN	FORMATIO	N							
	CONTACT IN Name of person			report <i>(Please)</i>	print)	Title				
		n to contact re	garding this			Title				
•			garding this	report (<i>Please µ</i>	print) Extension	Title	Area code	9	Number _	

We suggest you keep a copy for your records.

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



SERVICE ANNUAL SURVEY

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

FORM

2018 ANNUAL SERVICES REPORT

SA-54133A	(DRAFT)
Due Date	
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://www.census.gov/programs- surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.	
INTERNET REPORTING - This https://portal.census.gov	s survey should be completed online at:
Authentication Code:	To view Survey Results: https://www.census.gov/programs-surveys/sas.html
	GENERAL INSTRUCTIONS

- Any significant change in this firm's operations should be noted in 0.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

	\$ E	3il.		Mil.		T	hοι	ı.		Dol.	
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Include:

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

1 A.	MAII	NG ADDRESS
-	ls this	firm's name and mailing address the same as shown in the mailing address above?
(0035	Yes
		No - Enter corrections in the mailing address above



Form **SA-54133A** (DRAFT)

B. SURVEY COVERAGE

Yes

0002

Not Applicable.

Did this firm provide the business activities described below?

□ No - Specify this firm's business activity ¬

	3 OR	GAN	IIZA	TONAL CHANGE					
	A.	Did	this	firm experience any acquisitions, sales, mergers, and/or divestiture	s in 2	018?			
		0016		Yes No - <i>Go to</i> 4					
		0091 0017	Nam	the following organizational changes occurred in 2018? that apply. If more than one organizational change occurred during the replacement of the following that apply. If more than one organizational change occurred during the replacement of the following that is apply. If more than one organizational change occurred during the replacement of the following occurred during the r	. 0018	Mor		Year	
		City.	towi	village, etc. State	ZIP C	ode			
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•••••	6A-54133A (DRAFT)						ot oiv
4 R	EPORTING PERIOD						ot oix
N	OTE: Calendar year data are preferred. If they are unavailable, please rep	ort for the	e fiscal ye	ear that ir	ncludes	at lea	ISL SIX
	onths of data for the 2018 calendar year. That time period is covered by the data provided in this report?				20	18	
•	mat time period is develou by the data provided in time report.			В	Beginni		te
	Calendar year			Month	Day	Y	ear
00	Fiscal or partial year - Report beginning and ending dates		000	,			1 1
	Tiscal of partial year - neport beginning and ending dates		0007		Ending	u Date	
				Month	Day		ear
			3000	3			
5 N	ot Applicable.						
6 s	ALES, RECEIPTS, OR REVENUE						
V	hat were the revenues for this firm in 2018?						
lr	iclude:						
	Report gross billings, except where noted elsewhere on the form.						
	Dues and assessments from members and affiliates. Amounts received for work subcontracted to others.						
	For locations that were sold or acquired during a year, only report for th	e periods t	that this f	firm oper	ated th	ne	
	locations.		ماد داد داد				
	Revenue from services performed by domestic locations of foreign parer Revenues from electronic sources.	it firms, st	ibsidiarie	s, brancr	ies, etc).	
	xclude:						
	Transfers made within the company.						
	Taxes collected directly from customers or clients and paid directly to a	local, state	or feder	ral tay ac	nonov.		
	Rents from and revenue of separately operated departments, concession						
•	Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outs	s, etc., wh	ich are le	eased to	others.		.S.
•	Commissions from vending machine operators.	s, etc., wh	ich are le	eased to	others.		.S.
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	SALES, RECEIPTS, OR REVENUE - Continued						
		Mark "X"			201	8	
		if None	\$ Bil.	Mil.		Thou.	Dol.
1.	Engineering Services - Continued						
	f. Power generation and distribution engineering projects -						
	Engineering services related to power generating units, power transmission and distribution lines, and related infrastructure 3	1116					
	g. Telecommunications and broadcasting engineering projects - Engineering services related to systems for the transmission or distribution of voice, data, and programming, such as wireless networks, telephone systems, cable television systems, and systems for the transmissions of television and radio broadcasting signals	1117 N					ı
	 h. Hazardous waste and industrial waste engineering projects - Engineering services related to systems for the collection, treatment, and disposal of hazardous waste and industrial waste; 						
	and systems for the control of pollution					+ +	
2.	related to systems, processes, facilities, or products	1119					
	projects) a. Construction services - Construction activities. Include construction management services (planning, direct supervising, and coordinating construction site workers), design/build projects (integrated engineering and construction services for a project), and construction projects (engineering firm solely responsible for construction)	1121				1 1	
	b. Engineering advisory and drafting services - Include engineering advisory services, such as policy analysis, regulatory studies, audits, forensic investigations, and expert witness services. Also include any drafting services, such as drawing detailed layouts, plans, and illustrations of building, structures, systems, or components from engineering and architectural specifications	1125					
	c. Surveying and mapping services - Providing surveying and mapping services of areas above or below the surface of the earth, such as the creating of view easements or segregating rights in parcels of land by creating underground utility easements. Include geophysical surveying and mapping services 3	1123					
	All other operating revenue - Revenue not reported in lines 1a through 2c. Include project management services, facility management services, architectural services, urban planning services, building inspection services, testing laboratory services, industrial design services, research and development services, custom software development services, sale or licensing of merchandise, and rental or leasing of equipment. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below						
		799					
4.	TOTAL OPERATING REVENUE Sum of lines 1a through 3						
	Sum of lines 1a through 3						

orn	n S/	A-54	133	BA	(DRA	FT)																								Page
8	RE	VEN	UES	FRO	ом Е	LEC	TRO	NIC	: so	OURC	CES	j																		
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																						\$	Bil.		Mil		The	ou.		Dol.

	\$ BII.
B. What was this firm's revenue from exports in 2018?	

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

expenses not reported eisewhere.							
	Mark "X"		:	2018			
	if None	\$ Bil.	Mil.	Thou.	Dol.		
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			1 1		1 1		
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.							
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							
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b		1	1 1		1 1		
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					1 1		
maintenance fees related to software upgrades and alterations 1826							
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) Fxclude impairment			1 1	1 1			

CONTINUE WITH 14 ON PAGE 7

Form	SA-54133A (DRAFT)						Page 7
14	OPERATING EXPENSES - Continued						
			Mark "X"		:	2018	
			if None	\$ Bil.	Mil.	Thou.	Dol.
4.	Other Operating Expenses - Continued						
	b. 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						
		1879					
5.	TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	. 1900					
	and 16 Not Applicable.						

CONTACT INFORMATION	
CONTACT INFORMATION Name of person to contact regarding this report (Please print)	Title
Area code Number Extension Telephone	Area code Number
E-mail address	Website address
L man adaress	TTODUILO UUUTO33

We suggest you keep a copy for your records.

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

SERVICE ANNUAL SURVEY

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

FORM

SA-54133E

(DRAFT)

2018 ANNUAL SERVICES REPORT

UA UTIOUL	(510 t. 1)	
Due Date		
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://www.census.gov/programs- surveys/sas/information.html		
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.		

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as -

	\$ E	3il.		Mil.		T	hοι	١.		Dol.	
→		1	0	3	0	2	8	0	4	5	6

nclude

- 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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A. MAILING ADDRESS

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

	Ш	Yes
0035		
		No - Enter corrections in the mailing address above



4	REPORTING PERIOD						
	NOTE: Calendar year data are preferred. If they are unavailable, please report for	r the	fiscal y	ear that i	ncludes	at lea	st six
	months of data for the 2018 calendar year.		·				
	What time period is covered by the data provided in this report?				201		
	Calendar year				Beginnin		
	0006			Month	Day	Ye	ar
	Fiscal or partial year - Report beginning and ending dates		000	07			
					Ending	Date	
				Month	Day	Ye	ar
					'		
			000	08			
5	Not Applicable.						
6	SALES, RECEIPTS, OR REVENUE						
0	What were the revenues for this firm in 2018?						
	Include:Report gross billings, except where noted elsewhere on the form.						
	Dues and assessments from members and affiliates.						
	Amounts received for work subcontracted to others.						
	 For locations that were sold or acquired during a year, only report for the period 	ods th	at this	firm oper	ated the	e	
	locations.			0 p o.		•	
	• Revenue from services performed by domestic locations of foreign parent firms	s, sub	osidiari	es, brancl	nes, etc.		
	Revenues from electronic sources.						
	Exclude:						
	Transfers made within the company. The search of the						
	• Taxes collected directly from customers or clients and paid directly to a local, s						
	 Rents from and revenue of separately operated departments, concessions, etc., Commissions from vending machine operators. 	, wnic	on are i	eased to	otners.		
	 Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 						
	• nevenue of foreign supsignes those located outside the U.S., i.e., outside the	~ EO ~	stataa [Diatriat of	Calumb	oio II	c
	Commonwealth Territories, or U.S. possessions).	e 50 s	states, I	District of	Columb	oia, U.	S.
	Commonwealth Territories, or U.S. possessions).		states, [oia, U.	S.
	Commonwealth Territories, or U.S. possessions). Mark if No.	k "X"	states, [Columb 2018 Thou.		S. Dol.
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	Mark "X if None			Mil.	2018 Th	iou.	T	Dol
Engineering Services - Continued		اات پ		IVIII.	11	iou.		וטכו
f. Power generation and distribution engineering projects -								
Engineering services related to power generating units, power transmission and distribution lines, and related infrastructure 31	16							
g. Telecommunications and broadcasting engineering projects Engineering services related to systems for the transmission or distribution of voice, data, and programming, such as wireless networks, telephone systems, cable television systems, and systems for the transmissions of television and radio broadcasting signals 31 	17							
 Hazardous waste and industrial waste engineering projects Engineering services related to systems for the collection, treatment, and disposal of hazardous waste and industrial waste; and systems for the control of pollution	18			1 1				1
i. Other engineering projects - All other engineering projects related to systems, processes, facilities, or products	19							
Other Services (performed independent of the engineering projects)								
a. Construction services - Construction activities. Include construction management services (planning, direct supervising, and coordinating construction site workers), design/build projects (integrated engineering and construction services for a project), and construction projects (engineering firm solely responsible for construction)	21			1 1				
b. Engineering advisory and drafting services - Include engineering advisory services, such as policy analysis, regulatory studies, audits, forensic investigations, and expert witness services. Also include any drafting services, such as drawing detailed layouts, plans, and illustrations of building, structures, systems, or components from engineering and architectural specifications	25							
c. Surveying and mapping services - Providing surveying and mapping services of areas above or below the surface of the earth, such as the creating of view easements or segregating rights in parcels of land by creating underground utility easements. Include geophysical surveying and mapping services 31	23							
All other operating revenue - Revenue not reported in lines 1a through 2c. Include project management services, facility management services, architectural services, urban planning services, building inspection services, testing laboratory services, industrial design services, research and development services, custom software development services, sale or licensing of merchandise, and rental or leasing of equipment. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below								
					1		Τ	T
	99							
TOTAL OPERATING REVENUE Sum of lines 1a through 3	00			1 1	'	ı		I
			- 1	1 1			100	

orn	n S	A-54	133	BE (DRAFT)	Page
8	RE	VEN	UES	FROM ELECTRONIC SOURCES	
	A.			firm have any revenues from customers entering orders directly on the firm's websites or applications in 2018?	
		0040		Yes	
				No	
	В.			firm have any revenues from customers entering orders directly on third-party websites or applications in 2018?	
		0041		Yes	
				No	
	C.			firm have any revenues from customers entering orders via any other electronic systems private networks, dedicated lines, etc.) in 2018?	
		0042		Yes	
				No	
	D.	what that A-C	t was was abo	otal 2018 revenues reported in ①, as the dollar amount (or percentage) s from the revenues identified in ve? Please provide an estimate if gures are not available	18 cent
9	-Œ			plicable.	
B	EX	(POR	T RE	EVENUE	
	es	tablis	hme	d service is a service performed for a customer or client (individual, government, business ent, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. ealth Territories, or U.S. possessions).	
		clude Servic		erformed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, e	tc.).
		clud Servic		rovided to domestic subsidiaries of foreign firms.	
	A.	Did	the	revenue reported in 6 include any revenue from exports?	
		0009		Yes	
				No - Go to 12	

	\$ Bil.	Mil.
B. What was this firm's revenue from exports in 2018?		1 1

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2018 Thou.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

expenses not reported discoming.					
	Mark "X"		2	2018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
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			1 1		1 1
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions					
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					
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b			1 1		
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			1 1	1 1	
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					

CONTINUE WITH 14 ON PAGE 7

orm SA-54133E	(DRAFT)	Page 7

14	OPERATING EXPENSES - Continued					
		Mark "X"		2	2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
4.	Other Operating Expenses - Continued					
	b. 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					
		1879				
5.	TOTAL OPERATING EXPENSES					
	Sum of lines 1a through 4b	. 1900				
15	and 16 Not Applicable.					

CONTACT INFORMATION										
Name of persor	n to contact	regarding	this repor	t <i>(Please p</i>	Title					
					1					
	Area code		Number		Extension		Area code	Nu	mber	
Telephone			_			Fax				
			-							
E-mail address						Website address				



SERVICE ANNUAL SURVEY

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

2018 ANNUAL SERVICES REPORT

FORM SA-54150A	(DRAFT)
Due Date	
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://www.census.gov/programs- surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.	
INTERNET REPORTING - This https://portal.census.gov	s survey should be completed online at:
Authentication Code:	To view Survey Results: https://www.census.gov/programs-surveys/sas.html
	GENERAL INSTRUCTIONS
 Any significant change i 	n this firm's operations should be noted in 🕡.
, ,	or acquired in 2018, report data only for the period the establishments were operated by
	e if book figures are not available.
Enter "0" where applicat	
	r two or more detailed lines.
	al basis, except for payroll. \$ Bil. Mil. Thou. Dol.
• Figures should be round	
•If a figure is \$1,030,280,	456 it should be reported as TOSOZOZO
Include:	
 Data for all Services esta Construction operations 	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and) as defined by the survey coverage in ① B.

- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

1	A.	MAI	LIN	G A	DD	RES	S																	
		Is th	is fir	m's	nar	ne a	nd r	nailin	g a	ddre	ss t	he s	am	e as	sh	own	in	the	mai	ling	ado	dress	ab	ove?

Yes 0035 No - Enter corrections in the mailing address above Form SA-54150A (DRAFT) Page 2

	OTIOON (DRAFT)				. ugo z				
1 B.	SURVEY COVERAGE								
	Did this firm provide the business activities described below?								
	Yes								
	ooi res								
	No - Specify this firm's business activity								
	0002								
• No:	Applicable.								
3 OR	GANIZATIONAL CHANGE								
A.	Did this firm experience any acquisitions, sales, mergers, and/or div	estiture	s in 2018?	•					
	☐ Yes								
	016								
	No - Go to 4								
В.	Which of the following organizational changes occurred in 2018?								
	Check all that apply. If more than one organizational change occurred durin	g the rep	orting per	od, explai	n in 🕡.				
			Мо	nth Day	Year				
	Acquisition								
	Date of organizational change		. 0018						
	91 AND								
	☐ Merger Enter detailed information below ₹								
	Divestiture								
	Name of company		0019 EIN (9	digits)					
			_						
	Address (Number and street, P.O. Box, etc.)								
	Tadios (Talibor and allow) Flor Boxy olds								
	City, town, village, etc.	State	ZIP Code						
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Form	SA-54150A (DRAFT)			Page 3			
4	REPORTING PERIOD						
	NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal year	ar that i	ncludes	at least six			
	months of data for the 2018 calendar year.			_			
	What time period is covered by the data provided in this report?	2018 Beginning Date					
	☐ Calendar year	Month		Year			
	0006	WOTEN	Day	1001			
	Fiscal or partial year - Report beginning and ending dates						
			Ending	Date			
		Month	Day	Year			
	0008						
5	Not Applicable.						
6	SALES, RECEIPTS, OR REVENUE						
	What were the revenues for this firm in 2018?						
	Include:						
	• Report gross billings, except where noted elsewhere on the form.						
	 Dues and assessments from members and affiliates. Amounts received for work subcontracted to others. 						
	 For locations that were sold or acquired during a year, only report for the periods that this fi 	rm opei	rated the	Э			
	locations.						
	 Revenue from services performed by domestic locations of foreign parent firms, subsidiaries Revenues from electronic sources. 	, branci	nes, etc.				
	Exclude:						
	• Transfers made within the company.						
	• Taxes collected directly from customers or clients and paid directly to a local, state, or federal						
	• Rents from and revenue of separately operated departments, concessions, etc., which are leading to the concession of t	ased to	others.				
	 Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Di 	strict of	Columb	nia ILS			
	Commonwealth Territories, or U.S. possessions).	511101 01	Columb	71u, 0.0.			
	Mark "X"	2	2018				
	if None \$ Bil.	Mil.	Thou.	Dol.			
1.	Information Technology (IT) Design and Development						
	 a. Custom application design and development - Designing the structure and/or writing the computer code necessary to 						
	create and/or implement a software application. Include website						
	design and development, database design and development, and customization and integration of packaged software. Exclude data						
	storage, website hosting, data management, application service						
	provisioning, and business process management; report these in line 2e						
	b. Computer systems design, development, and integration						
	 Assessing an organization's computer requirements, advising on hardware and software acquisitions, developing system 						
	specifications, and either putting the new system in place or						
	providing the client with the necessary specifications to put the new system in place						
	c. Network design and development - Designing, developing,						
	and implementing a customer's networks such as intranets,						
	extranets, and virtual private networks. Include network security systems design and development. Exclude network management			1 1			
_	services, report this in line 2a						
2.	Other Services						
	a. IT infrastructure and network management - Managing and monitoring a client's IT infrastructure including hardware,						
	software, and/or networks. Include network management services	1 1		' '			
	and computer systems management services						
	b. IT technical support - Providing technical expertise to solve problems for the client in using software, hardware, or the entire						
	computer system. Include auditing and assessing computer operations, data recovery, and disaster recovery		' '	' '			
	operations, data recovery, and disaster recovery						
	CONTINUE WITH 6 ON PAGE 4						
	5552						

Other Services - Continued Other Services - Continued C. IT technical consulting - Providing advice or expert opinion on Exclude service contracts where advice is included with the design and development of an IT solution. Report these contracts in the appropriate IT design and development sub-category		SA-5415UA (DRAFT)						Paç
Other Services - Continued C. IT technical consulting - Providing advice or expert opinion on technical matters related to the use of information technology. Exclude service contracts where advice is included with the service contracts where advice is included with the cits in the appropriate IT design and development sub-category	6	SALES, RECEIPTS, OR REVENUE - Continued						
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c. IT technical consulting - Providing advice or expert opinion on technical matters related to the use of information technology. Exclude service contracts where advice is included with the dosign and development of an IT solution. Report those contracts in the appropriate IT design and development sub-category 3136 d. IT related training services - Providing training in the use of computer hardware, software, networks, or other IT-related topics 3137 e. Hosting and IT infrastructure (hardware, software, and networks) to process data, host applications, and host processes for a client. Include data storage, website hosting, data management, application service provisioning, and business process management f. Rental and leasing of computer hardware All other operating revenue - Revenue not reported in lines 1a through 2f. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below? TOTAL OPERATING REVENUE Sum of lines 1a through 3 Not Applicable. REVENUES FROM ELECTRONIC SOURCES A. Did this firm have any revenues from customers entering orders directly on the firm's websites or mobile applications in 2018? Yes			11	None	\$ Bil.	Mil.	Thou.	Dol.
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A. Did this firm have any revenues from customers entering orders directly on the firm's websites or mobile applications in 2018? Yes	_	Not Applicable.						
mobile applications in 2018? Yes								
C. Did this firm have any revenues from customers entering orders via any other electronic systems (such as private networks, dedicated lines, etc.) in 2018? Yes		B. Did this firm have any revenues from customers entering ord mobile applications in 2018? Yes	lers dir	rectly	on thir	d-party	website	s or
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D. Of the total 2018 revenues reported in 6, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if exact figures are not available		(Such as private networks, uculcated lines, etc.) iii 2018?						
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A-C above? Please provide an estimate if exact figures are not available					Do	ol.		
exact figures are not available		A-C above? Please provide an estimate if	ı				Ω B	
Not Applicable.		exact figures are not available 2500		1 1			2501	
Not Applicable.	١.	Not Applicable						
	7	Not Applicable.						

2018

	EXPO				
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An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.).

Exclude:

• Services provided to domestic subsidiaries of foreign firms.

A. Did the revenue reported in 6 include any revenue from exports?

	Yes
0009	
	No - Go to 🕰

	\$ Bil.	Mil.	Thou.	Dol.
. What was this firm's revenue from exports in 2018?				

OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

		it ivone	\$ E	Jil.	Mil.		Thou.		Dol.	
Pe	ersonnel 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				1	l .	1 1		1 1	

b.	Employer's cost for fringe benefits - Employer's cost for
	legally required programs and programs not required by law.
	Include insurance premiums for hospital plans, medical plans,
	and single service plans (e.g., dental, vision, prescription drugs);
	premium equivalents for self-insured plans and fees paid to
	third-party administrators (TPAs); defined benefit pension plans;
	defined contribution plans (e.g., profit sharing, 401K, stock option
	plans); and other fringe benefits (e.g., Social Security, workers'
	compensation insurance, unemployment tax, state disability
	insurance programs, life insurance benefits, Medicare). Exclude
	employee contributions.

spread on stock options that are taxable to employees as wages . 1821

d plans and fees paid to efined benefit pension plans; ifit sharing, 401K, stock option g., Social Security, workers' ment tax, state disability					
benefits, Medicare). Exclude					1
CONTINUE WITH 10 ON PAGE 6					

Mark "X"

14	OPERATING EXPENSES - Continued					
	OI ENATING EXI ENGLO COMMINGGO	Mark "X"			2018	
		if None	\$ 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	3				
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b					
3.	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 1820	5				
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					
	b. 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 7					
5.	TOTAL OPERATING EXPENSES	9 🗀				
5.	Sum of lines 1a through 4b)				
1 5	and 16 Not Applicable.					

CONTACT I	NFORMATIO	N						
	NFORMATIO		report (<i>Please</i>	e print)	Title			
		egarding this	report <i>(Please</i>	e print) Extension	Title	Area code	Number	

We suggest you keep a copy for your records.

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

MENT OF THE STATE
SERVICE ANNUAL SURVEY

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

FORM

SA-54150E

(DRAFT

2018 ANNUAL SERVICES REPORT

OF THE	3A-34 130E
ı	Due Date
Nood bols	or have questions?
Call 1-87	77-787-9860, option "1" m 5:00 p.m. ET, M-F) or Visit
	/w.census.gov/programs- s/sas/information.html
BY LAW. T Code (U.S.C 182 authoriz Sections 22 response. T is required same law to CONFIDEN responses of The Census to publicly r in a way tha business, or Per the Fede Enhancemee are protecte risks throug systems tha	itle 13 United States C.), Sections 131 and zes this collection. 4 and 225 require your he U.S. Census Bureau by Section 9 of the be keep your information ITIAL and can use your only to produce statistics. Bureau is not permitted release your responses at could identify your rganization, or institution. eral Cybersecurity ent Act of 2015, your data ed from cybersecurity th screening of the at transmit your data.
by the Office Budget (OM approval nu	ion has been approved the of Management and MB). The eight-digit OMB Imber is 0607-0422 and the upper right of this

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

page. Without this approval, we could not conduct this survey.

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as -

	\$ Bil.			Mil.		T	hοι	ı.		Dol.	
→		1	0	3	0	2	8	0	4	5	6

nclude

- 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.

1	A.	MAILING ADDRES	S
		la thia firmala nama a	

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

	ш	Yes
0035		
		No - Enter corrections in the mailing address above



1 B. SURVEY COVERAGE
Did this firm provide the business activities described below?
☐ Yes
0001
No - Specify this firm's business activity
0002
2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)
Does this firm report payroll under EIN
☐ Yes
EIN (9 digits)
No - Enter current 9-digit EIN AND date payroll was first reported for this EIN
Month Day Year
0088
3 ORGANIZATIONAL CHANGE
A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?
☐ Yes
0016 ☐ No - <i>Go to</i> 4
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in ①.
Acquisition Month Day Year
□ Sale
0091 AND
☐ Merger Enter detailed information below
Divestiture
0017 Name of company 0019 EIN (9 digits)
Address (Number and street, P.O. Box, etc.)
City, town, village, etc. State ZIP Code

4	REPORTING PERIOD								
	NOTE: Calendar year data are preferred. If they are unavailable, please repomonths of data for the 2018 calendar year.	ar that includes at least six							
	What time period is covered by the data provided in this report?	2018							
	Colondon voor		eginnin						
	Calendar year			Month	Day	Year			
	Fiscal or partial year - Report beginning and ending dates		0007						
					Ending	Date			
				Month	Day	Year			
			0008			' '			
5	Not Applicable.								
6	SALES, RECEIPTS, OR REVENUE								
	What were the revenues for this firm in 2018?								
	Include:								
	• Report gross billings, except where noted elsewhere on the form.								
	 Dues and assessments from members and affiliates. Amounts received for work subcontracted to others. 								
	• For locations that were sold or acquired during a year, only report for the	periods t	hat this fi	m oper	ated the	е			
	locations.	.	is a fair a state						
	 Revenue from services performed by domestic locations of foreign parent Revenues from electronic sources. 	Tirms, su	ibsidiaries	, brancr	ies, etc.				
	Exclude:								
	Transfers made within the company.								
	• Taxes collected directly from customers or clients and paid directly to a lo			_	•				
	 Rents from and revenue of separately operated departments, concessions, Commissions from vending machine operators. 	etc., wh	ich are lea	sed to	others.				
	 Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside 	de the 50	states. Di	strict of	Columb	oia. U.S.			
	Commonwealth Territories, or U.S. possessions).					,			
		Mark "X"		2	018				
		if None	\$ Bil.	Mil.	Thou.	Dol.			
1.	Information Technology (IT) Design and Development								
	 a. Custom application design and development - Designing the structure and/or writing the computer code necessary to 								
	create and/or implement a software application. Include website								
	design and development, database design and development, and customization and integration of packaged software. Exclude data								
	storage, website hosting, data management, application service provisioning, and business process management; report these in				1 1				
	line 2e								
	b. Computer systems design, development, and integration								
	 Assessing an organization's computer requirements, advising on hardware and software acquisitions, developing system 								
	specifications, and either putting the new system in place or								
	providing the client with the necessary specifications to put the new system in place								
	c. Network design and development - Designing, developing,								
	and implementing a customer's networks such as intranets, extranets, and virtual private networks. Include network security								
	systems design and development. Exclude network management				1 1				
	services, report this in line 2a								
2.	Other Services								
	 a. IT infrastructure and network management - Managing and monitoring a client's IT infrastructure including hardware, 								
	software, and/or networks. Include network management services			1 1	1 1				
	and computer systems management services								
	b. IT technical support - Providing technical expertise to solve problems for the client in using software, hardware, or the entire								
	computer system. Include auditing and assessing computer operations, data recovery, and disaster recovery		'	1	1 1				
	oporations, data recovery, and disaster recovery								
	CONTINUE WITH 1 ON PAGE 4								

M SA-3415UE (DRAFT)					Pag
SALES, RECEIPTS, OR REVENUE - Continued					
	Mark "X"			2018	
	if None	\$ Bil.	Mil.	Thou.	. Dol.
Other Services - Continued					
c. IT technical consulting - Providing advice or expert opinion on					
technical matters related to the use of information technology.					
Exclude service contracts where advice is included with the design and development of an IT solution. Report these contracts					
in the appropriate IT design and development sub-category	3136		1 1	1 1	
d. IT related training services - Providing training in the use of					
computer hardware, software, networks, or other IT-related topics	3137				
e. Hosting and IT infrastructure provisioning services - Providing IT infrastructure (hardware, software, and networks)					
to process data, host applications, and host processes for a					
client. Include data storage, website hosting, data management,					
application service provisioning, and business process management	3138				
managomone	3130				
f. Rental and leasing of computer hardware	3139		1 1	1 1	1
All other operating revenue - Revenue not reported in lines					
1a through 2f. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue					
below 7					
	🗖		1 1		
TOTAL OPERATING REVENUE	1799				
	1000	'			'
	1800				
Not Applicable.					
REVENUES FROM ELECTRONIC SOURCES					
A. Did this firm have any revenues from customers entering orden mobile applications in 2018?	ers directly	on the f	irm's v	websites	or
mobile applications in 2018? Ves	ers directly	on the 1	irm's \	websites	or
mobile applications in 2018? Yes No B. Did this firm have any revenues from customers entering order	·				
mobile applications in 2018? Ves No	·				
mobile applications in 2018? Yes No B. Did this firm have any revenues from customers entering order	·				
mobile applications in 2018? Yes No B. Did this firm have any revenues from customers entering order mobile applications in 2018?	·				
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mobile applications in 2018? Yes No B. Did this firm have any revenues from customers entering order mobile applications in 2018? Yes No C. Did this firm have any revenues from customers entering order (such as private networks, dedicated lines, etc.) in 2018? Yes No D. Of the total 2018 revenues reported in ③,	ers directly	on third	l-party	website	s or
mobile applications in 2018? Yes No B. Did this firm have any revenues from customers entering order mobile applications in 2018? Yes No C. Did this firm have any revenues from customers entering order (such as private networks, dedicated lines, etc.) in 2018? Yes No D. Of the total 2018 revenues reported in ③, what was the dollar amount (or percentage) that was from the revenues identified in	ers directly ers via any	on third	-party	website	s or ns
mobile applications in 2018? Yes No B. Did this firm have any revenues from customers entering order mobile applications in 2018? Yes No C. Did this firm have any revenues from customers entering order (such as private networks, dedicated lines, etc.) in 2018? Yes No D. Of the total 2018 revenues reported in 6, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if	ers directly ers via any	on third	l-party ectroni	website	s or ns
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mobile applications in 2018? Yes No B. Did this firm have any revenues from customers entering order mobile applications in 2018? Yes No C. Did this firm have any revenues from customers entering order (such as private networks, dedicated lines, etc.) in 2018? Yes No D. Of the total 2018 revenues reported in ③, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if exact figures are not available	ers directly ers via any	on third	l-party ectroni	website	es or ms

13 EXPORT REVENUE

An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.).

Exclude:

Services provided to domestic subsidiaries of foreign firms.

A. Did the revenue reported in 6 include any revenue from exports?

	Yes
0009	
	No - Go to 🕰

В.	What was this firm's revenue from exports in 2018?	 				2100

	\$ Bil.	Mil.	Thou.	Dol.
)		1 1	1 1	1 1

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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"	2018						
if None	\$ Bil.	Mil.	Thou.	Dol.			

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
- b. Employer's cost for fringe benefits Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription premium equivalents for self-insured plans and fees particularly plans and fees particularly plans are prescribed by the premium equivalents for self-insured plans are prescribed by the premium equivalents for self-insured plans are premium equivalents. third-party administrators (TPAs); defined benefit pensit defined contribution plans (e.g., profit sharing, 401K, s plans); and other fringe benefits (e.g., Social Security, compensation insurance, unemployment tax, state disinsurance programs, life insurance benefits, Medicare) employee contributions.

on drugs); aid to ion plans; tock option workers' ability							
. Exclude 1822			1				
H 😘 ON PAGE 6							

CONTINUE	MITH (ON D	ACE 6
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								-9
14	OPERATING EXPENSES - Continued							
		Mark	"X"			2	2018	
		if No.		\$ 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		Г					
	agencies for personnel. Include all charges for payroll, benefits, and services	1022			i i		' '	' '
2.	Expensed equipment, materials, parts, and supplies (not for	1023						
	resale) - Include expensed computer hardware and other equipment							
	(e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and							
	leased and rented equipment in line 4b	1860						1 1
3.	Expensed purchases of software - Purchases of prepackaged,		1					
	custom coded, or vendor customized software. Include software developed or customized by others, web-design services and							
	purchases, licensing agreements, upgrades of software, and		Ī					
	maintenance fees related to software upgrades and alterations	1826						
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		1				1 1
	b. 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 7							
	•							
							1 1	
_		1879						
5.	TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	1000		'	'	'	' '	1 1
		1900						
15	and 16 Not Applicable.							

REMARKS - Pleas data were estimat	se use this space to exp ed.	olain any significant	year-to-year change	s, to clarify response	s, or indicate whe

To.

CONTACT INFORMATION

Name of persor	i to contact	regarding t	inis report (<i>Piease</i>)	Drint)	Title			
	Area code		Number	Extension		Area code		Number
Telephone					Fax			
								_
E-mail address			Website address					

SERVICE ANNUAL SURVEY

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

FORM

2018 ANNUAL SERVICES REPORT

SA-54160A (DRAFT)	
Due Date	
eed 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://www.census.gov/programs- surveys/sas/information.html	
CUR RESPONSE IS REQUIRED Y LAW. Title 13 United States ode (U.S.C.), Sections 131 and 122 authorizes this collection. Sections 224 and 225 require your sponse. The U.S. Census Bureau required by Section 9 of the me law to keep your information DNFIDENTIAL and can use your sponses only to produce statistics. He Census Bureau is not permitted publicly release your responses a way that could identify your sinness, organization, or institution. For the Federal Cybersecurity shancement Act of 2015, your data e protected from cybersecurity sks through screening of the stems that transmit your data. This collection has been approved the Office of Management and udget (OMB). The eight-digit OMB proval number is 0607-0422 and opears at the upper right of this age. Without this approval, we full not conduct this survey.	
ITERNET REPORTING - This survey should be ttps://portal.census.gov	To view Survey Results:
ttps://portal.census.gov	To view Survey Results:
ttps://portal.census.gov uthentication Code: GE	To view Survey Results: https://www.census.gov/programs-surveys/sas.htm NERAL INSTRUCTIONS
ttps://portal.census.gov uthentication Code: GE Any significant change in this firm's operatio	To view Survey Results: https://www.census.gov/programs-surveys/sas.htm NERAL INSTRUCTIONS
ttps://portal.census.gov uthentication Code: GE Any significant change in this firm's operatio For establishments sold or acquired in 2018, this firm. Estimates are acceptable if book figures are respectively.	To view Survey Results: https://www.census.gov/programs-surveys/sas.htr NERAL INSTRUCTIONS ns should be noted in ①. report data only for the period the establishments were operated by
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Form SA-54160A (DRAFT) Page 2

···	. •.		(DRAFI)		1 490 2
1	В.	SUR	/EY COVERAGE		
		Did t	his firm provide the business activities descri	ned below?	
			Yes		
		0001	No. Charify this firm's business activity.		
			No - Specify this firm's business activity		
			0002		
2	No	t App	icable.		
3	OR	RGAN	ZATIONAL CHANGE		
			his firm experience any acquisitions, sales, m	erners and/or divestiture	s in 2018?
	Α.	Dia		rigers, unarer unvestiture.	3 III 2010:
		0016	Yes		
		0016	No - Go to 4		
	B.		h of the following organizational changes occ		
		Chec	all that apply. If more than one organizational cha	nge occurred during the rep	oorting period, explain in 🕡.
			Ai-i-i		Month Day Year
			Acquisition		
			Date of organizational change		. 0018
		0091	> AND		
			☐ Merger Enter detailed information bei	ow 7	
			Divestiture	•	
		0017	lame of company		0019 EIN (9 digits)
					' _ ' ' ' ' ' ' '
		Δddr	ess (Number and street, P.O. Box, etc.)		
		radi	33 (Nambor and Street, 1.5. Box, etc.)		
		City,	own, village, etc.	State	ZIP Code

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Forn	SA-54160A (DRAFT)					Page
4	REPORTING PERIOD					
	NOTE: Calendar year data are preferred. If they are unavailable, please repmonths of data for the 2018 calendar year.	ort for the	e fiscal yea	ır that iı	ncludes	at least six
	What time period is covered by the data provided in this report?				201	8
				Е	eginnin	g Date
	Calendar year			Month	Day	Year
	Figure or porticl year. Beneat beginning and anding dates					1 1 1
	Fiscal or partial year - Report beginning and ending dates		0007		Ending	Data
				Month	Day	Year
				WIGHT	Day	Tear
			0008			
5	Not Applicable.					
6	SALES, RECEIPTS, OR REVENUE					
	What were the revenues for this firm in 2018?					
	Include:Report gross billings, except where noted elsewhere on the form.					
	• Dues and assessments from members and affiliates.					
	Amounts received for work subcontracted to others.					
	• For locations that were sold or acquired during a year, only report for the	e periods t	that this fi	rm oper	ated the	;
	locations.Revenue from services performed by domestic locations of foreign parer	at firme ei	uheidiarioe	branck	nos oto	
	Revenues from electronic sources.	11 1111113, 30	absidiaries	, branci	165, 616.	
	Exclude:					
	• Transfers made within the company.					
	• Taxes collected directly from customers or clients and paid directly to a			-		
	Rents from and revenue of separately operated departments, concession	s, etc., wh	ich are lea	sed to	others.	
	 Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the U.S., outside the U.S., i.e., outside the U.S., /li>	ide the 50	states Die	strict of	Columb	ia IIS
	Commonwealth Territories, or U.S. possessions).	ide the 50	states, Di	strict or	Columb	na, O.S.
		Mark "X"		2	2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
1.	Management Consulting Services					
	 a. Strategic management consulting, and consulting combined with implementation - Providing advice, guidance, 					
	and implementation concerning business strategy (e.g.,					
	e-commerce) and planning, corporate development and restructuring, and other strategic management consulting services 3161		'	1 1		
	b. Financial management consulting, and consulting					
	combined with implementation - Providing advice, guidance,					
	and implementation concerning management accounting and controllership, and other financial management consulting			1 1		
	services	. 🗆			1 1	
	c. Marketing management consulting, and consulting					
	combined with implementation - Providing advice, guidance, and implementation concerning projects related to marketing					
	strategy, market development, and sales management and					
	development					
	d. Human resources management consulting, and consulting combined with implementation - Providing advice, guidance,					
	and implementation concerning the development or modification					
	of human resources strategies, policies, practices, and procedures. Include consulting on employee pensions and other benefits		'			
	e. Operations and supply chain management consulting,					
	and consulting combined with implementation - Providing					
	advice, guidance, and implementation concerning integrated supply chain management, operations management, and logistics					
	management. Integrated supply chain management includes					
	inventory management, warehousing, storage, and distribution services; operations management includes systems and					
	procedures improvements; and logistics management includes					
	production planning and control					
	CONTINUE WITH A ON PAGE A					
	CONTINUE WITH 6 ON PAGE 4					

6	SALES, RECEIPTS, OR REVENUE - Continued							
Ŭ			,	Mark "X"			2018	
				if None	\$ Bil.	Mil.	Thou	. Dol.
					Ψ Βπ.	14111.	11100	. 501.
1.	Management Consulting Services - Continued							
	 f. Actuarial consulting (except for employee pensions other benefits) - Providing advice and guidance concern actuarial matters such as life insurance. Exclude actuaria 	ning al						
	consulting services related to employee pensions and oth benefits		3166			' '		
	g. IT technical design, consulting, and development see - Providing advice, expert opinion or testimony on IT-rela matters (e.g., hardware and software requirements and procurement, systems integration, systems security), and providing technical expertise to design and/or develop an solution (e.g., custom application, networks, computer sy Exclude advice on issues related to business strategy su	ited n IT estems).						
	commerce strategy		3167					
	h. All other consulting revenue - Revenue from all other related to consulting		3168					
2.	All other operating revenue - Revenue not reported in line through 1h. Include revenue from implementation services combined with consulting services, rental or leasing of equip and sale or licensing of merchandise. If this item is greate 20% of the total operating revenue, specify the primar of the revenue below	s not oment, e r than						
			1799					
3.	TOTAL OPERATING REVENUE							
	Sum of lines 1a through 2		1800			1 1		
7	Not Applicable.							
	A. Did this firm have any revenues from customers entered mobile applications in 2018? Yes No B. Did this firm have any revenues from customers entered mobile applications in 2018? Yes No C. Did this firm have any revenues from customers entered mobile applications in 2018.	tering ord	lers d	irectly	on thir	d-party	/ website	es or
	U Yes 0042							
	□ No							
	D. Of the total 2018 revenues reported in 6 ,							
	what was the dollar amount (or percentage)	A D''		2018	_			2018
	that was from the revenues identified in	\$ Bil. N	∕IiI.	Thou.	Do	ol.		Percent
	A-C above? Please provide an estimate if exact figures are not available		'				OR ₂₅₀₁	%
9	Not Applicable.							

	EXPORT	DEV/ER	
1 51	EXPURI	KEVEN	IUE

An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.).

Exclude:

Services provided to domestic subsidiaries of foreign firms.

A. Did the revenue reported in 6 include any revenue from exports?

	Yes
0009	
	No - Go to 14

В.	What was this firm's revenue from exports in 2018?					2100

	2018										
	\$ Bil.	Mil.	Thou.	Dol.							
)		1 1	1 1	1 1							

OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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"	2018								
if None	\$ Bil.	Mil.	Thou.	Dol.					

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
- b. Employer's cost for fringe benefits Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); de defined contribution plans (e.g., prof plans); and other fringe benefits (e.g compensation insurance, unemployr insurance programs, life insurance b employee contributions.

fined benefit pension plans; it sharing, 401K, stock option ., Social Security, workers' nent tax, state disability				
enefits, Medicare). Exclude				
CONTINUE WITH 10 ON PAGE 6				

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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 Expensed equipment, materials, parts, and supplies (not for	Mark "X if None		Mil.	2018 Thou.	Dol.
 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 Expensed equipment, materials, parts, and supplies (not for 			Mil.		Dol.
 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 Expensed equipment, materials, parts, and supplies (not for 	if None	\$ Bil.	Mil.	Thou.	Dol.
 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 Expensed equipment, materials, parts, and supplies (not for 					
paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. Include all charges for payroll, benefits, and services					
	1823				
resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and					
leased and rented equipment in line 4b					
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		1 1		
b. 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 7					
	1879				
TOTAL OPERATING EXPENSES	1070				
Sum of lines 1a through 4b	1900		1 1		

REMARKS - Please use this space to explain any significant data were estimated.	t year to year changes to clarify recognized or indicate when
	it year-to-year changes, to clarify responses, or indicate wher

18	CONTACT INFORMATION													
	Name of person to contact regarding this report (Please print)							Title						F
	Area co		de Number			Extensio	n			Area code		Number		
	Telephone			_				F	ax					E
														E
	E-mail address							Website addre	ess					F

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

We suggest you keep a copy for your records.

OF THE

SERVICE ANNUAL SURVEY

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

FORM

SA-54160E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as -

	\$ E	3il.		Mil.		Т	hοι	١.		Dol.	
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nclude

- 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.

address above

10 /	۹.
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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



B. SURVEY COVERAGE

Did this firm provide the business activities described below?

4	RE	PORTING PERIOD					
	mo	OTE: Calendar year data are preferred. If they are unavailable, please repo onths of data for the 2018 calendar year.	rt for the	fiscal yea	r that ir	ncludes	at least six
	WI	hat time period is covered by the data provided in this report?			_	201	
		☐ Calendar year			Month	Beginnin Day	year
	0000				WIOIILII	Day	I Gai
		Fiscal or partial year - Report beginning and ending dates		0007			
					B.41	Ending	
					Month	Day	Year
				8000			
5	No	ot Applicable.					
6	SA	ALES, RECEIPTS, OR REVENUE					
	WI	hat were the revenues for this firm in 2018?					
	Inc	clude:					
		Report gross billings, except where noted elsewhere on the form.					
	_	Dues and assessments from members and affiliates. Amounts received for work subcontracted to others.					
	• F	For locations that were sold or acquired during a year, only report for the pocations.	periods t	hat this fir	m oper	ated the	е
		Revenue from services performed by domestic locations of foreign parent Revenues from electronic sources.	firms, su	bsidiaries,	branch	nes, etc.	
		clude:					
		ransfers made within the company.					
		axes collected directly from customers or clients and paid directly to a loc			_		
		Rents from and revenue of separately operated departments, concessions, Commissions from vending machine operators.	etc., wh	ich are lea	sed to (otners.	
	• R	Revenue of foreign subsidiaries (those located outside the U.S., i.e., outsid	e the 50	states, Dis	strict of	Columb	oia, U.S.
	C	Commonwealth Territories, or U.S. possessions).		·			
			Mark "X"		2	018	
_			if None	\$ Bil.	Mil.	Thou.	Dol.
1.		anagement Consulting Services					
	a.	Strategic management consulting, and consulting combined with implementation - Providing advice, guidance,					
		and implementation concerning business strategy (e.g., e-commerce) and planning, corporate development and				1 1	
		restructuring, and other strategic management consulting services 3161			1 1		
	b.	Financial management consulting, and consulting					
		combined with implementation - Providing advice, guidance, and implementation concerning management accounting and					
		controllership, and other financial management consulting				1 1	
		Marketing management consulting, and consulting					
	G.	combined with implementation - Providing advice, guidance,					
		and implementation concerning projects related to marketing strategy, market development, and sales management and				1 1	
		development			1 1	1 1	
	d.	Human resources management consulting, and consulting					
		combined with implementation - Providing advice, guidance, and implementation concerning the development or modification					
		of human resources strategies, policies, practices, and procedures.				1 1	
	_	Include consulting on employee pensions and other benefits 3164 Operations and supply chain management consulting,					
	С.	and consulting combined with implementation - Providing					
		advice, guidance, and implementation concerning integrated supply chain management, operations management, and logistics					
		management. Integrated supply chain management includes					
		inventory management, warehousing, storage, and distribution services; operations management includes systems and					
		procedures improvements; and logistics management includes					
		production planning and control					

CONTINUE WITH 6 ON PAGE 4

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S	ALEC DECEIDTS OF DEVENUE Continued							
	ALES, RECEIPTS, OR REVENUE - Continued					2018		
			Mark "X" if None	\$ Bil.	Mil.	Thou	ı. D	ol.
М	lanagement Consulting Services - Continued			<u>'</u>				
	Actuarial consulting (except for employee pensions and other benefits) - Providing advice and guidance concerning actuarial matters such as life insurance. Exclude actuarial consulting services related to employee pensions and other				1 1			
g.	• IT technical design, consulting, and development services - Providing advice, expert opinion or testimony on IT-related matters (e.g., hardware and software requirements and procurement, systems integration, systems security), and providing technical expertise to design and/or develop an IT solution (e.g., custom application, networks, computer systems). Exclude advice on issues related to business strategy such as e-							
h.	All other consulting revenue - Revenue from all other services							
th cc ar 2 (related to consulting							
		1799						
	OTAL OPERATING REVENUE um of lines 1a through 2	1900						
	ot Applicable.	. 1000						
	Did this firm have any revenues from customers entering of mobile applications in 2018? Yes No No Did this firm have any revenues from customers entering of				d-party		es or	
	(such as private networks, dedicated lines, etc.) in 2018?			otner e	lectron	iic syste	ms	
1	Yes No			other e	lectron	ic syste		
D	□ Yes	Mil.	2018 Thou.		ol.	OR ₂₅₀₁	201 Perce	

13 EXPORT REVENUE

An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

Include

Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.).

Exclude:

Services provided to domestic subsidiaries of foreign firms.

A. Did the revenue reported in 6 include any revenue from exports?

	Yes
0009	
	No - Go to 14

	\$ Bil.	Mil.	Thou.	Dol.
. What was this firm's revenue from exports in 2018?				

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

В

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

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.

if None	\$ Bil.	Mil.	Thou.	Dol.

2018

2018

I. 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
- b. Employer's cost for fringe benefits Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.

fined benefit pension plans; fit sharing, 401K, stock option ., Social Security, workers' nent tax, state disability						
enefits, Medicare). Exclude		1			I	
CONTINUE WITH 14 ON PAGE 6		'				

Mark "X

	(Class)					1 - 3 - 3
14	OPERATING EXPENSES - Continued					
		Mark ">	("			
		if None		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		1 1		1 1
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b.	1860				
3.	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				
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	1			
	b. 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 7					
		1070	'		' '	' '
5.	TOTAL OPERATING EXPENSES	1879				
5 .	Constitution of the second of the	1900				
15	and 16 Not Applicable.					

SA-54160E (DRAFT) REMARKS - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate when
REMARKS - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate wher data were estimated.

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CONTACT INFORMATION												
Name of person to contact regarding this report (Please print)				Title								
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	Area code		Number		Extension		Area code		Number			
Telephone						Fax						
			-						-			
E-mail address			Website address									
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SERVICE ANNUAL SURVEY

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

2018 ANNUAL SERVICES REPORT

SA-54170AT (DRAFT) **Due Date** 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information **CONFIDENTIAL** and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey. INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov **Authentication Code:** To view Survey Results: https://www.census.gov/programs-surveys/sas.html **GENERAL INSTRUCTIONS** • Any significant change in this firm's operations should be noted in 12. • For establishments sold or acquired in 2018, 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. \$ Bil. Mil. Thou. Dol. • Figures should be rounded to the nearest dollar. 030280 • If a figure is \$1,030,280,456 it should be reported as Include: Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) as defined by the survey coverage in **1**B. Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services. A. MAILING ADDRESS Is this firm's name and mailing address the same as shown in the mailing address above? 0035 No - Enter corrections in the mailing address above

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Orm SA-54170A1 (DRAFT)	Page 2
1 B. SURVEY COVERAGE	
Did this firm provide the business activities described below?	
☐ Yes	
0001	
No - Specify this firm's business activity	
0002	
2 Not Applicable.	
3 ORGANIZATIONAL CHANGE	
A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?	
Yes	
0016 No - <i>Go to</i> 4	
B. Which of the following organizational changes occurred in 2018?	_
Check all that apply. If more than one organizational change occurred during the reporting period, explain in	Ð.
Acquisition Month Day	/ear
Date of organizational change	
Sale AND	
Merger	
Enter detailed information below	
Divestiture	
0017 Name of company 0019 EIN (9 digits)	
With Name of company	
Address (Number and street, P.O. Box, etc.)	
City, town, village, etc.	

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REPORTING PERIOD			
NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal year	ar that i	acludae	at loact c
months of data for the 2018 calendar year.	ai illai li	iciuues	at least S
What time period is covered by the data provided in this report?		201	8
	E	g Date	
Calendar year	Month	Day	Year
Circles postiol was Barart basis in a and and in a data.			
Fiscal or partial year - Report beginning and ending dates			D 1
	Month	Ending	
	Month	Day	Year
000	3		1 1 1
TAX STATUS			
A. Is this firm or organization operated on a not-for-profit basis?			
Yes			
0031			
No - Go to 6			
B. Was all or part of the income of this firm or organization exempt from Federal in	como to	voe iin	lor
section 501 of the Internal Revenue Code?	come ta	ixes uni	aei
Yes O030			
No			
SALES, RECEIPTS, OR REVENUE			
What were the revenues for this firm in 2018?			
Include:			
 Report gross billings, except where noted elsewhere on the form. 			
Dues and assessments from members and affiliates.			
Revenue from electronic resources.			
Exclude:			
• Transfers made within the company.			
 Taxes collected directly from customers or clients and paid directly to a local, state, or fede Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, D 			ia II C
Commonwealth Territories, or U.S. possessions).	istrict or	Colum	na, U.S.
INSTRUCTIONS FOR TAXABLE FIRMS			
Include:			
Amounts received for work subcontracted to others.			
	irm opei	ated the)
• For locations that were sold or acquired during a year, only report for the periods that this		nes, etc.	
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locations. • Revenue from services performed by domestic locations of foreign parent firms, subsidiaries	s, brancl		
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6	SALES, RECEIPTS, OR REVENUE - Continued					
		Mark "X"	A 711		2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
1.	Basic and Applied Research - Continued					
	 b. Basic and applied research in engineering and technology Report revenue for basic and applied research services focused on the application of various combinations of mathematical and scientific principles to goods, services, and processes. Include engineering fields such as aerospace, aeronautical, and astronautical; agricultural and forestry; architectural; biomedical; chemical; civil; computer; electrical, electronics, and communications; environmental; forest; geometric; manufacturing; materials; mechanical; metallurgical; mining, mineral, and petroleum; etc. Exclude biotechnology Basic and applied research in the biological and biomedical 					
	sciences - Report revenue for basic and applied research services focused on fields such as clinical sciences, immunology, neurosciences, pharmacology, public health, etc. Include research in the biological, medical, health, agricultural, veterinary, and environmental sciences. Exclude biotechnology			1 1		
	d. Basic and applied research in the social sciences and humanities - Report revenue for all other basic and applied research services focused on other social sciences and humanities. Include research fields such as psychology; anthropology and archaeology; economics; linguistics; political science; sociology; the arts; history; philosophy and religion; language and literature; education; management and commerce; law and justice; communication, journalism, and media; library science and curatorial studies; and others					
2.	Production services for development - Report revenue for the provision of development services that may result in the creation of intellectual property. Include services provided in fulfillment of legal contracts as well as contracts for the creation of original works that can be implicitly or explicitly protected by copyright and industrial property laws. The contract specifies the disposition of any intellectual property arising from the work performed under contract. Development services are defined as systematic work, drawing on research findings or other scientific knowledge or practical experience, for the purpose of creating new or significantly improved goods, services, systems, methods, or processes					
3.	Other Operating Revenue					
	a. Licensing of right to use intellectual property - Granting permission, on a fee, royalty, or other basis, to another economic entity to use intellectual property, owned or controlled by the lessor, for the lessee's economic benefit. Include licensing of intellectual property implicitly or explicitly protected by copyrights, patents, trade secrets, and trademarks; licensing of rights to use to distribute intellectual property as well as options agreements that grant a prospective buyer or licensee the right to inspect intellectual property and assess its market potential before engaging to buy or license it; both the temporary licensing of rights and permanent sale of new original works sold with only partial commercial-use rights. Exclude outright sale of new original works and all associated intellectual property rights 3208					
	b. Original works of intellectual property - New original intellectual property works produced without contract for sale. Sale of such works requires relinquishing all attendant intellectual property rights to the purchaser permanently or as long as allowed by law. Include new original works for sale that are implicitly or explicitly protected by copyrights, patents, trade secrets, and trademarks. Exclude works produced for own account or under contract for others, products (computers, cars, phones, books, films, software, etc.) derived from the original protected entities and sold with conventional end-use licenses, and new original works sold with only partial commercial-use					
	rights					
	CONTINUE WITH 6 ON PAGE 5					

2018

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13	EXPORT	REV	ENITE
ш	EXPUNI	NEV	CIACE

An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

Include

• Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.).

Exclude:

• Services provided to domestic subsidiaries of foreign firms.

A. Did the revenue reported in 6 include any revenue from exports?

	Yes
0009	
	No - Go to 🕰

	\$ Bil.	Mil.	Thou.	Dol.
B. What was this firm's revenue from exports in 2018?				

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

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	. 1821					1	
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs);							

legally required programs and programs not required by law.

Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.

efined benefit pension plans; ofit sharing, 401K, stock option g., Social Security, workers' ment tax, state disability					
benefits, Medicare). Exclude					
CONTINUE WITH 🖸 ON PAGE 7					

Mark "X" if None

OPERATING EXPENSES - Continued

leased and rented equipment in line 4b.

Other Operating Expenses

expenses below 7

15 and 16 Not Applicable.

TOTAL OPERATING EXPENSESSum of lines 1a through 4b . . .

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,

Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and

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

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

b. 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

(e.g., patents, copyrights). Exclude impairment

Personnel Costs - Continued

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Mark "X" if None \$ Bil.

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CONTACT INFORMATION					
Name of person to contact regarding this report (Please print)) Title	Title			
	xtension	Eov	Area code	Number	
Telephone -		Fax		-	
E-mail address	Weh	site address			
E-mail address	Web	osite address			



2018 ANNUAL SERVICES REPORT

SA-54170A1	(DRAFI)
Due Date	
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://www.census.gov/programs- surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED	
BY LAW. Title 13 United States	
Code (U.S.C.), Sections 131 and 182 authorizes this collection.	
Sections 224 and 225 require your response. The U.S. Census Bureau	
is required by Section 9 of the same law to keep your information	
CONFIDENTIAL and can use your	
responses only to produce statistics. The Census Bureau is not permitted	
to publicly release your responses in a way that could identify your	
business, organization, or institution. Per the Federal Cybersecurity	
Enhancement Act of 2015, your data	
are protected from cybersecurity risks through screening of the	
systems that transmit your data. This collection has been approved	
by the Office of Management and	
Budget (OMB). The eight-digit OMB approval number is 0607-0422 and	
appears at the upper right of this page. Without this approval, we	
could not conduct this survey.	
https://portal.census.gov Authentication Code:	To view Survey Results: https://www.census.gov/programs-surveys/sas.html
	GENERAL INSTRUCTIONS
• Any cignificant change i	n this firm's operations should be noted in ① .
, 0	or acquired in 2018, report data only for the period the establishments were operated by
 Estimates are acceptable 	e if book figures are not available.
Enter "0" where applicate	ole.
	r two or more detailed lines.
	al basis, except for payroll. \$ Bil. Mil. Thou. Dol.
• Figures should be round	
•	456 it should be reported as TOSOZSOTS
Include: • Data for all Services esta	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and) as defined by the survey coverage in ① B.
	es primarily engaged in supporting services to those establishment(s) such as warehouses,
garages, central adminis	strative offices, and repair services.
1 A. MAILING ADDRESS	
Is this firm's name and	d mailing address the same as shown in the mailing address above?
O035 Yes	
	orrections in the mailing address above

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rm SA-54170ATE(draft)	Page 2
1 B. SURVEY COVERAGE	
Did this firm provide the business activities described below?	
Yes	
No. Considerable division on patients.	
No - Specify this firm's business activity	
0002	
0002	
Not Applicable.	
3 ORGANIZATIONAL CHANGE	
A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?	
O016 Yes	
No - Go to 4	
B. Which of the following organizational changes occurred in 2018?	
Check all that apply. If more than one organizational change occurred during the reporting period, explain in 🖸	
Acquisition Month Day Y	ear
Date of organizational change	
Sale AND	
Merger	
Enter detailed information below?	
Divestiture	
0017 Name of company 0019 EIN (9 digits)	
1007 Ivalie of company 1009 Env (5 digits)	
Address (Number and street, P.O. Box, etc.)	
City, town, village, etc. State ZIP Code	

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	ILLI OILLII	IG PERIOD				
		endar year data are preferred. If they are unavailable, please report for the	fiscal yea	ar that i	ncludes	at least
	months of	data for the 2018 calendar year.	,			
	What time	period is covered by the data provided in this report?			20	
		alendar year				ng Date
	0006	alendar year		Month	Day	Year
	□ F	scal or partial year - Report beginning and ending dates	0007		,	
					Ending	Date
				Month	Day	Year
			0000			1 1
			8000			
5	TAX STA	rus				
	A. Is this	firm or organization operated on a not-for-profit basis?				
		Yes				
	0031					
		No - <i>Go to</i> 6				
	B. Was al	or part of the income of this firm or organization exempt from Fed	leral inc	ome ta	xes un	der
	section	501 of the Internal Revenue Code?				
		Yes				
	0030					
		No				
6	SALES, R	ECEIPTS, OR REVENUE				
	What wer	e the revenues for this firm in 2018?				
	Include:					
	_					
	 Report gr 	oss billings, except where noted elsewhere on the form.				
		oss billings, except where noted elsewhere on the form. assessments from members and affiliates.				
	• Dues and					
	Dues andRevenueExclude:	assessments from members and affiliates. from electronic resources.				
	Dues andRevenueExclude:Transfers	assessments from members and affiliates. from electronic resources. made within the company.	-			
	Dues andRevenueExclude:TransfersTaxes col	assessments from members and affiliates. from electronic resources. made within the company. lected directly from customers or clients and paid directly to a local, state,				hia II S
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Form	ı S	A-54170ATE(DRAFT)					Page 4
6	SA	ALES, RECEIPTS, OR REVENUE - Continued					
				Mark "X"		2018	
				if None	\$ Bil. N	1il. Thou	ı. Dol.
1.	No	on-Operating Revenue - Continued					
	C.	All other non-operating revenue - Include philanthro	ру,				
		cafeteria sales, parking lot receipts, etc Specify the prinsource of revenue below?	mary				
		Source of revenue Bolew g					
			1809				
2.		OTAL REVENUE um of lines 1a through 1c	1900				
•							
7		ot Applicable.					
8	RE	EVENUES FROM ELECTRONIC SOURCES					
	NC	OTE: For tax-exempt firms, please include monetary dona	tions received o	online as F	Revenue froi	n Electronic	Sources.
	A.	 Did this firm have any revenues from customers er mobile applications in 2018? 	ntering orders	directly	on the firm	ı's website	s or
		Yes					
		0040					
		□ No					
	В.	Did this firm have any revenues from customers er mobile applications in 2018?	ntering orders	directly	on third-pa	rty website	es or
		□ V					
		Ves 0041					
		□ No					
				_		_	
	C.	Did this firm have any revenues from customers er (such as private networks, dedicated lines, etc.) in	ntering orders 2018?	via any o	other elect	ronic syste	ms
		Ves					
		No					
		INO					
	D	. Of the total 2018 revenues reported in 6 ,		2212		٦	2012
		what was the dollar amount (or percentage)	\$ Bil. Mil.	2018 Thou.	Dol.	-	2018 Percent
		that was from the revenues identified in A-C above? Please provide an estimate if	ψ Bii.	Tilou.	D01.		
		exact figures are not available				OR ₂₅₀₁	%
9	-Œ	Not Applicable.					

42	EXPORT	DEV	/ENILLE
-57	EAPURI	REV	ENUE

An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

include:

• Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.).

Exclude:

• Services provided to domestic subsidiaries of foreign firms.

A. Did the revenue reported in 6 include any revenue from exports?

	Yes
0009	
	No - Go to 1

B. What was this firm's revenue from exports in 2018?	

	2018						
\$ Bil.	Mil.	Thou.	Dol.				
	1 1	1 1	1 1				

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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	\$ Bil.	Mil.	Thou.	Dol.	

I. 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
- b. Employer's cost for fringe benefits Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.

d plans and fees paid to ifined benefit pension plans; fit sharing, 401K, stock option I., Social Security, workers' nent tax, state disability				
penefits, Medicare). Exclude				
CONTINUE WITH 14 ON PAGE 6				

Form	SA-	541	70A	TE	DRAFT)
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14	OPERATING EXPENSES - Continued						
		Mark					
		if No	one	\$ 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	823			1 1		
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b	860	ı				1 1
3.	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 15	826			1 1		
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	831				1 1	1 1
	b. 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 7						
			, [l l		
5.	TOTAL OPERATING EXPENSES	879	, 				
J.		900			1 1		
15	and 16 Not Applicable.						

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)	CONTACT INFORMATION			
	Name of person to contact regarding this report (Please print)	Title		
			Area code	
	Area code Number Extension	_	Area code	Number
	Telephone Area code Number Extension -	Fax	Area code	Number -
	Telephone	Fax Website address	Alea code	



SERVICE ANNUAL SURVEY

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

FORM

2018 ANNUAL SERVICES REPORT

SA-54170ET (DRAFT) **Due Date** 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information **CONFIDENTIAL** and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey. INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as -

	\$ Bil.			Mil.		T	hοι	ı.		Dol.	
→		1	0	3	0	2	8	0	4	5	6

nclude

- 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.



A. MAILING ADDRESS

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

0035	Yes
	No - Enter corrections in the mailing address above



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Did		AGE													
	this firm prov	vide th	he bu	siness	s activ	ities d	escribe	d belo	w?						
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	□ No - Spec	cify this	is firm	's busi	iness a	ctivity ,	7								
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	his firm report														
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	No - Enter cu	ırrent S	9-digit	t EIN A	ND da	ate payı	roll was	first				LIIV (C	digits	1	
	reported	d for th	his ĒIN	V							0015		-		
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A. Did 0016	Yes No - Go to	erienc	ce any								ures		018?		
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0016 8. Whi	Yes No - Go to	erienc ··· •• •••••••••••••••••••••••••••••••	ce any g orga	nizati	onal c	:hange	s occui	rred in	2018?	,		in 20	period		T.
0016 8. Whi	this firm expe	erienc	ce any g orga	nizati	onal c	:hange	s occui	rred in	2018?	,		in 20			in in ① .
0016 8. Whi	Yes No - Go to the following that apply Acquisition	erienc	ce any	inizati ian one	i onal c e orgar	change:	s occur al chang	rred in ge occu	2018? rred du	,	e rep	in 20	period		T.
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0016 0016 3. Whi Check 0091	this firm experiments from experiments f	owing y. If mo	g orga nore the Date - ANE Ente	anizati ean one e of org O er deta	i onal c e orgar ganizat iled int	change nization tional ci	s occur al chang hange .	rred in ge occu	2018? rred du	uring the	e rep	orting	period Month N (9 dig	Day	T.
0016 0016 3. Whi Check 0091	this firm expe	owing y. If mo	g orga nore the Date - ANE Ente	anizati ean one e of org O er deta	i onal c e orgar ganizat iled int	change nization tional ci	s occur al chang hange .	rred in ge occu	2018? rred du	uring the	e rep	orting . 0018	period Month N (9 dig	Day	T.
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REPORTING PERIOD			
NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal ye	ar that i	ncludes	at least s
months of data for the 2018 calendar year.			
What time period is covered by the data provided in this report?		201	
Colondarycon		Beginnin	
Calendar year	Month	Day	Year
Fiscal or partial year - Report beginning and ending dates			
- Hotel of partial four hopert sognitude and online and on the		Ending	Date
	Month	Day	Year
0008			
TAX STATUS			
A. Is this firm or organization operated on a not-for-profit basis?			
A. is this fifth of organization operated on a not-for-profit basis:			
Yes			
0031 No - Go to 6			
□ No - Go to o			
B. Was all or part of the income of this firm or organization exempt from Federal inc	ome ta	ixes un	der
section 501 of the Internal Revenue Code?			
Yes			
0030			
□ No			
SALES, RECEIPTS, OR REVENUE			
What were the revenues for this firm in 2018?			
Include:			
Report gross billings, except where noted elsewhere on the form.			
Dues and assessments from members and affiliates.			
Revenues from electronic sources.			
Exclude:			
• Transfers made within the company.			
• Taxes collected directly from customers or clients and paid directly to a local, state, or feder			
 Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Di Commonwealth Territories, or U.S. possessions). 	ISTRICT OF	Columi	na, U.S.
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 filecations. 	rm oper	rated the	9
 Revenue from services performed by domestic locations of foreign parent firms, subsidiaries 	s, brancl	hes, etc.	
Exclude:			
• Rents from and revenue of separately operated departments, concessions, etc., which are le	ased to	others.	
Commissions from vending machine operators.			
Mark "X"	2	2018	
if None \$ Bil.	Mil.	Thou.	Dol.
Basic and Applied Research			
a. Basic and applied research in natural and exact sciences,			
except biological sciences - Include basic and applied research in genetic engineering, other biotechnology, and all other			
1636alch in deliene endineering, other biotechnology, and an other			
natural and exact sciences, exclude biological sciences. Include			
natural and exact sciences, exclude biological sciences. Include biotechnology fields such as industrial biotechnology, diagnostic			
natural and exact sciences, exclude biological sciences. Include biotechnology fields such as industrial biotechnology, diagnostic applications, genetic engineering and enzyme technology, genetic technologies, transformation, site-directed autogenesis, process			
natural and exact sciences, exclude biological sciences. Include biotechnology fields such as industrial biotechnology, diagnostic applications, genetic engineering and enzyme technology, genetic technologies, transformation, site-directed autogenesis, process biotechnology, transgenesis, and biotechnology not elsewhere	1 1		
natural and exact sciences, exclude biological sciences. Include biotechnology fields such as industrial biotechnology, diagnostic applications, genetic engineering and enzyme technology, genetic technologies, transformation, site-directed autogenesis, process			
natural and exact sciences, exclude biological sciences. Include biotechnology fields such as industrial biotechnology, diagnostic applications, genetic engineering and enzyme technology, genetic technologies, transformation, site-directed autogenesis, process biotechnology, transgenesis, and biotechnology not elsewhere			

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6	SALES, RECEIPTS, OR REVENUE - Continued						
		Mark "X"			2018		
		if None	\$ Bil.	Mil.	Thou.	[Ool.
1.	Basic and Applied Research - Continued Basic and applied research in engineering and technology Report revenue for basic and applied research services focused on the application of various combinations of mathematical and scientific principles to goods, services, and processes.						
	Include engineering fields such as aerospace, aeronautical, and astronautical; agricultural and forestry; architectural; biomedical; chemical; civil; computer; electrical, electronics, and communications; environmental; forest; geometric; manufacturing; materials; mechanical; metallurgical; mining, mineral, and petroleum; etc. Exclude biotechnology			1 1			ı
	c. Basic and applied research in the biological and biomedical sciences - Report revenue for basic and applied research services focused on fields such as clinical sciences, immunology, neurosciences, pharmacology, public health, etc. Include research in the biological, medical, health, agricultural, veterinary, and						
	environmental sciences. Exclude biotechnology						
	d. Basic and applied research in the social sciences and humanities - Report revenue for all other basic and applied research services focused on other social sciences and humanities. Include research fields such as psychology; anthropology and archaeology; economics; linguistics; political science; sociology; the arts; history; philosophy and religion; language and literature; education; management and commerce; law and justice; communication, journalism, and media; library science and curatorial studies; and others						1
2.	Production services for development - Report revenue for the provision of development services that may result in the creation of intellectual property. Include services provided in fulfillment of legal contracts as well as contracts for the creation of original works that can be implicitly or explicitly protected by copyright and industrial property laws. The contract specifies the disposition of any intellectual property arising from the work performed under contract. Development services are defined as systematic work, drawing on research findings or other scientific knowledge or practical experience, for the purpose of creating new or significantly improved goods, services, systems, methods, or processes						
3.	Other Operating Revenue						
	a. Licensing of right to use intellectual property - Granting permission, on a fee, royalty, or other basis, to another economic entity to use intellectual property, owned or controlled by the lessor, for the lessee's economic benefit. Include licensing of intellectual property implicitly or explicitly protected by copyrights, patents, trade secrets, and trademarks; licensing of rights to use to distribute intellectual property as well as options agreements that grant a prospective buyer or licensee the right to inspect intellectual property and assess its market potential before engaging to buy or license it; both the temporary licensing of rights and permanent sale of new original works sold with only partial commercial-use rights. Exclude outright sale of new		,				_
	original works and all associated intellectual property rights 3208						
	b. Original works of intellectual property - New original intellectual property works produced without contract for sale. Sale of such works requires relinquishing all attendant intellectual property rights to the purchaser permanently or as long as						
	allowed by law. Include new original works for sale that are implicitly or explicitly protected by copyrights, patents, trade secrets, and trademarks. Exclude works produced for own account or under contract for others, products (computers, cars,						
	phones, books, films, software, etc.) derived from the original protected entities and sold with conventional end-use licenses, and new original works sold with only partial commercial-use rights						<u> </u>
	CONTINUE WITH 6 ON PAGE 5						

12	EXPORT	DEVICE	
LI O	EXPUNI	DEVE	MOE

An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.).

Exclude:

• Services provided to domestic subsidiaries of foreign firms.

A. Did the revenue reported in 6 include any revenue from exports?

	Yes
0009	
	No - Go to 14

2	What was this firm's revenue from exports in 2018?	2100

		2	2018	
	\$ Bil.	Mil.	Thou.	Dol.
)		1 1	1 1	1 1

OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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"			2018	
if None	\$ Bil.	Mil.	Thou.	Dol.

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
- b. Employer's cost for fringe benefits Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); de defined contribution plans (e.g., prof plans); and other fringe benefits (e.g compensation insurance, unemployr insurance programs, life insurance b employee contributions.

fined benefit pension plans; it sharing, 401K, stock option ., Social Security, workers' nent tax, state disability					
enefits, Medicare). Exclude					
				r I	
CONTINUE WITH 10 ON PAGE 7					

14	OPERATING EXPENSES - Continued					
		Mark "X"			2018	
4	Personnal Costs Continued	if None	\$ Bil.	Mil.	Thou.	Dol.
1.	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			1 1		
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b					
3.	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					
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					
	b. 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					
	1879					
5.	TOTAL OPERATING EXPENSES Sum of lines 1a through 4b					

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	REMARKS - Please use this space to explain any signidata were estimated.	ificant year	r-to-year changes, to	o clarify responses,	or indicate where
)	CONTACT INFORMATION				
	Name of person to contact regarding this report (Please print	t)	Title		
		Extension	Fax	Area code	Number
	Telephone -		Fax		-
	E-mail address		Website address		
			1		



SERVICE ANNUAL SURVEY

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

SA-54170ETE (DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date

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://www.census.gov/programssurveys/sas/information.html

YOUR RESPONSE IS REQUIRED

BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

could not conduct this survey.

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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

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nclude:

- 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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A. MAILING ADDRESS

PENALTY FOR FAILURE TO REPORT

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

	Yes
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	No - Enter corrections in the mailing address above

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S. SURVEY C													
Did this fir	rm provide	the bu	siness a	activiti	es desc	cribed b	elow?						
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□ No	o - Specify tl	this firm	's busine	ess activ	vity 🍞								
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oes this firm					·	-							
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	reported for								. 0015		-		
											Month	Day	Ye
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A. Did this fir	rm experien	ence any	y acquis	sitions,	sales,	mergers	s, and/o	r divest	titure		018?		
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REPORTING PERIOD	ub . C			- ()
NOTE: Calendar year data are preferred. If they are unavailable, please report for months of data for the 2018 calendar year.	the fiscal yea	r that ir	ncludes	at least s
What time period is covered by the data provided in this report?			20	18
		В	eginniı	ng Date
Calendar year		Month	Day	Year
Fiscal or partial year - Report beginning and ending dates	0007			
The state of partial forms to partial grant of the state			Ending	Date
		Month	Day	Year
	0008			
TAX STATUS				
A. Is this firm or organization operated on a not-for-profit basis?				
Yes				
0031 No - Go to 6				
B. Was all or part of the income of this firm or organization exempt from section 501 of the Internal Revenue Code?	Federal inco	ome ta	xes un	ider
O030 Yes				
□ No				
CALCO DECEIDTO OD DEVENUE				
SALES, RECEIPTS, OR REVENUE				
What were the revenues for this firm in 2018?				
Include:				
• Report gross billings, except where noted elsewhere on the form.				
 Dues and assessments from members and affiliates. 				
Revenues from electronic sources.				
Exclude:				
• Transfers made within the company.				
• Taxes collected directly from customers or clients and paid directly to a local, st	ate, or federa	l tax ag	ency.	
• Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the				bia, U.S.
Commonwealth Territories, or U.S. possessions).				
INSTRUCTIONS FOR TAX-EXEMPT FIRMS				
Include:				
• Program service revenue for services provided in the applicable period, whethe applicable period.	r or not paym	ent wa	s receiv	ed in the
Gross sales of merchandise minus returns and allowances.		eipts fr	om dep	partments
• Income from interest, dividends, gross rents (including display space rentals and	d share of rec	0.10.10		
• Income from interest, dividends, gross rents (including display space rentals and operated by other companies), royalties, and other investments.				
 Income from interest, dividends, gross rents (including display space rentals and operated by other companies), royalties, and other investments. Gross contributions, gifts, and grants (whether or not restricted for use in operation). 	tions).		endina	machine
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6	SA	LES, RECEIPTS, OR REVENUE - Continued					
				rk "X"		2018	
			if I	None	\$ Bil. I	Mil. Tho	u. Dol.
1.		on-Operating Revenue - Continued					
	C.	All other non-operating revenue - Include philanthropy, cafeteria sales, parking lot receipts, etc <i>Specify the primary</i>					
		source of revenue below?					
							1 1 1
			1809				
2.		TAL REVENUE					
_		m of lines 1a through 1c	1800				
7	No	t Applicable.					
8		VENUES FROM ELECTRONIC SOURCES					
	NO	TE: For tax-exempt firms, please include monetary donations rec	ceived online	e as Re	evenue fro	m Electroni	c Sources.
	A.	Did this firm have any revenues from customers entering mobile applications in 2018?	orders dire	ectly o	n the firr	n's website	es or
		Yes					
		0040					
		□ No					
	В.	Did this firm have any revenues from customers entering	orders dire	ectly o	n third-p	arty websi	tes or
		mobile applications in 2018?				-	
		Yes					
		0041					
		No					
	C.	Did this firm have any revenues from customers entering (such as private networks, dedicated lines, etc.) in 2018?	orders via	any of	ther elect	tronic syste	ems
		Yes					
		0042					
		□ No					
	D.	Of the total 2018 revenues reported in ③, what was the dollar amount (or percentage)	201				2018
		that was from the revenues identified in	Mil.	Thou.	Dol.		Percent
		A-C above? Please provide an estimate if exact figures are not available		1 1		OR ₂₅₀₁	%
9-	.12	Not Applicable.					
		, 1017, pp.1042.01					

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2018

2018

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Dol.

Mil.

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	EXPORT			
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An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

Include:

• Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.).

Exclude:

• Services provided to domestic subsidiaries of foreign firms.

A. Did the revenue reported in 6 include any revenue from exports?

		Yes
0009		
	П	No - Go to 14

	\$ BII.	IVIII.	i nou.	
3. What was this firm's revenue from exports in 2018?		1 1		

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). **Exclude**

Exclude:

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

Gross annual payroll

Personnel Costs

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

employee contributions.

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

\$ Bil.

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						
b.	Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans;		•	,			

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CONTINUE	WITH 14	ON	PAGE	6

111	OPERATING EXPENSES - Continued					
	or Elizability Extra Elizabeth Continuous	Mark "X	,		2018	
		if None	\$ 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	323				1 1
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b	360				
3.	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 15	326				
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	331		1 1		
	b. 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 7					
_	TOTAL OPERATING EXPENSES	379				
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	data were esti	mated.			ear-to-year changes,		
)	CONTACT IN	FORMATION	V				
	Name of person	າ to contact reç	garding this report (Pa	lease print)	Title		
	Telephone	Area code	Number	Extension		Area code	Number
	Lelephone		-		Fax		_
	rotophono						
	E-mail address				Website address		

SERVICE ANNUAL SURVEY

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

FORM

2018 ANNUAL SERVICES REPORT

SA-54181A	(DRAFT)
Due Date	
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://www.census.gov/programs-	
surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States	
Code (U.S.C.), Sections 131 and 182 authorizes this collection.	
Sections 224 and 225 require your response. The U.S. Census Bureau	
is required by Section 9 of the same law to keep your information	
CONFIDENTIAL and can use your responses only to produce statistics.	
The Census Bureau is not permitted to publicly release your responses	
in a way that could identify your business, organization, or institution.	
Per the Federal Cybersecurity Enhancement Act of 2015, your data	
are protected from cybersecurity risks through screening of the	
systems that transmit your data. This collection has been approved	
by the Office of Management and Budget (OMB). The eight-digit OMB	
approval number is 0607-0422 and appears at the upper right of this	
page. Without this approval, we could not conduct this survey.	
https://portal.census.gov Authentication Code:	To view Survey Results: https://www.census.gov/programs-surveys/sas.html
	GENERAL INSTRUCTIONS
 Any significant change i 	in this firm's operations should be noted in 🕡.
this firm.	or acquired in 2018, report data only for the period the establishments were operated by
• Estimates are acceptable • Enter "0" where applicate	e if book figures are not available.
· ·	r two or more detailed lines.
•	al basis, except for payroll. \$ Bil. Mil. Thou. Dol.
• Figures should be round	ded to the nearest dollar. 456 it should be reported as 1 0 3 0 2 8 0 4 5 6
Include:	+30 it should be reported as
Data for all Services esta	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and
·	es primarily engaged in supporting services to those establishment(s) such as warehouses,
garages, central adminis	strative offices, and repair services.
1 A. MAILING ADDRESS	
ls this firm's name and	d mailing address the same as shown in the mailing address above?
☐ Yes	
0035	orrections in the mailing address above
ino - Emer co	mections in the maining address above

Form SA-54181A (DRAFT)

1 B. SURVEY COVERAGE

Did this firm provide the business activities described below?

Divestiture Divestiture Divestiture Divestiture Enter detailed information below 7 Divestiture Divestit	A. Did this	0002	ng organization more than one Date of organization of the control	sitions, sales onal changes organizational anizational cha	s, mergers s occurred of change oc	in 2018? curred during	g the rep	porting po		1	D. Year
City, town, village, etc. State ZIP Code	0017 Nar	me of company)					0019 EIN	(9 digits)		
			eet, P.O. Box, etc	.)			State	ZIP Code			
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	1 SA-54181A (DRAFT)					Page 3
(4)	REPORTING PERIOD					
	NOTE: Calendar year data are preferred. If they are unavailable, please report months of data for the 2018 calendar year.	for the	fiscal yea	ır that iı	ncludes a	t least six
	What time period is covered by the data provided in this report?				2018	3
				E	Beginning	Date
	Calendar year			Month	Day	Year
	Fiscal or partial year - Report beginning and ending dates		0007	'	'	
	113cut of putituit your Theport beginning and chaing dates		0007		Ending [)ate
				Month	Day	Year
					1	1 1
			8000			
5	Not Applicable.					
6	SALES, RECEIPTS, OR REVENUE					
	What were the revenues for this firm in 2018?					
	Include:					
	• Commissions, fees, and other operating receipts, not gross billings or gross	sales.				
	Amounts received for work subcontracted to others.					
	 For locations that were sold or acquired during a year, only report for the pelocations. 	eriods t	hat this fi	rm oper	ated the	
	 Revenue from services performed by domestic locations of foreign parent fir 	ms. su	bsidiaries	. brancl	nes. etc.	
	• Revenues from electronic sources.		20.0.0.	, 2.0	,	
	Exclude:					
	Transfers made within the company.					
	• Taxes collected directly from customers or clients and paid directly to a local					
	• Rents from and revenue of separately operated departments, concessions, et	tc., whi	ch are lea	ised to	others.	
	 Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside 	the 50	states Di	strict of	Columbi	a IIS
	Commonwealth Territories, or U.S. possessions).	1110 00	otatos, Di	511101 01	Coldinia	u, 0.0.
	M	lark "X"		2	2018	
		f None	\$ Bil.	B 411		
1.		IVOITE	э он.	Mil.	Thou.	Dol.
	Integrated advertising services - Providing any combination of	IVOITE	Ф БП.	IVIII.	Thou.	Dol.
	advertising services such as creative and productive services, media	None	\$ БП.	MIII.	Thou.	Dol.
	advertising services such as creative and productive services, media planning, buying, and research, plus marketing services (including any combination of public relations, market research, and sales	None	\$ БП.	Mil.	Thou.	Dol.
	advertising services such as creative and productive services, media planning, buying, and research, plus marketing services (including any combination of public relations, market research, and sales promotion)		Ф DII.	Mil.	Thou.	Dol.
2.	advertising services such as creative and productive services, media planning, buying, and research, plus marketing services (including any combination of public relations, market research, and sales promotion)	None	Ф ВП.	Mill.	Thou.	Dol.
2.	advertising services such as creative and productive services, media planning, buying, and research, plus marketing services (including any combination of public relations, market research, and sales promotion) Advertising creative services (including graphic design services) - Creating the basic idea for an advertisement, which includes drafting the words or copy that will appear in the ad or be		⇒ BII.	Mill.	Thou.	Dol.
2.	advertising services such as creative and productive services, media planning, buying, and research, plus marketing services (including any combination of public relations, market research, and sales promotion) Advertising creative services (including graphic design services) - Creating the basic idea for an advertisement, which includes drafting the words or copy that will appear in the ad or be spoken by an actor, designing the layout for a print ad or the filming		DII.	Mill.	Thou.	Dol.
	advertising services such as creative and productive services, media planning, buying, and research, plus marketing services (including any combination of public relations, market research, and sales promotion) Advertising creative services (including graphic design services) - Creating the basic idea for an advertisement, which includes drafting the words or copy that will appear in the ad or be spoken by an actor, designing the layout for a print ad or the filming sequence of a television commercial		⇒ DII.	Mill.	Thou.	Dol.
2 . 3 .	advertising services such as creative and productive services, media planning, buying, and research, plus marketing services (including any combination of public relations, market research, and sales promotion) Advertising creative services (including graphic design services) - Creating the basic idea for an advertisement, which includes drafting the words or copy that will appear in the ad or be spoken by an actor, designing the layout for a print ad or the filming		DII.	Mill.	Thou.	Dol.
	advertising services such as creative and productive services, media planning, buying, and research, plus marketing services (including any combination of public relations, market research, and sales promotion)		⇒ DII.	Mill.	Thou.	Dol.
3.	advertising services such as creative and productive services, media planning, buying, and research, plus marketing services (including any combination of public relations, market research, and sales promotion)		⇒ DII.	Mill.	Thou.	Dol.
3.	advertising services such as creative and productive services, media planning, buying, and research, plus marketing services (including any combination of public relations, market research, and sales promotion)		⇒ DII.	Mill.	Thou.	Dol.
3. 4.	advertising services such as creative and productive services, media planning, buying, and research, plus marketing services (including any combination of public relations, market research, and sales promotion)		DII.	Mill.	Thou.	Dol.
3.	advertising services such as creative and productive services, media planning, buying, and research, plus marketing services (including any combination of public relations, market research, and sales promotion)		⇒ DII.		Thou.	Dol.
3. 4.	advertising services such as creative and productive services, media planning, buying, and research, plus marketing services (including any combination of public relations, market research, and sales promotion)		⇒ DII.		Thou.	Dol.
3. 4. 5. 6.	advertising services such as creative and productive services, media planning, buying, and research, plus marketing services (including any combination of public relations, market research, and sales promotion)		\$ DII.		Thou.	Dol.
3. 4. 5.	advertising services such as creative and productive services, media planning, buying, and research, plus marketing services (including any combination of public relations, market research, and sales promotion)		DII.		Thou.	Dol.
3. 4. 5. 6.	advertising services such as creative and productive services, media planning, buying, and research, plus marketing services (including any combination of public relations, market research, and sales promotion)		⇒ DII.		Thou.	Dol.
3. 4. 5. 6.	advertising services such as creative and productive services, media planning, buying, and research, plus marketing services (including any combination of public relations, market research, and sales promotion)		DII.		Thou.	Dol.
3. 4. 5. 6.	advertising services such as creative and productive services, media planning, buying, and research, plus marketing services (including any combination of public relations, market research, and sales promotion)		\$ DII.		Thou.	Dol.
3. 4. 5. 6.	advertising services such as creative and productive services, media planning, buying, and research, plus marketing services (including any combination of public relations, market research, and sales promotion)		\$ DII.		Thou.	Dol.
3. 4. 5. 6.	advertising services such as creative and productive services, media planning, buying, and research, plus marketing services (including any combination of public relations, market research, and sales promotion)		\$ DII.		Thou.	Dol.
3. 4. 5. 6.	advertising services such as creative and productive services, media planning, buying, and research, plus marketing services (including any combination of public relations, market research, and sales promotion)		\$ DII.		Thou.	Dol.
3. 4. 5. 6.	advertising services such as creative and productive services, media planning, buying, and research, plus marketing services (including any combination of public relations, market research, and sales promotion)		\$ DII.		Thou.	Dol.

6 SALES, RECEIPTS, OR REVENUE - Continued

			Mark "X"			2018	
			if None	\$ Bil.	Mil.	Thou	. Dol.
8.	All other operating revenue - Revenue not reported in line through 7. Include sale or licensing of merchandise and releasing of equipment. If this item is greater than 20% of total operating revenue, specify the primary source of revenue below	ntal or the					
		1799					
9.	TOTAL OPERATING REVENUE Sum of lines 1 through 8	1800					
7	Not Applicable.						
8	REVENUES FROM ELECTRONIC SOURCES						
	A. Did this firm have any revenues from customers en mobile applications in 2018?	tering orders	directly	on the	firm's w	ebsites	s or
	□ Yes						
	No						
	B. Did this firm have any revenues from customers en mobile applications in 2018?	tering orders	directly	on thir	d-party v	website	es or
	□ Yes						
	□ No						
	C. Did this firm have any revenues from customers en (such as private networks, dedicated lines, etc.) in 2	tering orders 2018?	via any o	other e	lectronic	syster	ns
	O042 Yes						
	No						
	D. Of the total 2018 revenues reported in 6 ,		2018				2018
	what was the dollar amount (or percentage) that was from the revenues identified in	\$ Bil. Mil.	Thou.	Do	ol.		Percent
	A-C above? Please provide an estimate if exact figures are not available.				0	R	%
	CAGUL HYUTES ATE HUL AVAIIANTE					2501	
9	Not Applicable.						

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

expenses not reported eisewhere.					
	Mark "X"		2	2018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
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	1 🗆		1 1		
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	2				
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	3 🗆		1 1		
Expensed equipment, materials, parts, and supplies (not for					
resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b			1 1	1 1	
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	6				
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) Fxclude impairment			1 1		1

CONTINUE WITH 14 ON PAGE 6

Form	SA-5 4	4181A	(DRAFT)
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14 OPERATING EXPENSES - Continued

expenses below 7

15 and 16 Not Applicable.

TOTAL OPERATING EXPENSES
Sum of lines 1a through 4b . . .

Other Operating Expenses - Continued

b. 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

Dol.

2018

Thou.

Mil.

Mark "X"

1879

if None \$ Bil.

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F	REMARKS - P data were esti	lease use t mated.	this space	to explair	n any si	ignificant yea	ır-to-year ch	ianges, 1	o clarify re	sponses,	or indica	te whei
_	CONTACT IN				(D)							
	Name of persor	to contact	regarding	this report (Please p	orint)	Title					
		Area code		Number		Extension			Area code		Number	
	Telephone	Alea code		- Indiliber	1 1	LATERISION	_	Fax	Alea code			
-	E-mail address						Website ad	dress			-	



SERVICE ANNUAL SURVEY

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

SA-5/121F

(DBAET)

2018 ANNUAL SERVICES REPORT

3A-3+101L	(DIALI)
Due Date	
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://www.census.gov/programs- surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.	

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 ①.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

	\$ Bil.			Mil.		T	hοι	ı.		Dol.	
→		1	0	3	0	2	8	0	4	5	6

- 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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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



B. SURVEY COVERAGE Did this firm provide the business activities described below? Ves	CA CTICL (BRAFI)	1.0
Yes	B. SURVEY COVERAGE	
FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes 1013 No - Enter current 9-digit EIN AND date payroll was first reported for this EIN	Did this firm provide the business activities described below?	
FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes 1013 No - Enter current 9-digit EIN AND date payroll was first reported for this EIN		
FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes 1013 No - Enter current 9-digit EIN AND date payroll was first reported for this EIN		
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FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes 1013 No - Enter current 9-digit EIN AND date payroll was first reported for this EIN	Ves	
FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes ONS No - Enter current 9-digit EIN AND date payroll was first reported for this EIN ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes ONS No - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Date of organizational change ONS AND Enter detailed information below Address (Number and street, P.O. Box, etc.) City, town, village, etc. State ZIP Code	0001	
FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes O13 No - Enter current 9-digit EIN AND date payroll was first reported for this EIN	No - Specify this firm's business activity	
FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes O13 No - Enter current 9-digit EIN AND date payroll was first reported for this EIN		
Does this firm report payroll under EIN Yes	0002	
Does this firm report payroll under EIN Yes	FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)	
Yes No - Enter current 9-digit EIN AND date payroll was first reported for this EIN		
ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes	□ Vaa	
ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes No - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Date of organizational change Normal Day Year AND Enter detailed information below 7 Divestiture Divestiture Month Day Year AND Enter detailed information below 7 City, town, village, etc.		EIN (0 digita)
ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes No - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Sale Month Day Year Month Day Year Acquisition Date of organizational change Date of organizational change O018 AND Enter detailed information below? O17 Name of company O18 EIN (9 digits) Address (Number and street, P.O. Box, etc.)		EIN (9 digits)
ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes		5 -
ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes No - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Date of organizational change		Month Day Year
ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes No - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Date of organizational change		
A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes One Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Date of organizational change AND Enter detailed information below Divestiture One Divestitur		0088
A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes One Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Date of organizational change AND Enter detailed information below Divestiture One Divestitur	ORGANIZATIONAL CHANGE	
Yes	A. Did this firm experience any acquisitions, sales, mergers, and/or divestiture	es in 2018?
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Sale AND Enter detailed information below Divestiture Output Address (Number and street, P.O. Box, etc.) City, town, village, etc. State ZIP Code		
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Date of organizational change		
Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Sale AND Enter detailed information below Divestiture Divestiture Divestiture Oo17 Name of company Oo19 EIN (9 digits) Address (Number and street, P.O. Box, etc.) City, town, village, etc.	□ No - <i>Go to</i> 4	
Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Sale AND Enter detailed information below Divestiture Divestiture Divestiture Oo17 Name of company Oo19 EIN (9 digits) Address (Number and street, P.O. Box, etc.) City, town, village, etc.	R. Which of the following organizational changes occurred in 2019?	
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Acquisition Sale AND Interdetailed information below Divestiture Divestiture Divestiture Divestiture Divestiture Out Name of company Out Name of c)	
Sale AND Enter detailed information below Divestiture Out Name of company Address (Number and street, P.O. Box, etc.) City, town, village, etc. State ZIP Code	Acquisition	Wienen Buy Fear
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O017 Name of company O019 EIN (9 digits) Address (Number and street, P.O. Box, etc.) City, town, village, etc. State ZIP Code		
Address (Number and street, P.O. Box, etc.) City, town, village, etc. State ZIP Code	Divestitute	
Address (Number and street, P.O. Box, etc.) City, town, village, etc. State ZIP Code	0017 Name of company	0019 EIN (9 digits)
Address (Number and street, P.O. Box, etc.) City, town, village, etc. State ZIP Code		
City, town, village, etc. State ZIP Code	Address (Number and street P.O. Poy, etc.)	
	Address (Number and Street, F.O. BOX, etc.)	
	City, town, village, etc.	ZIP Code
		_

	months of data for the 2018 calendar year.					
	What time period is covered by the data provided in this report?				201	8
	while time period is covered by the data provided in this report.		Beginning Date			
	Calendar year			Month	Day	Year
	0006					
	Fiscal or partial year - Report beginning and ending dates		0007	7		
				Month	Ending	Date Year
				WOILI	Day	Year
			0000	3		1 1
)	Not Applicable					
	Not Applicable.					
	SALES, RECEIPTS, OR REVENUE					
	What were the revenues for this firm in 2018?					
	Include:	*****				
	 Commissions, fees, and other operating receipts, not gross billings or g Amounts received for work subcontracted to others. 	gross sales.				
	 Amounts received for work subcontracted to others. For locations that were sold or acquired during a year, only report for t 	ha narinde	that thic f	firm one	rated the	
	locations.	ne penous	tilat tilis i	ппп орег	ated the	
	 Revenue from services performed by domestic locations of foreign pare 	ent firms, s	ubsidiarie	s, brancl	hes, etc.	
	Revenues from electronic sources.					
	Exclude:					
	• Transfers made within the company.					
	 Taxes collected directly from customers or clients and paid directly to a Rents from and revenue of separately operated departments, concession 			-		
		no oto sub	siah ara la	0000 +0		
		ns, etc., wh	nich are le	eased to	others.	
	Commissions from vending machine operators.					ia. U.S.
						ia, U.S.
	 Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the U.S., outside the U.S., i.e., outside the U.S., outsi		states, D	istrict of		ia, U.S.
	 Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., our Commonwealth Territories, or U.S. possessions). 	tside the 50	states, D	istrict of	Columb	ia, U.S.
	 Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., our Commonwealth Territories, or U.S. possessions). Integrated advertising services - Providing any combination of 	tside the 50 Mark "X	states, D	istrict of	Columb 2018	
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	 Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., our Commonwealth Territories, or U.S. possessions). Integrated advertising services - Providing any combination of advertising services such as creative and productive services, media planning, buying, and research, plus marketing services (including any combination of public relations, market research, and sales 	Mark "X" if None	states, D	istrict of	Columb 2018	
	 Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., our Commonwealth Territories, or U.S. possessions). Integrated advertising services - Providing any combination of advertising services such as creative and productive services, media planning, buying, and research, plus marketing services (including any combination of public relations, market research, and sales promotion) 	Mark "X" if None	states, D	istrict of	Columb 2018	
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	 Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., our Commonwealth Territories, or U.S. possessions). Integrated advertising services - Providing any combination of advertising services such as creative and productive services, media planning, buying, and research, plus marketing services (including any combination of public relations, market research, and sales promotion) Advertising creative services (including graphic design services) - Creating the basic idea for an advertisement, which includes drafting the words or copy that will appear in the ad or be spoken by an actor, designing the layout for a print ad or the filming sequence of a television commercial Media buying - Buying space or time from the media on behalf of the advertisers or advertising agencies 32 Sales promotion - Developing plans for specific promotional 	Mark "X" if None	states, D	istrict of	Columb 2018	
	• Commissions from vending machine operators. • Revenue of foreign subsidiaries (those located outside the U.S., i.e., our Commonwealth Territories, or U.S. possessions). Integrated advertising services - Providing any combination of advertising services such as creative and productive services, media planning, buying, and research, plus marketing services (including any combination of public relations, market research, and sales promotion)	Mark "X" if None	states, D	istrict of	Columb 2018	
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	• Commissions from vending machine operators. • Revenue of foreign subsidiaries (those located outside the U.S., i.e., our Commonwealth Territories, or U.S. possessions). Integrated advertising services - Providing any combination of advertising services such as creative and productive services, media planning, buying, and research, plus marketing services (including any combination of public relations, market research, and sales promotion)	Mark "X" if None	states, D	istrict of	Columb 2018	
	• Commissions from vending machine operators. • Revenue of foreign subsidiaries (those located outside the U.S., i.e., our Commonwealth Territories, or U.S. possessions). Integrated advertising services - Providing any combination of advertising services such as creative and productive services, media planning, buying, and research, plus marketing services (including any combination of public relations, market research, and sales promotion)	Mark "X' if None 21 22 23	states, D	istrict of	Columb 2018	
	• Commissions from vending machine operators. • Revenue of foreign subsidiaries (those located outside the U.S., i.e., our Commonwealth Territories, or U.S. possessions). Integrated advertising services - Providing any combination of advertising services such as creative and productive services, media planning, buying, and research, plus marketing services (including any combination of public relations, market research, and sales promotion)	Mark "X' if None 21 22 23	states, D	istrict of	Columb 2018	
	• Commissions from vending machine operators. • Revenue of foreign subsidiaries (those located outside the U.S., i.e., our Commonwealth Territories, or U.S. possessions). Integrated advertising services - Providing any combination of advertising services such as creative and productive services, media planning, buying, and research, plus marketing services (including any combination of public relations, market research, and sales promotion)	Mark "X if None 21 22 23 24 25	states, D	istrict of	Columb 2018	
	• Commissions from vending machine operators. • Revenue of foreign subsidiaries (those located outside the U.S., i.e., our Commonwealth Territories, or U.S. possessions). Integrated advertising services - Providing any combination of advertising services such as creative and productive services, media planning, buying, and research, plus marketing services (including any combination of public relations, market research, and sales promotion)	Mark "X if None 21 22 23 24 25	states, D	istrict of	Columb 2018	
	• Commissions from vending machine operators. • Revenue of foreign subsidiaries (those located outside the U.S., i.e., our Commonwealth Territories, or U.S. possessions). Integrated advertising services - Providing any combination of advertising services such as creative and productive services, media planning, buying, and research, plus marketing services (including any combination of public relations, market research, and sales promotion)	Mark "X if None 21 22 23 24 25	states, D	istrict of	Columb 2018	
	• Commissions from vending machine operators. • Revenue of foreign subsidiaries (those located outside the U.S., i.e., our Commonwealth Territories, or U.S. possessions). Integrated advertising services - Providing any combination of advertising services such as creative and productive services, media planning, buying, and research, plus marketing services (including any combination of public relations, market research, and sales promotion)	Mark "X' if None 21 22 23 24 25 26	states, D	istrict of	Columb 2018	
	• Commissions from vending machine operators. • Revenue of foreign subsidiaries (those located outside the U.S., i.e., our Commonwealth Territories, or U.S. possessions). Integrated advertising services - Providing any combination of advertising services such as creative and productive services, media planning, buying, and research, plus marketing services (including any combination of public relations, market research, and sales promotion)	Mark "X' if None 21 22 23 24 25 26	states, D	istrict of	Columb 2018	
	• Commissions from vending machine operators. • Revenue of foreign subsidiaries (those located outside the U.S., i.e., our Commonwealth Territories, or U.S. possessions). Integrated advertising services - Providing any combination of advertising services such as creative and productive services, media planning, buying, and research, plus marketing services (including any combination of public relations, market research, and sales promotion)	Mark "X' if None 21 22 23 24 25 26	states, D	istrict of	Columb 2018	

	SALES, RECEIPTS, OR REVENUE - Continued						
			Mark "X"			2018	
			if None	\$ Bil.	Mil.	Thou	. Dol.
•	All other operating revenue - Revenue not reported in lir through 7. Include sale or licensing of merchandise and r leasing of equipment. If this item is greater than 20% or total operating revenue, specify the primary source or revenue below 7	ental or f the					
		179					
	TOTAL OPERATING REVENUE	173.	,				
	Sum of lines 1 through 8	1800)				
)	Not Applicable.						
)	REVENUES FROM ELECTRONIC SOURCES						
	A. Did this firm have any revenues from customers en mobile applications in 2018?	ntering order	s directly	on the	firm's w	ebsites	or
	Ves 0040						
	No.						
	No						
	 No B. Did this firm have any revenues from customers en mobile applications in 2018? 	ntering order	s directly	on thire	d-party v	website	es or
	B. Did this firm have any revenues from customers en	ntering order	s directly	on thire	d-party v	website	es or
	B. Did this firm have any revenues from customers en mobile applications in 2018?	ntering order	s directly	on thire	d-party v	website	es or
	B. Did this firm have any revenues from customers en mobile applications in 2018? Yes	ntering order	s directly	on thire	d-party v	website	es or
	B. Did this firm have any revenues from customers en mobile applications in 2018? Yes No						
	B. Did this firm have any revenues from customers en mobile applications in 2018? Yes	ntering order					
	B. Did this firm have any revenues from customers en mobile applications in 2018? Yes No C. Did this firm have any revenues from customers en	ntering order					
	B. Did this firm have any revenues from customers en mobile applications in 2018? Yes No C. Did this firm have any revenues from customers en (such as private networks, dedicated lines, etc.) in	ntering order					
	B. Did this firm have any revenues from customers en mobile applications in 2018? Yes No C. Did this firm have any revenues from customers en (such as private networks, dedicated lines, etc.) in	ntering order					
	B. Did this firm have any revenues from customers en mobile applications in 2018? Yes No C. Did this firm have any revenues from customers en (such as private networks, dedicated lines, etc.) in Yes	ntering order					
	B. Did this firm have any revenues from customers en mobile applications in 2018? Yes No C. Did this firm have any revenues from customers en (such as private networks, dedicated lines, etc.) in Yes No D. Of the total 2018 revenues reported in 6,	ntering order	s via any (ns
	B. Did this firm have any revenues from customers en mobile applications in 2018? Yes No C. Did this firm have any revenues from customers en (such as private networks, dedicated lines, etc.) in Yes No D. Of the total 2018 revenues reported in 6, what was the dollar amount (or percentage)	ntering order			ectronic		
	B. Did this firm have any revenues from customers en mobile applications in 2018? Yes No C. Did this firm have any revenues from customers en (such as private networks, dedicated lines, etc.) in Yes No D. Of the total 2018 revenues reported in 6,	ntering order 2018?	s via any (other el	ectronic	e syster	ns 2018

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14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

expenses not reported disconners.					
	Mark "X"		2	2018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
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			1 1		1 1
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions					
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					
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b			1 1		
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					
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					

CONTINUE WITH 14 ON PAGE 6

Form	SA-54	181E	(DRAFT)
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14	OPERATING EXPENSES - Continued					
		Mark "X"		2	2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
4.	Other Operating Expenses - Continued					
	b. 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 7					
		1879				
5.	TOTAL OPERATING EXPENSES					
	Sum of lines 1a through 4b	. 1900				
15	and 16 Not Applicable.					

				significant yea				
CONTACT IN	EODRI ATIO	N.						
CONTACT IN Name of person			report (Please	e print)	Title			
CONTACT IN Name of person			report (<i>Please</i>	e print)	Title			
	n to contact re	garding this r			Title	Area code	Numbe	
				e print) Extension	Title	Area code	Numbe	

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

2018 ANNUAL SERVICES REPORT

SA-54182A	(DRAFT)
Due Date	
Need help or hove guestions?	
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://www.census.gov/programs- surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.	s survey should be completed online at:
Authentication Code:	To view Survey Results: https://www.census.gov/programs-surveys/sas.html
	GENERAL INSTRUCTIONS
 Any significant change i 	n this firm's operations should be noted in 🕡.
 For establishments sold this firm. 	or acquired in 2018, report data only for the period the establishments were operated by
	e if book figures are not available.
•Enter "0" where applicat	
	two or more detailed lines.
	al basis, except for payroll. \$ Bil. Mil. Thou. Dol.
• Figures should be round	
<u> </u>	456 it should be reported as TOSOZOZO
Include: • Data for all Services esta	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and) as defined by the survey coverage in ①B.
 Data for auxiliary facilities 	es primarily engaged in supporting services to those establishment(s) such as warehouses, strative offices, and repair services.
1 A. MAILING ADDRESS	
Is this firm's name and	I mailing address the same as shown in the mailing address above?

0035

Yes

No - Enter corrections in the mailing address above

Form SA-54182A (DRAFT)

1 B. SURVEY COVERAGE
Did this firm provide the business activities described below?
☐ Yes
No - Specify this firm's business activity
0002
2 Not Applicable.
3 ORGANIZATIONAL CHANGE
A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?
☐ Yes
0016
No - Go to 4
B. Which of the following organizational changes occurred in 2018?
Check all that apply. If more than one organizational change occurred during the reporting period, explain in ① .
Month Day Year
Acquisition
Sale
0091 AND
Merger Enter detailed information below 7
Divestiture
0017 Name of company 0019 EIN (9 digits)
Address (Number and street, P.O. Box, etc.)
City, town, village, etc.

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	n SA-54182A (DRAFT)			Page 3		
4	REPORTING PERIOD					
	NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal year months of data for the 2018 calendar year.	r that ir	ncludes a	at least six		
	What time period is covered by the data provided in this report?	2018				
		В	eginning	g Date		
	Calendar year	Month	Day	Year		
	Fiscal or partial year - Report beginning and ending dates	'	'			
	1 130di oi partiai your 110port 20giining and onaing adios		Ending	Date		
		Month	Day	Year		
	0008					
5	Not Applicable.					
6	SALES, RECEIPTS, OR REVENUE					
	What were the revenues for this firm in 2018?					
	Include:					
	• Report gross billings, except where noted elsewhere on the form.					
	• Dues and assessments from members and affiliates.					
	Amounts received for work subcontracted to others.					
	 For locations that were sold or acquired during a year, only report for the periods that this fill locations. 	rm oper	ated the			
	 Revenue from services performed by domestic locations of foreign parent firms, subsidiaries Revenues from electronic sources. 	, branch	nes, etc.			
	Exclude:					
	Transfers made within the company.					
	• Taxes collected directly from customers or clients and paid directly to a local, state, or federal	_	•			
	• Rents from and revenue of separately operated departments, concessions, etc., which are leading to the concession of t	sed to	others.			
	 Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Distriction 	etrict of	Columb	ia IIC		
	Commonwealth Territories, or U.S. possessions).	Strict Or	Columb	ia, U.S.		
		2	018			
	Mark "X" if None \$Bil.	2 Mil.	018 Thou.	Dol.		
1.	Mark "X" if None \$ Bil. Full public relations services - Developing and implementing a			Dol.		
1.	Full public relations services - Developing and implementing a communications strategy with various target sectors of the public to influence their attitudes and opinions in the interest of promoting a			Dol.		
1.	Full public relations services - Developing and implementing a communications strategy with various target sectors of the public to influence their attitudes and opinions in the interest of promoting a person, product, place, or idea. Various sectors of the public include			Dol.		
1.	Full public relations services - Developing and implementing a communications strategy with various target sectors of the public to influence their attitudes and opinions in the interest of promoting a			Dol.		
1. 2.	Full public relations services - Developing and implementing a communications strategy with various target sectors of the public to influence their attitudes and opinions in the interest of promoting a person, product, place, or idea. Various sectors of the public include community groups, constituents, minority groups, employees, investors, etc			Dol.		
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	Full public relations services - Developing and implementing a communications strategy with various target sectors of the public to influence their attitudes and opinions in the interest of promoting a person, product, place, or idea. Various sectors of the public include community groups, constituents, minority groups, employees, investors, etc			Dol.		
	Full public relations services - Developing and implementing a communications strategy with various target sectors of the public to influence their attitudes and opinions in the interest of promoting a person, product, place, or idea. Various sectors of the public include community groups, constituents, minority groups, employees, investors, etc			Dol.		
	Full public relations services - Developing and implementing a communications strategy with various target sectors of the public to influence their attitudes and opinions in the interest of promoting a person, product, place, or idea. Various sectors of the public include community groups, constituents, minority groups, employees, investors, etc			Dol.		
2.	Full public relations services - Developing and implementing a communications strategy with various target sectors of the public to influence their attitudes and opinions in the interest of promoting a person, product, place, or idea. Various sectors of the public include community groups, constituents, minority groups, employees, investors, etc			Dol.		
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2. 3.	Full public relations services - Developing and implementing a communications strategy with various target sectors of the public to influence their attitudes and opinions in the interest of promoting a person, product, place, or idea. Various sectors of the public include community groups, constituents, minority groups, employees, investors, etc			Dol.		
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2. 3.	Full public relations services - Developing and implementing a communications strategy with various target sectors of the public to influence their attitudes and opinions in the interest of promoting a person, product, place, or idea. Various sectors of the public include community groups, constituents, minority groups, employees, investors, etc			Dol.		
2. 3. 4.	Full public relations services - Developing and implementing a communications strategy with various target sectors of the public to influence their attitudes and opinions in the interest of promoting a person, product, place, or idea. Various sectors of the public include community groups, constituents, minority groups, employees, investors, etc			Dol.		
2. 3. 4.	Full public relations services - Developing and implementing a communications strategy with various target sectors of the public to influence their attitudes and opinions in the interest of promoting a person, product, place, or idea. Various sectors of the public include community groups, constituents, minority groups, employees, investors, etc			Dol.		
2. 3. 4.	Full public relations services - Developing and implementing a communications strategy with various target sectors of the public to influence their attitudes and opinions in the interest of promoting a person, product, place, or idea. Various sectors of the public include community groups, constituents, minority groups, employees, investors, etc			Dol.		
2. 3. 4.	Full public relations services - Developing and implementing a communications strategy with various target sectors of the public to influence their attitudes and opinions in the interest of promoting a person, product, place, or idea. Various sectors of the public include community groups, constituents, minority groups, employees, investors, etc			Dol.		
2. 3. 4.	Full public relations services - Developing and implementing a communications strategy with various target sectors of the public to influence their attitudes and opinions in the interest of promoting a person, product, place, or idea. Various sectors of the public include community groups, constituents, minority groups, employees, investors, etc			Dol.		
2. 3. 4.	Full public relations services - Developing and implementing a communications strategy with various target sectors of the public to influence their attitudes and opinions in the interest of promoting a person, product, place, or idea. Various sectors of the public include community groups, constituents, minority groups, employees, investors, etc			Dol.		
2. 3. 4.	Full public relations services - Developing and implementing a communications strategy with various target sectors of the public to influence their attitudes and opinions in the interest of promoting a person, product, place, or idea. Various sectors of the public include community groups, constituents, minority groups, employees, investors, etc			Dol.		

Form	SA-54182A (DRAFT)					Page 4
6	SALES, RECEIPTS, OR REVENUE - Continued					
			Лark "Х"		2018	
	AH 41 42 15 15 15 15 15 15 15 15 15 15 15 15 15		if None	\$ Bil. N	/lil. Thou	. Dol.
6.	All other operating revenue - Revenue not reported in li 1 through 5. Include crisis management, sale or licensing	g of				
	merchandise, rental or leasing of equipment, and fundraisi development services. If this item is greater than 20% of	ng of the				
	total operating revenue, specify the primary source of	f the				
	revenue below 7					
7.	TOTAL OPERATING REVENUE	1799				
7.	Sum of lines 1 through 6	1800				
7	Not Applicable.					
8	REVENUES FROM ELECTRONIC SOURCES					
	A. Did this firm have any revenues from customers e	ntering orders di	irectly o	on the firn	n's websites	or
	mobile applications in 2018?	_	_			
	Yes					
	0040					
	No					
	B. Did this firm have any revenues from customers e mobile applications in 2018?	ntering orders d	irectly (on third-pa	arty website	es or
	Ves Yes					
	□ No					
				.4haalaa4		
	C. Did this firm have any revenues from customers e (such as private networks, dedicated lines, etc.) in	2018?	ia any o	ther elect	ronic systei	115
	Yes					
	0042					
	No					
	D 044					
	D. Of the total 2018 revenues reported in (3) , what was the dollar amount (or percentage)		2018	D-I		2018
	that was from the revenues identified in A-C above? Please provide an estimate if	\$ Bil. Mil.	Thou.	Dol.		Percent
	exact figures are not available 2500				OR ₂₅₀₁	%
9-	Not Applicable.					

14 OPERATING EXPENSES What were the operation

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

expenses not reported eisewhere.					
	Mark "X"				
	if None	\$ Bil.	Mil.	Thou.	Dol.
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			1 1		1 1
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions					
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					
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b					
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					1 1
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					

Form SA-54182A	(DRAFT)
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14	OPERATING EXPENSES - Continued							
			Mark "X"	2018				
			if None	\$ Bil.	Mil.	Tho	u.	Dol.
4.	 Other Operating Expenses - Continued 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 							
		1879						1 1
5.	TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	. 1900						
	and 16 Not Applicable.							

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REMARKS - data were est	Please use this sp imated.	pace to explain any	significant yea	r-to-year changes, t	o clarify resp	onses, or inc	licate where
	NFORMATION						
Name of perso	n to contact regardi	ing this report (<i>Please</i>	print)	Title			
	Area code	NI I	Extension		Area code	Numl	
Telephone	ATOM COME	Number	Extension	Fax	' '		ber
Telephone		Number -	- LACOTOTOTI			-	oer
Telephone E-mail address				Fax Website address		-	Der
			Excellent			-	Jer

SERVICE ANNUAL SURVEY

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

SA-54182E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

appears at the upper right of this page. Without this approval, we could not conduct this survey.

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 ①.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

	\$ Bil.			Mil.		T	hοι	ı.		Dol.	
→		1	0	3	0	2	8	0	4	5	6

- 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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MAILING ADDRESS

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

	Yes	
0035		
	NI.	F4-

No - Enter corrections in the mailing address above



ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes No - Go to 4 B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in 12.	OA G-1022 (BRAFI)	
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 ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 20187 Yes No - Go to B. Which of the following organizational changes occurred in 20187 Check all that apply. If more than one organizational change occurred during the reporting period, explain in AND Date of organizational change AND Date of organizational change AND Enter detailed information below 7 City, town, village, etc. State ZiP Code	B. SURVEY COVERAGE	
FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes ONS No - Enter current 9-digit EIN AND date payroll was first reported for this EIN	Did this firm provide the business activities described below?	
FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes ONS No - Enter current 9-digit EIN AND date payroll was first reported for this EIN		
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FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes	0001	
PEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes	□ No - Specify this firm's business activity ₹	
FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes		
Does this firm report payroll under EIN Yes No - Enter current 9-digit EIN AND date payroll was first reported for this EIN	0002	
Yes No - Enter current 9-digit EIN AND date payroll was first reported for this EIN	FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)	
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ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes ONG		FIN (9 digits)
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ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes ONO - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Acquisition Date of organizational change AND Enter detailed information below Divestiture OO17 Name of company OO19 EIN (9 digits) Address (Number and street, P.O. Box, etc.)	reported for this EIN	
ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes No - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Date of organizational change AND Enter detailed information below Divestiture Divestiture Divestiture Oo17 Name of company Oo19 EIN (9 digits) Address (Number and street, P.O. Box, etc.)		Month Day Year
ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes No - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Date of organizational change AND Enter detailed information below Divestiture Divestiture Divestiture Oo17 Name of company Oo19 EIN (9 digits) Address (Number and street, P.O. Box, etc.)		
A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes No - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Date of organizational change AND Enter detailed information below Divestiture Divestiture Divestiture O017 Name of company O019 EIN (9 digits) Address (Number and street, P.O. Box, etc.)		0088
Yes No - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Date of organizational change AND Enter detailed information below Divestiture Divestiture Output Divesti	DRGANIZATIONAL CHANGE	
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in ①. Acquisition Date of organizational change	A. Did this firm experience any acquisitions, sales, mergers, and/or divestiture	es in 2018?
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in ①. Acquisition Date of organizational change	Yes	
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Date of organizational change	0016	
Check all that apply. If more than one organizational change occurred during the reporting period, explain in ①. Acquisition Sale AND Enter detailed information below Divestiture Divestiture Divestiture Output	No - Go to 4	
Check all that apply. If more than one organizational change occurred during the reporting period, explain in ①. Acquisition Sale AND Enter detailed information below Divestiture Divestiture Divestiture Output	3. Which of the following organizational changes occurred in 2018?	
Acquisition Sale		porting period, explain in ① .
Acquisition Sale		Month Day Year
Sale AND Enter detailed information below Divestiture Oo17 Name of company Oo18 EIN (9 digits) Address (Number and street, P.O. Box, etc.) City, town, village, etc.		
Merger Divestiture Divestiture Output Divestiture Divestiture Divestiture Divestiture Output Enter detailed information below public to the properties of the properti	Sale Date of organizational change	0018
Divestiture Divestiture Output Divestiture Outp	0091 AND	
Divestiture Out Name of company Out Plin (9 digits) Address (Number and street, P.O. Box, etc.) City, town, village, etc.	☐ Merger Enter detailed information below 7	
O017 Name of company O019 EIN (9 digits) Address (Number and street, P.O. Box, etc.) City, town, village, etc. State ZIP Code		
Address (Number and street, P.O. Box, etc.) City, town, village, etc. State ZIP Code		
Address (Number and street, P.O. Box, etc.) City, town, village, etc. State ZIP Code	0017 Name of company	0019 EIN (9 digits)
City, town, village, etc. State ZIP Code		
City, town, village, etc. State ZIP Code	Address (Number and street, P.O. Box, etc.)	
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	City, town, village, etc.	ZIP Code
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Forn	SA-54182E (DRAFT)			Page 3
4	REPORTING PERIOD			
	NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal year months of data for the 2018 calendar year.	ır that ir	icludes a	at least six
	What time period is covered by the data provided in this report?		2018	3
		В	eginning	J Date
	Calendar year	Month	Day	Year
	Fiscal or partial year - Report beginning and ending dates			
			Ending l	Date
		Month	Day	Year
	8000			
0				
5	Not Applicable.			
6	SALES, RECEIPTS, OR REVENUE			
	What were the revenues for this firm in 2018?			
	Include:Report gross billings, except where noted elsewhere on the form.			
	• Dues and assessments from members and affiliates.			
	Amounts received for work subcontracted to others.			
	 For locations that were sold or acquired during a year, only report for the periods that this fill locations. 	rm oper	ated the	
	 Revenue from services performed by domestic locations of foreign parent firms, subsidiaries 	, branch	es, etc.	
	Revenues from electronic sources.			
	Exclude:			
	 Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federal 	al tax aq	ency.	
	• Rents from and revenue of separately operated departments, concessions, etc., which are lea	_		
	Commissions from vending machine operators.		0	
	 Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Discommonwealth Territories, or U.S. possessions). 	strict of	Columb	ıa, U.S.
	Mark "X"	2	018	
	if None \$ Bil.	Mil.	Thou.	Dol.
1.	Full public relations services - Developing and implementing a communications strategy with various target sectors of the public to			
	influence their attitudes and opinions in the interest of promoting a			
	person, product, place, or idea. Various sectors of the public include community groups, constituents, minority groups, employees,		1 1	
	investors, etc			
2.	Media relations - Developing and implementing strategies for communicating with media to help shape public perception, respond			
	to media inquiries, and providing appropriate information on			
	behalf of the client. Include providing training to an organization's spokespersons or to employees in general on communicating			
	correctly with the media, and developing and disseminating planned messages through selected media, without payment, to further an	1 1	1 1	
	organization's interest, product, service, cause, or event	1 1	1 1	
3.	Lobbying - Developing strategies to influence key legislature and			
	regulatory government officials to support public policy positions favorable to the client's objectives. This may also be known as		1 1	
_	governmental affairs			
4.	Event management - Developing and implementing a communication strategy through the use of special events or event			
	sponsorships			
5.	Media monitoring and analysis - Collecting and recording editorial coverage published in various mass media about the client or its		1 1	
	competition (clipping service) and preparing analysis of the coverage 3235			
	CONTINUE MUTU A CALBAGE A			
	CONTINUE WITH 6 ON PAGE 4			

orm	5/	4-54	182	CDRAFT)						Page 4
6	SA	LES	, RE	CEIPTS, OR REVENUE - Continued						
						Mark "X"		:	2018	
						if None	\$ Bil.	Mil.	Thou	. Dol.
6.	1 to	throu ercha velop tal o	igh ! ndise mer pera	berating revenue - Revenue not reported in line in Include crisis management, sale or licensing of rental or leasing of equipment, and fundraising t services. If this item is greater than 20% of ting revenue, specify the primary source of the	f the					
					1799					
7.	TO	TAL	OPI	RATING REVENUE	.,,,,					
	Su	m of	line	: 1 through 6	1800			1 1		
7	No	t Ap _l	plica	ole.						
8	RE	VEN	UES	FROM ELECTRONIC SOURCES						
	A.	Did mol	this	firm have any revenues from customers ent applications in 2018?	ering orders	directly	on the fi	rm's w	ebsite	s or
		0040		Yes						
				No						
	В.	Did mol	this	firm have any revenues from customers ent applications in 2018?	ering orders	directly	on third-	party v	website	es or
		0041		Yes						
				No						
	C.	Did (suc	this h as	firm have any revenues from customers ent private networks, dedicated lines, etc.) in 2	ering orders on 18?	via any c	ther ele	ctronic	syste	ms
		0042		Yes						
				No						
	D.	Of t	he t	otal 2018 revenues reported in 6 ,		2018				2018
		what	t w	s the dollar amount (or percentage) s from the revenues identified in	Bil. Mil.	Thou.	Dol.			Percent
		A-C	abo	ve? Please provide an estimate if gures are not available				OI	R 2501	%
9-	Œ	No	t Ap	olicable.						

4

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

expenses not reported eisewhere.					
	Mark "X"	2018			
	if None	\$ Bil.	Mil.	Thou.	Dol.
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			1 1		1 1
Employer's Annual Federal Tax Return, line 4(c). Include the spread on stock options that are taxable to employees as wages 1821					1 1
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.					
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					
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b					
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					1 1
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					

(DRAFT)

14	OPERATING EXPENSES - Continued					
		Mark "X"		2	2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
4.	Other Operating Expenses - Continued					
	b. 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 7					
		1879				
5.	TOTAL OPERATING EXPENSES					
	Sum of lines 1a through 4b	. 1900				
15	and 16 Not Applicable.					

n SA-54182E (DRAFT)		Page
REMARKS - Please use this sp data were estimated.	ace to explain any significant year-to-year chang	es, to clarify responses, or indicate wher

18	CONTACT IN	FORMATI	ON										E
	Name of person	to contact	regarding t	his report <i>(Pleas</i>	e print)	Title							
		Auga gada		Number	Extension			Area code		Num	hou		E
	Telephone	Area code		Number	Extension	F	ax	Area code		Num	ber		-
	rotophono	1 1	1 1	-			u/t		1 1	-		1 1	E
	E-mail address					Website addres	ss						

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT. We suggest you keep a copy for your records.

SERVICE ANNUAL SURVEY

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

2018 ANNUAL SERVICES REPORT

FORM SA-54186A	(DRAFT)
Due Date	
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://www.census.gov/programs- surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.	
INTERNET REPORTING - This https://portal.census.gov Authentication Code:	s survey should be completed online at: To view Survey Results:
	https://www.census.gov/programs-surveys/sas.html
Any significant change i	GENERAL INSTRUCTIONS n this firm's operations should be noted in ① .

- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

	\$ Bil.			Mil.		Т	hοι	ı.		Dol.	
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Include:

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

U	A. WA	ILIN	G ADDRESS
	ls th	is fii	rm's name and mailing address the same as shown in the mailing address above?
	0035		Yes
			No - Enter corrections in the mailing address above

Form SA-54186A (DRAFT) Page 2

	1 3	1-57	100	DRAFI)				гау	U 2
1	В.	SUF	RVE	COVERAGE					
		Did	this	firm provide	the business activities described below?				
				Yes					
		0001	П	No - Specify t	his firm's business activity 7				
				0002					
2	Not	t Apı	plical	ble.					
3	OR	GAI	NIZA	TIONAL CHA	NGE				
	A.	Did	this	firm experie	nce any acquisitions, sales, mergers, and/or divestitures in	2018?			
		0016		Yes					
		0016		No - Go to 4					
	В.	Whi	ch o	of the following	ng organizational changes occurred in 2018?				
					more than one organizational change occurred during the report	ing period	, explaiı	ı in 🛈.	
				Acquisition		Month	Day	Year	
					Date of organizational change	018			
		0091	Ш	Sale	> AND				
				Merger	Enter detailed information below 7				
				Divestiture					
		0017	Nam	ne of company	001	9 EIN (9 diç	nits)		\blacksquare
						'			
		Add	ress	(Number and str	eet, P.O. Box, etc.)				
		City	, tow	n, village, etc.	State ZIF	Code			
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orm	SA-54186A (DRAFT)							Page :
4	REPORTING PERIOD							
	NOTE: Calendar year data are preferred. If they are unavailable, please r	report	t for the	fiscal ye	ar that in	cludes	at lea	st six
	months of data for the 2018 calendar year.						_	
	What time period is covered by the data provided in this report?				P	201 eginnin		
	☐ Calendar year				Month	Day		ar
	0006				- Inchian	20,7		
	Fiscal or partial year - Report beginning and ending dates			0007				
						Ending	Date	
					Month	Day	Υe	ar
				0008		'	'	'
_				0008				
5	Not Applicable.							
6	SALES, RECEIPTS, OR REVENUE							
	What were the revenues for this firm in 2018?							
	Include:							
	• Report gross billings, except where noted elsewhere on the form.							
	• Dues and assessments from members and affiliates.							
	 Amounts received for work subcontracted to others. 							
	 For locations that were sold or acquired during a year, only report for locations. 	the p	eriods t	hat this f	irm oper	ated the	е	
	 Revenue from services performed by domestic locations of foreign par 	rent f	irms. su	bsidiarie	s. branch	es, etc.		
	• Revenues from electronic sources.				o, 2. a	,		
	Exclude:							
	• Transfers made within the company.							
	• Taxes collected directly from customers or clients and paid directly to				_			
	• Rents from and revenue of separately operated departments, concession	ons, e	etc., whi	ch are le	ased to d	others.		
	• Commissions from vending machine operators.					0-11		_
	 Revenue of foreign subsidiaries (those located outside the U.S., i.e., or Commonwealth Territories, or U.S. possessions). 	utside	the 50	states, D	istrict of	Columb	oia, U.	S.
	μ	_			2	018		
			Mark "X" if None	\$ Bil.	Mil.	Thou.		Dol.
	Full direct mail services - Providing all the services of a direct mail							
	advertising campaign from the concept development through the							
	actual mailout. Include identifying the target group, developing the strategy, designing the mailout package, printing and assembling the							
	package, and mailing the package	3251			1 1	1 1		
	Concept development for a direct mail advertising campaign -							
	Developing the plan for a direct mail advertising campaign. Include identifying the target group, developing the strategy, and designing							
	the mailout package. The plan is a separate product that may then be							
	implemented by the same direct mail agency or by a third party 3	3252						
-	Mail list creation and support services - Creating an electronic list of names, addresses, and other relevant information of a target group							
	specified by the client, as an end product or as input to a direct mail							
	advertising mailout. Include procuring lists, as necessary, from third parties and/or using lists provided by the client; and/or maintained							
	by the direct mail advertising agency, and conducting other data							
	processing operations necessary to create the specified final list 3	3253						
	Print services for direct mail advertising materials - Printing							
	the mailing pieces for a direct mail advertising package, such as					1 1		
	Print services for direct mail advertising materials - Printing the mailing pieces for a direct mail advertising package, such as the letters, flyers, brochures, coupons, advertisements, envelopes, shipping labels, etc	3254						
	the mailing pieces for a direct mail advertising package, such as the letters, flyers, brochures, coupons, advertisements, envelopes, shipping labels, etc	3254				1 1		
•	the mailing pieces for a direct mail advertising package, such as the letters, flyers, brochures, coupons, advertisements, envelopes, shipping labels, etc							
	the mailing pieces for a direct mail advertising package, such as the letters, flyers, brochures, coupons, advertisements, envelopes, shipping labels, etc	3254 3255						
	the mailing pieces for a direct mail advertising package, such as the letters, flyers, brochures, coupons, advertisements, envelopes, shipping labels, etc	3255						
	the mailing pieces for a direct mail advertising package, such as the letters, flyers, brochures, coupons, advertisements, envelopes, shipping labels, etc	3255						
	the mailing pieces for a direct mail advertising package, such as the letters, flyers, brochures, coupons, advertisements, envelopes, shipping labels, etc	3255						
•	the mailing pieces for a direct mail advertising package, such as the letters, flyers, brochures, coupons, advertisements, envelopes, shipping labels, etc	3255						
•	the mailing pieces for a direct mail advertising package, such as the letters, flyers, brochures, coupons, advertisements, envelopes, shipping labels, etc	3255 3256						
	the mailing pieces for a direct mail advertising package, such as the letters, flyers, brochures, coupons, advertisements, envelopes, shipping labels, etc	3255 3256 3257						

COLII	1 3A-34 100A (DRAFI)					Г	aye -
6	SALES, RECEIPTS, OR REVENUE - Continued						
_		Mark '	X"		2018		
		if Nor	ie \$	Bil. I	Mil. Th	ou. Do	d.
8.	All other operating revenue - Revenue not reported in lines 1 through 7. Include sale or licensing of merchandise and rental or leasing of equipment. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7						
		1799					
9.	TOTAL OPERATING REVENUE						T
	Sum of lines 1 through 8	. 1800					
7	Not Applicable.						
8	REVENUES FROM ELECTRONIC SOURCES						
	A. Did this firm have any revenues from customers entering of mobile applications in 2018? Yes No B. Did this firm have any revenues from customers entering of mobile applications in 2018? Yes Odd Yes						
	C. Did this firm have any revenues from customers entering of (such as private networks, dedicated lines, etc.) in 2018?	rders via an	y oth	ier elec	tronic syst	tems	
	☐ Yes Out No						
	D. Of the total 2018 revenues reported in (3), what was the dollar amount (or percentage) that was from the revenues identified in \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\	2018 Mil. Th	ou.	Dol.		2018 Percen	
_	A-C above? Please provide an estimate if exact figures are not available				OR ₂₅₀	1	%
	FEAN NIGHT A COLUMN TO THE STATE OF THE STAT						

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

expenses not reported disconners.					
	Mark "X"		2	2018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
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	1 🗆		1 1		
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions	2 🔲				
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	3 🗆				
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b	o 🗆		1 1	1 1	
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	a 🗆				
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					

Form SA-54186A	(DRAFT)
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14	OPERATING EXPENSES - Continued					
		Mark "X"	2018			
		if None	\$ Bil.	Mil.	Thou.	Dol.
4.	Other Operating Expenses - Continued					
	b. 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					
		1879				
5.	TOTAL OPERATING EXPENSES					
	Sum of lines 1a through 4b	1900				
15	and 16 Not Applicable					



Forn	n SA-54186A	(DRAFT)	Page 7
	REMARKS - Pleadata were estimate	ase use this space to explain any significant year-to-year changes, to clarify responses, oted.	or indicate where

18	CONTACT INFORMATION	-	
	Name of person to contact regarding this report (Please print)	Title	
	Area code Number Extension	Area cod	
	Telephone -	Fax	
	E-mail address	Website address	

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

We suggest you keep a copy for your records.

SERVICE ANNUAL SURVEY

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

SA-54186E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 ①.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

	\$ Bil.			Mil.		T	hοι	ı.		Dol.	
→		1	0	3	0	2	8	0	4	5	6

- 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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A. MAILING ADDRESS

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

	Yes		
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No - Enter corrections in the mailing address about						
	No - Enter corrections	in	the	mailing	address	above



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Did this firn	n provide 1	the bu	usines	s activ	vities d	lescrib	ed belo	w?						
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	- Specify th	his firn	n's bus	siness a	activity ;	7								
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Did this firm Yes No	n experien Go to 4 e followin	nce an	anizat	tional e	change	es occu	ırred in	2018?		es in 2	018?	d, expla		
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VV	/hat time period is covered by the data provided in this report?					20 Beginni)18 ing Da	ato.
	☐ Calendar year				Month			Year
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6 S	ALES, RECEIPTS, OR REVENUE							
W	hat were the revenues for this firm in 2018?							
	iclude:							
	Report gross billings, except where noted elsewhere on the form. Dues and assessments from members and affiliates.							
	Amounts received for work subcontracted to others.							
	For locations that were sold or acquired during a year, only report for	r the p	eriods t	hat this	firm ope	rated tl	he	
	locations.							
	Revenue from services performed by domestic locations of foreign pa Revenues from electronic sources.	arent t	ırms, su	bsidiari	es, branc	nes, et	c.	
	xclude:							
	Transfers made within the company.							
	Taxes collected directly from customers or clients and paid directly to	a loc	al state	or fode	aral tay a	gency		
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	Rents from and revenue of separately operated departments, concess	sions, e						
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• (Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., o		etc., whi	ch are l	eased to	others.		J.S.
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• (• I. Fi	Commissions from vending machine operators. Revenue of foreign subsidiaries (those located outside the U.S., i.e., of Commonwealth Territories, or U.S. possessions). ull direct mail services - Providing all the services of a direct mail divertising campaign from the concept development through the	outside //	etc., whi the 50 Mark "X"	ch are l	leased to	others. f Colum	nbia, l	
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6	SA	LES	, RE	CEIPTS, OR REVENUE - Continued							
							Mark "X"			2018	
8.	thi lea	roug sing tal o	h 7. of e pera	perating revenue - Revenue not reported in line Include sale or licensing of merchandise and requipment. If this item is greater than 20% of ting revenue, specify the primary source of the primary s	ntal or t he		if None	\$ Bil.	Mil.	Thou	. Dol.
						1799					
9.				ERATING REVENUE		1800					
7	No	t Ap _l	plica	ble.							
8	RE	VEN	IUES	FROM ELECTRONIC SOURCES							
	A.	Did mol	this bile	firm have any revenues from customers entapplications in 2018?	ering ord	ders d	directly	on the	firm's	websites	or
		0040		Yes							
				No							
	В.			firm have any revenues from customers ent applications in 2018?	ering ord	ders d	directly	on thii	rd-part	y website	s or
		0041		Yes							
				No							
	C.	Did (suc	this ch as	firm have any revenues from customers ent private networks, dedicated lines, etc.) in 2	ering ord 018?	ders v	ia any o	ther e	lectro	nic syster	ns
		0042		Yes							
				No							
	D.	Of t	he t	otal 2018 revenues reported in 6, as the dollar amount (or percentage)			2018				2018
		that	t wa	s from the revenues identified in	\$ Bil. I	Mil.	Thou.		ol.		Percent
		A-C	abo	ve? Please provide an estimate if gures are not available						OR ₂₅₀₁	%
9	Œ	No	ot Ap	plicable.							

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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"		- 2	2018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
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	ı 🗆		1 1		1 1
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	2				
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	3		1 1		1 1
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b	o 🗆		1 1		
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 purchases focas lated the office support of software, and provided the software support of software.					
maintenance fees related to software upgrades and alterations 1826	<u>Б</u>				
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	ı 🗆		1 1		

Form **SA-54186E** Page 6 (DRAFT)

14	OPERATING EXPENSES - Continued						
		Mark "X"		2	2018		Ī
		if None	\$ Bil.	Mil.	Thou.	Dol.	
4.	Other Operating Expenses - Continued						
	b. 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						
		1879					
5.	TOTAL OPERATING EXPENSES	-					
	Sum of lines 1a through 4b	. 1900					
15	and 16 Not Applicable.						





Ri da	EMARKS - Please use this space to explain any significant year-to-year changes, to clarify responses, or ata were estimated.	r indicate whe

18	CONTACT INFORMATION
	N

Name of persor	n to contact	regarding '	this r	eport (<i>Please p</i>	rint)	Litle				
	Area code		Num	nber	Extension		Area code	Nun	nber	
Telephone						Fax				
			-					-		
E-mail address						Website address				

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

We suggest you keep a copy for your records.

SERVICE ANNUAL SURVEY

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

FORM

SA-54210A

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information **CONFIDENTIAL** and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey. INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov **Authentication Code:** To view Survey Results: https://www.census.gov/programs-surveys/sas.html **GENERAL INSTRUCTIONS** • Any significant change in this firm's operations should be noted in 12. • For establishments sold or acquired in 2018, 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. \$ Bil. Mil. Thou. Dol. • Figures should be rounded to the nearest dollar. 030280 • If a figure is \$1,030,280,456 it should be reported as Include: Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) as defined by the survey coverage in **1**B. Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services. A. MAILING ADDRESS Is this firm's name and mailing address the same as shown in the mailing address above? 0035 No - Enter corrections in the mailing address above

COLII	1 5/	4-54	1210	JA (DRAFT)																	Page 2
1	В.	SUI	RVE	COVERAGE	=																
		Did	this	firm provide	e the b	busin	ess ac	ctiviti	es de	escrib	bed b	elow	?								
				Vaa																	
		0001	Ш	Yes																	
				No - Specify to	this fir	rm's b	ousines	ss acti	vity Ţ	,											
				0000																	
				0002																	
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3				ATIONAL CHA					_								-				
	A.	Did	this	firm experier	ence a	iny ac	quisit	tions,	, sales	s, me	erger	s, and	d/or d	lives	titure	s in 20	018?				
		0016		Yes																	
				No - Go to 4																	
	В.	Whi	ich d	of the following	ina ora	ganiz	ationa	al cha	anges	occ	urred	l in 2	018?								
				I that apply. If r										ring t	he rep	orting	perio	od, ex	cplaii	n in 🕡	
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0111	I SA-942 TUA (DRAFI)					rage 3
4	REPORTING PERIOD					
	NOTE: Calendar year data are preferred. If they are unavailable, please rep months of data for the 2018 calendar year.	ort for the	fiscal yea	r that i		
	What time period is covered by the data provided in this report?				2018	
	Calendar year				Beginning	
	0006 Calendar year			Month	Day	Year
	Fiscal or partial year - Report beginning and ending dates		0007			
					Ending I	Date
				Month	Day	Year
				'		
			8000			
5	Not Applicable.					
6	SALES, RECEIPTS, OR REVENUE					
U	What were the revenues for this firm in 2018?					
	Include:					
	• Report gross billings, except where noted elsewhere on the form.					
	• Dues and assessments from members and affiliates.					
	Amounts received for work subcontracted to others.					
	 For locations that were sold or acquired during a year, only report for the locations. 	periods t	hat this fi	rm ope	rated the	
	 Revenue from services performed by domestic locations of foreign paren 	t firms, su	ıbsidiaries	, branc	hes, etc.	
	Revenues from electronic sources.	-, -		,		
	Exclude:					
	Transfers made within the company.					
	Taxes collected directly from customers or clients and paid directly to a least from and appropriately approp					
	 Rents from and revenue of separately operated departments, concessions Commissions from vending machine operators. 	s, etc., wn	ich are lea	isea to	otners.	
	 Revenue of foreign subsidiaries (those located outside the U.S., i.e., outsi 	de the 50	states, Di	strict o	f Columbi	ia, U.S.
	Commonwealth Territories, or U.S. possessions).					,
		Mark "X"			2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
1.	Assurance and Related Services - Include financial auditing services, financial statement review, and other assurance and			T		
	financial auditing services					
2.	Bookkeeping, Compilation, Payroll, and Taxation Services					
	a. General accounting services - Preparing pre-adjusted trial					
	balances (clients have own bookkeeper) and periodic financial statements for clients. Include combinations of bookkeeping,					
	compilation, and payroll services where payroll services involve					
	more than payroll calculations					
	 Bookkeeping, compilation, billing, and collection services Statements, etc. and collecting payments on behalf of the client. 					
	Include payroll calculation services. Exclude combinations of					
	bookkeeping, compilation and payroll services, where payroll services involve more than payroll calculations		'			' '
	c. Payroll services - Processing of payroll, withholding deductions,					
	remitting deductions and employer's contributions to government-					
	mandated and other plans, and filing reports					
	d. Taxation planning and consulting services - Planning and consulting in order to minimize the impact of taxation, and			1 1		
	interpreting tax law					
	e. Taxation preparation and representation services for					
	individuals and unincorporated businesses - Preparing, reviewing, or filing of tax returns or supplementary documents;					
	and preparing for and representing at tax audits and appeals for					
	individuals and unincorporated businesses					
	f. Taxation preparation and representation services for corporate and other clients - Preparing, reviewing, or filing of					
	tax returns or supplementary documents; and preparing for and					
	representing at tax audits and appeals for corporate and other clients		.			
	CONTINUE WITH 6 ON PAGE 4					

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Forn	n SA-54210A (draft)				Page 4
6	SALES, RECEIPTS, OR REVENUE - Continued				
Ū		Mark "X"		2018	
_	Billion and a consulation and the Description advise accidence	if None	\$ Bil. Mi	il. Thou	ı. Dol.
3.	Management consulting services - Providing advice, assistance, and implementation services in the areas of strategic and				
	organizational planning, finance, human resources, marketing and production, executive search services, and other management				
	consulting services				
4.	All other operating revenue - Revenue not reported in lines 1 through 3. Include computerized accounting system services,				
	insolvency and receivership services, business incorporation services, business valuation services, litigation support services, accounting				
	services, training services, legal services, personal financial planning services, sale or licensing of merchandise, rental or leasing of				
	equipment, and any other operating revenue not reported above. If this item is greater than 20% of the total operating revenue,				
	specify the primary source of the revenue below 7				
	1799				
5.	TOTAL OPERATING REVENUE Sum of lines 1 through 4				
2	Not Applicable.				
8	REVENUES FROM ELECTRONIC SOURCES				
•	A. Did this firm have any revenues from customers entering orders	directly	on the firm	's wehsite	s or
	mobile applications in 2018?	an oodly	o	0 11020110	
	Yes				
	0040				
	□ No				
	B. Did this firm have any revenues from customers entering orders mobile applications in 2018?	directly	on third-pa	rty website	es or
	□ Yes				
	0041				
	□ No				
	C. Did this firm have any revenues from customers entering orders	via any o	other electr	onic syste	ms
	(such as private networks, dedicated lines, etc.) in 2018?				
	O042 Yes				
	□ No				
	D. Of the total 2018 revenues reported in 6, what was the dollar amount (or percentage)	2018			2018
	that was from the revenues identified in A-C above? Please provide an estimate if	Thou.	Dol.		Percent
	exact figures are not available			OR ₂₅₀₁	%
9	-13 Not Applicable.				

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

expenses not reported disconnect					
	Mark "X"		:	2018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
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 . 182	21		1 1		1 1
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	22				
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	23				
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b	50		1 1	1 1	
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 182	26				
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	31		1 1		

Form	SA-54210A	(DRAFT)
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14 OPERATING EXPENSES - Continued

expenses below 7

15 and 16 Not Applicable.

TOTAL OPERATING EXPENSES Sum of lines 1a through 4b

Other Operating Expenses - Continued

b. 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 Dol.

2018

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Mark "X"

1879

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REMARKS - F data were esti										
CONTACT IN	FORMATI	ON								
Name of perso	n to contact	regarding	this report	(Please p	orint)	Title				
	Area code		Number		Extension			Area code	Number	
Telephone			-				Fax		_	
E-mail address						Website	address			

SERVICE ANNUAL SURVEY

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

FORM

SA-54210E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

could not conduct this survey.

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 0.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as -

	\$ E	3il.		Mil.		T	hοι	١.		Dol.	
→		1	0	3	0	2	8	0	4	5	6

nclude

- 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.



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



Did this firm provide the business activities described below? No - Specify this firm's business activity					
No - Specify this firm's business activity	Did this firm provide the business activities described below?				
No - Specify this firm's business activity					
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					
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					
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					
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FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes ONS No - Enter current 9-digit EIN AND date payroll was first reported for this EIN					
PEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes OUTS No - Enter current 9-digit EIN AND date payroll was first reported for this EIN	□ No - Specify this firm's business activity 7				
Does this firm report payroll under EIN Yes	0002				
ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or	EDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)				
ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or	Does this firm report payroll under EIN				
ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes ONO - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Sale AND Date of organizational change ONO -		EINI //	N -11 - 11 -	- \	
ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes OND - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Date of organizational change AND Enter detailed information below Divestiture OND Name of company OND EIN (9 digits) Address (Number and street, P.O. Box, etc.)	□ No - Enter current 9-digit EIN AND date payroll was first		algits	5)	1 1 1
ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes One Go to No - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Date of organizational change One Sale One Merger Divestiture Divestiture Address (Number and street, P.O. Box, etc.) City, town, village, etc. State ZIP Code	reported for this EIN	5	Mont	h Day	Vac
ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes ONO - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Sale OND Date of organizational change AND Enter detailed information below? OND Address (Number and street, P.O. Box, etc.) City, town, village, etc. State ZIP Code			IVIOIILI	n Day	102
A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes One of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Sale One of the following organizational change occurred during the reporting period, explain in Acquisition Date of organizational change		8800			
Yes No - Go to		ae in 20	1127		
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Date of organizational change		C3 III 20	, 10.		
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Sale AND Enter detailed information below Divestiture Divestiture Divestiture Oo17 Name of company Oo18 EIN (9 digits) Address (Number and street, P.O. Box, etc.)	0016				
Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Acquisition					
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Date of organizational change	Acquisition		Month	n Day	Yea
Merger Divestiture Divestiture Output Divestiture Divestiture Divestiture Divestiture Divestiture Divestiture Output Divestiture Divestiture State ZIP Code	Date of organizational change	0018			
Divestiture Dives	0091 AND				
O017 Name of company O019 EIN (9 digits) Address (Number and street, P.O. Box, etc.) City, town, village, etc. State ZIP Code	Enter detailed information below?				
Address (Number and street, P.O. Box, etc.) City, town, village, etc. State ZIP Code	Divestiture				
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City, town, village, etc. State ZIP Code	0017 Name of company		_		
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	REPORTING PERIOD					
	NOTE: Calendar year data are preferred. If they are unavailable, please rep months of data for the 2018 calendar year.	ort for the	fiscal yea	r that i	ncludes a	
	What time period is covered by the data provided in this report?					
	Colondor year			Beginning		
	Calendar year		Month	Day	Year	
	Fiscal or partial year - Report beginning and ending dates	0007				
	Thousand partial your hoport beginning and chang dates in in				Ending	Date
				Month		Year
				111011111	20,	100.
			0008			1 1 1
5	Not Applicable.					
6	SALES, RECEIPTS, OR REVENUE					
U						
	What were the revenues for this firm in 2018?					
	Include:					
	 Report gross billings, except where noted elsewhere on the form. Dues and assessments from members and affiliates. 					
	Amounts received for work subcontracted to others.					
	 For locations that were sold or acquired during a year, only report for the 	periods t	hat this fi	m one	rated the	
	locations.	,				
	• Revenue from services performed by domestic locations of foreign paren	t firms, su	ıbsidiaries	, branc	hes, etc.	
	Revenues from electronic sources.					
	Exclude:					
	Transfers made within the company. The search of the		(
	 Taxes collected directly from customers or clients and paid directly to a le Rents from and revenue of separately operated departments, concessions 					
	 Rents from and revenue of separately operated departments, concessions Commissions from vending machine operators. 	s, etc., wn	ich are lea	sea to	otners.	
	 Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the U.S., outside the U.S., i.e., outside the U.S., i.e., outside the U.S., i.e., outside the U.S., outsid	de the 50	states. Di	strict of	f Columb	ia. U.S.
	Commonwealth Territories, or U.S. possessions).		010100, 2.1		• • • • • • • • • • • • • • • • • • • •	,
		Mark "X"			2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
1.	Assurance and Related Services - Include financial auditing					
	services, financial statement review, and other assurance and			1 1		
_	financial auditing services					
2.	Bookkeeping, Compilation, Payroll, and Taxation Services					
	a. General accounting services - Preparing pre-adjusted trial					
	halances (clients have own hookkeener) and periodic tinancial					
	balances (clients have own bookkeeper) and periodic financial statements for clients. Include combinations of bookkeeping,					
	statements for clients. Include combinations of bookkeeping, compilation, and payroll services where payroll services involve					
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	statements for clients. Include combinations of bookkeeping, compilation, and payroll services where payroll services involve more than payroll calculations					

6	SALES, RECEIPTS, OR REVENUE - Continued						
		Mar	k "X"			2018	
		if N	lone	\$ Bil.	Mil.	Thou.	Dol.
3.	Management consulting services - Providing advice, assistance, and implementation services in the areas of strategic and						
	organizational planning, finance, human resources, marketing and production, executive search services, and other management						
	consulting services	3071			1 1	1 1	
4.	All other operating revenue - Revenue not reported in lines 1 through 3. Include computerized accounting system services, insolvency and receivership services, business incorporation services, business valuation services, litigation support services, accounting services, training services, legal services, personal financial planning services, sale or licensing of merchandise, rental or leasing of equipment, and any other operating revenue not reported above. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below						
		1799					
5.	TOTAL OPERATING REVENUE						
	Sum of lines 1 through 4	1800					
7	Not Applicable.						
8	REVENUES FROM ELECTRONIC SOURCES						
	A. Did this firm have any revenues from customers entering ord mobile applications in 2018?	ers dire	ctly	on the	firm's w	ebsites	or
	□ V						
	U Yes □ Yes						
	□ No						
	B. Did this firm have any revenues from customers entering ord mobile applications in 2018?	ers dire	ctly	on thir	d-party v	website	s or
	□ Yes						
	□ No						
	C. Did this firm have any revenues from customers entering ord (such as private networks, dedicated lines, etc.) in 2018?	ers via a	any c	other e	lectronic	systen	18
	Ves Yes						
	No						
	D. Of the total 2018 revenues reported in 6,	201	8				2018
	that was from the revenues identified in	⁄lil.	Thou.	Do	ol.		Percent
	A-C above? Please provide an estimate if exact figures are not available				OI	R ₂₅₀₁	%
						2001	
9	Not Applicable.						

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

expenses not reported disconners.					
	Mark "X"		2	2018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
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			1 1		1 1
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions					
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					
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b					
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					
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					

CONTINUE WITH 14 ON PAGE 6

Form SA-54210E	(DRAFT)
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4.	OPERATING EXPENSES - Continued								
		Mark "X"	2018						
		if None	\$ Bil.	Mil.	Thou.	Dol.			
4.	Other Operating Expenses - Continued								
	b. 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 7								
		1879							
5.	TOTAL OPERATING EXPENSES								
	Sum of lines 1a through 4b	. 1900							
43	and 46 Not Applicable								

7	SA-54210E (DRAFT) REMARKS - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate who
	data were estimated.

18	CONTACT IN	FORMATI	ON									E	
	Name of persor	to contact	regarding	this report (Please p	Title						F	
													E
		Area code Number		Extension			Area code		Number		F		
	Telephone							Fax					E
				-							-		
	E-mail address					Website address							
													1

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

We suggest you keep a copy for your records.

2018 ANNUAL SERVICES REPORT

MENTO:	U.S. DEPARTMENT OF CO Economics and Statistics Adm U.S. CENSUS BUREAU	OMMERCE
	FORM	
OF THE CO	SA-56000A	(DRAFT)

la de la companya de	
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://www.census.gov/programs- surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.	
https://portal.census.gov Authentication Code:	To view Survey Results: https://www.census.gov/programs-surveys/sas.htm
	GENERAL INSTRUCTIONS
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• For establishments sold this firm. • Estimates are acceptable • Enter "0" where applicate • Do not combine data for • Report data on an accru • Figures should be round • If a figure is \$1,030,280,4 Include: • Data for all Services estate Construction operations • Data for auxiliary faciliting garages, central adminis 1 A. MAILING ADDRESS Is this firm's name and Yes	n this firm's operations should be noted in ①. or acquired in 2018, report data only for the period the establishments were operated by e if book figures are not available. ole. or two or more detailed lines. al basis, except for payroll. led to the nearest dollar. 456 it should be reported as ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and as defined by the survey coverage in ①B. es primarily engaged in supporting services to those establishment(s) such as warehouses, strative offices, and repair services. I mailing address the same as shown in the mailing address above?
• For establishments sold this firm. • Estimates are acceptable • Enter "0" where applicate • Do not combine data for • Report data on an accru • Figures should be round • If a figure is \$1,030,280,4 Include: • Data for all Services estate Construction operations • Data for auxiliary faciliting garages, central adminis 1 A. MAILING ADDRESS Is this firm's name and Yes	n this firm's operations should be noted in ①. or acquired in 2018, report data only for the period the establishments were operated by e if book figures are not available. ole. two or more detailed lines. al basis, except for payroll. led to the nearest dollar. 456 it should be reported as ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and as defined by the survey coverage in ①B. es primarily engaged in supporting services to those establishment(s) such as warehouses, strative offices, and repair services.

Form SA-56000A (DRAFT) Page 2

7111		4-50		(DRAFI)																raye	-
1	В.	SUR	VEY	COVERA	GE																
		Did t	this	firm provi	ide 1	the bu	siness	s acti	ivitie	es de	escrib	bed b	elow?								
				Yes																	
		0001																			
			Ш	No - Specia	fy th	his firm	's busi	iness	activ	vity 🍞	7										
				0002																	
2	No	t App	lical	ole.																	
3	OR	GAN	IIZA	TIONAL C	HAN	NGE															
	A.	Did 1	this	firm expe	rien	ice any	y acqu	uisitio	ons,	sales	s, me	ergers	s, and	or div	estiture	s in 20)18?				
				Yes																	
		0016		No - Go to	4																
					_																
				f the follo											. (
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				Acquisition	1												Month	Day	<u> </u>	/ear	٦
				Sale		Date	e of org	ganiza	ation	nal ch	nange					. 0018					
		0091		Jaie		> ANL)														
				Merger		Ente	er deta	ailed ii	inforn	matio	n bel	low 7									
				Divestiture																	
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		Addr	ress	(Number and	stre	et, P.O.	Box, et	tc.)													
		City,	tow	n, village, etc	: .										State	ZIP Co					
																		_		1 1	

Form SA-56000A	(DRAFT)		Page 3
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4	REP	ORT	TING PERIOD			
			alendar year data are preferred. If they are unavailable, please report for the fiscal yea of data for the 2018 calendar year.	ır that i	ncludes	s at least six
	Wha	ıt tiı	me period is covered by the data provided in this report?		20	18
				E	Beginni	ng Date
			Calendar year	Month	Day	Year
	0006					
		Ш	Fiscal or partial year - Report beginning and ending dates			
					Ending	g Date
				Month	Day	Year
			0008			

Not Applicable.

SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

- Report gross billings, **except** where noted elsewhere on the form.
- Dues and assessments from members and affiliates.
- · 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.
- Revenues from electronic sources.

Exclude:

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

		2	2018	
	\$ Bil.	Mil.	Thou.	Dol.
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TOTAL OPERATING REVENUE						 						 	18	3

7	

Not Applicable.



Form SA-56000A (DRAFT) Page 4

8	REVEN	UES	FROM ELECTRONIC SOURCES						
			firm have any revenues from customers er applications in 2018?	ntering orders (directly on	the firm	s website:	s or	
	0040		Yes						
			No						
	B. Did mol	this	firm have any revenues from customers er applications in 2018?	ntering orders o	directly on	third-par	ty website	es or	
	0041		Yes						
			No						
	C. Did (suc	this h as	firm have any revenues from customers er private networks, dedicated lines, etc.) in	ntering orders v 2018?	via any otł	ner electro	onic syste	ms	
	0042		Yes						
			No						
			otal 2018 revenues reported in (3 ,		2018			2018	
	that	: wa	as the dollar amount (or percentage) s from the revenues identified in	\$ Bil. Mil.	Thou.	Dol.		Percent	į
			ve? Please provide an estimate if gures are not available				OR ₂₅₀₁		%

9-13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.



OPERATING EXPENSES - Continued

REMARKS - Please use this space to explain any significant ye data were estimated.	ar-to-year changes, to clarify responses, or indicate whe
data were estimated.	
CONTACT INFORMATION	
Name of person to contact regarding this report (Please print)	Title

Area code

Telephone

E-mail address

Number

Extension

Area code

Fax

Website address

Number



SERVICE ANNUAL SURVEY

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

SA-56000E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 ①.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

	\$ E	3il.		Mil.		T	hοι	ı.		Dol.	
>		1	0	3	0	2	8	0	4	5	6

- 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.

	т.
_	

A. MAILING ADDRESS

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

	Yes	
0035		
	No	Entor

No - Enter corrections in the mailing address above

1 B. SURVEY COVERAGE	
Did this firm provide the business activities described below?	
Yes	
0001	
□ No - Specify this firm's business activity 7	
0002	
2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)	
Does this firm report payroll under EIN	
☐ Yes	
EIN (9 digits)	
No - Enter current 9-digit EIN AND date payroll was first reported for this EIN	
Month Day Yea	r
0088	
3 ORGANIZATIONAL CHANGE	
A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?	
Ves Oo16	
□ No - Go to 4	
B. Which of the following organizational changes occurred in 2018?	
Check all that apply. If more than one organizational change occurred during the reporting period, explain in ① .	
Month Day Yea	r
Acquisition Date of organizational change	
□ Sale	
O091 AND Merger 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Enter detailed information below	
Divestiture	
0017 Name of company 0019 EIN (9 digits)	
out France of company	
Address (Number and street, P.O. Box, etc.)	
City, town, village, etc. State ZIP Code	

orm SA-56000E	(DRAFT)	Page 3
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4	REP	ORT	TING PERIOD			
			alendar year data are preferred. If they are unavailable, please report for the fiscal yea of data for the 2018 calendar year.	r that i	ncludes	at least six
	Wha	at tir	me period is covered by the data provided in this report?		20	18
				E	Beginni	ng Date
			Calendar year	Month	Day	Year
	0006					
			Fiscal or partial year - Report beginning and ending dates			
					Ending	g Date
				Month	Day	Year
			8000			

5 Not Applicable.

SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

- Report gross billings, **except** where noted elsewhere on the form.
- Dues and assessments from members and affiliates.
- 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.
- Revenues from electronic sources.

Exclude:

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

		2	2018	
	\$ Bil.	Mil.	Thou.	Dol.
1800				

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. 1800

7

Not Applicable.

Form SA-56000E (DRAFT) Page 4

8	REVEN	IUES	FROM ELECTRONIC SOURCES							
	A. Did mo	this	firm have any revenues from customers en applications in 2018?	ntering	orders d	irectly on	the firm	s website	s or	
	0040		Yes							
			No							
			firm have any revenues from customers en applications in 2018?	ntering	orders d	irectly on	third-pai	ty websit	es or	
	0041		Yes							
			No							
	C. Did (su	this	firm have any revenues from customers en private networks, dedicated lines, etc.) in	itering 2018?	orders v	ia any otł	ner electr	onic syste	ms	
	0042		Yes							
			No							
	D. Of	the t	otal 2018 revenues reported in 6,			2018			2018	}
	tha	t wa	as the dollar amount (or percentage) s from the revenues identified in	\$ Bil.	Mil.	Thou.	Dol.		Percen	nt
	A-C exa	abo ct fi	ve? Please provide an estimate if gures are not available					OR ₂₅₀₁		%

9-13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.



					-to-year cha	,	•	
CONTACT IN								
Name of perso	n to contact re	egarding t	this report <i>(Plea</i>	se print)	Title			

SERVICE ANNUAL SURVEY

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

2018 ANNUAL SERVICES REPORT

SA-56130A	(DRAFT)
Due Date	
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://www.census.gov/programs-	
surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey. INTERNET REPORTING - This https://portal.census.gov	s survey should be completed online at: To view Survey Results: https://www.census.gov/programs-surveys/sas.html
	mttps://www.census.gov/programs-surveys/sus.mtm
	GENERAL INSTRUCTIONS
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		0017	Nam	ne of c	ompany)												0019 F	IN (9 diç	ıite)			
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		Add	ress	(Numb	er and st	tree	t, P.O. B	ox, etc	c.)														
		City,	, tow	n, villa	ge, etc.											S	State	ZIP Co	de				
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4				
•	REPORTING PERIOD NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal y	ear that i	ncludes	at least s
	months of data for the 2018 calendar year.	our tride i		
	What time period is covered by the data provided in this report?		201	
	Calendar year	Month	Beginnin Day	Year
	0006	WOITH	Day	I Gai
	Fiscal or partial year - Report beginning and ending dates	07		
			Ending	
		Month	Day	Year
	000	08		1 1
)	Not Applicable.			
	**			
)	SALES, RECEIPTS, OR REVENUE What were the revenues for this firm in 2018?			
	Include:			
	• Report gross billings, except where noted elsewhere on the form.			
	• Dues and assessments from members and affiliates.			
	Amounts received for work subcontracted to others.			
	• For locations that were sold or acquired during a year, only report for the periods that this locations.	firm ope	rated the	е
	• Revenue from services performed by domestic locations of foreign parent firms, subsidiarion			
	rior or and rior contract por round and rior or round and round an	es, branc	hes, etc.	
	• Revenues from electronic sources.	es, branc	hes, etc.	
	• Revenues from electronic sources. Exclude:	es, branc	hes, etc.	
	 Revenues from electronic sources. Exclude: Transfers made within the company. 			
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	 Revenues from electronic sources. Exclude: Transfers made within the company. 	eral tax aç	gency.	
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	• Revenues from electronic sources. Exclude: • Transfers made within the company. • Taxes collected directly from customers or clients and paid directly to a local, state, or federal expectation and revenue of separately operated departments, concessions, etc., which are local experiments and forces on the company of the client, but are on your staffing firm's payroll and this firm is legally responsible for their actions. Long-term staffing - Supplying personnel for extended work assignments where the personnel work under the supervision of the client, but are on your staffing firm's payroll and this firm is legally responsible for their actions. Long-term staffing - Supplying personnel for extended work assignments where the personnel work under the supervision of the client, but are on your staffing firm's payroll and this firm is legally responsible for their actions. Exclude revenue from the services of Professional Employer Organizations. 2264 Temporary staffing-to-permanent placement - Temporary employees who become permanent staff of the client. The employees remain on the payroll of this firm until the hiring decision is made. Include training, counseling, assessment, and resume upgrading. 3265 All other operating revenue - Revenue not reported in lines 1 through 3. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue	eral tax ageased to District of	gency. others. Columb	oia, U.S.
	• Revenues from electronic sources. Exclude: • Transfers made within the company. • Taxes collected directly from customers or clients and paid directly to a local, state, or federal experiments and revenue of separately operated departments, concessions, etc., which are I commissions from vending machine operators. • Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, I commonwealth Territories, or U.S. possessions). **Mark "X"	eral tax ag eased to District of	gency. others. Columb	oia, U.S.
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Form SA-56130A (DRAFT) Page 4

EVEN	UES	FROM ELECTRONIC SOURCES							
			tering	orders d	lirectly or	the firm	's website	s or	
0040		Yes							
		No							
Did mob	this	firm have any revenues from customers en applications in 2018?	tering	orders d	lirectly or	third-pai	rty website	es or	
0041		Yes							
		No							
. Did (suc	this h as	firm have any revenues from customers en private networks, dedicated lines, etc.) in	tering 2018?	orders v	via any otl	ner electr	onic syste	ms	
0042		Yes							
		No							
. Of t	he t	otal 2018 revenues reported in ① ,			2018			2018	
that	was	s from the revenues identified in	\$ Bil.	Mil.	Thou.	Dol.		Percent	t
							OR ₂₅₀₁		%
	O040 Did mob O041 Did (suc	Did this mobile a oo41 Did this mobile a oo41 Did this (such as oo42	mobile applications in 2018? Yes No Did this firm have any revenues from customers en mobile applications in 2018? Yes No No Did this firm have any revenues from customers en custo	Did this firm have any revenues from customers entering mobile applications in 2018? Yes No Did this firm have any revenues from customers entering mobile applications in 2018? Yes No Did this firm have any revenues from customers entering (such as private networks, dedicated lines, etc.) in 2018? Yes No Of the total 2018 revenues reported in ③, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if	Did this firm have any revenues from customers entering orders of mobile applications in 2018? Yes No Did this firm have any revenues from customers entering orders of mobile applications in 2018? Yes No Did this firm have any revenues from customers entering orders of mobile applications in 2018? Yes No Did this firm have any revenues from customers entering orders of such as private networks, dedicated lines, etc.) in 2018? Yes No Of the total 2018 revenues reported in ③, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if	Did this firm have any revenues from customers entering orders directly on mobile applications in 2018? Yes No Did this firm have any revenues from customers entering orders directly on mobile applications in 2018? Yes No Did this firm have any revenues from customers entering orders via any otl (such as private networks, dedicated lines, etc.) in 2018? Yes No Of the total 2018 revenues reported in 3, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if	Did this firm have any revenues from customers entering orders directly on the firm mobile applications in 2018? Yes No Did this firm have any revenues from customers entering orders directly on third-parmobile applications in 2018? Yes No Did this firm have any revenues from customers entering orders via any other electro (such as private networks, dedicated lines, etc.) in 2018? Yes No Of the total 2018 revenues reported in ③, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if	Did this firm have any revenues from customers entering orders directly on the firm's website mobile applications in 2018? Yes No Did this firm have any revenues from customers entering orders directly on third-party website mobile applications in 2018? Yes No Did this firm have any revenues from customers entering orders via any other electronic syste (such as private networks, dedicated lines, etc.) in 2018? Yes No Of the total 2018 revenues reported in ③, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if	Did this firm have any revenues from customers entering orders directly on the firm's websites or mobile applications in 2018? Yes

9	-13	Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

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14	OPERATING EXPENSES OF A STATE OF										
	OPERATING EXPENSES - Continued		r								
			rk "X" Vone	\$ Bil.	IV.	lil.	2018	hou.		Dol.	
1.	Personnel Costs			יוום קי.	IV		'	nou.		<i>D</i> 01.	
	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				1					
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	1822									
	c. Temporary staff and leased employee expense - Total costs paid to other Professional Employer Organizations (PEOs) and staffing agencies for personnel. Include all charges for payroll, benefits, and services	1823		1		ı				1 1	
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b.	1860									
3.	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										
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 b. All other operating expenses - All other operating expenses not reported above, unless specifically excluded in the general 	1831		-		1		ı			
	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										
		1970									
_	TOTAL OPERATING EVERNICES	1879							+		_
5.	TOTAL OPERATING EXPENSES				1						

18

CONTACT INFORMATION											
Name of persor	to contact	regarding t	this report <i>(Please p</i>	Title							
	Area code		Number	Extension		Area code	N	lumber			
Telephone					Fax						
			-					_			
E-mail address					Website address						



SERVICE ANNUAL SURVEY

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

FORM

SA-56130E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 0.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as -

	\$ E	Bil. Mil.		1	hοι	١.	Dol.				
→		1	0	3	0	2	8	0	4	5	6

nclude

- 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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A. MAILING ADDRESS

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

	Yes
0035	
	No Enter corre

No - Enter corrections in the mailing address above



II OA OO IOOL (BRAFI)	
B. SURVEY COVERAGE	
Did this firm provide the business activities described below?	
Yes	
0001 Yes	
☐ No - Specify this firm's business activity →	
0002	
FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)	
Does this firm report payroll under EIN	
Yes	
No - Enter current 9-digit EIN AND date payroll was first	EIN (9 digits)
reported for this EIN	
,	Month Day Year
	Widnin Day Tear
	0088
ORGANIZATIONAL CHANGE	
A. Did this firm experience any acquisitions, sales, mergers, and/or divestitu	roo in 20192
A. Did this firm experience any acquisitions, sales, mergers, and/or divestitu	165 111 2010:
U Yes	
□ No - Go to 4	
B. Which of the following organizational changes occurred in 2018?	
Check all that apply. If more than one organizational change occurred during the	
Acquisition	Month Day Year
Date of organizational change	0018
Sale AND	
Merger	
Enter detailed information below?	
Divestiture	
0017 Name of company	0019 EIN (9 digits)
with Marile of Company	louis Eliv (9 digits)
	-
Address (Number and street, P.O. Box, etc.)	
City, town, village, etc.	e ZIP Code
Stati vinugo, sto.	

-		ar that ii	ncludes	at least six			
	REPORTING PERIOD NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal yea months of data for the 2018 calendar year.	ar triat ii		at loadt 317			
	What time period is covered by the data provided in this report?	2018 Beginning Date Month Day Year					
	Calendar year	Month	Day	Year			
0			'				
	Fiscal or partial year - Report beginning and ending dates			D (
		Month	Ending Day	Year			
		WOITH	Day	i Gai			
	8000			1 1 1			
N	Not Applicable						
_	Not Applicable.						
5	SALES, RECEIPTS, OR REVENUE						
V	What were the revenues for this firm in 2018?						
7	nclude:						
	Report gross billings, except where noted elsewhere on the form.						
	Dues and assessments from members and affiliates. Amounts received for work subcontracted to others.						
	• For locations that were sold or acquired during a year, only report for the periods that this fi	irm oper	rated th	е			
	locations.						
	Revenue from services performed by domestic locations of foreign parent firms, subsidiaries	s, branch	าes, etc				
•							
	Revenues from electronic sources.						
Ξ	Exclude:						
•	Exclude: Transfers made within the company.	al tax ac					
•	Exclude:	-	gency.				
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Form SA-56130E (DRAFT) Page 4

										•
8	RE	VENUES	FROM ELECTRONIC SOURCES							
	A.	Did this mobile	firm have any revenues from customers er applications in 2018?	ntering	orders d	irectly or	the firm	's website	s or	
		0040	Yes							
			No							
	В.		firm have any revenues from customers er applications in 2018?	ntering	orders d	irectly or	third-pa	rty website	es or	
		0041	Yes							
			No							
	C.	Did this	firm have any revenues from customers er private networks, dedicated lines, etc.) in	ntering 2018?	orders v	ia any otl	ner electr	onic syste	ms	
		0042	Yes							
			No							
	D.	Of the t	otal 2018 revenues reported in ⑤ ,			2018		l	2018	
		what wa	as the dollar amount (or percentage)	\$ Bil.	Mil.	Thou.	Dol.		Percent	+
			s from the revenues identified in	φ Ы1.	IVIII.	Tilou.	DOI.		reiteilt	
			ve? Please provide an estimate if gures are not available.					OR ₂₅₀₁	l , ,	%

9-13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

14	OPERATING EXPENSES - Continued						
			Mark "X"		2	2018	
			if None	\$ 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			1 1		1 1
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	1822					
	c. Temporary staff and leased employee expense - Total costs paid to other Professional Employer Organizations (PEOs) and staffing agencies for personnel. Include all charges for payroll, benefits, and services	1823			1 1		1 1
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b.	1860					
3.	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			1 1		
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			1 1	1 1	1 1
	b. 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						
		1070					
5.	TOTAL OPERATING EXPENSES	1879					
•	Sum of lines 1a through 4b	1900			1 1		
(and 16 Not Applicable.						

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

Name of persor	n to contact	regarding t	his r	eport (<i>Please p</i>	rint)	Title			
	Area code		Nun	nber	Extension		Area code	Number	
Telephone			_			Fax		_	
E-mail address						Website address			



SERVICE ANNUAL SURVEY

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

2018 ANNUAL SERVICES REPORT

SA-56132A (DRAFT) **Due Date** 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey. INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov **Authentication Code:** To view Survey Results: https://www.census.gov/programs-surveys/sas.html **GENERAL INSTRUCTIONS** Any significant change in this firm's operations should be noted in ①. • For establishments sold or acquired in 2018, 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. ¢ Dil Mil Thou Dol

- Report data on an accrual basis, except for payroll.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

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→	1	03	0	2	8	0	4	5	6	

Include:

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

1 A.	MAILING	ADDRES
------	---------	--------

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



Forn	n 5/	A-56132A (DRAFT)					Pa	age 2
0	В.	SURVEY COVERAGE						
		Did this firm provide the business activities described below?						
		Ves Yes						
		□ No - Specify this firm's business activity 7						
		0002						
2	No	t Applicable.						
3	OF	GANIZATIONAL CHANGE						
	A.	Did this firm experience any acquisitions, sales, mergers, and/or dives	titures	s in 20	18?			
		Yes						
		0016 No - Go to 4						
	D	Which of the following organizational changes occurred in 2018?						
	В.	Check all that apply. If more than one organizational change occurred during t	he rep	orting	period	. explaii	n in ① .	
					Month		Year	
		Acquisition Date of organizational change		. 0018	I			
		Sale Sale AND		. 0016				
		Merger						
		Enter detailed information below 7 Divestiture						
		Divestiture						
		0017 Name of company		0019 EI	N (9 dig	jits)		
					-		1 1	
		Address (Number and street, P.O. Box, etc.)						
		City, town, village, etc.	State	ZIP Cod	de			
						_		

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	2	-

	months of data for the 2018 calendar year. What time period is covered by the data provided in this report	F2				20	18	
	what time period is covered by the data provided in this report					Beginni		ate
	Calendar year				Month			Year
	Fiscal or partial year - Report beginning and ending dates .			000	17		'	ı
					,,	Ending	g Dat	te
					Month	n Day		Year
				000	าล			
_	Not Amelicable			000				
)	Not Applicable.							
	SALES, RECEIPTS, OR REVENUE							
	What were the revenues for this firm in 2018?							
	Include:							
	• Report gross billings, except where noted elsewhere on the form.							
	Dues and assessments from members and affiliates.							
	 Amounts received for work subcontracted to others. 							
	• For locations that were sold or acquired during a year, only report for	or the	periods t	that this	firm ope	erated th	he	
	locations.		_					
	 Revenue from services performed by domestic locations of foreign performed. 	parent	firms, su	ıbsidiari	es, branc	ches, etc	C.	
	Revenues from electronic sources.							
	Exclude:							
	 Transfers made within the company. 							
	· · · ·	to a lo	cal. state	. or fede	eral tax a	aencv.		
	• Taxes collected directly from customers or clients and paid directly							
	 Taxes collected directly from customers or clients and paid directly Rents from and revenue of separately operated departments, concest 							
	 Taxes collected directly from customers or clients and paid directly Rents from and revenue of separately operated departments, concess Commissions from vending machine operators. 	ssions,	, etc., wh	ich are I	eased to	others.		
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Form SA-56132A (DRAFT) Page 4

8 REVENUES FROM ELECTRONIC SOURCES A. Did this firm have any revenues from customers entering orders directly on the firm's websites or mobile applications in 2018?	
mobile applications in 2018?	
☐ Yes	
0040	
□ No	
B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?	
O041 Yes	
□ No	
C. Did this firm have any revenues from customers entering orders via any other electronic systems (such as private networks, dedicated lines, etc.) in 2018?	
☐ Yes	
□ No	
D. Of the total 2018 revenues reported in ①, 2018	018
what was the dollar amount (or percentage)	rcent
A-C above? Please provide an estimate if	%

	s from the ve? Please						
exact fig	gures are r	not availa	ble.	٠	٠	٠	

	2	2018		
\$ Bil.	Mil.	Thou.	Dol.	
				OR
				2501

9-13	Not Applicable

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

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

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.

14	OPERATING EXPENSES - Continued						
			Mark "X"			2018	
			if None	\$ Bil.	Mil.	Thou.	Dol.
1.	 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					
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	1822					
	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					
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b	1860					1 1
3.	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			1 1		1 1
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					
	b. 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						
_		1879					
5.	TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	1900			1 1		
15	and 16 Not Applicable.						

CONTACTI	INICODRACTION							
	INFORMATION rson to contact regarding	this report (Please	print) Ti	itle				
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Name of pers	Area code	Number	Extension		Area code			
Name of pers	Area code	Number	Extension	Fax	Area code	1 1		

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

SERVICE ANNUAL SURVEY

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

2018 ANNUAL SERVICES REPORT

SA-56132E (DRAFT) **Due Date** 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 ①.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

	\$ Bil.			Mil.		T	hοι	١.		Dol.	
→		1	0	3	0	2	8	0	4	5	6

- 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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A. MAILING ADDRESS

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

	Ш	Yes	
0035			
		N.I.	

No - Enter corrections in the mailing address above

B. SURVEY CO	OVEDACE					
. JOHVET CO	OVERAGE					
Did this firm	m provide t	he business activities described below?				
Yes	s					
0001 No.	o - Specify th	is firm's business activity 🎖				
	o Opcomy in	is min o sasmoss activity				
0002	2					
EDEDAL ENAD	OLOVER IDE	PAITIFIC ATION NILIBADED (FIN)				
		NTIFICATION NUMBER (EIN)				
Joes this firm	ı report pay	roll under EIN				
Yes						
013 No. F	Entar aurrant	9-digit EIN AND date payroll was first	EIN	(9 dig	its)	1 1 1
		his EIN	15	-	1 1	
				Mo	nth Day	Yea
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DRGANIZATIO	ONAL CHAN	IGE	008		nth Day	Yea
		IGE ce any acquisitions, sales, mergers, and/or divestitu		88		Yea
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	months of data for the 2018 calendar year. What time period is covered by the data provided in this report	t?				20	018	
						Beginn	ing [Date
	Calendar year				Mont	h Day		Year
	Fiscal or partial year - Report beginning and ending dates .			000	07			
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					Mont	h Day		Year
				000	08			
)	Not Applicable.							
)	SALES, RECEIPTS, OR REVENUE							
,	What were the revenues for this firm in 2018?							
	Include:							
	• Report gross billings, except where noted elsewhere on the form.							
	• Dues and assessments from members and affiliates.							
	Amounts received for work subcontracted to others.							
		a # + b a	noriode t	hat this	firm on	~ ~ ~ ~ d +	·h a	
	 For locations that were sold or acquired during a year, only report for locations. 	or the	perious i	nat this	шт ор	erated t	ne	
	 Revenue from services performed by domestic locations of foreign p 	parent	firms, su	bsidiarie	es, bran	ches, et	tc.	
	• Revenues from electronic sources.				zo, Siaii	55, 61		
	Exclude:							
	LAGIUUC.							
	• Transfers made within the company							
	 Transfers made within the company. Tayon collected directly from customers or clients and paid directly to 	to a lo	oal etato	or fode	vral tay :	naanay		
	• Taxes collected directly from customers or clients and paid directly							
	 Taxes collected directly from customers or clients and paid directly formed and revenue of separately operated departments, concess 							
	 Taxes collected directly from customers or clients and paid directly formal from and revenue of separately operated departments, concests Commissions from vending machine operators. 	ssions	, etc., wh	ich are l	eased to	others	S.	11.6
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	 Taxes collected directly from customers or clients and paid directly formal from and revenue of separately operated departments, concests. Commissions from vending machine operators. 	ssions	, etc., wh	ich are l	eased to	o others	S.	, U.S.
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Form SA-56132E (DRAFT) Page 4

8	REVEN	IUES	FROM ELECTRONIC SOURCES							
			firm have any revenues from customers en applications in 2018?	ntering	orders d	lirectly or	the firm	's website	s or	
	0040		Yes							
			No							
			firm have any revenues from customers en applications in 2018?	ntering	orders d	lirectly or	n third-pa	rty website	es or	
	0041		Yes							
			No							
	C. Did (suc	this ch as	firm have any revenues from customers en private networks, dedicated lines, etc.) in	ntering 2018?	orders v	ia any otl	her electr	onic syste	ms	
	0042		Yes							
			No							
	D. Of t	the t	otal 2018 revenues reported in 6 ,			2018		1	2018	
	wha	at wa	s the dollar amount (or percentage) s from the revenues identified in	\$ Bil.	Mil.	Thou.	Dol.		Percent	
			ve? Please provide an estimate if					OB	9/	/
	01/0	A4 £:	vuraa ava mėt availabla					OR	9	0

9-13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

OPERATING EXPENSES - Continued						
		Mark "X"			2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
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						1 1
	1821			l l	1 1	1 1
• •	1822			1 1		1 1
paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. Include all charges for payroll, benefits,	1823		<u> </u>			1 1
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and						
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			1 1		1 1
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					1 1
b. 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						
			1			1 1
	1879					
101111011111111111111111111111111111111	1000			1 1		1 1
	1900					
and to Not Applicable.						
	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 b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions. 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 Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b. Expensed purchases of software - Purchases of prepackaged, custom coded, or vendor customized software. Include depreciation charges alken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm, within leaseholds, tangible assets obtain	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 b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TFAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions. 1822 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 Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b. 1880 Expensed purchases of software - Purchases of prepackaged, custom coded, or vendor customized software, land understand packaged or customized by others, web-design services and purchases, licensing agreements, upgrades of software, and purchases, licensing agreements, upgrades of s	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 16(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 b. Employer's cost for frings henefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Executed employee contributions. 1822 c. Temporary staff and leased employee expense - Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personel. Include all charges for payroll, benefits, and services Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include materials and supplies used in providing services to others; materials and parts used in repairs; office and jaintorial supplies; small tools; containers and other packaged, custom coded, or vendor customized software. Include software developed or customized by others, web-design services and parts used in providing services to others; materials and parts used in repairs; office and jaintorial supplies; small tools; containers and other packaged, custom coded, or vendor customized software. Include software developed or customized by others, web-des	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 6(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 b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions. c. Temporary staff and leased employee expense - Total costs paid to Professional Employee Organizations (PEOs) and staffing agencies for personnel. Include all charges for payroll, benefits, and services Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include materials and supplies used in providing services to there; materials and parts used in repairs; office and janitorial supplies; small tools; containers and other packaging materials; and motor fuels. Report packaged software in line 3 and leased and rented equipment in line 4b. Expensed purchases of software very expenses and purchases, licensing agreements, upgrades of software, and maintenance fees related to software upgrades of software, and maintenance fees related to software upgrades and alterations lease of the total parts of the parts of the	Personnel Costs a. Gross annual payroli - 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 941, Employer's Quarterly Federal Tax Return line 4(c), Instude the prepared on stock options that are taxable to employees as wages 1821 period or IRS Form 94 period or IRS Form 95 period on the survey period or IRS Form 95 period on stock options that are taxable to employees as wages 1821 period on stock options that are taxable to employees as wages 1821 period on the following premium equivalents for self-insured plans and fees paid to third-party administrators [TPAs]; defined benefit pension plans; and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators [TPAs]; defined benefit pension plans; and other fringe benefits (e.g., Social Security, workers compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions. 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 Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include materials and supplies used in providing services to others; materials and parts used in repairs; office and jaintorial supplies; small tools; containers and other packaging materials; and motor fuels. Report packaged software in line 3 and leased and rented equipment in line 45. Expensed purchases, licensing agreements, upgrades of software, and maintenance fees related to software include depreciation charges taken against tangible assets o	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 1221 b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law, include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to the following plans (e.g., portil sharing, 40 M)K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions. c. Temporary staff and leased employee expense - Total costs paid to Professional Employee Organizations (PEOs) and staffing agencies for personnel. Include all charges for payroll, benefits, and services. 1822 Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors), Include 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. Report packaged software in line 3 and leased and rende equipment in line 4b. Expensed purchases of software upgrades of software, and maintenance fees related to software upgrades and alterations contained equipment in line 4b. Expensed purchases of merchandise for resale and non-operating expenses. All other operating expenses, lithis item is greater than 20% of the total operating expenses, lithis item is greater tha

	SA-56132E (DRAFT) Page
) [REMARKS - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate wher data were estimated.
	data were estimated.

CONTACT II	NFORMATIO	N					
Name of perso	on to contact re	egarding this report (Please	print)	Title			
	Area code	Number	Extension		Area code	Number	
Telephone				Fax			
·		-					
E-mail address	_			Website address			

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

We suggest you keep a copy for your records.

SERVICE ANNUAL SURVEY

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

SA-56134A

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

GENERAL INSTRUCTIONS

- Any significant change in this firm's operations should be noted in ①.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

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Include:

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

1 A.	MAILING	ADDRES
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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



Form SA-56134A (DRAFT)

OHII	1 3	4-5013	HA (DRAFI)		rage z
1	В.	SURVE	Y COVERAGE		
		Did thi	s firm provide	the business activities described below?	
			Yes		
		0001	No Specific t	nis firm's business activity 🎖	
			No - Specify ti	is illili s business activity y	
			0002		
2	No	t Applica	ablo		
				uor.	
3			ATIONAL CHA		14.03
	A.	Dia thi		nce any acquisitions, sales, mergers, and/or divestitures in 20	718:
		0016	Yes		
			No - Go to 4		
	B	Which	of the followin	g organizational changes occurred in 2018?	
	٥.			nore than one organizational change occurred during the reporting	period, explain in 😈.
			$\overline{}$		Month Day Year
			Acquisition	Data of aggricational above	
			Sale	Date of organizational change	
		0091	Merger	≻ AND	
				Enter detailed information below	
			Divestiture		
		0017 Na	me of company	0019 E	IN (9 digits)
					_
		Address	(Number and stre	eet. P.O. Box. etc.)	
		71441000	(irainissi ana sin		
		City toy	vn, village, etc.	State ZIP Co	do
		City, tov	vii, viiiage, etc.		

Form **SA-56134A** Page 3 (DRAFT) **REPORTING PERIOD** NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal year that includes at least six months of data for the 2018 calendar year. What time period is covered by the data provided in this report? 2018 **Beginning Date** Calendar year Month Day Year 0006 Fiscal or partial year - Report beginning and ending dates . . . **Ending Date** Month Day 0008 Not Applicable. **SALES, RECEIPTS, OR REVENUE** What were the revenues for this firm in 2018? Include: Report gross billings, except where noted elsewhere on the form. Dues and assessments from members and affiliates. 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. · Revenues from electronic sources. Exclude: • Transfers made within the company. • Taxes collected directly from customers or clients and paid directly to a local, state, or federal tax agency. • 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). 2018 Mark "X" if None \$ Bil. Mil. Thou. Dol. 1. Gross billings/professional service fees - Report the professional Direct costs of worksite employees - Report salaries, wages, employment-related taxes, benefit premiums, and worker's compensation insurance costs for PEO worksite employees 3. **NET REVENUE** Not Applicable.



orm	S	4-56	134	A (DRAFT)	Pag	е
8	RE	VEN	UES	FROM ELECTRONIC SOURCES		
	A.			firm have any revenues from customers entering orders directly on the firm's websites opplications in 2018?	or	
		0040		Yes		
				No		
	В.			firm have any revenues from customers entering orders directly on third-party websites applications in 2018?	or	
		0041		Yes		
				No		
	C.			firm have any revenues from customers entering orders via any other electronic systems private networks, dedicated lines, etc.) in 2018?	S	
		0042		Yes		
				No		
	D.	what that A-C	t was was abov	tal 2018 revenues reported in 6, stee dollar amount (or percentage) from the revenues identified in ve? Please provide an estimate if gures are not available	2018 Percent	%
9				REVENUE		
		w m tego		of the gross billings revenue reported in 6, line 1, is received from the following		
	1.	Repo	ort re nent	services, payroll and benefit services, payroll and human resource services - venue where your firm assumes responsibility for payroll-related activities (e.g., of employee wages, maintenance of pay records, filing of government payroll forms,		
		acco	unts,	povernment accounts, withholding of taxes and depositing of funds into government garnishing wages, paying unemployment insurance premiums, administering worker's	2018 Percent	
		healt	ih, di	ation); the administration of benefits (e.g., health, retirement, life, dental, supplementary sability); human resource functions (e.g., counseling, personnel document preparation, a assessment, training, regulatory compliance, risk management)		%
	2.			r operating revenue - Revenue not reported in line 1. Include revenue from co- ent services where your firm assumes responsibility for payroll-related activities, the		
		adm	inistr	ration of benefits, and human resource functions		%
				I	00	%



2.

3.

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14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

0,	tponious not reported disewners.					
		Mark "X"		2	2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
P	ersonnel 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			1 1		
b.	Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions					
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					
re (e Cl se ja m	expensed equipment, materials, parts, and supplies (not for esale) - Include expensed computer hardware and other equipment .g., copiers, fax machines, telephones, shop and lab equipment, PUs, monitors). Include materials and supplies used in providing ervices to others; materials and parts used in repairs; office and nitorial supplies; small tools; containers and other packaging laterials; and motor fuels. Report packaged software in line 3 and ased and rented equipment in line 4b					
cı de pı	xpensed purchases of software - Purchases of prepackaged, ustom coded, or vendor customized software. Include software eveloped or customized by others, web-design services and urchases, licensing agreements, upgrades of software, and aintenance fees related to software upgrades and alterations 1826			1 1	1 1	1 1
	ther Operating Expenses					
	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					

CONTINUE WITH 14 ON PAGE 6

Form	SA-5	6134A	(DRAFT)
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14	OPERATING EXPENSES - Continued								
		Marl	k "X"			201	18		
		if N	one	\$ Bil.	Mil.		Thou.	Do	ıl.
4.	Other Operating Expenses - Continued								
	b. 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								
			7						
		1879	_						
5 .	TOTAL OPERATING EXPENSES						1 1		
	Sum of lines 1a through 4b	. 1900							
15	and 16 Not Applicable.								

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CONTACT I										
Name of person	n to contact	regarding t	his report	(Please p	orint)	Title				
Telephone	Area code		Number		Extension		Fax	Area code	Number	
			-						-	
						Website a	ddress			
E-mail addres	•									

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SERVICE ANNUAL SURVEY

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

FORM

SA-56134E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

could not conduct this survey.

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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
- For establishments sold or acquired in 2018, 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.
- Figures 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

nclude:

- 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.

1	A.	MAILING ADDRESS	3
		le this firm's name a	_

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

B. SURVEY CO	OVERAGE										
Did this firn	m provide t	the bus	iness activ	vities des	cribed be	elow?					
Yes	5										
0001	- Specify th	hic firm's	, hucinaca	ootivity -							
L NO	- Specify th	1115 111111 5	s pusitiess a	activity /							
0002											
FEDERAL EMPI				JMBER (E	IN)						
Does this firm	report pay	yroll und	der EIN								
Yes											
0013								EIN (S	digits)	
	nter current								_		1 1 1
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16	еропеа тог т	uns Env							Month	Day	Yea
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ORGANIZATIO	NAL CHAN	NGE								Day	Yea
	NAL CHAN	NGE				, and/or d	livestiture			Day	Yea
ORGANIZATIOI A. Did this firn Yes	NAL CHAN	NGE				, and/or c	livestiture			Day	Yea
ORGANIZATION A. Did this firm Ves	NAL CHAN m experien	NGE				, and/or d	livestiture			Day	Yea
ORGANIZATION A. Did this firm Ves	NAL CHAN	NGE				, and/or c	livestiture			Day	Yea
ORGANIZATION A. Did this firm Ves	NAL CHAN m experien s - Go to 4	NGE nce any	acquisitio	ns, sales,	, mergers					Day	Yea
ORGANIZATION A. Did this firm Yes No	NAL CHAN m experien s - Go to 4	NGE nce any ng organ	acquisitio	ns, sales, changes (, mergers	in 2018?		s in 20	018?		
ORGANIZATION A. Did this firm Yes Onle No B. Which of the Check all that	NAL CHAN m experien s - Go to 4 ne following at apply. If m	NGE nce any ng organ	acquisitio	ns, sales, changes (, mergers	in 2018?		s in 20	018?	, explai	
ORGANIZATION A. Did this firm Yes Onle No B. Which of the Check all that	NAL CHAN m experien s - Go to 4	NGE nce any ng organ more tha	acquisitio nizational (ns, sales, changes (, mergers occurred change oc	in 2018? ccurred du	ring the rep	s in 20	period,	, explai	in in ① .
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ORGANIZATION A. Did this firm Yes O016 No B. Which of the Check all that Acq Sale O091 Mer Dive	PNAL CHAN m experien s - Go to 4 ne following at apply. If m quisition ne e reger restiture f company	ng organ more that AND Enter	acquisitional of organization one organizational	ns, sales, changes onizational	occurred change oc	in 2018? ccurred du	ring the rep	s in 20	period, Month	, explai	in in ① .
ORGANIZATION A. Did this firm Yes ORGANIZATION A CHARLES AND	PNAL CHAN m experien s - Go to 4 ne following at apply. If m quisition e reger restiture f company	ng organ more that AND Enter	acquisitional of organization one organizational	ns, sales, changes onizational	occurred change oc	in 2018? ccurred du	ring the rep	oorting . 0018	period, Month	, explai	in in ① .
ORGANIZATION A. Did this firm Yes O016 No B. Which of the Check all that Acq Sale O091 Mer Dive	PNAL CHAN m experien s - Go to 4 ne following at apply. If m quisition e reger restiture f company	ng organ more that AND Enter	acquisitional of organization one organizational	ns, sales, changes onizational	occurred change oc	in 2018? ccurred du	ring the rep	oorting . 0019 EI	period, Month	, explai	in in ① .
ORGANIZATION A. Did this firm Yes ORGANIZATION A CHARLES AND	PNAL CHAN m experien s - Go to 4 ne following at apply. If m quisition e reger restiture f company	ng organ more that AND Enter	acquisitional of organization one organizational	ns, sales, changes onizational	occurred change oc	in 2018? ccurred du	ring the rep	oorting . 0019 EI	period, Month	, explai	in in ① .

4 REPORTING PERIOD						
NOTE: Calendar year data are preferr months of data for the 2018 calendar	ed. If they are unavailable, please rep	ort for the	fiscal ye	ar that i	ncludes	at least six
What time period is covered by the					201	18
_				E	Beginnin	g Date
Calendar year				Month	Day	Year
0006	ut because a condition dates					
Fiscal or partial year - Repo	rt beginning and ending dates		0007		F	Data
				NA 41-	Ending	
				Month	Day	Year
			0008			
			-			
Not Applicable.						
SALES, RECEIPTS, OR REVENUE						
What were the revenues for this f	irm in 2018?					
Include:						
• Report gross billings, except where	e noted elsewhere on the form.					
Dues and assessments from members						
Amounts received for work subcont						
 For locations that were sold or acquilocations. 	ired during a year, only report for the	e periods t	hat this f	irm opeı	rated th	е
Revenue from services performed by	y domestic locations of foreign paren	t firms, su	bsidiarie	s, brancl	hes, etc.	
 Revenues from electronic sources. 						
Exclude:						
 Transfers made within the company 						
 Taxes collected directly from custor 						
Rents from and revenue of separate	· · ·	s, etc., whi	ch are le	ased to	others.	
Commissions from vending machin	•		_			
 Revenue of foreign subsidiaries (the Commonwealth Territories, or U.S. 	ose located outside the U.S., i.e., outs possessions).	ide the 50	states, D	istrict of	Columi	oia, U.S.
		Mark "X"		2	2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
Gross billings/professional service				1 1		
service fee or gross billings for this f	e fees - Report the professional rm					
service fee or gross billings for this fi	rm					
service fee or gross billings for this fi Direct costs of worksite employe employment-related taxes, benefit pr compensation insurance costs for PE	rm					
service fee or gross billings for this fit Direct costs of worksite employe employment-related taxes, benefit pr compensation insurance costs for PE NET REVENUE	rm					



orm	S	A-5 6	134	E	(DRAFT	1																	Pag	je
8	RE	VEN	UES	FRO	M EL	ECTR	ONIC	so	URC	ES														
	A.						reven: 2018?		fron	n cus	tomers	s ent	ering	j ord	ers c	lired	tly o	n the) firm	's we	bsite	s or		
		0040		Yes																				
				No																				
	В.						reven: 2018?		fron	n cus	tomers	s ent	ering	j ord	ers c	lired	tly o	n thi	rd-pa	rty w	ebsit	es or		
		0041		Yes																				
				No																				
	C.										tomers s, etc.)				ers v	via a	ny ot	ther	electr	onic	syste	ms		
		0042		Yes																				
				No																				
	D.						ues r					Г				2018	3]		2	2018	
							ount nues i				ge)		\$ Bil.	N	1il.	_	hou.	[Dol.				ercent	
		A-C	abo	ve? I	Please	prov	ide a	n es	stima	ate if	2	2500								OR	2501			%
9	SC	URO	CE OI	F RE	VENU	E														•				
			uch ries?		ne gro	ss bi	llings	rev	enue	e repo	orted in	n 6 ,	line	1, is	rece	ived	l fron	n the	follo	wing	J			
	1.	Rep	ort re	venu	ie whe	re you	ur firm	า ลรร	sume	es resi	ices, pa ponsibil pay red	lity fo	or pay	roll-r	elate	d ac	tivitie	s (e.ç	1.,					
		filin	g of g	jovei	nmen	t acco	unts, ۱	with	holdi	ing of	taxes a	and c	leposi	iting	of fu	ndsi	into g	overi	nment				2018	
		com	pens	ation); the	admir	nistrati	ion (of be	nefits	(e.g., h (e.g., co	ealth	ı, retir	emer	nt, lif	e, de	ental,	supp	lemen ¹	tary		Pe	ercent	0
		emp	oloyee	e ass	essme	nt, tra	iining,	reg	ulato	ory co	mpliand	ce, ris	sk ma	nage	ment	:)					3278			%
	2.	emp	loym	ent s	service	s whe	ere voi	ur fii	rm as	ssume	reporte es respo ce funct	onsib	ility f	or pa	vroll-	rela	ted ac	ctiviti	es, the		3277 +			%

100%

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

expenses not reported eisewhere.					
	Mark "X"		:	2018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
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		1	1 1		1 1
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.					
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					
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment,					
CPUs, monitors). Include 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. Report packaged software in line 3 and					1 1
leased and rented equipment in line 4b			1 1	1 1	1 1
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					1 1
maintenance fees related to software upgrades and alterations 1826					
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					

CONTINUE WITH 14 ON PAGE 6

14	OPERATING EXPENSES - Continued					
		Mark "X"		2	2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
4.	Other Operating Expenses - Continued					
	b. 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 7					
		1879				
5.	TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	. 1900				
15	and 16 Not Applicable.					

	A-56134E	(DRAFT)									Page
RE dat	MARKS - Pl ta were estin	ease use	this space	to explai	n any signi	ificant year-	to-year char	nges, to clar	ify response:	s, or indicat	e where
dat	ta word ostin	iatoa.									

CONTACT INI	FORMATI	ION					
Name of person	to contact	regarding this report (Please p	orint)	Title			
	Area code	Number	Extension		Area code	Nu	umber
Telephone	1 1			Fax			
						•	<u> </u>
E-mail address				Website address			

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

We suggest you keep a copy for your records.

SERVICE ANNUAL SURVEY

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

FORM

2018 ANNUAL SERVICES REPORT

SA-56150A (DRAFT) **Due Date** 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information **CONFIDENTIAL** and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey. INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov **Authentication Code:** To view Survey Results: https://www.census.gov/programs-surveys/sas.html **GENERAL INSTRUCTIONS** • Any significant change in this firm's operations should be noted in 12. • For establishments sold or acquired in 2018, 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. \$ Bil. Mil. Thou. Dol. • Figures should be rounded to the nearest dollar. 030280 • If a figure is \$1,030,280,456 it should be reported as Include: Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) as defined by the survey coverage in **1**B. Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services. A. MAILING ADDRESS Is this firm's name and mailing address the same as shown in the mailing address above? 0035 No - Enter corrections in the mailing address above

LOLII	n SA	1-56150	JA (DRAFT)													1	age 2
1	В. 9	SURVE	Y COVERAGE	Ē													
		Did this	firm provide	the busi	iness ac	ctiviti	ies des	cribed	below?								
			Yes														
	0	0001	No - Specify	this firm's	husine	ss activ	ivity 7										
			rto opcomy		buomo	00 0011	vicy y										
			0002														
2	Not	Applica	ble.														
3			TIONAL CHA	ANGE													
9			firm experie		acquisi	tions.	. sales.	merge	ers. and/e	or dives	titure	s in 20	18?				
				,		,	,,										
	0	0016	Yes														
			No - Go to 4)													
	В. \	Which o	of the followi	ing organ	ization	al cha	anges o	occurre	ed in 201	18?							
	(Check al	ll that apply. If	more than	n one oi	rganiza	ational (change	occurred	d during	the rep	orting	period	d, exp	olain	in 1	
			Acquisition										Month	n Da	ay	Yea	r
				Date of	of organ	nizatior	nal chai	nge				. 0018					
	0	0091	Sale	> AND	Ü			Ü									
			Merger		datailaa	d info		bolows	_								
			Divestiture	Enter	detailed	ווטווו ג	таноп	below	/								
			Divestiture	J													
		0017 Nan	ne of company									0019 E	IN (9 di	gits)			
												'	-				
		Address	(Number and st	reet, P.O. Bo	ox, etc.)												
		City, tow	n, village, etc.								State	ZIP Co	de				
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Form	SA-56150A (DRAFT)					Page 3
4	REPORTING PERIOD					
	NOTE: Calendar year data are preferred. If they are unavailable, please repmonths of data for the 2018 calendar year.	ort for the	e fiscal yea	r that ir	icludes a	at least six
	What time period is covered by the data provided in this report?				2018	3
					eginning	
	Calendar year			Month	Day	Year
	Fiscal or partial year - Report beginning and ending dates		0007			
	3				Ending I	Date
				Month	Day	Year
			8000			
5	Not Applicable.					
6	SALES, RECEIPTS, OR REVENUE					
	What were the revenues for this firm in 2018?					
	Include:					
	 Travel agents, ticket offices/agencies, and reservation systems should inc 	lude comi	missions o	r fees. r	not aros:	s sales.
	• Dues and assessments from members and affiliates.				3	
	Amounts received for work subcontracted to others.					
	 For locations that were sold or acquired during a year, only report for the locations. 	e periods t	that this fi	rm oper	ated the	
	 Revenue from services performed by domestic locations of foreign paren 	nt firms, su	ıbsidiaries	, branch	es, etc.	
	Revenues from electronic sources.	,		•	·	
	Exclude:					
	• Transfers made within the company.					
	Taxes collected directly from customers or clients and paid directly to a I			_		
	 Rents from and revenue of separately operated departments, concession Commissions from vending machine operators. 	s, etc., wn	ich are lea	ised to d	others.	
	 Revenue of foreign subsidiaries (those located outside the U.S., i.e., outs 	ide the 50	states. Di	strict of	Columb	ia. U.S.
	Commonwealth Territories, or U.S. possessions).					.,
		Mark "X"		2	018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
1.	Reservation Services (Include commissions or fees, not gross sales)					
	a. Commissions or fees from airline seats, domestic					
	destinations - Arranging and reserving airline seats to domestic					
	destinations. Exclude fees paid directly to your agency by travelers. These should be included in trip planning, line 2a 3281					
	b. Commissions or fees from airline seats, international					
	destinations - Arranging and reserving airline seats to					
	international destinations. Exclude fees paid directly to your agency by travelers. These should be included in trip planning,				1 1	
	line 2a					
	c. Commissions or fees from cruises - Arranging and reserving					
	cruises. Exclude fees paid directly to your agency by travelers. These should be included in trip planning, line 2a					
	d. Commissions or fees from lodging - Arranging and reserving					
	lodging. Exclude fees paid directly to this agency by travelers.		'		1 1	
	These should be included in trip planning, line 2a					
	e. Commissions or fees from event tickets - Assisting consumers in acquiring tickets and/or reservations for attendance					
	at theatrical performances, concerts, sporting events, and					
	amusement and theme parks. Exclude fees paid directly to this agency by event attendees. These should be included in trip					
	planning, line 2a					
	f. Commissions or fees from computerized reservation					
	systems - Subscription fees received for providing access to a computerized database and reservation system used by travel					
	professionals and other subscribers to research, compare, and					
	plan travel itineraries; and to make associated travel, lodging, and other reservations				100	
	CONTINUE WITH 6 ON PAGE 4					

Reservation Services (Include commissions or fees, not gross sales) - Continued g. Commissions or fees from packaged tours - Reserving prepackaged and customized tours. Exclude fees paid directly to this agency by event attendees. These should be included in trip planning, line 2a h. Commissions or fees from other reservation services - Commissions and fees received from all other travel service providers (e.g., ferry, bus, airport shuttle providers) for arranging and reserving service. Exclude fees paid directly to this agency by travelers. These should be included in trip planning, line 2a . 3290 Other Travel Arrangement Services (Include commissions or fees, not gross sales) a. Commissions or fees from trip planning - Assembling travel information, advising on alternatives, and arranging and reserving travel services. Include all receipts from travelers for services rendered on a fee basis such as ticket issuing fees and other fees paid directly to travel agents by travelers	Thou. D
g. Commissions or fees from packaged tours - Reserving prepackaged and customized tours. Exclude fees paid directly to this agency by event attendees. These should be included in trip planning, line 2a	
prepackaged and customized tours. Exclude fees paid directly to this agency by event attendees. These should be included in trip planning, line 2a	1 1 1
Commissions and fees received from all other travel service providers (e.g., ferry, bus, airport shuttle providers) for arranging and reserving service. Exclude fees paid directly to this agency by travelers. These should be included in trip planning, line 2a	
a. Commissions or fees from trip planning - Assembling travel information, advising on alternatives, and arranging and reserving travel services. Include all receipts from travelers for services rendered on a fee basis such as ticket issuing fees and other fees paid directly to travel agents by travelers	
a. Commissions or fees from trip planning - Assembling travel information, advising on alternatives, and arranging and reserving travel services. Include all receipts from travelers for services rendered on a fee basis such as ticket issuing fees and other fees paid directly to travel agents by travelers	
and travel service - Providing automobile road assistance (e.g., emergency road service, trip planning, guidebook and map supply, discounts for accommodations) to members on a fee basis 3293 c. Commissions or fees from other travel arrangement services revenue - All other travel services rendered. Include travel insurance service, travel document service, travelers check service, foreign exchange services, wire transfer services, cellular phone service, corporate travel management software, and emergency travel services	
services revenue - All other travel services rendered. Include travel insurance service, travel document service, travelers check service, foreign exchange services, wire transfer services, cellular phone service, corporate travel management software, and emergency travel services	
All other operating revenue - Revenue not reported in lines 1a through 2c. If this item is greater than 20% of the total	
operating revenue, specify the primary source of the revenue below 7	
TOTAL OPERATING REVENUE Sum of lines 1a through 3	
Not Applicable.	

0041

REVENUES FROM ELECTRONIC SOURCES

mobile applications in 2018?

mobile applications in 2018?

Yes

No

Yes

No

A. Did this firm have any revenues from customers entering orders directly on the firm's websites or

B. Did this firm have any revenues from customers entering orders directly on third-party websites or

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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"			2018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
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			1 1		
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.					
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			1 1		
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b			1 1		
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			1 1		
maintenance fees related to software upgrades and alterations 1826					
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			1 1		

CONTINUE WITH 14 ON PAGE 7

Form SA-56150A (DRAFT) Page 7

Orn	1 3/	A-30130A (DRAFI)					rage /
14	OF	PERATING EXPENSES - Continued					
			Mark "X"			2018	
			if None	\$ Bil.	Mil.	Thou.	Dol.
4.	Ot	her Operating Expenses - Continued					
	b.	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 7					
			1879	_			
5.	TO	TAL OPERATING EXPENSES					
•		m of lines 1a through 4b	1900		l l		1 1
1 5	and	1 16 Not Applicable.					

56151079

18

CONTACT INFORMATION											
Name of person to contact regarding this report (Please print)					Title						
	Area code	1	Number		Extension		Area code	N	lumber		
Telephone						Fax					
			-						_		
E-mail address						Website address					

We suggest you keep a copy for your records.

SERVICE ANNUAL SURVEY

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

SA-56150E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 ①.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

	\$ E	3il.		Mil.		Т	hοι	١.	Dol			
→		1	0	3	0	2	8	0	4	5	6	

- 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.

1	A.	MAILING ADDRES	S
		le this firm's name	n

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

	Yes		
0035			
	No - Enter corrections	in	the

■ No - Enter corrections in the mailing address above



1 B. SURVEY COVERAGE				
Did this firm provide the business activities described below?				
Yes				
No. Specify this firm's business satisfy.				
No - Specify this firm's business activity				
0002				
2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)				
Does this firm report payroll under EIN				
Does this firm report payron under Ent				
Yes				
0013	EIN (9	digits)		
No - Enter current 9-digit EIN AND date payroll was first	ı			
reported for this EIN				
		Month	Day	Year
	8800			
3 ORGANIZATIONAL CHANGE				
	: 20	107		
A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures	III 20	101		
Yes				
0016				
No - Go to 4				
B. Which of the following organizational changes occurred in 2018?				
Check all that apply. If more than one organizational change occurred during the repo	orting	period,	explair	n in 🕡.
		Month		Year
Acquisition		WIOTILIT	Day	I Gai
Date of organizational change	. 0018	1		1 1 1
Sale > AND			,	
Merger				
Enter detailed information below				
Divestiture				
0017 Name of company	0019 EII	N (9 dig	its)	
Address (Number and street, P.O. Box, etc.)				
City, town, village, etc.	ZIP Cod	10		
State 1	_II CU(ae		
			-	1 1 1

	(=====,				J
4	REPORTING PERIOD				
	NOTE: Calendar year data are preferred. If they are unavailable, please report months of data for the 2018 calendar year.	for the fiscal ye	ar that i	ncludes	at least six
	What time period is covered by the data provided in this report?		_	20	
	Calendar year		Month	Day	ng Date Year
	0006		IVIOIILII	Day	rear
	Fiscal or partial year - Report beginning and ending dates	000	7		
				Ending	Date
			Month	Day	Year
		000	3	1	1 1 1
5	Not Applicable.				
6	SALES, RECEIPTS, OR REVENUE				
U	What were the revenues for this firm in 2018?				
	Include:				
	 Travel agents, ticket offices/agencies, and reservation systems should include 	e commissions	or fees,	not gro	ss sales.
	Dues and assessments from members and affiliates.			, i	
	Amounts received for work subcontracted to others.	ata da de acidata	r•		
	 For locations that were sold or acquired during a year, only report for the pelocations. 	riods that this	ırm opei	rated th	е
	• Revenue from services performed by domestic locations of foreign parent fire	ms, subsidiarie	s, brancl	nes, etc	
	Revenues from electronic sources.				
	Exclude: • Transfers made within the company.				
	 Taxes collected directly from customers or clients and paid directly to a local 	, state, or fede	ral tax ag	gency.	
	• Rents from and revenue of separately operated departments, concessions, et				
	Commissions from vending machine operators.			0 1	
	 Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the Commonwealth Territories, or U.S. possessions). 	the 50 states, L	istrict of	Colum	bia, U.S.
		ark "X"		2018	
		None \$ Bil.	Mil.	Thou	. Dol.
1.	Reservation Services (Include commissions or fees, not gross sales)				
	a. Commissions or fees from airline seats, domestic				
	destinations - Arranging and reserving airline seats to domestic destinations. Exclude fees paid directly to your agency by				
	travelers. These should be included in trip planning, line 2a 3281				
	 Commissions or fees from airline seats, international destinations - Arranging and reserving airline seats to 				
	international destinations. Exclude fees paid directly to your				
	agency by travelers. These should be included in trip planning, line 2a				
	c. Commissions or fees from cruises - Arranging and reserving				
	cruises. Exclude fees paid directly to your agency by travelers.				
	These should be included in trip planning, line 2a				
	lodging. Exclude fees paid directly to this agency by travelers.				
	These should be included in trip planning, line 2a				
	e. Commissions or fees from event tickets - Assisting consumers in acquiring tickets and/or reservations for attendance				
	at theatrical performances, concerts, sporting events, and				
	amusement and theme parks. Exclude fees paid directly to this agency by event attendees. These should be included in trip	_			
	planning, line 2a				
	f. Commissions or fees from computerized reservation systems - Subscription fees received for providing access to a				
	computerized database and reservation system used by travel				
	professionals and other subscribers to research, compare, and plan travel itineraries; and to make associated travel, lodging, and				
	other reservations			I	

56150048			

6	SALES, RECEIPTS, OR REVENUE - Continued					
		Mark "X"			2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
1.	Reservation Services (Include commissions or fees, not gross sales) - Continued					
	g. Commissions or fees from packaged tours - Reserving prepackaged and customized tours. Exclude fees paid directly to this agency by event attendees. These should be included in trip			1 1		1 1
	planning, line 2a			1 1	1 1	1 1
	h. Commissions or fees from other reservation services - Commissions and fees received from all other travel service providers (e.g., ferry, bus, airport shuttle providers) for arranging and reserving service. Exclude fees paid directly to this agency by travelers. These should be included in trip planning, line 2a 3290			1 1		
2.	Other Travel Arrangement Services (Include commissions or fees, not gross sales)					
	a. Commissions or fees from trip planning - Assembling travel information, advising on alternatives, and arranging and reserving travel services. Include all receipts from travelers for services					
	rendered on a fee basis such as ticket issuing fees and other fees paid directly to travel agents by travelers					· ·
	b. Commissions or fees from automobile clubs and road and travel service - Providing automobile road assistance					
	(e.g., emergency road service, trip planning, guidebook and map supply, discounts for accommodations) to members on a fee basis 3293					1 1
	c. Commissions or fees from other travel arrangement services revenue - All other travel services rendered. Include travel insurance service, travel document service, travelers check service, foreign exchange services, wire transfer					
	services, cellular phone service, corporate travel management software, and emergency travel services					1 1
3.	All other operating revenue - Revenue not reported in lines 1a through 2c. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7					
						1 1
	1799					
4.	TOTAL OPERATING REVENUE Sum of lines 1a through 3					
7	Not Applicable.					

0041

0042

2. Leisure

REVENUES FROM ELECTRONIC SOURCES

mobile applications in 2018?

mobile applications in 2018?

(such as private networks, dedicated lines, etc.) in 2018?

Yes

No

Yes

No

Yes

No

SOURCE OF REVENUE

D. Of the total 2018 revenues reported in 6,

that was from the revenues identified in A-C above? Please provide an estimate if

what was the dollar amount (or percentage)

2018

Percent

2018

Percent

%

%

%

13 EXPORT REVENUE											
An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).											
Include:											
• Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.).											
Exclude:											
• Services provided to domestic subsidiaries of foreign firms.											
A. Did the revenue reported in 6 include any revenue from exports?											
Yes No - Go to 14											
		2	2018								
	\$ Bil.	Mil.	Thou.	Dol.							
		1 1									
B. What was this firm's revenue from exports in 2018?											
B. What was this firm's revenue from exports in 2018?											
B. What was this firm's revenue from exports in 2018?											

A. Did this firm have any revenues from customers entering orders directly on the firm's websites or

B. Did this firm have any revenues from customers entering orders directly on third-party websites or

C. Did this firm have any revenues from customers entering orders via any other electronic systems

How much of the revenue reported in 6, line 4, is received from the following categories?

\$ Bil.

2018

Thou.

Dol.

OR ₂₅₀₁

Mil.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

expenses not reported elsewhere.					
	Mark "X"		2	2018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
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			1 1		1 1
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	2 🗆				
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	3 🗆	Ċ	<u>'</u>		
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b) 🗆		1 1		
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	3 L				
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) Fyclude impairment					

CONTINUE WITH 14 ON PAGE 7

4)	OPERATING EXPENSES - Continued						
		,	Mark "X"			2018	
		,	if None	\$ Bil.	Mil.	Thou.	Dol.
	Other Operating Expenses - Continued					•	
	b. 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 7						
					1 1		
		1879			1 1		
	TOTAL OPERATING EXPENSES						
	Sum of lines 1a through 4b	1900					

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

Area code

Telephone

E-mail address

Number

Extension

Area code

Fax

Website address

Number

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

2018 ANNUAL SERVICES REPORT

SA-56152A	(DRAFT)
Due Date	
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://www.census.gov/programs-	
surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States	
Code (U.S.C.), Sections 131 and 182 authorizes this collection.	
Sections 224 and 225 require your response. The U.S. Census Bureau	
is required by Section 9 of the	
same law to keep your information CONFIDENTIAL and can use your	
responses only to produce statistics. The Census Bureau is not permitted	
to publicly release your responses	
in a way that could identify your business, organization, or institution.	
Per the Federal Cybersecurity Enhancement Act of 2015, your data	
are protected from cybersecurity	
risks through screening of the systems that transmit your data.	
This collection has been approved by the Office of Management and	
Budget (OMB). The eight-digit OMB	
approval number is 0607-0422 and appears at the upper right of this	
page. Without this approval, we could not conduct this survey.	
could not conduct this survey.	
INTERNET REPORTING - Thi https://portal.census.gov	s survey should be completed online at:
Authentication Code:	To view Survey Results:
	https://www.census.gov/programs-surveys/sas.html
• Any significant change	GENERAL INSTRUCTIONS in this firm's operations should be noted in ① .
, 0	or acquired in 2018, report data only for the period the establishments were operated by
this firm.	
• Enter "0" where applica	e if book figures are not available.
	r two or more detailed lines.
	all have a second form as well
•	ded to the pearest dellar
=	456 it should be reported as ———————————————————————————————————
Include:	
 Data for all Services est 	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and s) as defined by the survey coverage in 1 B.
 Data for auxiliary faciliti 	ies primarily engaged in supporting services to those establishment(s) such as warehouses, strative offices, and repair services.
A. MAILING ADDRESS	
	d mailing address the same as shown in the mailing address above?
	a maining address the same as shown in the maining address above!
Yes	

No - Enter corrections in the mailing address above

Forn	า 5/	A-56152A (DRAFT)	Page 2
0	В.	SURVEY COVERAGE	
		Did this firm provide the business activities described below?	
		Yes	
		No - Specify this firm's business activity ₹	
		0002	
2	No	t Applicable.	
3	OF	GANIZATIONAL CHANGE	
	A.	Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?	
		Ves Yes	
		□ No - Go to ②	
	В.	Which of the following organizational changes occurred in 2018?	
		Check all that apply. If more than one organizational change occurred during the reporting period, explain in Month Day Ye	
		☐ Acquisition ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
		Sale Date of organizational change	
		0091 AND Merger	
		□ Divestiture Enter detailed information below p	
		0017 Name of company 0019 EIN (9 digits)	
		Address (Number and street, P.O. Box, etc.)	
		0: 4 710 0 1	
		City, town, village, etc. State ZIP Code	

REPORTING PERIOD				
NOTE: Calendar year data are preferred. If they are unavailable, please report for the fisc months of data for the 2018 calendar year.	al yea	r that i	nclude	s at least si
What time period is covered by the data provided in this report?			20)18
		E	Beginni	ing Date
Calendar year		Month	Day	Year
0006				
Fiscal or partial year - Report beginning and ending dates	. 0007			
	endar year data are preferred. If they are unavailable, please report for the fiscal year that included data for the 2018 calendar year. If period is covered by the data provided in this report? If period is covered	Endin	g Date	
		Month	Day	Year
		'	'	
	8000			
Not Applicable.				
SALES, RECEIPTS, OR REVENUE				
What were the revenues for this firm in 2018?				
Include:				
• Travel agents, ticket offices/agencies, and reservation systems should include commiss	ions o	r fees,	not gro	oss sales.
 Dues and assessments from members and affiliates. 				
 Amounts received for work subcontracted to others. 				
 For locations that were sold or acquired during a year, only report for the periods that locations. 	this fir	m opei	rated tl	he
• Payanua from carviage performed by democtic locations of foreign parent firms, cubeic	1:00:00	h wo mal		0

Exclude:

• Transfers made within the company.

• Revenues from electronic sources.

- Taxes collected directly from customers or clients and paid directly to a local, state, or federal tax agency.
- 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).

Mark "X"

		it None	\$ Bil.	Mil.	Thou.	Dol.
1.	Pre-packaged Tours					
	a. Domestic travel - Arranging, assembling, and marketing tour packages for domestic travel					
	b. International travel - Arranging, assembling, and marketing tour packages for international travel					
2.	Customized Group Tours					
	a. Domestic travel - Assembling, organizing, and reserving customized domestic tour packages for groups of people with a common interest (e.g., sports, culture, adventure, religion, education, conferences, conventions)			1 1		
	b. International travel - Assembling, organizing, and reserving customized international tour packages for groups of people with a common interest (e.g., sports, culture, adventure, religion, education, conferences, conventions)			1 1		
3.	All other operating revenue - Revenue not reported in lines 1a through 2b. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below					
	1799					
4.	TOTAL OPERATING REVENUE Sum of lines 1a through 3					
7	Not Applicable.					

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615	ر -
ľ)

Form SA-56152A (DRAFT)					Page 4
8 REVENUES FROM ELECTRONIC SOURCES					
A. Did this firm have any revenues from customers e	ntering orders d	irectly on the	firm's w	ebsites o	r
mobile applications in 2018?					
☐ Yes					
0040					
□ No					
B. Did this firm have any revenues from customers emobile applications in 2018?	ntering orders d	irectly on thi	rd-party v	vebsites (or
☐ Yes					
0041 No					
C. Did this firm have any revenues from customers e	nterina orders vi	a anv other e	electronic	svstems	
(such as private networks, dedicated lines, etc.) in	2018?	,		, , , , , , , , , , , , , , , , , , , ,	
Yes					
0042					
□ No					
D. Of the total 2018 revenues reported in ③ ,	_			_	
what was the dollar amount (or percentage)	\$ Bil. Mil.	018 Thou. D	ol.		2018 Percent
that was from the revenues identified in A-C above? Please provide an estimate if	Ψ Βπ.	Triod.		_	
exact figures are not available			OF	2501	%
9 SOURCE OF REVENUE					2018
How much of the revenue reported in 6 , line 4 , is rec	eived from the f	ollowing cate	egories?		Percent
4 Pusinasa					%
1. Business				3306	
2. Leisure				3307 +	%
					00%
10-12 Not Applicable.					
13 EXPORT REVENUE					
An exported service is a service performed for a customer establishment, etc.) located outside the United States (i.e., Commonwealth Territories, or U.S. possessions).	or client (individu outside the 50 Sta	al, government tes, District of	t, business Columbia	, U.S.	
Include:					
 Services performed for unaffiliated and affiliated foreign f 	irms (i.e., foreign	parent firms, s	ubsidiarie	s, branche	es, etc.).
Exclude: • Services provided to domestic subsidiaries of foreign firm	ıs.				
A. Did the revenue reported in 3 include any revenue	trom exports?				
Yes Yes					
No - Go to 📭					
			•	2018	
		\$ Bil.	Mil.	Thou.	Dol.
D. Milhot woo this firm's revenue from experts in 2016	17	2422			
B. What was this firm's revenue from exports in 2018):	. 2100			

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

expenses not reported elsewhere.					
	Mark "X"		2	2018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
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 . 182	n 🔲		1 1		1 1
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	2				
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	з 🗆		1 1		
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b	io 🗆		T 1		
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 182					
Other Operating Expenses	.0				
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 convigints) Fyclude impairment	,				

CONTINUE WITH 14 ON PAGE 6



	18	CONTACT IN	FORMATI	ON						
) ()					this report (<i>Please</i>	print)	Title			
C / 05C 0C						,				
ဂိ		.	Area code		Number	Extension	_	Area code	Number	
		Telephone			-		Fax		-	
		E-mail address					Website address			
			THAN	NK YOU	for completing We suggest you		NNUAL SERVICE or your records.	S REPORT.		

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

SERVICE ANNUAL SURVEY

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

SA-56152E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 ①.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

	\$ I	Bil.		Mil.		T	hοι	ı.		Dol.	
→		1	0	3	0	2	8	0	4	5	6

- 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.

1	A.	M	411	LING	AD	DRESS	•

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

	Ш	Yes		
0035				
		R I		

No - Enter corrections in the mailing address above

. SURVEY CO	01/55										
Did this file	OVERAGE										
Dia this fir	rm provide 1	the busir	ness activi	ities desc	cribed be	elow?					
	_										
Ye	S										
0001	0 :6 11		, .								
□ No	o - Specify th	his firm's i	business a	ctivity 7							
0002	.2										
EDERAL EMP	PLOYER IDE	ENTIFICA	ATION NUI	MBER (EI	N)						
oes this firm	n report pay	yroll und	er EIN								
□ V											
Yes								EINI /) diai+	-1	
	Enter current	nt 9-diait Fl	IN AND da	ate navroll	l was first			EIIV (S	digit	5)	
	reported for t						00	15	-		1 1 1
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	JIML CHA!	INGE							.403		
						all /		: 20			
. Did this fir			cquisition	ıs, sales,	mergers	, and/or	divestitu	res in 20	718?		
. Did this fir	rm experien		cquisition	ıs, sales,	mergers	, and/or	divestitu	res in 20	718?		
. Did this firm	rm experien es		cquisition	ıs, sales,	mergers	, and/or	divestitu	res in 20	718?		
. Did this firm	rm experien		cquisition	ıs, sales,	mergers	, and/or	divestitu	res in 20	718?		
. Did this firm	rm experien es o - <i>Go to</i> 4 he followin	nce any a ng organi:	zational c	hanges o	occurred	in 20 18	?				
. Did this firm	r m experien es o - <i>Go to</i> 4	nce any a ng organi:	zational c	hanges o	occurred	in 20 18	?			d, explai	in in ① .
One Which of the Check all that	es o - Go to 4 he following at apply. If n	nce any a ng organi:	zational c	hanges o	occurred	in 20 18	?				in in ① . Year
One Which of the Check all that	rm experien es o - <i>Go to</i> 4 he followin	nce any a	zational c one organ	hanges o nizational d	occurred change oc	in 2018 ccurred d	? luring the l	eporting	period		
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REPORTING PERIOD					
NOTE: Calendar year data are preferred. If they are unavailable, please re	port for the	fiscal y	ear that i	includes	at least
months of data for the 2018 calendar year. What time period is covered by the data provided in this report?				201	0
what time period is covered by the data provided in this report:				Beginning	
☐ Calendar year			Month		Year
Fiscal or partial year - Report beginning and ending dates		00	07	Ending	Data
			Month	Ending Day	Year
			Wienen	Day	1001
		00	08		
Not Applicable.					
SALES, RECEIPTS, OR REVENUE					
What were the revenues for this firm in 2018?					
Include:					
• Travel agents, ticket offices/agencies, and reservation systems should in	ıclude comı	missions	s or fees,	not gros	s sales.
 Dues and assessments from members and affiliates. 					
Amounts received for work subcontracted to others.					
 For locations that were sold or acquired during a year, only report for the locations. 	ne periods t	that this	firm ope	rated the	!
			·		1
locations.			·		1
locations.Revenue from services performed by domestic locations of foreign pare			·		
locations. • Revenue from services performed by domestic locations of foreign pare • Revenues from electronic sources. Exclude: • Transfers made within the company.	nt firms, su	ıbsidiari	es, branc	hes, etc.	
locations. Revenue from services performed by domestic locations of foreign pare Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a	ent firms, su	ıbsidiari	es, branc	hes, etc.	
locations. Revenue from services performed by domestic locations of foreign pare Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a Rents from and revenue of separately operated departments, concession	ent firms, su	ıbsidiari	es, branc	hes, etc.	
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TOTAL OPERATING REVENUE

Not Applicable.

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18
4,

8 REVENUES FROM ELECTRONIC SOURCES A. Did this firm have any revenues from customers en					
A. Did this firm have any revenues from customers en					
mabile appliestions in 20402	tering orders o	lirectly o	n the firn	n's website	s or
mobile applications in 2018?	, in the second second	•			
Yes					
0040					
No					
B. Did this firm have any revenues from customers en mobile applications in 2018?	itering orders o	lirectly o	n third-pa	arty website	es or
Ves					
No					
C. Did this firm have any revenues from customers en (such as private networks, dedicated lines, etc.) in	tering orders v	ia any o	ther elect	ronic syste	ms
(such as private networks, dedicated lines, etc.) in	2018?				
Yes					
0042					
No					
D. Of the total 2018 revenues reported in ③, what was the dollar amount (or percentage)		2018			2018
that was from the revenues identified in	\$ Bil. Mil.	Thou.	Dol.		Percent
A-C above? Please provide an estimate if exact figures are not available				OR ₂₅₀₁	%
				2301	
9 SOURCE OF REVENUE					2018
How much of the revenue reported in 6, line 4, is rece	eived from the	followin	g categor	ries?	Percent
1. Business				3306	%
					0/
2. Leisure				3307 +	%
				5507 .	
				3307 .	100%
				3307 .	1 0 0 0/
10-12 Not Applicable.				330/ .	1 0 0 0/
10-12 Not Applicable. 13 EXPORT REVENUE				3307	1 0 0 0/
	or client (individu			siness	1 0 0 0/
An exported service is a service performed for a customer of establishment, etc.) located outside the United States (i.e., of Commonwealth Territories, or U.S. possessions). Include:	or client (individu outside the 50 St	ates, Disti	rict of Colu	siness ımbia, U.S.	100%
An exported service is a service performed for a customer of establishment, etc.) located outside the United States (i.e., of Commonwealth Territories, or U.S. possessions). Include: • Services performed for unaffiliated and affiliated foreign file.	or client (individu outside the 50 St	ates, Disti	rict of Colu	siness ımbia, U.S.	100%
An exported service is a service performed for a customer of establishment, etc.) located outside the United States (i.e., of Commonwealth Territories, or U.S. possessions). Include: • Services performed for unaffiliated and affiliated foreign file Exclude:	or client (individu outside the 50 St rms (i.e., foreign	ates, Disti	rict of Colu	siness ımbia, U.S.	100%
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An exported service is a service performed for a customer of establishment, etc.) located outside the United States (i.e., of Commonwealth Territories, or U.S. possessions). Include: • Services performed for unaffiliated and affiliated foreign fixed to be serviced by the services performed to domestic subsidiaries of foreign firms. A. Did the revenue reported in include any revenue. Yes	or client (individu outside the 50 St rms (i.e., foreign	ates, Disti	rict of Colu	siness ımbia, U.S.	100%
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An exported service is a service performed for a customer of establishment, etc.) located outside the United States (i.e., of Commonwealth Territories, or U.S. possessions). Include: • Services performed for unaffiliated and affiliated foreign fixeclude: • Services provided to domestic subsidiaries of foreign firms: A. Did the revenue reported in 6 include any revenue Yes No - Go to 12	or client (individuoutside the 50 St rms (i.e., foreign s. from exports?	parent fi	rict of Colu	siness umbia, U.S. diaries, brand	I O O %

Form SA-56152E (DRAFT) 14 OPERATING EXPENSES **Exclude:** Transfers made within the company. Capitalized expenses.

- What were the operating expenses for this firm in 2018?
- Interest.
- · Bad debt.
- Impairment.
- Income tax.
- Expenses 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).

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"		2	2018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
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			1 1		
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions					1 1
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					1 1
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b			1 1		
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			1 1		
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					

CONTINUE WITH 14 ON PAGE 6

14	OPERATING EXPENSES - Continued					
		Mark "X"				
		if None	\$ Bil.	Thou.	Dol.	
4.	Other Operating Expenses - Continued					
	b. 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 7					
		1879				
5.	TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	. 1900	İ			
15	and 16 Not Applicable.					

Form	SA-561	152E	(DRAFT)

	data were estir	nated.				
18	CONTACT IN	FORMATION				
		to contact regarding this report (Please print)	Title			Ξ
		Area code Number Extension		Area code Nu	umber	
	Telephone		Fax			
					-	
	E-mail address		Website address			=
			1			

REMARKS - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where

SERVICE ANNUAL SURVEY

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

2018 ANNUAL SERVICES REPORT

SA-56210A (DRAFT) **Due Date** 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey. INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov **Authentication Code:** To view Survey Results: https://www.census.gov/programs-surveys/sas.html

- Any significant change in this firm's operations should be noted in ①.
- For establishments sold or acquired in 2018, report data only for the period the establishments were operated by this firm.

GENERAL INSTRUCTIONS

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

	\$ E	3il.		Mil.		T	hοι	ı.	Dol.				
→		1	0	3	0	2	8	0	4	5	6		

Include:

0035

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

U	A. MAILING ADDRESS
	Is this firm's name and mailing address the same as shown in the mailing address above?
	Yes

No - Enter corrections in the mailing address above

Form SA-56210A (DRAFT)

0	В.	SURVE	Y CO	VERAGE																							
		Did this	s firm	provide	the	e bus	ines	ss ac	ctiv	vitie	es d	lesc	crib	ed k	oelo	w?											
		0001	Yes No -	Specify t	this	firm's	s bus	sine:	ess a	activ	vity ,	7															
2	No	t Applica	able																								
3				NAL CHA	NG	ìF																					
•				experie			acqı	uisi	itio	ns,	sale	es,	me	rger	rs, aı	nd/d	or di	vest	titur	es i	in 2	018	?				
		0016	Yes	Go to 4																							
	В.			e following apply. If it														ng t	he re	epoi	rting	g pe	riod,	exp	lain	in Œ) <u>.</u>
			Acai	uisition																		Mo	onth	Day	/	Ye	ar
						Date	of or	rgar	niza	tion	nal c	chan	nge								0018			ı			
		0091	Sale	!	>	AND																					
			Mer	ger		Enter	deta	ailec	d in	forn	mati	ion i	belo	w z	,												
			Dive	stiture																							
		0017 Nar	me of o	company																00	019 E	EIN (9 dig	its)			
																						-					
		Address	(Num	ber and str	eet,	P.O. B	Box, e	etc.)																			
		City, tow	vn, villa	age, etc.															State	Z	IP C	ode					
																							1		-	' 	'
																				,			,				

 Mark "X"
 2018

 if None
 \$ Bil.
 Mil.
 Th

Thou.

Dol.

Commonwealth Territories, or U.S. possessions).

3/101

Non-Residential Nonhazardous Waste and Recyclable Material Collection Services - Include services provided for the collection and subcontracted collection of garbage, refuse, rubbish and trash, commingled materials, and recyclable materials (e.g., cardboard, paper, plastics, metals, glass, organic waste) from sources such as heavy and light industry, manufacturing, agriculture, warehousing, transportation, retail and wholesale commercial activities, restaurants, offices, educational and recreational facilities, health, and other

All other operating revenue - Revenue not reported in lines 1 through 3. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below

1799

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4	

Not Applicable.

TOTAL OPERATING REVENUE

Form SA-56210A (DRAFT) Page 4

8 REVENUES FROM ELECTRONIC SOURCES	0.11
	O#
A. Did this firm have any revenues from customers entering orders directly on the firm's websites mobile applications in 2018?	OI .
☐ Yes	
□ No	
B. Did this firm have any revenues from customers entering orders directly on third-party websites mobile applications in 2018?	s or
☐ Yes	
□ No	
C. Did this firm have any revenues from customers entering orders via any other electronic system (such as private networks, dedicated lines, etc.) in 2018?	ns
O042 Yes	
□ No	
D. Of the total 2018 revenues reported in 6, 2018	2018
what was the dollar amount (or percentage) that was from the revenues identified in \$ Bil. Mil. Thou. Dol.	Percent
A-C above? Please provide an estimate if exact figures are not available	%

9	-13 1	Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.



14	OPERATING EXPENSES - Continued						
		M is	lark "X" f None	\$ Bil.	Mil.	2 018 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			ψ 5	IVIII.	Tilou.	501.
	Employer's Annual Federal Tax Return, line 4(c). Include the spread on stock options that are taxable to employees as wages . b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude	1821					
	employee contributions.	1822			1 1	1 1	1 1
	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					
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b	1860			1 1		
3.	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						
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			1 1		
	b. 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 7						
E	TOTAL OPERATING EXPENSES	1879					
5.	Sum of lines 1a through 4b	1900					
15	and 16 Not Applicable.						

Page 6

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18	CONTACT IN												
	Name of perso	n to contact	regarding	this report <i>(Plea</i>	se print)		Title						
		Area code		Number	Ex	tension			Area code		Number		
	Telephone			-	, ,	. '	NA 1 - 1:	Fax			-	· '	
	E-mail address						Website ad	ddress					
		T11.0	NIK VOL	£		2040.5	BIBILLAL	·FD\//^-	c person				
		THA	NK YOU	for completi We suggest y	n <mark>g your</mark> ou keep	a copy f	or your red	cords.	S KEPORT	•			

OF THE

SERVICE ANNUAL SURVEY

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

FORM

SA-56210E

(DRAFT)

2018 ANNUAL SERVICES REPORT

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Due Date
Duc Dutc
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://www.census.gov/programs-
surveys/sas/information.html
YOUR RESPONSE IS REQUIRED
BY LAW. Title 13 United States
Code (U.S.C.), Sections 131 and
182 authorizes this collection.
Sections 224 and 225 require your
response. The U.S. Census Bureau
is required by Section 9 of the
same law to keep your information
CONFIDENTIAL and can use your
responses only to produce statistics. The Census Bureau is not permitted
to publicly release your responses
in a way that could identify your
business, organization, or institution.
Per the Federal Cybersecurity
Enhancement Act of 2015, your data
are protected from cybersecurity
risks through screening of the
systems that transmit your data.
This collection has been approved
by the Office of Management and
Budget (OMB). The eight-digit OMB
approval number is 0607-0422 and
appears at the upper right of this page. Without this approval, we
could not conduct this survey.
Could flot colladet tills survey.

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 0.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as -

	\$ I	3il.		Mil.		Т	hοι	ı.		Dol.	
→		1	0	3	0	2	8	0	4	5	6

nclude

- 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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-\	ш	
	_	

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



B. SURVEY COVERAGE

TOTAL OPERATING REVENUE

Not Applicable.

Form SA-56210E (DRAFT) Page 4

										U
8	REV	ENUE	FROM ELECTRONIC SOURCES							
	A. D	oid this	s firm have any revenues from customers er applications in 2018?	ntering	orders d	lirectly on	the firm	's website	s or	
	00	040	Yes							
			No							
			s firm have any revenues from customers er applications in 2018?	tering	orders d	lirectly on	third-pa	rty websit	es or	
	00	041	Yes							
			No							
	C. D	oid this	s firm have any revenues from customers er s private networks, dedicated lines, etc.) in	tering 2018?	orders v	ia any otl	ner electr	onic syste	ms	
	00	042	Yes							
			No							
	D. C	of the 1	total 2018 revenues reported in ⑤ ,			2018]]	2018	
	V	vhat w	as the dollar amount (or percentage)	\$ Bil.	Mil.	Thou.	Dol.		Percent	t
			s from the revenues identified in over Please provide an estimate if	7 2			20			Т
			gures are not available					OR ₂₅₀₁		%

9-13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

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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.



REMARKS - Please data were estimated.	use this space to explain	n any significant year-to-	year changes, to clarify r	esponses, or indicate who

CONTACT INFORMATION												
Name of person to contact regarding this report (Please print)						Title				-		
	Area code		Num	ber		Extension		Number				
Telephone							Fax					
			-							-		
E-mail address	E-mail address						Website address					

SERVICE ANNUAL SURVEY U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration

SERVICES REPORT

U.S. CENSUS BUREAU	2016 ANNOAL SERVICES REPORT
FORM SA-56220A	(DRAFT)
Due Date	
240 2440	
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://www.census.gov/programs-	
surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States	
Code (U.S.C.), Sections 131 and 182 authorizes this collection.	
Sections 224 and 225 require your response. The U.S. Census Bureau	
is required by Section 9 of the same law to keep your information	
CONFIDENTIAL and can use your responses only to produce statistics.	
The Census Bureau is not permitted	
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business, organization, or institution. Per the Federal Cybersecurity	
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risks through screening of the systems that transmit your data.	
This collection has been approved	
by the Office of Management and Budget (OMB). The eight-digit OMB	
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INTERNET REPORTING - Thi https://portal.census.gov	s survey should be completed online at:
Authentication Code:	To view Survey Results:
	https://www.census.gov/programs-surveys/sas.htm
	GENERAL INSTRUCTIONS
 Any significant change i 	in this firm's operations should be noted in 17 .
 For establishments sold this firm. 	or acquired in 2018, report data only for the period the establishments were operated by
	e if book figures are not available.
• Enter "0" where applicate	ole. r two or more detailed lines.
	al basis, except for payroll. \$ Bil. Mil. Thou. Dol.
• Figures should be round	ded to the pearest dellar
	456 it should be reported as ———————————————————————————————————
Include:	
Data for all Services esta Construction operations	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and) as defined by the survey coverage in ① B.
· · · · · · · · · · · · · · · · · · ·	es primarily engaged in supporting services to those establishment(s) such as warehouses,
garages, central adminis	strative offices, and repair services.
1 A. MAILING ADDRESS	
	d mailing address the same as shown in the mailing address above?
	5
Yes	

No - Enter corrections in the mailing address above

Form SA-56220A (DRAFT) Page 2

OHIII OA GOZZOA (DRAFI)					ugo -
1 B. SURVEY COVERAGE					
Did this firm provide the business activities described below?					
Yes					
□ No - Specify this firm's business activity 7					
0002					
2 Not Applicable.					
	uoo in 2	0107			
A. Did this firm experience any acquisitions, sales, mergers, and/or divestitu	res III 2	Ulor			
O016 Yes					
No - Go to 4					
D. Which of the following energicational showns accommoding 20102					
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the	reporting	neriod	explair	in D	
Onock an that apply. If more than one organizational energy coolaries adming the	σροιτιιις	Month		Year	
Acquisition		WOTEN	Бау	T Cal	
□ Sale	0018				
0091 AND					
☐ Merger Enter detailed information below ⊋					
Divestiture					
0017 Name of company	0019 E	IN (9 dig	its)		
		-	1 1	1 1	
Address (Number and street, P.O. Box, etc.)					
City, town, village, etc.	e ZIP C	ode			
			_		

REPORTING PERIOD						
NOTE: Calendar year data are preferred. If they are una months of data for the 2018 calendar year.	vailable, please re	oort for the	fiscal ye	ar that in	ncludes	at least six
What time period is covered by the data provided	in this report?				201	18
				Е	Beginnir	
Calendar year				Month	Day	Year
0006						
Fiscal or partial year - Report beginning and e	ending dates		0007	'		
				D.A	Ending	
				Month	Day	Year
			0008	3		1 1 1
N. A. P. III						
Not Applicable.						
SALES, RECEIPTS, OR REVENUE						
What were the revenues for this firm in 2018?						
Include:						
• Report gross billings, except where noted elsewhere	on the form.					
 Dues and assessments from members and affiliates. Amounts received for work subcontracted to others. 						
 Amounts received for work subcontracted to others. For locations that were sold or acquired during a year 	only report for th	e nerinds t	hat this f	irm oner	rated th	A
locations.	, only report for th	c periods t		пп орсі	atou tii	O
 Revenue from services performed by domestic location 						
	ons of foreign pare	nt firms, su	ıbsidiarie	s, branch	nes, etc	
Revenues from electronic sources.	ons of foreign pare	nt firms, su	ıbsidiarie	s, branch	nes, etc	
• Revenues from electronic sources. Exclude:	ons of foreign pare	nt firms, su	ıbsidiarie	s, brancł	nes, etc	
 Revenues from electronic sources. Exclude: Transfers made within the company. 	· ·					
 Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and 	I paid directly to a	local, state	, or feder	ral tax aç	gency.	
 Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and Rents from and revenue of separately operated depart 	I paid directly to a	local, state	, or feder	ral tax aç	gency.	
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Form SA-56220A (DRAFT) Page 4

REVE	NUES	FROM ELECTRONIC SOURCES						
A. Di	d this	s firm have any revenues from customers er applications in 2018?	ntering orders d	lirectly on	the firm	's website	s or	
004	0	Yes						
		No						
B. Di	d this	s firm have any revenues from customers er applications in 2018?	ntering orders d	lirectly on	third-pai	rty website	es or	
004	1	Yes						
		No						
C. Di (sı	d this uch a	s firm have any revenues from customers er s private networks, dedicated lines, etc.) in	ntering orders v 2018?	ia any otl	ner electr	onic syste	ms	
004	2	Yes						
		No						
D. Of	the t	total 2018 revenues reported in ⑤ ,		2018			2018	
			\$ Bil. Mil.	Thou.	Dol.			t
A-	C abo	ove? Please provide an estimate if				OR ₂₅₀₁		%
	A. Di mo	A. Did this mobile 0040 B. Did this mobile 0041 C. Did this (such a what we what we hat we was A-C abo	mobile applications in 2018? Yes No B. Did this firm have any revenues from customers er mobile applications in 2018? Yes No C. Did this firm have any revenues from customers er (such as private networks, dedicated lines, etc.) in Yes	A. Did this firm have any revenues from customers entering orders of mobile applications in 2018? Yes No B. Did this firm have any revenues from customers entering orders of mobile applications in 2018? Yes No C. Did this firm have any revenues from customers entering orders of (such as private networks, dedicated lines, etc.) in 2018? Yes No D. Of the total 2018 revenues reported in ③, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if	A. Did this firm have any revenues from customers entering orders directly on mobile applications in 2018? Yes No B. Did this firm have any revenues from customers entering orders directly on mobile applications in 2018? Yes No C. Did this firm have any revenues from customers entering orders via any oth (such as private networks, dedicated lines, etc.) in 2018? Yes No D. Of the total 2018 revenues reported in 3, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if	A. Did this firm have any revenues from customers entering orders directly on the firm mobile applications in 2018? Yes No B. Did this firm have any revenues from customers entering orders directly on third-parmobile applications in 2018? Yes No C. Did this firm have any revenues from customers entering orders via any other electrosuch as private networks, dedicated lines, etc.) in 2018? Yes No D. Of the total 2018 revenues reported in ①, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if	A. Did this firm have any revenues from customers entering orders directly on the firm's website mobile applications in 2018? Yes	A. Did this firm have any revenues from customers entering orders directly on the firm's websites or mobile applications in 2018? Yes

9-13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

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	Total ()						1 2.90
14	OPERATING EXPENSES - Continued						
		N	lark "X"			2018	
			f None	\$ 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					1 1
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	1822					
	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					
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b.	1860					1 1
3.	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	1860					
	maintenance fees related to software upgrades and alterations	1826			1 1		
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					
	b. 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						
		1879	Ш				
5.	TOTAL OPERATING EXPENSES						
	Sum of lines 1a through 4b	1900					
15	and 16 Not Applicable.						

)	SA-56220A (DRAFT) Pag REMARKS - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate whe
(REMARKS - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate whe data were estimated.

CONTACT IN	IFORMATION	ON						
Name of perso	n to contact r	egarding this	report (Please p	orint)	Title			
	Area code	Nur	mber	Extension		Area code	Number	
Talanhana					Fax			
Telephone							_	
reiephone								

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

We suggest you keep a copy for your records.

SERVICE ANNUAL SURVEY

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

SA-56220E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 ①.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

	\$ E	3il.		Mil.		Т	hοι	١.		Dol.	
→		1	0	3	0	2	8	0	4	5	6

- 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.

1	A.	MAILING ADDRE	SS
		le this firm's name	an

name and mailing address the same as shown in the mailing address above?

	ш	Yes
0035		
		No - Enter corrections in the mailing address above



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B. SURVEY COVERAGE Did this firm provide the business activities described below? Ves						
Yes	. SURVEY COVERAGE					
FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes OND No - Enter current 9-digit EIN AND date payroll was first reported for this EIN	Did this firm provide the business activities described below?					
FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes 1013 No - Enter current 9-digit EIN AND date payroll was first reported for this EIN						
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No - Specify this firm's business activity 7 0002	Yes					
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FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes O13 No - Enter current 9-digit EIN AND date payroll was first reported for this EIN	0002					
Does this firm report payroll under EIN Yes						
Yes No - Enter current 9-digit EIN AND date payroll was first reported for this EIN						
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ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes	reported for this EIN	. 0015				
ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes No - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Sale AND Enter detailed information below? Divestiture Divestiture Oo17 Name of company Oo19 EIN (9 digits) Address (Number and street, P.O. Box, etc.)				N / + I-		
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Yes No - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Date of organizational change			0088	Month	Day	Yea
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Date of organizational change					Day	Yea
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Date of organizational change	. Did this firm experience any acquisitions, sales, mergers, and/or dives Yes No - Go to 4 Which of the following organizational changes occurred in 2018?		s in 20	period,	explai	n in ① .
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	Did this firm experience any acquisitions, sales, mergers, and/or divessions Yes No - Go to 4 Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during to Acquisition Sale Merger Divestiture Date of organizational change	the rep	oorting . 0018	period, Month	explai	n in ① .
	Did this firm experience any acquisitions, sales, mergers, and/or divessions Yes	the rep	oorting . 0018	period, Month	Day	n in ① .
	Did this firm experience any acquisitions, sales, mergers, and/or divessions Yes	the rep	oorting . 0018	period, Month	Day	n in ① .

	REPORTING PERIOD							
	NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal yea	ar that ir	ncludes	at least s				
	months of data for the 2018 calendar year. What time period is covered by the data provided in this report?		10					
	what time period is covered by the data provided in this report?	В	201 Beginnir					
	☐ Calendar year	Month	Day	Year				
	Fiscal or partial year - Report beginning and ending dates		F.,	D-4-				
		Month	Ending Day	Year				
		Wienen	Day	1001				
	8000							
)	Not Applicable.							
)	SALES, RECEIPTS, OR REVENUE							
	What were the revenues for this firm in 2018?							
	Include:							
	 Report gross billings, except where noted elsewhere on the form. 							
	Dues and assessments from members and affiliates.							
	 Amounts received for work subcontracted to others. For locations that were sold or acquired during a year, only report for the periods that this fire. 	rm oner	ated th	Δ				
	locations.	iiii opei	ateu tii	C				
	• Revenue from services performed by domestic locations of foreign parent firms, subsidiaries, branches, e							
		s, branch	nes, etc					
	Revenues from electronic sources.	s, branch	nes, etc					
	Revenues from electronic sources. Exclude:	s, branch	nes, etc					
	 Revenues from electronic sources. Exclude: Transfers made within the company. 			•				
	Revenues from electronic sources. Exclude:	al tax ag	jency.					
	 Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federa Rents from and revenue of separately operated departments, concessions, etc., which are lea Commissions from vending machine operators. 	al tax ag ased to (gency. others.					
	 Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federa Rents from and revenue of separately operated departments, concessions, etc., which are lea 	al tax ag ased to (gency. others.					
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8	RE	VEN	UES	FROM ELECTRONIC SOURCES							
	A.	Did mok	this	firm have any revenues from customers en applications in 2018?	tering	orders d	lirectly or	the firm	's website	s or	
		0040		Yes							
				No							
	В.			firm have any revenues from customers en applications in 2018?	tering	orders d	lirectly or	third-pai	rty websit	es or	
		0041		Yes							
				No							
	C.	Did (suc	this h as	firm have any revenues from customers en private networks, dedicated lines, etc.) in	tering 2018?	orders v	ia any otl	ner electr	onic syste	ms	
		0042		Yes							
				No							
	D.			otal 2018 revenues reported in G ,		:	2018			2018	
		that	wa	as the dollar amount (or percentage) s from the revenues identified in	\$ Bil.	Mil.	Thou.	Dol.		Percent	
		A-C exac	abo et fi	ve? Please provide an estimate if gures are not available	'	' '			OR ₂₅₀₁		%

9-13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.



REMARKS -	Please use this snace to explain any significant year-to-year changes to clarify response	s or indicate whe
data were est	Please use this space to explain any significant year-to-year changes, to clarify response timated.	s, or maleate wife

Area code

Telephone

E-mail address

Number

	Website address
THANK YOU for completing your 2018 Al	NNUAL SERVICES REPORT.
We suggest you keep a copy for	or your records.

Area code

Fax

Number

Extension



SERVICE ANNUAL SURVEY

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

FORM

2018 ANNUAL SERVICES REPORT

SA-56291A (DRAFT) **Due Date** 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information **CONFIDENTIAL** and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey. INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov **Authentication Code:** To view Survey Results: https://www.census.gov/programs-surveys/sas.html **GENERAL INSTRUCTIONS** • Any significant change in this firm's operations should be noted in 12. • For establishments sold or acquired in 2018, 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. \$ Bil. Mil. Thou. Dol. • Figures should be rounded to the nearest dollar. 030280 • If a figure is \$1,030,280,456 it should be reported as Include: Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) as defined by the survey coverage in **1**B. Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services. A. MAILING ADDRESS Is this firm's name and mailing address the same as shown in the mailing address above? 0035

No - Enter corrections in the mailing address above

Form SA-56291A (DRAFT)

1 B. SURVEY COVERAGE
Did this firm provide the business activities described below?
☐ Yes
0001
□ No - Specify this firm's business activity 7
0002
2 Not Applicable.
3 ORGANIZATIONAL CHANGE
A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?
Yes
0016 No - Go to 4
B. Which of the following organizational changes occurred in 2018?
Check all that apply. If more than one organizational change occurred during the reporting period, explain in ① .
Month Day Year
Acquisition Date of organizational change
Sale Sale AND
Merger
Enter detailed information below?
Divestiture
0017 Name of company 0019 EIN (9 digits)
Address (Number and street, P.O. Box, etc.)
City, town, village, etc.

Form SA-56291A	(DRAFT)	Page
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	onths o	ne period is covered by the data provided in this report?	•					201	18	
		, , , , , , , , , , , , , , , , , , , ,					Beg		ng Dat	te
		Calendar year				Mon	th D	Day	Υ	'ear
0006	3	Fiscal or partial year - Report beginning and ending dates							ı	
		riscal or partial year - neport beginning and ending dates			0	0007	En	adina	Date	
						Mon		Day		ear
								7		
					0	8000				
No	t Appl	icable.								
SA	LES.	RECEIPTS, OR REVENUE								
		ere the revenues for this firm in 2018?								
Inc	clude:									
• R	eport	gross billings, except where noted elsewhere on the form.								
		nd assessments from members and affiliates.								
		ts received for work subcontracted to others.		ا ا	h = 1 - 1 - 1	_ c:				
	or loca ocation	ations that were sold or acquired during a year, only report for ns.	r the perio	as t	nat thi	s firm of	erate	ed the	е	
		e from services performed by domestic locations of foreign pa	arent firms	s, su	bsidia	ries, brai	nches	s, etc.		
• R	levenu	es from electronic sources.								
Ex	clude	1								
		rs made within the company.								
	axes c									
		ollected directly from customers or clients and paid directly to								
	lents f	rom and revenue of separately operated departments, concess								
• C	lents f	rom and revenue of separately operated departments, concess ssions from vending machine operators.	sions, etc.,	whi	ich are	leased t	o oth	ners.	hia II	ıç
• C • R	lents f Commi Levenu	rom and revenue of separately operated departments, concess	sions, etc.,	whi	ich are	leased t	o oth	ners.	bia, U	I.S.
• C • R	lents f Commi Levenu	rom and revenue of separately operated departments, concess ssions from vending machine operators. e of foreign subsidiaries (those located outside the U.S., i.e., o	sions, etc., outside the	whi	ich are	leased t	o oth	ners. oluml	bia, U	I.S.
• C • R	lents f Commi Levenu	rom and revenue of separately operated departments, concess ssions from vending machine operators. e of foreign subsidiaries (those located outside the U.S., i.e., o	sions, etc.,	whie 50	ich are	leased t	o oth of Co 201	ners. oluml		J.S. Dol.
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Form SA-56291A (DRAFT) Page 4

0	07.	,020	(DRAFI)						. ago	,
8	REVE	NUES	FROM ELECTRONIC SOURCES							
			s firm have any revenues from customers e applications in 2018?	ntering	orders d	irectly on	the firm	's websites	or	
	004	0	Yes							
			No							
	B. Di	d this obile	firm have any revenues from customers en applications in 2018?	ntering	orders d	irectly on	third-pa	rty website	s or	
	004	1	Yes							
			No							
	C. Di (sı	d this uch a	s firm have any revenues from customers e s private networks, dedicated lines, etc.) in	ntering 2018?	orders v	ia any oth	er electr	onic systen	ns	
	004	2	Yes							
			No							
	D. Of	the t	cotal 2018 revenues reported in 6 ,		:	2018			2018	
			as the dollar amount (or percentage) s from the revenues identified in	\$ Bil.	Mil.	Thou.	Dol.		Percent	
			ove? Please provide an estimate if				1 1	OR ₂₅₀₁	0	%

9-13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.



	OPERATING EXPENSES - Continued				0010	
		Mark "X" if None	\$ Bil.	Mil.	2018 Thou.	Dol.
1.	Personnel Costs		Ψ Βπ.	14111.	Thou.	Doi:
	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 . 1	1821				1 1
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	1822				
	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		1 1		
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b	1860				
3.	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 1	1826				
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				
	b. 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 7					
5.	TOTAL OPERATING EXPENSES	1879				
Э.		1900		1 1		
15	and 16 Not Applicable.					

)	CONTACT IN	FORMATION					
)			ng this report <i>(Please p</i>	orint)	Title		
)		to contact regardi			Title	Area ando	Mumbar
•		to contact regardi	ng this report (Please p	erint) Extension	Title Fax	Area code	Number
3	Name of persor	to contact regardi	Number	Extension		Area code	

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



SERVICE ANNUAL SURVEY

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

FORM

SA-56291E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as -

	\$ E	3il.		Mil.		1	hοι	١.		Dol.	
→		1	0	3	0	2	8	0	4	5	6

nclude

- 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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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



. SURVEY C	OVED A OF					
	OVERAGE					
Did this fir	rm provide t	he business activities described below?				
☐ Ye	es					
0001	o - Specify th	is firm's business activity 🎖				
	o - Specify til	is initi s business activity y				
000	02					
		NTIFICATION NUMBER (EIN)				
oes this firn	n report pay	roll under EIN				
Yes						
013			EIN	(9 digi	its)	
		9-digit EIN AND date payroll was first his EIN	115	_	1 1	1 1 1
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PRGANIZATIO				8	itti Day	Year
. Did this fin	rm experien	IGE ce any acquisitions, sales, mergers, and/or divestitu		8	illi Day	Yea
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A. Did this fir	rm experien			8	ini bay	Yea
. Did this fin	rm experien es o - <i>Go to</i> 4	ce any acquisitions, sales, mergers, and/or divestitu		8	iiii bay	Yea
. Did this fin	rm experien es o - <i>Go to</i> 4 the followin	ce any acquisitions, sales, mergers, and/or divestitu g organizational changes occurred in 2018?	res in 2	2018?		
. Did this fin	rm experien es o - <i>Go to</i> 4 the followin	ce any acquisitions, sales, mergers, and/or divestitu	res in 2	8 2018?	od, explai	in in ① .
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A. Did this fine of the check all the check	rm experien es o - Go to 4 the following hat apply. If m cquisition ale lerger ivestiture	g organizational changes occurred in 2018? For than one organizational change occurred during the solution of the day of the solution of the s	res in 2	g perio	od, explai	in in ① .
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A. Did this fine of the check all the check	rm experien es o - Go to 4 the following that apply. If n cquisition ale lerger ivestiture of company	g organizational changes occurred in 2018? For than one organizational change occurred during the solution of	res in 2	g perio	od, explai	in in ① .
. Did this fine Out	rm experien es o - Go to 4 the following that apply. If n cquisition ale lerger ivestiture of company	g organizational changes occurred in 2018? nore than one organizational change occurred during the Date of organizational change	res in 2	g perio	od, explai	in in ① .
. Did this fine Out	rm experien es o - Go to 4 the following that apply. If n cquisition ale lerger ivestiture of company	g organizational changes occurred in 2018? nore than one organizational change occurred during the Date of organizational change	res in 2	g perio	od, explaith Day	in in ①. Year

rm SA-56291E (DRAFT)				Pag
REPORTING PERIOD				
NOTE: Calendar year data are preferred. If they are unavailable, please rep months of data for the 2018 calendar year.	ort for the fiscal year	r that ir	ncludes	at least six
What time period is covered by the data provided in this report?			201	18
		В	Beginnir	ng Date
Calendar year		Month	Day	Year
0006				
Fiscal or partial year - Report beginning and ending dates	0007			
			Ending	
		Month	Day	Year
	0008	· ·	·	
Not Applicable.				
SALES, RECEIPTS, OR REVENUE				
What were the revenues for this firm in 2018?				
Include:				
 Report gross billings, except where noted elsewhere on the form. 				
 Dues and assessments from members and affiliates. 				
 Amounts received for work subcontracted to others. 				
 For locations that were sold or acquired during a year, only report for the locations. 	·	·		
 Revenue from services performed by domestic locations of foreign paren Revenues from electronic sources. 	t firms, subsidiaries,	branch	nes, etc	
Exclude:				
Transfers made within the company.				
Taxes collected directly from customers or clients and paid directly to a lients.	ocal, state, or federa	l tax ag	jency.	
• Rents from and revenue of separately operated departments, concessions	s, etc., which are leas	sed to	others.	
 Commissions from vending machine operators. 				
 Revenue of foreign subsidiaries (those located outside the U.S., i.e., outsi Commonwealth Territories, or U.S. possessions). 	ide the 50 states, Dis	trict of	Colum	bia, U.S.

		Mark "X"		2	2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
1.	Nonhazardous Waste and Recyclable Material Consolidation, Storage, and Preparation Services - Include nonhazardous					
	recyclable material recovery preparation services and operations of nonhazardous waste transfer facilities		,			' '
2.	Sale or brokerage of nonhazardous recyclable material - the sale or brokerage of recyclable material (e.g. cardboard,					
	paper, plastics, metals, glass, organic waste) recovered from the nonhazardous waste stream					
3.	Other Waste Management Services - Include septic tank services;					
	cleaning and maintenance for nonhazardous waste holding and drain facilities; and portable toilet rental services					
4.	All other operating revenue - Revenue not reported in lines 1 through 3. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7					
	1799					
5 .	TOTAL OPERATING REVENUE					
	Sum of lines 1 through 4					

7 Not Applicable.

Form SA-56291E (DRAFT)						Page
8 REVENUES FROM ELECTRONIC SOURCES						
A. Did this firm have any revenues from customers er mobile applications in 2018?	ntering	orders d	irectly or	the firm	's websites	or
□ Yes						
□ No						
B. Did this firm have any revenues from customers er mobile applications in 2018?	ntering	j orders d	irectly or	third-pa	rty website	s or
O041 Yes						
□ No						
C. Did this firm have any revenues from customers er (such as private networks, dedicated lines, etc.) in			ia any otl	ner electr	onic syster	ns
□ Yes						
□ No						
D. Of the total 2018 revenues reported in 6,			2018] [2018
what was the dollar amount (or percentage) that was from the revenues identified in	\$ Bil.	Mil.	Thou.	Dol.	1	Percent

9-1	3 Not	Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

A-C above? Please provide an estimate if

Transfers made within the company.

exact figures are not available.

- Capitalized expenses.
- Interest.
- Bad debt.
- Impairment.
- Income tax.
- Expenses 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).

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.



OR ₂₅₀₁

%

Personnel Costs

OPERATING EXPENSES - Continued

Dol.

2018

Thou.

Mil.

Mark "X" if None

\$ Bil.

F		_
	REMARKS - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate who data were estimated.	ere
U	ata were estimated.	

18	CONTACT IN	FORMATI	ON					
	Name of persor	n to contact	regarding thi	is report <i>(Please</i>	print)	Title		
		Area code	N	lumber	Extension		Area code	
	Telephone					Fax		
				-				
	E-mail address					Website address		

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

We suggest you keep a copy for your records.

Number



SERVICE ANNUAL SURVEY

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

2018 ANNUAL SERVICES REPORT

SA-61000A	(DRAFT)
Due Date	
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://www.census.gov/programs-	
surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.	
https://portal.census.gov	s survey should be completed online at: To view Survey Results: https://www.census.gov/programs-surveys/sas.htn
	GENERAL INSTRUCTIONS
• Any significant change in	n this firm's operations should be noted in 17.
this firm.	or acquired in 2018, report data only for the period the establishments were operated by
	e if book figures are not available.
Enter "0" where applicable Do not combine data for	r two or more detailed lines.
	al basis, except for payroll. \$ Bil. Mil. Thou. Dol.
 Figures should be round 	lad to the pearest dellar
• If a figure is \$1,030,280,4	1 0 3 0 2 8 0 4 5 6
Include:	
 Data for all Services esta Construction operations 	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and as defined by the survey coverage in 1 B.
 Data for auxiliary facilities 	es primarily engaged in supporting services to those establishment(s) such as warehouses, strative offices, and repair services.
1 A. MAILING ADDRESS	
	I mailing address the same as shown in the mailing address above?
☐ Yes	
0035 No - Enter co	rrections in the mailing address above

Form	ı S	A-61000	A (DRAFT)													Pa	age 2
1	В.	SURVEY	COVERAGE														
		Did this	firm provide	the bus	siness ac	tivities	s desci	ribed b	elow?								
			Yes														
		0001	No - Specify t	this firm	's busines	s activi	tv フ										
							- / /										
			0002														
2	No	ot Applicab															_
3			TIONAL CHA			_	_		_								
	A.	Did this	firm experie	nce any	acquisit	ions, s	ales, n	nerger	s, and/	or dives	titures	in 20	18?				
			Yes														
		0016	No - Go to 4														
	В.		f the following								tha "an	a mtima		امسا	ain in		
		Спеск ап	that apply. If i	more ina	an one or	yanızatı	ionai ci	iange c	occurre	a auring i	те гер	orung					
			Acquisition										Month	Day		Year	1
			Colo	Date	of organ	izationa	al chang	ge				. 0018					
		0091	Sale	> AND)												
			Merger	Ente	r detailed	inform	ation h	elow z									
			Divestiture	Line	racianca	111101111	ation b	CIOW									
			Divestiture -	J													
		0017 Name	e of company									0019 EI	N (9 di	gits)			
													_				
		Address (I	Number and str	reet, P.O.	Box, etc.)												
		City town	n, village, etc.								State	ZIP Co	do				
		City, town	i, village, etc.								State	211 00	ue				

Form SA-61000A (DRAFT) Page 3

4	REF	PORT	TING PERIOD			
			alendar year data are preferred. If they are unavailable, please report for the fiscal yea of data for the 2018 calendar year.	ar that ii	nclude	s at least six
	Wh	at tir	ne period is covered by the data provided in this report?		20	18
				E	Beginni	ng Date
			Calendar year	Month	Day	Year
	0006					
			Fiscal or partial year - Report beginning and ending dates			
					Ending	g Date
				Month	Day	Year
					I	
			8000			
5	TA	X ST	ATUS			
			s firm or organization operated on a not-for-profit basis?			
	(0031	□ Yes			
			□ No - <i>Go to</i> ⑤			
			all or part of the income of this firm or organization exempt from Federal inc on 501 of the Internal Revenue Code?	ome ta	xes ui	nder
	(0030	□ Yes			

6 SALES, RECEIPTS, OR REVENUE

No

What were the revenues for this firm in 2018?

Include:

- Report gross billings, **except** where noted elsewhere on the form.
- Dues and assessments from members and affiliates.
- · Revenues from electronic sources.

Exclude:

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

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.



Form	1 SA-61000A (DRAFT)			Page 4
6	SALES, RECEIPTS, OR REVENUE - Continued			
			2018	
		\$ Bil.	Mil. Tho	u. Dol.
1.	TOTAL OPERATING REVENUE			
7	Not Applicable.			
8	REVENUES FROM ELECTRONIC SOURCES			
	A. Did this firm have any revenues from customers entering orders directly mobile applications in 2018?	on the fi	rm's website	s or
	☐ Yes			
	□ No			
	B. Did this firm have any revenues from customers entering orders directly mobile applications in 2018?	on third-	party websit	es or
	O041 Yes			
	□ No			
	C. Did this firm have any revenues from customers entering orders via any (such as private networks, dedicated lines, etc.) in 2018?	other elec	ctronic syste	ems
	O042 Yes			
	□ No			
	D. Of the total 2018 revenues reported in 6, 2018			2018
	what was the dollar amount (or percentage) that was from the revenues identified in \$ Bil. Mil. Thou.	Dol.		Percent
	A-C above? Please provide an estimate if exact figures are not available		OR ₂₅₀₁	%
_				

-13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

14	OPERATING EXPENSES - Continued						
		1	Mark "X"			2018	
			if None	\$ Bil.	Mil.	Thou.	Dol.
1.	Personnel Costs					<u> </u>	
	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		, , , , , , , , , , , , , , , , , , ,	1 1		1 1
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	. 1822					
	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					
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b .				1 1		
3.	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						
		1820					
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 						
	b. 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 7						
		1879			1 1	1 1	
5 .	TOTAL OPERATING EXPENSES	1					
	Sum of lines 1a through 4b	1900			1 1		
15	and 16 Not Applicable.						

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

18	

18 CONTACT INFORMATION

Name of persor	n to contact	regarding t	his r	eport <i>(Please p</i>	orint)	Title					
	Area code		Num	nber	Extension		Area code		Num	ber	
Telephone						Fax					
			-						-		
E-mail address						Website address					

We suggest you keep a copy for your records.

SERVICE ANNUAL SURVEY

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

2018 ANNUAL SERVICES REPORT

SA-61000E (DRAFT) **Due Date** 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey. INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov **Authentication Code:** To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 ①.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

	\$ E	Bil.		Mil.		1	hοι	ı.		Dol.	
→		1	0	3	0	2	8	0	4	5	6

- 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.

\mathbf{I}	

A. MAILING ADDRESS

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

0035	Yes
	No - Enter corrections in the mailing address above



	COVERAGE										
Did this	firm provide	the bus	iness ac	tivities d	escribed	below?					
	Yes										
0001											
	No - Specify th	this firm's	s busines:	s activity	7						
	0002										
EDERAL E	MPLOYER IDI	ENTIFIC	ATION N	IUMBER	(EIN)						
	irm report pay				(
Yes	3										
)13								EIN	(9 digi	ts)	
□ No	- Enter current reported for	nt 9-digit I r this EIN	EIN AND 	date pay	roll was fir 	st 	00	115	-		
	,								Mor	nth Day	Yea
								008	8		
	TIONAL CHAI										
. Did this	firm experien		acquisit	ions, sale	es, merge	rs, and/o	r divestitu				
. Did this			acquisiti	ions, sal	es, merge	rs, and/o	r divestitu				
0016 Did this	firm experien	nce any	acquisiti	ions, sal	es, merge	rs, and/o	r divestitu				
0016 Did this	firm experien	nce any									
one one of this one of the original of the ori	firm experient Yes No - <i>Go to</i>	nce any ng organ	nizationa	I change	es occurre	d in 2018	8?	res in 2	2018?	od, expla	in in ① .
oon this	Yes No - Go to 4 f the followin that apply. If n	nce any ng organ	nizationa	I change	es occurre	d in 2018	8?	res in 2	2018?		in in ① .
out this out this out this	Yes No - Go to 4 f the followin that apply. If rown Acquisition	nce any ng organ more tha	n izationa n one org	l change ganization	es occurre al change	d in 2018 occurred	8?	res in 2	g perio		1
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out this out th	Yes No - Go to 4 f the followin that apply. If reaction Acquisition Sale	ng organ more tha Date AND	nizationa n one org of organi	l change ganization zational c	es occurre al change change	d in 2018 occurred	8? during the	res in 2	g perio		1
out this Out this Out this Out this Out this Out this	Yes No - Go to 4 f the followin that apply. If range is a second in the	ng organ more tha Date AND	nizationa n one org of organi	l change ganization zational c	es occurre al change change	d in 2018 occurred	8? during the	res in 2	g perio	th Day	1
out this Out this Out this Out this Out this Out this	firm experient Yes No - Go to 4 f the following that apply. If real Acquisition Sale Merger	ng organ more tha Date AND	nizationa n one org of organi	l change ganization zational c	es occurre al change change	d in 2018 occurred	8? during the	res in 2	g perio	th Day	1
a. Did this 0016 Check all 0091 0017 Name	firm experient Yes No - Go to 4 f the following that apply. If respectively. If respective	ng organ more tha Date AND Enter	nizationa n one org of organi.	l change ganization zational c	es occurre al change change	d in 2018 occurred	8? during the	res in 2	g perio	th Day	1
a. Did this 0016 Check all 0091 0017 Name	Yes No - Go to 4 f the followin that apply. If range is a second in the	ng organ more tha Date AND Enter	nizationa n one org of organi.	l change ganization zational c	es occurre al change change	d in 2018 occurred	8? during the	res in 2	g perio	th Day	1
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Form SA-61000E (DRAFT) Page 3

4	REP	ORT	TING PERIOD				
			alendar year data are preferred. If they are unavailable, please report for the fiscal yea of data for the 2018 calendar year.	r that in	ncludes	s at least si	X
	Wha	ıt tir	ne period is covered by the data provided in this report?		20	18	
				Е	Beginni	ng Date	
			Calendar year	Month	Day	Year	
	0006						
			Fiscal or partial year - Report beginning and ending dates			1 1 1	
					Ending	g Date	
				Month	Day	Year	
			0008				
•	T A Y		ATUS				
5	IAX	SI	ATUS				
	A. Is	s thi	s firm or organization operated on a not-for-profit basis?				

section 501 of the Internal Revenue Code?

B. Was all or part of the income of this firm or organization exempt from Federal income taxes under

O030 Yes

6 SALES, RECEIPTS, OR REVENUE

Yes

No - *Go to* **6**

What were the revenues for this firm in 2018?

Include:

0031

- Report gross billings, except where noted elsewhere on the form.
- Dues and assessments from members and affiliates.
- Revenues from electronic sources.

Exclude:

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

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.



Form	s/	\ -61	000	E (DRAFT)					Page 4
6	SA	LES,	RE	CEIPTS, OR REVENUE - Continued					
							2	018	
						\$ Bil.	Mil.	Thou	. Dol.
1.	то	TAL	OPE	RATING REVENUE	1800				
7	No	t App	lical	ole.					
8	RE	VENI	JES	FROM ELECTRONIC SOURCES					
				firm have any revenues from customers entering applications in 2018?	orders directly	on the f	irm's we	ebsites	s or
		0040		Yes					
				No					
				firm have any revenues from customers entering applications in 2018?	orders directly	on third	-party w	ebsite	es or
		0041		Yes					
				No					
	C.	Did to	this h as	firm have any revenues from customers entering private networks, dedicated lines, etc.) in 2018?	orders via any o	other ele	ctronic	syster	ns
		0042		Yes					
				No					
	D.	Of ti	ne t	otal 2018 revenues reported in ① ,	2018			[2018
				s the dollar amount (or percentage) s from the revenues identified in	Mil. Thou.	Do			Percent
		A-C	abo	ve? Please provide an estimate if gures are not available			OR	2501	%

a	-12	Not Applicable
9	= 13	Not Applicable

OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

REN	ΛΔRKS -	Plaaca uca thic c	nace to evolain any	cianificant year	to-vear changes	to clarify response	e or indicate who
data	were es	mated.	pace to explain any	Sigilificant year	to year changes,	to clarify response	3, or maicate wife

marine of person	i to contact	regarding	unis rep	on (Please	print)	riue						
	Area code		Numb	er	Extension		Area code		Nun	nber		
Telephone						Fax						
			-						-			
E-mail address						Website address						



SERVICE ANNUAL SURVEY

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

FORM

2018 ANNUAL SERVICES REPORT

SA-62000A (DRAFT) **Due Date** 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information **CONFIDENTIAL** and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey. INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov **Authentication Code:** To view Survey Results: https://www.census.gov/programs-surveys/sas.html **GENERAL INSTRUCTIONS** • Any significant change in this firm's operations should be noted in 12. • For establishments sold or acquired in 2018, 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. \$ Bil. Mil. Thou. Dol. • Figures should be rounded to the nearest dollar. 030280 • If a figure is \$1,030,280,456 it should be reported as Include: Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) as defined by the survey coverage in **1**B. Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services. A. MAILING ADDRESS Is this firm's name and mailing address the same as shown in the mailing address above?

No - Enter corrections in the mailing address above

0035

Form SA-62000A (DRAFT) Page 2

	TOLOGO (DRAFI)					r ago <u>-</u>
1 B.	SURVEY COVERAGE					
	Did this firm provide the business activities described below?					
	Yes					
	No - Specify this firm's business activity					
	0002					
2 No	t Applicable.					
	RGANIZATIONAL CHANGE					
	Did this firm experience any acquisitions, sales, mergers, and/or dive	stiture	s in 20	18?		
	Yes Yes					
	No - Go to 4					
В.	Which of the following organizational changes occurred in 2018?					
	Check all that apply. If more than one organizational change occurred during	the rep	orting	period,	explai	n in 🕡.
	Acquisition			Month	Day	Year
	Date of organizational change		. 0018			
	Sale AND					
	Merger					
	Enter detailed information below p					
	Divestiture					
	0017 Name of company		0019 EI	N (9 dig	its)	
				-		
	Address (Number and street, P.O. Box, etc.)					
	City, town, village, etc.	State	ZIP Co	de		
					_	

NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal year that includes at least six months of data for the 2018 calendar year or other partial year data included in the 2018 calendar year.

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

	Calendar year
006	Fiscal year - Report beginning and ending dates
	Partial year - Report beginning and ending dates

		2018								
		Beginning Date								
	Month		Day		Year					
0007										
			En	ding	g Da	ate				
	Month		Da	Day		Yε	ear			
8000										

5 TAX STATUS

A. Is this firm or organization operated on a not-for-profit basis?

0031	Yes
0001	No - Go to

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

		Yes
0030	П	No



What were the revenues for this firm in 2018?

Include:

- Report gross billings, except where noted elsewhere on the form.
- Dues and assessments from members and affiliates.
- · Revenues from electronic sources.

Exclude:

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

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:

1

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

		Mark "X"			2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
•	Net Patient Care Revenue - Using net patient revenues, report your sources of revenue in each of the below categories. Include the value of total patient care operating receipts collected for the reporting period. This figure should be reported net of any negotiated discounts and write-downs for bad debt. Exclude non-patient care revenue such as grants, subsidies, contributions, philanthropy, and sales from gift shops, cafeteria and parking lot receipts					
	 a. Government payers - Report revenues from the following sources: 					
	1. Medicare - Fee for service only from parts A, B and D (exclude part C)					
	2. Medicaid - Fee for service only					
	3. Workers' compensation					
	4. All other government programs - Include programs such as but not limited to: Children's Health Insurance Program (CHIP), Department of Defense (DOD), Civilian Health and Medical Programs of the Department of Veterans Affairs (CHAMPVA), TRICARE, Substance Abuse and Mental Health Services Administration (SAMHSA), and Indian Health Services			1 1	1 1	1 1
	(IHS)					
	nospitals, ficaliti practitioners, outpatient care facilities, etc 9129					

CONTINUE WITH 6 ON PAGE 5

		Mark "X"			2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
yo the re dis re	et Patient Care Revenue - Using net patient revenues, report our sources of revenue in each of the below categories. Include e value of total patient care operating receipts collected for the porting period. This figure should be reported net of any negotiated scounts and write-downs for bad debt. Exclude non-patient care venue such as grants, subsidies, contributions, philanthropy, and les from gift shops, cafeteria and parking lot receipts - Continued					
c.	Private insurance					
	1. Private health insurance, including Medicare and Medicaid managed care plans - Include revenue from medical plans administered by private insurers, including employer sponsored, other group plans, Medicare part C (managed care plans), Medicaid managed care plans, and Federal, State, and Local government health insurance	4111				
	2. Property and casualty insurance - Include revenue from auto and homeowners insurance and other accident/liability insurance. Exclude workers' compensation insurance					
	Patient out-of-pocket from patients and their families - Include all deductibles and co-insurance from private health insurance, Medicare, Medicaid, and other public programs paid by the beneficiary or the family of the beneficiary					
e.	All other sources of revenue for patient care - Include all other sources of revenue for patient care not included in lines 1a1 through 1d - Specify					
		4103				
N	on-Patient Care Revenue	4100				
•	Contributions, gifts, and grants received	1741				
	Investment and property income - Include interest and dividends. Exclude gains (losses) from assets sold					
C.	Revenue from health care providers for non-patient care - Include revenue from health practitioners, hospitals, outpatient care facilities, and all other health care practitioners for non-patient care services provided. Include revenue for medical administration and other administrative services, incentive payments, management fees, medical director fees, etc					
d.	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	4113				
		4105				
	OTAL REVENUE um of lines 1a1 through 2d					
		.000				

Forn	ı S	A-62000A (DRAFT)					Page 6
8	RI	EVENUES FROM ELECTRONIC SOURCES					
	A.	. Did this firm have any revenues from customers er mobile applications in 2018?	ntering orders o	directly	on the firm	's website	es or
		☐ Yes					
		□ No					
	В.	Did this firm have any revenues from customers er mobile applications in 2018?	ntering orders o	directly	on third-pa	rty websit	es or
		O041 Yes					
		No					
	C.	Did this firm have any revenues from customers er (such as private networks, dedicated lines, etc.) in		ia any o	other electr	onic syste	ems
		☐ Yes					
		No					
	D	. Of the total 2018 revenues reported in 6 ,		2010		1	2212
		what was the dollar amount (or percentage)	\$ Bil. Mil.	2018 Thou.	Dol.		2018 Percent
		that was from the revenues identified in A-C above? Please provide an estimate if	Ψ Βπ. Ινπ.	Tilou.	D01.		
		exact figures are not available				OR ₂₅₀₁	%
9	No	ot Applicable.					
10	P	ATIENT VISITS					2018
_							Number
	vi	hat was the total number of patient encounters in 2 sits, home based visits, tele-health visits, and visits	018, including in other health	office b care se	ettings?	4184	
1	No	ot Applicable.					
12	El	LECTRONIC HEALTH RECORDS					
	A.	. Did your firm have expenses for electronic health install and/or maintain these systems in 2018?	record systems	and rela	ated softwa	are and se	rvices to
		Yes					
		No - Go to 1					
						2018	
	_	Million and the details are seen for all and a deliberation		_	\$ Bil. M	il. Tho	u. Dol.
	В.	. What were the total expenses for electronic health in 2018?		4014			
13	No	ot Applicable.					

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

	expenses not reported eisewhere.					
		Mark "X"		2		
		if None	\$ 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 . 18:	21		1 1		1 1
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions	22	1			
	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	23		1 1		
2.	Expensed Materials, Parts, and Supplies (not for resale)					
	 Medical supplies - Materials and supplies used in providing medical services to others. Report medical equipment in line 2b. 	11				
	b. Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3a and leased and rented equipment in line 4b 18	50		1 1		1 1
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 18:	26	l			

CONTINUE WITH 14 ON PAGE 8

Form SA-62000 <i>F</i>	(DRAFT)
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Form	SA-62000A (DRAFT)					Page 8
14	OPERATING EXPENSES - Continued					
•					2010	
		Mark "X" if None		B 4:1	2018	D-I
		ii ivone	\$ Bil.	Mil.	Thou.	Dol.
3.	Expensed Purchased Services - Continued					
	b. Professional liability insurance - The cost of professional					
	liability insurance. Include professional liability insurance premiums and amounts set aside for self-insurance		·			
_		0 🗀				
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		' I		' '	' '
	(e.g., patents, copyrights). Exclude impairment	1 🗆				
	 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 7					
	CAPCHISCS DELOW /					
	1879	9 🗌				
5.	TOTAL OPERATING EXPENSES					
	Sum of lines 1a through 4b	0				
		-				
15	and 16 Not Applicable.					
	data were estimated.					
						į
						ľ

Form SA-62000A (DRAFT) Page 9

Name of person	to contact	regarding	this report	(Please p	rint)	Title					
Telephone	Area code		Number -		Extension		Fax	Area code		Numbe	r
E-mail address						Website address					

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

We suggest you keep a copy for your records.



SERVICE ANNUAL SURVEY

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

FORM

SA-62000E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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
- For establishments sold or acquired in 2018, 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.
- Figures 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

nclude

- 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.

1	A.	MAILING	ADDRE
		le this firm	's name

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

	Yes	
0035		
	No - Enter corrections in the r	~

SS

■ No - Enter corrections in the mailing address above



B. SURVEY COVERAGE

4	REPORT	TING PERIOD				
		alendar year data are preferred. If they are unavailable, pl months of data for the 2018 calendar year or other partial				
	What ti	me period is covered by the data provided in this rep	oort?			
					20	18
		Calendar year		В	Beginni	ng Date
				Month	Day	Year
	0006	Fiscal year - Report beginning and ending dates	0007			
					Ending	g Date
				Month	Day	Year
					ı	
		Partial year - Report beginning and ending dates	0008			

NTU	S
Z	ATU

A. Is this firm or organization operated on a not-for-profit basis?

	Yes
0031	No. Co to G
	No - Go to 6

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

0030	Yes
0030	No

SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

- Report gross billings, except where noted elsewhere on the form.
- Dues and assessments from members and affiliates.
- · Revenues from electronic sources.

Exclude:

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

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.

Revenue from health care providers - Include revenue from hospitals, health practitioners, outpatient care facilities, etc. 9129

 Mark "X"
 2018

 if None
 \$ Bil.
 Mil.
 Thou.
 Dol.

			Ψ Β	 i iiou.	50
your the v repo disco reve	Patient Care Revenue - Using net patient revenues, report sources of revenue in each of the below categories. Include value of total patient care operating receipts collected for the rting period. This figure should be reported net of any negotiated ounts and write-downs for bad debt. Exclude non-patient care nue such as grants, subsidies, contributions, philanthropy, and is from gift shops, cafeteria and parking lot receipts				
	Sovernment payers - Report revenues from the following ources:				
1	. Medicare - Fee for service only from parts A, B and D (exclude part C)	4106			
2	. Medicaid - Fee for service only	4107			
3	. Workers' compensation	4108			
4	as but not limited to: Children's Health Insurance Program (CHIP), Department of Defense (DOD), Civilian Health and Medical Programs of the Department of Veterans Affairs (CHAMPVA), TRICARE, Substance Abuse and Mental Health Services Administration (SAMHSA), and Indian Health Services (IHS)	4109			

CONTINUE WITH 6 ON PAGE 5

Form	SA-62000E	(DRAFT)
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6	SA	ALES, RECEIPTS, OR REVENUE - Continued								
			Mark					2018		
			if No	ne	\$ Bil.	M	il.	Tho	u.	Dol.
1.	yo the rep dis	et Patient Care Revenue - Using net patient revenues, report ur sources of revenue in each of the below categories. Include e value of total patient care operating receipts collected for the porting period. This figure should be reported net of any negotiated accounts and write-downs for bad debt. Exclude non-patient care venue such as grants, subsidies, contributions, philanthropy, and es from gift shops, cafeteria and parking lot receipts - Continued								
	C.	Private insurance								
		1. Private health insurance, including Medicare and Medicaid managed care plans - Include revenue from medical plans administered by private insurers, including employer sponsored, other group plans, Medicare part C (managed care plans), Medicaid managed care plans, and Endaged Care plans Plan			, , , , , , , , , , , , , , , , , , ,					
		Federal, State, and Local government health insurance	4111							
		auto and homeowners insurance and other accident/liability insurance. Exclude workers' compensation insurance	4112							
	d.	Patient out-of-pocket from patients and their families - Include all deductibles and co-insurance from private health insurance, Medicare, Medicaid, and other public programs paid by the beneficiary or the family of the beneficiary	4171				ı			
	e.	All other sources of revenue for patient care - Include all other sources of revenue for patient care not included in lines 1a1 through 1d - Specify								
			4103							
2.	No	on-Patient Care Revenue								
	a.	Contributions, gifts, and grants received	1741							
		Investment and property income - Include interest and dividends. Exclude gains (losses) from assets sold	1742						+	
	C.	Revenue from health care providers for non-patient care - Include revenue from health practitioners, hospitals, outpatient care facilities, and all other health care practitioners for non-patient care services provided. Include revenue for medical administration and other administrative services, incentive payments, management fees, medical director fees, etc								
	d.	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?								
3.	TC	OTAL REVENUE	4105				+		+	
J .		m of lines 1a1 through 2d	1800							

Not Applicable.

orm	n SA-62000E (DRAFT)	Page
8	REVENUES FROM ELECTRONIC SOURCES	
	A. Did this firm have any revenues from customers entering orders directly on the firm's websites or mobile applications in 2018?	
	O040 Yes	
	□ No	
	B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?	
	O041 Yes	
	□ No	
	C. Did this firm have any revenues from customers entering orders via any other electronic systems (such as private networks, dedicated lines, etc.) in 2018?	
	☐ Yes	
	□ No	
	what was the dollar amount (or nercentage)	018
	that was from the revenues identified in A-C above? Please provide an estimate if exact figures are not available	rcent %
9	Not Applicable.	
10	PATIENT VISITS 2018	}
	Numb	er
	What was the total number of patient encounters in 2018, including office based visits, home based visits, tele-health visits, and visits in other health care settings? 4184	
1	Not Applicable.	
12	ELECTRONIC HEALTH RECORDS	
	A. Did your firm have expenses for electronic health record systems and related software and services install and/or maintain these systems in 2018?	; to
	Yes	
	No - Go to 14	
	2018	
	\$ Bil. Mil. Thou.	Dol.
	B. What were the total expenses for electronic health record systems in 2018?	
13	Not Applicable.	

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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

			2018						
		Mark "X" if None	\$ Bi	ı	Mil.	20	Thou		Dol.
Р	Personnel Costs		ΨΟΙ	1.	IVIII.		11100	1.	DOI.
а	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 . 182	n 🗆							1 1
b	Lemployer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.								
С	E. 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	23							
E	expensed Materials, Parts, and Supplies (not for resale)								
а	 Medical supplies - Materials and supplies used in providing medical services to others. Report medical equipment in line 2b. 	1 🗆			1 1				1 1
b	b. Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3a and leased and rented equipment in line 4b.	50							1 1
E	xpensed Purchased Services								
а	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 182	16							1 1

Form	SA-	6200	0E	(DRAFT)
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	OPERATING EXPENSES - Continued					
	OF LINA HING EXPENSES - Continued				2040	
		Mark "X" if None	\$ Bil.	Mil.	2018 Thou.	Dol.
3.	Expanded Durchard Continued		ψ υπ.	IVIII.	i iiou.	DOI.
3.	Expensed Purchased Services - Continuedb. Professional liability insurance - The cost of professional					
	liability insurance. Include professional liability insurance					
	premiums and amounts set aside for self-insurance 4010					
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					
	b. 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 7					
	1879					
5.	TOTAL OPERATING EXPENSES					
	Sum of lines 1a through 4b			1 1		1 1
15	and 16 Not Applicable.					
17	REMARKS - Please use this space to explain any significant year-to-year of	hongoo ta	olorifi.	roopon	on orindia	to whore
V	data were estimated.	nanges, ic	Clarity	respons	ses, or maice	ite wilete

Form SA-62000E (DRAFT) Page 9

A	Area code	Nι	ımber	Extension		Area code	Number
Telephone		-			Fax		-
E-mail address					Website address		

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

We suggest you keep a copy for your records.

SERVICE ANNUAL SURVEY

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

2018 ANNUAL SERVICES REPORT

SA-62150A	(DRAFT)
Due Date	
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://www.census.gov/programs-	
surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and	
182 authorizes this collection. Sections 224 and 225 require your	
response. The U.S. Census Bureau is required by Section 9 of the	
same law to keep your information CONFIDENTIAL and can use your	
responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses	
in a way that could identify your business, organization, or institution.	
Per the Federal Cybersecurity Enhancement Act of 2015, your data	
are protected from cybersecurity risks through screening of the	
systems that transmit your data. This collection has been approved	
by the Office of Management and Budget (OMB). The eight-digit OMB	
approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we	
could not conduct this survey.	
INTERNET REPORTING - This https://portal.census.gov	s survey should be completed online at:
Authentication Code:	To view Survey Results:
	https://www.census.gov/programs-surveys/sas.html
	GENERAL INSTRUCTIONS
 Any significant change i 	n this firm's operations should be noted in 12.
 For establishments sold this firm. 	or acquired in 2018, report data only for the period the establishments were operated by
	e if book figures are not available.
• Enter "0" where applicate	ole. r two or more detailed lines.
	al basis, except for payroll. \$ Bil. Mil. Thou. Dol.
• Figures should be round	
• It a figure is \$1,030,280,4	456 it should be reported as TIOSOZSOTS
Data for all Services esta	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and
	as defined by the survey coverage in 1 B. es primarily engaged in supporting services to those establishment(s) such as warehouses,
garages, central adminis	strative offices, and repair services.
1 A. MAILING ADDRESS	
Is this firm's name and	d mailing address the same as shown in the mailing address above?
☐ Yes	
No - Enter co	prrections in the mailing address above

orn	ı S/	A-62	2150	DA (DRAFT)		Page	2 ؛
0	В.	SUF	RVEY	Y COVERAGE			
		Did	this	firm provide	the business activities described below?		
		0001		Yes			
				No - Specify t	this firm's business activity 7		
				0002			
	NI-	. Λ					
2			plical		NOT		
3				TIONAL CHA	nce any acquisitions, sales, mergers, and/or divestitures in 2018?		
				Yes	,,,		
		0016					
				No - <i>Go to</i> 4			
	В.				ng organizational changes occurred in 2018? more than one organizational change occurred during the reporting period,	explain in 17	
		•		~	Month	Day Year	
			Ш	Acquisition	Date of organizational change		
		0091		Sale	> AND		
				Merger	Enter detailed information below		
				Divestiture			
		0017	Nam	ne of company	0019 EIN (9 digi	te)	
		0017	IVali	ic or company	outs Elivio digi		
		Add	lress	(Number and str	eet, P.O. Box, etc.)		
		City	, tow	n, village, etc.	State ZIP Code		
						-	

report for the data included	d in the 20)18 cale	ndar ye	ar.
			201	8
		В	eginnin	g Date
		Month	Day	Year
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		Wonth	Day	Year
	8000			
the periods t	hat this fi	m oper	ated the	е
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ions, etc., wiii	cii are iea	seu to t	Juleis.	
utside the 50	states, Dis	strict of	Columb	oia, U.S.
Mark "X" if None	\$ Ril			Dol.
· ·	Ψ Β		mour	Bon
4106				
4100	-	+++	++	
4107				
4108				
4109				
9129				+++
3123				
4				
	a local, state, ions, etc., whi utside the 50 Mark "X" if None	the periods that this firms, subsidiaries, a local, state, or federations, etc., which are least utside the 50 states, Distance of the states, Distance of the states, Distance of the states, Distance of the states, Distance of the states, Distance of the states, Distance of the states, Distance of the states, Distance of the states of t	Month Mo	the periods that this firm operated the periods that this firm operated the arent firms, subsidiaries, branches, etc. a local, state, or federal tax agency. ions, etc., which are leased to others. utside the 50 states, District of Columb Mark "X" 2018 if None \$Bil. Mil. Thou.

					0040	
		Mark "X" if None	\$ Bil.	Mil.	2018 Thou.	Do
th re di re	Let Patient Care Revenue - Using net patient revenues, report our sources of revenue in each of the below categories. Include he value of total patient care operating receipts collected for the exporting period. This figure should be reported net of any negotiated iscounts and write-downs for bad debt. Exclude non-patient care evenue such as grants, subsidies, contributions, philanthropy, and hales from gift shops, cafeteria and parking lot receipts - Continued		ф БП.	IVIII.	mou.	
C	Private insurance					
	1. Private health insurance, including Medicare and Medicaid managed care plans - Include revenue from medical plans administered by private insurers, including employer sponsored, other group plans, Medicare part C (managed care plans), Medicaid managed care plans, and Federal, State, and Local government health insurance 4111					
	2. Property and casualty insurance - Include revenue from auto and homeowners insurance and other accident/liability insurance. Exclude workers' compensation insurance 4112			1 1		
d	Patient out-of-pocket from patients and their families - Include all deductibles and co-insurance from private health insurance, Medicare, Medicaid, and other public programs paid by the beneficiary or the family of the beneficiary					
e	all other sources of revenue for patient care - Include all other sources of revenue for patient care not included in lines 1a1 through 1d - Specify					
	4103					
N	on-Patient Care Revenue					
	Out the three effects and a section of					
	 Contributions, gifts, and grants received					
C	Revenue from health care providers for non-patient care - Include revenue from health practitioners, hospitals, outpatient care facilities, and all other health care practitioners for non-patient care services provided. Include revenue for medical administration and other administrative services, incentive payments, management fees, medical director fees, etc 4113					
d	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					
	OTAL REVENUE um of lines 1a1 through 2d					
N	ot Applicable.					

B. What were the total expenses for electronic health record systems

	in 2018? .	 ٠	٠	٠	٠	÷	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	•	٠	٠	٠	٠	4014
13	Not Applicable.																														

52151055

\$ Bil.

Mil.

Thou.

Dol.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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

						20)18		
		Mark "X" if None	\$ B	1	Mil.	20	Thou		Dol.
P	Personnel Costs		Ψυ	1.	IVIII.		11100	1.	D01.
_	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 . 182	1 🔲			1 1				
b	legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions	2							
C	E. 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	3 🗆		T					
E	expensed Materials, Parts, and Supplies (not for resale)					,			'
а	 Medical supplies - Materials and supplies used in providing medical services to others. Report medical equipment in line 2b. 401 	1							1
b	b. Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3a and leased and rented equipment in line 4b 186	0 🗆			1 1				
E	xpensed Purchased Services						Ċ		Ċ
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 182	6							

Form	SA-62	150A	(DRAFT)
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14	OPERATING EXPENSES - Continued					
		Mark "X			2018	D 1
		if None	\$ Bil.	Mil.	Thou.	Dol.
3.	Expensed Purchased Services - Continued					
	 Professional liability insurance - The cost of professional liability insurance. Include professional liability insurance 					
	premiums and amounts set aside for self-insurance	4010				
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		1 1		1 1
	b. 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?					
		1879		1 1		
5.	TOTAL OPERATING EXPENSES					1
	Sum of lines 1a through 4b	1900				

SA-62150A (DRAFT)	Page
REMARKS - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate data were estimated.	where
data were estimated.	

18	CONTACT IN	FORMATI	ON							E
	Name of person	n to contact	regarding t	this report (<i>Please p</i>	Title					
		Area code		Number	Extension		Area code	N	lumber	
	Telephone			_		Fax				
									_	
	E-mail address					Website address				

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

We suggest you keep a copy for your records.

TOP THE CONTROL OF TH

SERVICE ANNUAL SURVEY

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

FORM

SA-62150E

(DRAFT)

2018 ANNUAL SERVICES REPORT

5A-02 130L	(DIALI)
Due Date	
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://www.census.gov/programs- surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and	
Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.	

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 **10**.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as -

	\$ E	3il.		Mil.		1	hοι	١.		Dol.			
→		1	0	3	0	2	8	0	4	5	6		

nclude

- 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.

- 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

No - Enter corrections in the mailing address above



Did this firm provide the business activities described below? Yes	Did this	COVERAGE								
No - Specify this firm's business activity 7 00002 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes Yes No - Enter current 9-digit EIN AND date payroll was first reported for this EIN		firm provide the business activities described below?								
No - Specify this firm's business activity 7 00002 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes Yes No - Enter current 9-digit EIN AND date payroll was first reported for this EIN										
No - Specify this firm's business activity 7 00002 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes Yes No - Enter current 9-digit EIN AND date payroll was first reported for this EIN										
No - Specify this firm's business activity										
No - Specify this firm's business activity										
No - Specify this firm's business activity 7										
PEDERAL 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										
No - Specify this firm's business activity 7 00002 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes Yes No - Enter current 9-digit EIN AND date payroll was first reported for this EIN										
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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	0001	No. Specify this firm's hypiness estivity								
Does this firm report payroll under EIN Yes No - Enter current 9-digit EIN AND date payroll was first reported for this EIN		No - Specify this firm's business activity y								
Does this firm report payroll under EIN Yes		0002								
Does this firm report payroll under EIN Yes	EDERAL E	MDI OVER IDENTIFICATION NUMBER (FIN)								
Yes										
No - Enter current 9-digit EIN AND date payroll was first reported for this EIN										
No - Enter current 9-digit EIN AND date payroll was first reported for this EIN		-	FIN (9	digits)						
ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes One No - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Date of organizational change Date of organizational change AND Enter detailed information below Divestiture Divestiture One One EIN (9 digits) Address (Number and street, P.O. Box, etc.)	□ No	- Enter current 9-digit EIN AND date payroll was first	LIIV (O	_ aigito,						
ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes No - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Sale Month Day Year Date of organizational change		reported for this EIN								
A Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes ONO - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Check all that apply. If more than one organizational change occurred during the reporting period, explain in Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Date of organizational change AND Enter detailed information below Divestiture Outs EIN (9 digits) Address (Number and street, P.O. Box, etc.)				Month	Day	Year				
A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes			0088	1						
A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes	DC ANIZA	CONAL CHANGE								
Yes			in 20	187						
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in ①. Acquisition Sale AND Enter detailed information below Divestiture Output Dive			20							
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Date of organizational change										
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Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Sale AND Inter detailed information below Divestiture Divestiture Divestiture Address (Number and street, P.O. Box, etc.)		No - <i>Go to</i> 4								
Acquisition Sale AND In the image of organizational change										
Date of organizational change	B. Which o	the following organizational changes occurred in 2018?	orting	period,	explai	n in ① .				
Sale AND Enter detailed information below Divestiture Output Output Divestiture AND Enter detailed information below Output Output AND Enter detailed information below AND Enter detailed information below Address (Number and street, P.O. Box, etc.)	B. Which o	the following organizational changes occurred in 2018? that apply. If more than one organizational change occurred during the repo	-		-					
Merger Divestiture Divestiture Enter detailed information below	B. Which o	the following organizational changes occurred in 2018? that apply. If more than one organizational change occurred during the repo			-					
Divestiture Dives	B. Which o Check all	the following organizational changes occurred in 2018? that apply. If more than one organizational change occurred during the reportant states of the control of the contro			-					
Name of company Outs EIN (9 digits) Address (Number and street, P.O. Box, etc.)	B. Which o Check all	the following organizational changes occurred in 2018? that apply. If more than one organizational change occurred during the reportant apply. Acquisition Date of organizational change			-					
Address (Number and street, P.O. Box, etc.)	B. Which o Check all	the following organizational changes occurred in 2018? that apply. If more than one organizational change occurred during the report Acquisition Date of organizational change			-					
	B. Which o Check all	the following organizational changes occurred in 2018? that apply. If more than one organizational change occurred during the report Acquisition Date of organizational change			-					
	B. Which o Check all	the following organizational changes occurred in 2018? that apply. If more than one organizational change occurred during the report Acquisition Bale AND Merger Enter detailed information below p	. 0018	Month	Day					
City, town, village, etc. State ZIP Code	B. Which o Check all	the following organizational changes occurred in 2018? that apply. If more than one organizational change occurred during the report Acquisition Bale AND Merger Enter detailed information below p	. 0018	Month	Day					
City, town, village, etc. State ZIP Code	B. Which o Check all	the following organizational changes occurred in 2018? that apply. If more than one organizational change occurred during the report Acquisition Date of organizational change	. 0018	Month	Day					
enty, town, vinage, etc.	B. Which o Check all	the following organizational changes occurred in 2018? that apply. If more than one organizational change occurred during the report Acquisition Date of organizational change	. 0018	Month	Day					
	O091 Address (the following organizational changes occurred in 2018? that apply. If more than one organizational change occurred during the report Acquisition Date of organizational change	. 0018 0019 EII	Month N (9 dig	Day					
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N	SA-62150E	(DRAFT)								Pa	age 3
N le	EPORTING P	ERIOD									
le	IOTE: Calenda	r year data are p	referred. If they are u	unavailable, p	lease repo	ort for the	fiscal ye	ar that i	includes	at	
	east six month	s of data for the	2018 calendar year o	or other partia	ıl year dat	a include	d in the 2	018 cal	endar ye	ear.	
V	Vhat time pe	riod is covered	by the data provid	ed in this re	port?						
									20	18	
	Calen	dar year							Beginniı		
								Month	Day	Year	
00	oo6 ☐ Fiscal	year - Report be	ginning and ending	dates			0007			1 1	ı
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	Partia	l year - <i>Report be</i>	eginning and ending	dates			0008				
N	lot Applicable.										
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		PTS, OR REVEN									
		e revenues for t	this firm in 2018?								
	nclude: Report gross	hillings excent s	where noted elsewhe	ere on the for	m						
		_	nembers and affiliate								
•	Amounts rece	ived for work su	bcontracted to others	s.							
		that were sold or	r acquired during a y	ear, only rep	ort for the	periods t	hat this f	irm ope	rated th	ie	
	locations. Revenue from	services perforr	ned by domestic loca	ations of fore	an parent	firms, su	bsidiarie	s. branc	hes, etc	: .	
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		de within the con									
			customers or clients a								
		•	parately operated dep achine operators.	partments, co	ncessions	, etc., wh	ich are le	ased to	others.		
			es (those located outs	side the U.S	i e outsid	de the 50	states D	strict o	f Colum	bia U.S	
	Commonwea	th Territories, or	U.S. possessions).	ordo ino Oron,	noi, outor	40 1110 00	014100/ 2	011101 0	· Colain	514, 5151	
						Mark "X"			2018		
						if None	\$ Bil.	Mil.	Thou	. Do	l.
N	let Patient C	are Revenue - U	Ising net patient reve of the below catego	enues, report							
th	ne value of tot	al patient care or	perating receipts coll	ected for the							
			ould be reported net oad debt. Exclude no								
u.	evenue such a	s grants, subsidie	es, contributions, phi	ilanthropy, ar							
re	_	shops, cafeteria a	and parking lot receive	nts							
re sa	Caramma		· •	•							
re sa		nt payers - Repo	ort revenues from the	•							
re sa	sources:		ort revenues from the	e following				T 1			ı
re sa	sources:	re - Fee for service	· •	e following , B and D	4106			1 1			
re sa	sources: 1. Medicar (exclude	re - Fee for service part C)	ort revenues from the	e following , B and D							
re sa	sources: 1. Medicar (exclude	re - Fee for service part C)	ort revenues from the	e following , B and D							
re sa	sources: 1. Medicai (exclude 2. Medicai	re - Fee for service part C)	ort revenues from the ce only from parts A,	e following , B and D	4107						
re sa	1. Medical (exclude 2. Medical 3. Workers 4. All other	re - Fee for service part C) id - Fee for services' compensation or government p	ce only from parts A, ce only from parts A, ce only	e following , B and D	4107			+ +			
re sa	 Medical (exclude Medical Medical Workers All others as but no 	re - Fee for service part C) id - Fee for services' compensation or government pot limited to: Chil	ce only from parts A, ce only	programs su	4107						
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re sa	3. Workers 4. All other (CHIP), EMedical (CHAMP	re - Fee for service part C) id - Fee for services' compensation are government problem to the compensation of Department of Department of the VA), TRICARE, Su	ce only from parts A, ce only from parts A, ce only ce only corograms - Include Idren's Health Insura fense (DOD), Civilian Department of Veter ubstance Abuse and	programs su nce Program Health and rans Affairs Mental Health	4107 4108 ch						+
re sa	3. Workers 4. All other (CHIP), EMedical (CHAMP Services	re - Fee for service part C)	ce only from parts A, ce only ce only ce only ce only ce only corograms - Include Idren's Health Insura fense (DOD), Civilian Department of Veter	programs sunce Program Health and tans Affairs Mental Health Servine Health Servi	4107 4108 ch nices			+ + + + + + + + + + + + + + + + + + + +			
re sa a.	3. Workers 4. All other as but no (CHIP), EMEDICAL (CHAMP Services (IHS)	re - Fee for service part C) id - Fee for services compensation regovernment probability in the programs of the Programs of the VA), TRICARE, Suadministration (ce only from parts A, ce only from parts A, ce only ce only ce only ce only ce only ce only ce only corograms - Include dren's Health Insura fense (DOD), Civilian Department of Veter ubstance Abuse and SAMHSA), and India	programs sunce Program Health and rans Affairs Mental Health Service revenue fro	4107 4108 ch rices 4109						+ + + + + + + + + + + + + + + + + + + +
re sa a.	3. Workers 4. All other as but no (CHIP), EMEDICAL (CHAMP Services (IHS)	re - Fee for service part C) id - Fee for services compensation regovernment probability in the programs of the Programs of the VA), TRICARE, Suadministration (ce only from parts A, ce only from parts A, ce only from parts A, ce only from parts A, ce only from the original from t	programs sunce Program Health and rans Affairs Mental Health Service revenue fro	4107 4108 ch rices 4109						+ + + + + + + + + + + + + + + + + + + +
re sa a.	3. Workers 4. All other as but no (CHIP), EMEDICAL (CHAMP Services (IHS)	re - Fee for service part C) id - Fee for services compensation regovernment probability in the programs of the Programs of the VA), TRICARE, Suadministration (ce only from parts A, ce only from parts A, ce only ce only ce only ce only ce only ce only ce only corograms - Include dren's Health Insura fense (DOD), Civilian Department of Veter ubstance Abuse and SAMHSA), and India	programs sunce Program Health and rans Affairs Mental Health Service revenue fro	4107 4108 ch rices 4109			+ + + + + + + + + + + + + + + + + + + +			+
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Form	SA-62	150E	(DRAFT)
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6	SA	ALES, RECEIPTS, OR REVENUE - Continued									
				∕lark "X"			20	018			
				if None	\$ Bil.	Mil.		Thou	۱.	Dol.	
1.	yo the rep dis	et Patient Care Revenue - Using net patient revenues, report four sources of revenue in each of the below categories. Include evalue of total patient care operating receipts collected for the corting period. This figure should be reported net of any negotiated accounts and write-downs for bad debt. Exclude non-patient care wenue such as grants, subsidies, contributions, philanthropy, and les from gift shops, cafeteria and parking lot receipts - Continued	l								
	C.	Private insurance									
		1. Private health insurance, including Medicare and Medicaid managed care plans - Include revenue from medical plans administered by private insurers, including employer sponsored, other group plans, Medicare part C (managed care plans), Medicaid managed care plans, and Federal, State, and Local government health insurance	. <i>4</i> 111			1 1					
		2. Property and casualty insurance - Include revenue from	. 4								
		auto and homeowners insurance and other accident/liability insurance. Exclude workers' compensation insurance	. 4112								
	d.	Patient out-of-pocket from patients and their families - Include all deductibles and co-insurance from private health insurance, Medicare, Medicaid, and other public programs paid by the beneficiary or the family of the beneficiary	. 4102					1			
	e.	All other sources of revenue for patient care - Include all other sources of revenue for patient care not included in lines 1a1 through 1d - Specify									
			4103				\Box				
2.	No	n-Patient Care Revenue									
	•	Contributions, gifts, and grants received	4744		1	1 1		ı	'		
		Investment and property income - Include interest and	. 1/41						\vdash		
	~.	dividends. Exclude gains (losses) from assets sold	. 1742								
	C.	Revenue from health care providers for non-patient care - Include revenue from health practitioners, hospitals, outpatient care facilities, and all other health care practitioners for non-patient care services provided. Include revenue for medical administration and other administrative services, incentive payments, management fees, medical director fees, etc	. 4113			1 1					
	d.	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									
2	T	OTAL REVENUE	4105				_		\vdash		
3.		m of lines 1a1 through 2d	1800								L
											_

7 Not Applicable.

Form	ı S	A-62	2150	E	(DRAFT)																Page
8	RE	VEN	UES	FRO	M ELE	CTRO	NIC S	SOUR	CES												
	A.					any re s in 20			m cust	tom	ers ei	nterin	g orde	rs di	irectly (on th	e firm	's we	ebsite	s or	
		0040		Yes																	
				No																	
	В.					any re s in 20			m cust	tom	ers ei	nterin	g orde	rs di	irectly (on th	ird-pa	rty w	ebsit	es or	
		0041		Yes																	
				No																	
	C.								om cust ed lines					rs vi	ia any o	ther	electr	onic	syste	ms	
		0042		Yes																	
				No																	
	D.	Of 1	he t	otal	2018 r	evenu	es re	porte	d in 6 ,	,				2	018]		2	2018
		whatha:	at wa	as th s fro	e dolla m the	r amo	unt (d	or per dentif	rcentag	je)		\$ Bil.	Mil		Thou.		Dol.			_	ercent
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9-	-Œ	No	ot Ap	plical	ole.																
12	EL	ECT	RON	IC H	EALTH	RECO	RDS	;													
	A.	Did inst	you all a	r firn nd/o	n have r main	expen tain th	ises f	for ele syster	ectroni ns in 2	c he 018	alth i	record	l syste	ms a	and rela	ated	softwa	are aı	nd sei	vice	s to
				Yes																	

	No - <i>Go to</i> 14

	\$ Bil.	Mil.	Thou.	Dol.
B. What were the total expenses for electronic health record systems in 2018?				

13 Not Applicable.

62150057



2018

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

,	expenses not reported eisewhere.					
		Mark "X"		:	2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
	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 . 1	821		1 1		1 1
	legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	822				
(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	823		1 1		
2. I	Expensed Materials, Parts, and Supplies (not for resale)					
ŧ	 Medical supplies - Materials and supplies used in providing medical services to others. Report medical equipment in line 2b. 	l011				
1	b. Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3a and leased and rented equipment in line 4b 1	860				
3. I	Expensed Purchased Services					
	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 1	826		1 1		
	CONTINUE WITH 🔞 ON PAGE :	7				

Form	SA-62	150E	(DRAFT)
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-orm	SA-62150E (DRAFT)					Page 7
14	OPERATING EXPENSES - Continued					
		Mark "X"		:	2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
3.	Expensed Purchased Services - Continued					
	b. Professional liability insurance - The cost of professional liability insurance. Include professional liability insurance premiums and amounts set aside for self-insurance					1 1
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	1 🔲		1 1		1 1
	b. 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 7					
	1879	9 🗌		1 1		
5.	TOTAL OPERATING EXPENSES					
	Sum of lines 1a through 4b	0				

REMARKS - Please us data were estimated.	se this space to explain	any significant year-to	-year changes, to clari	fy responses, or in	dicate whe

18	CONTACT	INFORMATION

Marrie or persor	i to contact	regarding	uns	report (Frease p	11111/	Title							
	Area code		Nun	nber	Extension		Area code		Number				
Telephone		_				Fax							
			_						_				
E-mail address						Website address							

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

We suggest you keep a copy for your records.

SERVICE ANNUAL SURVEY

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

2018 ANNUAL SERVICES REPORT

SA-62190A	(DRAFT)
Due Date	
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://www.census.gov/programs- surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.	
https://portal.census.gov	s survey should be completed online at:
Authentication Code:	To view Survey Results: https://www.census.gov/programs-surveys/sas.htm
	GENERAL INSTRUCTIONS
 For establishments sold this firm. 	n this firm's operations should be noted in 17 . or acquired in 2018, report data only for the period the establishments were operated by
Enter "0" where applicate	e if book figures are not available. ole. otwo or more detailed lines.
	al basis, except for payroll. \$ Bil. Mil. Thou. Dol.
 Figures should be round 	led to the nearest dollar.
	456 it should be reported as $ + 1030280736 $
Include: • Data for all Services esta	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and
Construction operations	as defined by the survey coverage in 1 B.
	es primarily engaged in supporting services to those establishment(s) such as warehouses, strative offices, and repair services.
A. MAILING ADDRESS le this firm's name and	I mailing address the same as shown in the mailing address above?
	maining address the same as shown in the mailing address above:
Ves Yes	
_	rrections in the mailing address above

Form SA-62190A (DRAFT) Page 2

Orn	. 07	H-02	. 190	' (DKAFI)															raye 2
0	В.	SUF	RVEY	COV	ERAGE															
		Did	this	firm	provide	the b	usine	ss acti	ivitie	es des	cribe	d belo	ow?							
				Yes																
		0001	Ш	168																
				No -	Specify t	this firm	n's bu	ısiness	activ	vity 🍞										
				0002																
2	No	t Ap	plical	ble.																
3	OR	RGAI	VIZA	TION	AL CHA	NGE														
	A.	Did	this	firm	experie	nce an	ny acq	quisitio	ons, s	sales,	merç	gers, a	and/o	r dives	titure	s in 20)18?			
				Yes																
		0016																		
				No -	Go to 4															
	В.	Whi	ich o	f the	followir	ng org	aniza	tional	l chan	nges d	occur	rred in	1 20 18	3?						
		Che	ck alı	l that a	apply. If i	more t	han oi	ne orga	anizat	tional (chang	ge occ	urred (during t	the rep	orting	period,	expla	in in (D.
				\ cau	isition												Month	Day	,	Year
				Acqui	isition	Da	te of a	organiza	zationa	al chai	nae .					. 0018				
		0091		Sale		<i>Α</i> Λ														
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		Add	lress ((Numb	er and stre	eet. P.O). Box.	etc.)												
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		City	, towi	n, villa	ge, etc.										State	ZIP Co	ae			1 1
																		-		1 1

NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal year that includes at least six months of data for the 2018 calendar year or other partial year data included in the 2018 calendar year.

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

		Calendar year
0006	Ш	Fiscal year - Report beginning and ending dates

	2018									
	Beginning Date									
	Мо	nth	D	ay						
0007										
	Ending Date									
	Мо	nth	D	ay		Yε	ar			
0000										

5 TAX STATUS

A. Is this firm or organization operated on a not-for-profit basis?

Partial year - Report beginning and ending dates

	Yes
0031	
	No - Go to 6

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

	Yes
0030	
	No



SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

- Report gross billings, except where noted elsewhere on the form.
- · Dues and assessments from members and affiliates.
- · Revenues from electronic sources.

Exclude:

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

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:

1.

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

	IVIAIK A				
	if None	\$ Bil.	Mil.	Thou.	Dol.
Net Patient Care Revenue - Using net patient revenues, report your sources of revenue in each of the below categories. Include the value of total patient care operating receipts collected for the reporting period. This figure should be reported net of any negotiated discounts and write-downs for bad debt. Exclude non-patient care revenue such as grants, subsidies, contributions, philanthropy, and sales from gift shops, cafeteria and parking lot receipts					
 a. Government payers - Report revenues from the following sources: 					
1. Medicare - Fee for service only from parts A, B and D (exclude part C)					
2. Medicaid - Fee for service only					
3. Workers' compensation					
4. All other government programs - Include programs such as but not limited to: Children's Health Insurance Program (CHIP), Department of Defense (DOD), Civilian Health and Medical Programs of the Department of Veterans Affairs (CHAMPVA), TRICARE, Substance Abuse and Mental Health Services Administration (SAMHSA), and Indian Health Services (IHS)				1 1	
b. Revenue from health care providers - Include revenue from hospitals, health practitioners, outpatient care facilities, etc 9129					

2018

orm	SA-62190A (DRAFT)					Page 5		
6	SALES, RECEIPTS, OR REVENUE - Continued							
		Mark "X"	2018					
		if None	\$ Bil.	Mil.	Thou.	Dol.		
1.	Net Patient Care Revenue - Using net patient revenues, report your sources of revenue in each of the below categories. Include the value of total patient care operating receipts collected for the reporting period. This figure should be reported net of any negotiated discounts and write-downs for bad debt. Exclude non-patient care revenue such as grants, subsidies, contributions, philanthropy, and sales from gift shops, cafeteria and parking lot receipts - Continued							
	c. Private insurance							
	1. Private health insurance, including Medicare and Medicaid managed care plans - Include revenue from medical plans administered by private insurers, including employer sponsored, other group plans, Medicare part C (managed care plans), Medicaid managed care plans, and		1			1 1		
	Federal, State, and Local government health insurance 411 2. Property and casualty insurance - Include revenue from	1 🗆						
	auto and homeowners insurance and other accident/liability insurance. Exclude workers' compensation insurance 411	2						
	d. Patient out-of-pocket from patients and their families -							
	Include all deductibles and co-insurance from private health insurance, Medicare, Medicaid, and other public programs paid by the beneficiary or the family of the beneficiary	11 🗆				1 1		
	e. All other sources of revenue for patient care - Include all other sources of revenue for patient care not included in lines 1a1 through 1d - Specify							
			1					
	410)3						
2.	Non-Patient Care Revenue							
	a Contributions sifts and grants received	11	'	1 1		1 1		
	a. Contributions, gifts, and grants received	11 🗀						
	b. Investment and property income - Include interest and dividends. Exclude gains (losses) from assets sold	12		1 1		1 1		
	c. Revenue from health care providers for non-patient care - Include revenue from health practitioners, hospitals, outpatient care facilities, and all other health care practitioners for non-patient care services provided. Include revenue for medical administration and other administrative services, incentive payments, management fees, medical director fees, etc	з 🗆						
	d. 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?							
	410	05						
3.	TOTAL REVENUE							
	Sum of lines 1a1 through 2d	00						
7	Not Applicable.							

orn	า 5/	A-62	190	A (DRAFT)							Page
8		Did	this	FROM ELECTRONIC SOURCES firm have any revenues from customers enapplications in 2018?	tering	orders	directly	on the	e firm's	website	s or
		0040		Yes							
				No							
	В.	Did mob	this ile a	firm have any revenues from customers en applications in 2018?	itering	orders	directly	on thi	rd-party	y website	es or
		0041		Yes							
	_	Did :		No firm have any revenues from customers en	toring	ordoro i	vio onv	othor o	lootror	nia eveter	ma
	U.			s private networks, dedicated lines, etc.) in		orders	via ally (other e	electroi	iic syste	iiis
		0042		Yes							
			Ш	No							
	D.	Of t	he t	otal 2018 revenues reported in 6,			2018				2018
				as the dollar amount (or percentage) s from the revenues identified in	\$ Bil.	Mil.	Thou.		ol.		Percent
				ve? Please provide an estimate if	1						0.
		exac	t fi	gures are not available 2500						OR ₂₅₀₁	9/
9	-Œ	No	t Ap	plicable.							
12	EL	ECTF	RON	IC HEALTH RECORDS							
	A.			r firm have expenses for electronic health r nd/or maintain these systems in 2018?	ecord	systems	and rel	ated s	oftware	e and ser	vices to
				Yes							
				No - Go to 12							
										2018	
								\$ Bil.	Mil.	Thou	. Dol.
	В.	Wha	t w	ere the total expenses for electronic health	record	system	s				

	in 2018? .	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	•	٠	•
2	Not Applicable																			

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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

		8.8 1				20)18		
		Mark "X" if None	\$ B	I.	Mil.	20	Thou	ı.	Dol.
F	Personnel Costs		اد پ		.,,,,,		11100		501.
a	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 . 182	1 🔲			1 1				1 1
b	legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	2					1		
C	E. 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	3 🗆							
Е	expensed Materials, Parts, and Supplies (not for resale)								
а	 Medical supplies - Materials and supplies used in providing medical services to others. Report medical equipment in line 2b. 401 	1			1 1				
b	b. Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3a and leased and rented equipment in line 4b.	0 🗆			1 1				1 1
E	xpensed Purchased Services						Ċ		
а	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 182	6		<u> </u>					

Form	SA-62 ²	190A	(DRAFT)
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. 0111	SA-02 I 90A (DRAFI)					raye o
14	OPERATING EXPENSES - Continued					
		Mark "X"			2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
3.	Expensed Purchased Services - Continued					
	b. Professional liability insurance - The cost of professional					
	liability insurance. Include professional liability insurance premiums and amounts set aside for self-insurance 40	110	'	1 1		' '
4.	Other Operating Expenses	710				
	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			1 1		
	(e.g., patents, copyrights). Exclude impairment	331				
	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 ⊋					
	,					
_	TOTAL OPERATING EXPENSES	379				
5.	Sum of lines 1a through 4b	900				
	and 16 Not Applicable.					

18	CONTACT IN	FORMATI	ON							
				his report <i>(Please p</i>	print)	Title				
					T					
	Telephone	Area code		Number -	Extension	Fax	Area code	Nu -	mber	
	E-mail address					Website address				
		TUAL	NK VOII 4	or completing	VOUR 2019 A	NNUAL SERVIC	ES REDOPT			
		IIIA	\	We suggest you	keep a copy f	or your records.				

OF THE

SERVICE ANNUAL SURVEY

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

FORM

SA-62190E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as -

	\$ E	\$ Bil. Mil.			Thou.			Dol.			
→		1	0	3	0	2	8	0	4	5	6

nclude

- 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.

1	A.	MAILING ADDRESS
		le this firm's name and

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

	ш	Yes
0035		
		No - Enter corrections in the mailing address above



SURVEY C	OVEDACE					
	OVERAGE					
Did this fir	rm provide t	he business activities described below?				
☐ Ye	es					
0001	o - Specify th	is firm's business activity 🎖				
	o - Specify til	is initi s business activity y				
000	02					
		NTIFICATION NUMBER (EIN)				
oes this firn	n report pay	roll under EIN				
Yes						
013			EIN	(9 dig	its)	
		9-digit EIN AND date payroll was first his EIN	.45	_		1 1 1
,	геропеа тог с	nis EIN	115			
				Мо	nth Day	Yea
			008		nth Day	Yea
	ANAL ANA	10.5	008		nth Day	Yea
PRGANIZATIO				38		Yea
		IGE ce any acquisitions, sales, mergers, and/or divestitu		38		Yea
A. Did this fir	rm experien			38		Yea
A. Did this fir	r m experien es			38		Yea
. Did this fir	rm experiences	ce any acquisitions, sales, mergers, and/or divestitu		38		Yea
. Did this fir	rm experien es o - <i>Go to</i> 4 the following	ce any acquisitions, sales, mergers, and/or divestitu g organizational changes occurred in 2018?	res in 2	2018?	,	
. Did this fir	rm experien es o - <i>Go to</i> 4 the following	ce any acquisitions, sales, mergers, and/or divestitu	res in 2	2018?	od, expla	in in ① .
. Did this fir	rm experiences o - Go to 4 che following nat apply. If m	ce any acquisitions, sales, mergers, and/or divestitu g organizational changes occurred in 2018?	res in 2	2018?	,	in in ① .
. Did this fir	rm experiences o - Go to 4 che following out apply. If m	ce any acquisitions, sales, mergers, and/or divestitu g organizational changes occurred in 2018?	res in :	2018?	od, expla	in in ① .
. Did this fir	rm experiences o - Go to 4 che following out apply. If me	ce any acquisitions, sales, mergers, and/or divestitudges organizational changes occurred in 2018? The proof of the proof	res in :	2018?	od, expla	in in ① .
. Did this fire on the order of the check all the order of the order o	rm experiences o - Go to 4 che following out apply. If me	g organizational changes occurred in 2018? The proof of organizational change occurred during the state of organizational change occurred.	res in :	2018?	od, expla	in in ① .
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A. Did this fire on the order of the check all the order on the order	rm experiences o - Go to 4 the following at apply. If managed apply apple and apply apple	g organizational changes occurred in 2018? The proof of organizational change occurred during the state of organizational change occurred.	res in :	2018?	od, expla	in in ① .
A. Did this fire on the order of the check all the order of the check all the order of the check all the order of the check all the order of the check all the order of the check all the order of the check all the order of the check all the check all the order of the check all the check all the order of the check all the ch	rm experiences o - Go to 4 che following out apply. If m cquisition alle erger ivestiture	g organizational changes occurred in 2018? The proof of organizational change occurred during the state of organizational change occurred.	res in a	2018?	od, expla	in in ① .
A. Did this fire on the order of the check all the order on the order	rm experiences o - Go to 4 che following out apply. If m cquisition alle erger ivestiture	g organizational changes occurred in 2018? The proof of organizational change occurred during the state of organizational change occurred.	res in a	2018?	od, expla	in in ① .
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A. Did this fire of the check all the check	rm experiences o - Go to 4 che following out apply. If m cquisition ale erger ivestiture	g organizational changes occurred in 2018? The proof of organizational change occurred during the state of organizational change occurred.	res in a	2018?	od, expla	in in ① .
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A. Did this fire of the check all the check	rm experiences o - Go to 4 che following at apply. If m cquisition ale erger ivestiture of company	g organizational changes occurred in 2018? For than one organizational change occurred during the solution of	res in 2 reportin	2018? 10 peri 10 Mor	od, expla	in in ① .
A. Did this fire of the check all the check	rm experiences o - Go to 4 che following at apply. If m cquisition ale erger ivestiture of company	g organizational changes occurred in 2018? nore than one organizational change occurred during the Date of organizational change	res in 2 reportin	2018? 10 peri 10 Mor	digits)	in in 1 7.
A. Did this fire of the check all the check	rm experiences o - Go to 4 che following at apply. If m cquisition ale erger ivestiture of company	g organizational changes occurred in 2018? nore than one organizational change occurred during the Date of organizational change	res in 2 reportin	2018? 10 peri 10 Mor	od, expla	in in ① .

4	REPO	ORTING PERIOD				
	NOTE least	: Calendar year data are preferred. If they are unavailable, please six months of data for the 2018 calendar year or other partial year	report for the fiscal year data included in the 201	that ir 18 cale	ncludes ndar y	at ear.
	What	time period is covered by the data provided in this report?				
					20	18
		Calendar year		В	eginniı	ng Date
				Month	Day	Year
	0006	Fiscal year - Report beginning and ending dates	0007			
					Ending	Date
			<u> </u>	Month	Day	Year
				'		
		Partial year - Report beginning and ending dates	8000			

5	TAX	STA	TUS
	17.77	0.,	

A.	ls	this	firm	or	organization	operated	on a	a not-for-profi	t basis?
----	----	------	------	----	--------------	----------	------	-----------------	----------

	Yes		
0031			
	No - Go to 6		

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

	Yes
0030	
	No



SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

- Report gross billings, except where noted elsewhere on the form.
- Dues and assessments from members and affiliates.
- · Revenues from electronic sources.

Exclude:

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

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).

Mark "Y"

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.

	if None	\$ Bil.	Mil.	Thou.	Dol.
Net Patient Care Revenue - Using net patient revenues, report your sources of revenue in each of the below categories. Include the value of total patient care operating receipts collected for the reporting period. This figure should be reported net of any negotiated discounts and write-downs for bad debt. Exclude non-patient care revenue such as grants, subsidies, contributions, philanthropy, and sales from gift shops, cafeteria and parking lot receipts					
 Government payers - Report revenues from the following sources: 					
1. Medicare - Fee for service only from parts A, B and D (exclude part C)	6				
2. Medicaid - Fee for service only	7		<u> </u>		
3. Workers' compensation	8 🗆		1 1	1 1	1 1
4. All other government programs - Include programs such as but not limited to: Children's Health Insurance Program (CHIP), Department of Defense (DOD), Civilian Health and Medical Programs of the Department of Veterans Affairs (CHAMPVA), TRICARE, Substance Abuse and Mental Health Services Administration (SAMHSA), and Indian Health Services			1 1		
(IHS)	9				
b. Revenue from health care providers - Include revenue from			' '		

CONTINUE WITH 6 ON PAGE 5

2018

Net		Mark "X" if None	\$ Bil.	B 4:1	2018	
Net			Ψ ΒΠ.	Mil.	Thou	. Dol.
the rep disc rev	t Patient Care Revenue - Using net patient revenues, report ur sources of revenue in each of the below categories. Include value of total patient care operating receipts collected for the porting period. This figure should be reported net of any negotiated counts and write-downs for bad debt. Exclude non-patient care renue such as grants, subsidies, contributions, philanthropy, and es from gift shops, cafeteria and parking lot receipts - Continued					
C.	Private insurance					
	1. Private health insurance, including Medicare and Medicaid managed care plans - Include revenue from medical plans administered by private insurers, including employer sponsored, other group plans, Medicare part C (managed care plans), Medicaid managed care plans, and Federal, State, and Local government health insurance 411	1 🔲				
	2. Property and casualty insurance - Include revenue from auto and homeowners insurance and other accident/liability insurance. Exclude workers' compensation insurance 411	2				
	Patient out-of-pocket from patients and their families - Include all deductibles and co-insurance from private health insurance, Medicare, Medicaid, and other public programs paid by the beneficiary or the family of the beneficiary	1 🗆				
	All other sources of revenue for patient care - Include all other sources of revenue for patient care not included in lines 1a1 through 1d - Specify					
No	n-Patient Care Revenue	3 🗀				
	Contributions, gifts, and grants received	1 📙				
b.	Investment and property income - Include interest and dividends. Exclude gains (losses) from assets sold	.2				
	Revenue from health care providers for non-patient care - Include revenue from health practitioners, hospitals, outpatient care facilities, and all other health care practitioners for non-patient care services provided. Include revenue for medical administration and other administrative services, incentive payments, management fees, medical director fees, etc	3				
d.	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?	ў				
TO	TAL REVENUE	5				
	m of lines 1a1 through 2d	0				
	t Applicable.					

orn	1 5/	4-62	190	JE (DRAFT)							Pag	е
8	RE	VEN	UES	FROM ELECTRONIC SOURCES								
	A.	Did mol	this pile	firm have any revenues from customers er applications in 2018?	ntering	orders d	irectly	on th	e firm's	website	s or	
		0040		Yes								
				No								
	В.			firm have any revenues from customers er applications in 2018?	tering	orders d	irectly	on thi	rd-part	y websit	es or	
		0041		Yes								
				No								
	C.	Did (suc	this h as	firm have any revenues from customers er private networks, dedicated lines, etc.) in	tering 2018?	orders v	ia any (other	electro	nic syste	ms	
		0042		Yes								
				No								
	D.	Of t	he t	otal 2018 revenues reported in 6 ,		-	2018				2018	
		wha	it wa	as the dollar amount (or percentage)	\$ Bil.	Mil.	Thou.		Dol.		Percent	
				s from the revenues identified in ve? Please provide an estimate if	Ψ D	14111	mou		30			_
		еха	ct fi	gures are not available						OR ₂₅₀₁		%
9	Œ	No	t Ap	plicable.								
12	EL	ECT	RON	IC HEALTH RECORDS								
	A.			r firm have expenses for electronic health i nd/or maintain these systems in 2018?	ecord	systems	and rel	ated s	oftwar	e and sei	rvices to	
				Yes								
				No - Go to 🕜								
										2018		
								\$ Ril	Mil	Thou	n Dol	

	B. What were in 2018? .															4014
13	Not Applicable.															

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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

		8.8 1			2018	
		Mark "X" if None	\$ Bil.	Mil.	Thou.	Dol.
F	Personnel Costs		φ БП.	IVIII.	Tilou.	D01.
_	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 . 18	321			1 1	1 1
k	legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	322				
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	323				
E	Expensed Materials, Parts, and Supplies (not for resale)					
ŧ	 Medical supplies - Materials and supplies used in providing medical services to others. Report medical equipment in line 2b. 	011				
k	b. Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3a and leased and rented equipment in line 4b.	360				
E	Expensed Purchased Services					
ε	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 18	326				

14 OPERATING EXPENSES - Continued

Dol.

2018

Thou.

Mil.

Mark "X" sil.

3.	Ex	pensed Purchased Services - Continued							
	b.	Professional liability insurance - The cost of professional liability insurance. Include professional liability insurance premiums and amounts set aside for self-insurance	4010	П			1	T	1
4.	Ot	her Operating Expenses	. 4010						
		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					ı		
	b.	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 7							
								T	
			1879						
5.		TAL OPERATING EXPENSES m of lines 1a through 4b	4000		'				
		1 16 Not Applicable.	. 1900						
									-

) [REMARKS - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate when data were estimated.
(data were estimated.

(1	8	3	

18 CONTACT INFORMATION

Name of persor	n to contact	regarding	this ı	report <i>(Pleas</i>	e print)		Title				
	Area code		Nun	nber	Extension	on		Area code	Numbe	er	
Telephone							Fax				
			-						_		
E-mail address							Website address				

We suggest you keep a copy for your records.

SERVICE ANNUAL SURVEY

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

2018 ANNUAL SERVICES REPORT

SA-62200A (DRAFT) **Due Date** 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information **CONFIDENTIAL** and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey. INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov **Authentication Code:** To view Survey Results: https://www.census.gov/programs-surveys/sas.html **GENERAL INSTRUCTIONS** • Any significant change in this firm's operations should be noted in 12. • For establishments sold or acquired in 2018, 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. \$ Bil. Mil. Thou. Dol. • Figures should be rounded to the nearest dollar. 030280 • If a figure is \$1,030,280,456 it should be reported as Include: Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) as defined by the survey coverage in **1**B. Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services. A. MAILING ADDRESS Is this firm's name and mailing address the same as shown in the mailing address above? 0035 No - Enter corrections in the mailing address above

01111		7-02	2200	JA (DRAFT)																						Page	_
1	В.	SUF	RVEY	CO/	/ERAGE	E																						
		Did	this	firm	provide	le t	the	busi	nes	s ac	ctiv	vitie	es de	escr	ribed	d be	low	?										
				V																								
		0001		Yes																								
				No -	Specify	th th	his t	firm's	bus	sines	ess a	activ	ity 🗾	7														
				0002																								
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				Yes																								
		0016																										
				No -	Go to 4	9																						
	В.	Whi	ich o	of the	followi	/in	ıg o	rgani	izati	tion	nal c	char	nges	s oc	curi	red i	in 20	018?										
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4	REPORT	TING PERIOD				
	NOTE: C least six	alendar year data are preferred. If they are unavailable, pl months of data for the 2018 calendar year or other partial	ease report for the fiscal yea I year data included in the 20	r that ir 118 cale	ncludes ndar y	at ear.
	What ti	me period is covered by the data provided in this rep	port?			
					20	18
		Calendar year		В	eginni	ng Date
				Month	Day	Year
	0006	Fiscal year - Report beginning and ending dates	0007			
					Ending	g Date
				Month	Day	Year
					1	
		Partial year - Report beginning and ending dates	0008			

NTU	S
Z	ATU

A. Is this firm or	organization	operated on a	not-for-profit	basis
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	Yes
0031	
	No - Go to 6

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

0030	Yes
0030	No



6 SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

- Report gross billings, except where noted elsewhere on the form.
- Dues and assessments from members and affiliates.
- · Revenues from electronic sources.

Exclude:

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

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:

1.

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

	Mark "X"		2018				
	if None	\$ Bil.	Mil.	Thou.	Dol.		
Net Patient Care Revenue - Using net patient revenues, report your sources of revenue in each of the below categories. Include the value of total patient care operating receipts collected for the reporting period. This figure should be reported net of any negotiated discounts and write-downs for bad debt. Exclude non-patient care revenue such as grants, subsidies, contributions, philanthropy, and sales from gift shops, cafeteria and parking lot receipts							
 a. Government payers - Report revenues from the following sources: 							
1. Medicare - Fee for service only from parts A, B and D (exclude part C)							
2. Medicaid - Fee for service only							
3. Workers' compensation							
4. All other government programs - Include programs such as but not limited to: Children's Health Insurance Program (CHIP), Department of Defense (DOD), Civilian Health and Medical Programs of the Department of Veterans Affairs (CHAMPVA), TRICARE, Substance Abuse and Mental Health Services Administration (SAMHSA), and Indian Health Services (IHS)							
b. Revenue from health care providers - Include revenue from hospitals, health practitioners, outpatient care facilities, etc 9129							

CONTINUE WITH 6 ON PAGE 5

		Mark "X"			2018			
		if None	\$ Bil.	Mil.	Thou.	D		
you the rep dis	et Patient Care Revenue - Using net patient revenues, report ur sources of revenue in each of the below categories. Include e value of total patient care operating receipts collected for the porting period. This figure should be reported net of any negotiated scounts and write-downs for bad debt. Exclude non-patient care venue such as grants, subsidies, contributions, philanthropy, and les from gift shops, cafeteria and parking lot receipts - Continued							
C.	Private insurance							
	1. Private health insurance, including Medicare and Medicaid managed care plans - Include revenue from medical plans administered by private insurers, including employer sponsored, other group plans, Medicare part C (managed care plans), Medicaid managed care plans, and Federal, State, and Local government health insurance 41	11						
	2. Property and casualty insurance - Include revenue from auto and homeowners insurance and other accident/liability insurance. Exclude workers' compensation insurance 41	12						
d.	Patient out-of-pocket from patients and their families - Include all deductibles and co-insurance from private health insurance, Medicare, Medicaid, and other public programs paid by the beneficiary or the family of the beneficiary	71						
e.	All other sources of revenue for patient care - Include all other sources of revenue for patient care not included in lines 1a1 through 1d - Specify							
	41	03						
No	on-Patient Care Revenue							
a.	Contributions, gifts, and grants received	·41						
	Investment and property income - Include interest and dividends. Exclude gains (losses) from assets sold	742						
C.	Revenue from health care providers for non-patient care - Include revenue from health practitioners, hospitals, outpatient care facilities, and all other health care practitioners for non-patient care services provided. Include revenue for medical administration and other administrative services, incentive payments, management fees, medical director fees, etc 41	13		1 1				
d.	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							
7.0	41	05						
	DTAL REVENUE arm of lines 1a1 through 2d18	300						
						1		

orn	ı S	A-62	200	(DRAFT)					
8	RE	VEN	UES	FROM ELECTRONIC SOURCES					
	A.			firm have any revenues from customers en applications in 2018?	ntering orders	directly on	the firm	's websites	s or
		0040		Yes					
				No					
	В.			firm have any revenues from customers er applications in 2018?	ntering orders	directly on	third-pa	rty website	es or
		0041		Yes					
				No					
	C.	Did (suc	this h as	firm have any revenues from customers er private networks, dedicated lines, etc.) in	ntering orders 2018?	via any oth	ner electr	onic systei	ms
		0042		Yes					
				No					
	D.			otal 2018 revenues reported in 6 ,		2018			2
		wha	it w	as the dollar amount (or percentage)	\$ Ril Mil	Thou	Dol		Po

that was from the revenues identified in A-C above? Please provide an estimate if exact figures are not available.

	2018									
	l.	Dol	Thou.	Mil.	\$ Bil.					
C			1 1	1 1	1					

Percent % 2501

2018

9 and 10 Not Applicable.



A. Inpatient days and outpatient visits

Inpatient Days - The unit of measure in which lodging was provided and services rendered to inpatients.

- A patient who is formally admitted and who is discharged or dies on the same day is counted as one patient day, regardless of the number of hours the patient occupies a hospital bed. For patients switched from observation to inpatient status, the patient day count should begin on the day the patient was officially admitted as an inpatient. Do not include nursery days unless they are related to neonatal intermediate or intensive care units.

13	•	П	$\boldsymbol{\alpha}$	ı
ш		ш	u	٠

- Inpatient acute and sub-acute days
- Swing bed days
- Distinct part unit days
- Skilled nursing facilities days
- Long term care days
- Neonatal days

Exclude:

- Nursery days
- Newborn days

Outpatient Visits - A visit by a patient who is not lodged in the hospital while receiving medical, dental, or other services. Each appearance of an outpatient in each unit constitutes one visit regardless of the number of diagnostic and/or therapeutic treatments that the patient receives. Patients switched from observation to inpatient status, should be counted as outpatient visits and subsequently as inpatient days.

Include:

В.

- Observation services
- Emergency department visits
- Outpatient surgeries

	2018					
	Number					
1. What were this firm's inpatient days in 2018?					ı	
2. What were this firm's outpatient visits in 2018?						
Inpatient and outpatient net patient care revenue						
How much of the net patient care revenue reported in 6, lines 1a1 through 1e, was received from following categories? If 6 lines 1a1 through 1e, does not equal your net patient care revenue plants.	th	9 9	ine	ŧ		

		20)18	
	Num		nbe	r
1. Inpatient care services			1	%
2. Outpatient care services				%
	1	0	0	%

12	ELECTR	ONIC F	IEALTH	RECORDS

A. Did your firm have expenses for electronic health record systems and related software and services to install and/or maintain these systems in 2018?

|--|

your reported figures in 6, lines 1a1 through 1e.

	ш	No - <i>Go to</i> 🔼	
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B. What were						
in 2018? .	 	 	 	 	 	

		2	2018			
	\$ Bil.	Mil.	Thou.	Dol.		
14				1 1		

40

3

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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"			2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
F	Personnel Costs					
а	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					1 1
b	legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions					
C	E. 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					
E	xpensed Materials, Parts, and Supplies (not for resale)					
а	 Medical supplies - Materials and supplies used in providing medical services to others. Report medical equipment in line 2b. 4011 					
b	b. Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3a and leased and rented equipment in line 4b 1860					
E	expensed Purchased Services					
а	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					1 1

Form SA-62200A ((DRAFT)
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orm	SA-62200A (DRAFT)					Page
14	OPERATING EXPENSES - Continued					
		Mark "X"		2	2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
3.	Expensed Purchased Services - Continued					
	b. Professional liability insurance - The cost of professional liability insurance. Include professional liability insurance premiums and amounts set aside for self-insurance 4010			1 1	1 1	1 1
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		1			l I
	(e.g., patents, copyrights). Exclude impairment					
	b. 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 7					
	1879					
5.	TOTAL OPERATING EXPENSES Sum of lines 1a through 4b					
1 5	and 16 Not Applicable.					

	Page 1
REMARKS - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate value were estimated.	where

)	CONTACT IN	FORMATI	ON							
	Name of persor	to contact	regarding this	report <i>(Please</i>	Title					
		Area code	Nicon	mber		Auga aada	NI.	ımber		
	Telephone	Area code Numb	nber	Extension	Fax	Area code	INC	imber		
							_			
	E-mail address				Website address					
										_

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

We suggest you keep a copy for your records.



SERVICE ANNUAL SURVEY

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

SA-62200E

(DRAFT)

2018 ANNUAL SERVICES REPORT

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INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 ①.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

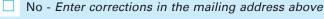
	\$ Bil.		\$ Bil. Mil.				hοι	١.	Dol.		
→		1	0	3	0	2	8	0	4	5	6

- 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.

1	A.	M	AIL	ING	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 mai





4	REPOR	TING PERIOD				
		Calendar year data are preferred. If they are unavailable, planonths of data for the 2018 calendar year or other partia				
	What ti	me period is covered by the data provided in this re	port?			
					20	18
		Calendar year		В	eginni	ng Date
				Month	Day	Year
	0006	Fiscal year - Report beginning and ending dates	0007			
					Ending	g Date
				Month	Day	Year
					1	1 1 1
		Partial year - Report beginning and ending dates	0008			

5	TAX	STA	THE
, J		917	

A. Is th	is firm or	organization	operated on	a not-for-profit	basis?
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0031	Yes
0031	No - Go to 6

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

0030	Yes
0030	No

SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

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- 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:

(IHS)

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

b. Revenue from health care providers - Include revenue from hospitals, health practitioners, outpatient care facilities, etc. . . .

 Mark "X"
 2018

 if None
 \$ Bil.
 Mil.
 Thou.
 Dol.

ratient care operating receipts collected for the this figure should be reported net of any negotiate-downs for bad debt. Exclude non-patient care rants, subsidies, contributions, philanthropy, and	ed								
payers - Report revenues from the following									
	4106								
Fee for service only	4107								
ompensation	4108								,
mited to: Children's Health Insurance Program artment of Defense (DOD), Civilian Health and grams of the Department of Veterans Affairs, TRICARE, Substance Abuse and Mental Health									I
T T	venue in each of the below categories. Include patient care operating receipts collected for the this figure should be reported net of any negotiat e-downs for bad debt. Exclude non-patient care rants, subsidies, contributions, philanthropy, and ps, cafeteria and parking lot receipts payers - Report revenues from the following Fee for service only from parts A, B and D of the control of the c	venue in each of the below categories. Include patient care operating receipts collected for the this figure should be reported net of any negotiated e-downs for bad debt. Exclude non-patient care rants, subsidies, contributions, philanthropy, and the ps, cafeteria and parking lot receipts to payers - Report revenues from the following Fee for service only from parts A, B and D tt C)	venue in each of the below categories. Include patient care operating receipts collected for the This figure should be reported net of any negotiated e-downs for bad debt. Exclude non-patient care rants, subsidies, contributions, philanthropy, and ps, cafeteria and parking lot receipts Dayers - Report revenues from the following Fee for service only from parts A, B and D rt C)	venue in each of the below categories. Include patient care operating receipts collected for the This figure should be reported net of any negotiated e-downs for bad debt. Exclude non-patient care rants, subsidies, contributions, philanthropy, and ps, cafeteria and parking lot receipts Dayers - Report revenues from the following Fee for service only from parts A, B and D rt C)	venue in each of the below categories. Include patient care operating receipts collected for the This figure should be reported net of any negotiated e-downs for bad debt. Exclude non-patient care rants, subsidies, contributions, philanthropy, and ps, cafeteria and parking lot receipts Dayers - Report revenues from the following Fee for service only from parts A, B and D rt C)	venue in each of the below categories. Include patient care operating receipts collected for the This figure should be reported net of any negotiated e-downs for bad debt. Exclude non-patient care rants, subsidies, contributions, philanthropy, and ps, cafeteria and parking lot receipts Dayers - Report revenues from the following Fee for service only from parts A, B and D rt C)	venue in each of the below categories. Include patient care operating receipts collected for the This figure should be reported net of any negotiated e-downs for bad debt. Exclude non-patient care rants, subsidies, contributions, philanthropy, and ps, cafeteria and parking lot receipts Dayers - Report revenues from the following Fee for service only from parts A, B and D rt C)	venue in each of the below categories. Include vatient care operating receipts collected for the his figure should be reported net of any negotiated e-downs for bad debt. Exclude non-patient care rants, subsidies, contributions, philanthropy, and ps, cafeteria and parking lot receipts payers - Report revenues from the following Fee for service only from parts A, B and D rt C)	venue in each of the below categories. Include vatient care operating receipts collected for the his figure should be reported net of any negotiated e-downs for bad debt. Exclude non-patient care rants, subsidies, contributions, philanthropy, and ps, cafeteria and parking lot receipts payers - Report revenues from the following Fee for service only from parts A, B and D rt C) 4106 Fee for service only 4107 ompensation 4108 overnment programs - Include programs such mited to: Children's Health Insurance Program artment of Defense (DOD), Civilian Health and grams of the Department of Veterans Affairs , TRICARE, Substance Abuse and Mental Health

CONTINUE WITH 6 ON PAGE 5

Form	SA-622	200E	(DRAFT)
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6	SA	ALES, RECEIPTS, OR REVENUE - Continued					
			Mark "X"	,	:	2018	
			if None	\$ Bil.	Mil.	Thou.	Dol.
1.	yo the rep dis	et Patient Care Revenue - Using net patient revenues, report ur sources of revenue in each of the below categories. Include e value of total patient care operating receipts collected for the porting period. This figure should be reported net of any negotiated ecounts and write-downs for bad debt. Exclude non-patient care yenue such as grants, subsidies, contributions, philanthropy, and les from gift shops, cafeteria and parking lot receipts - Continued					
	C.	Private insurance					
		1. Private health insurance, including Medicare and Medicaid managed care plans - Include revenue from medical plans administered by private insurers, including employer sponsored, other group plans, Medicare part C (managed care plans), Medicaid managed care plans, and Federal, State, and Local government health insurance 4	111		1 1		1 1
		2. Property and casualty insurance - Include revenue from auto and homeowners insurance and other accident/liability insurance. Exclude workers' compensation insurance 4	112				
	d.	Patient out-of-pocket from patients and their families - Include all deductibles and co-insurance from private health insurance, Medicare, Medicaid, and other public programs paid by the beneficiary or the family of the beneficiary	171				
	e.	All other sources of revenue for patient care - Include all other sources of revenue for patient care not included in lines 1a1 through 1d - Specify					
		4	103				
2.	No	on-Patient Care Revenue					1 1
	a.	Contributions, gifts, and grants received	741		1 1	1 1	1 1
	b.	Investment and property income - Include interest and dividends. Exclude gains (losses) from assets sold	742				
	C.	Revenue from health care providers for non-patient care - Include revenue from health practitioners, hospitals, outpatient care facilities, and all other health care practitioners for non-patient care services provided. Include revenue for medical administration and other administrative services, incentive payments, management fees, medical director fees, etc 4	112		1 1		
	d.	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?					
							1 1
3.	TC	OTAL REVENUE	105				
3.		oral Revenue om of lines 1a1 through 2d . . .	800		1 1		1 1

7 Not Applicable.

Form SA-62200E (DRAFT)

REVENUES FROM ELECTRONIC SOURCES

A. Did this firm have any revenues	from customers entering order	s directly on the firm's websites or
mobile applications in 2018?	<u> </u>	

	Yes
0040	
	No

B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?

		Yes
0041		
	Ш	No

C. Did this firm have any revenues from customers entering orders via any other electronic systems (such as private networks, dedicated lines, etc.) in 2018?

		Yes
0042		
	Ш	No

D. Of the total 2018 revenues reported in 6, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if

	Dol.	Thou.	Mil.	\$ Bil.
OR ₂		1 1	1 1	

Percent 2501

2018

%

9 and 10 Not Applicable.

2018

11 INPATIENT/OUTPATIENT ACTIVITY

A. Inpatient days and outpatient visits

Inpatient Days - The unit of measure in which lodging was provided and services rendered to inpatients.

- A patient who is formally admitted and who is discharged or dies on the same day is counted as one patient day, regardless of the number of hours the patient occupies a hospital bed. For patients switched from observation to inpatient status, the patient day count should begin on the day the patient was officially admitted as an inpatient. Do not include nursery days unless they are related to neonatal intermediate or intensive care units.

Include:

- Inpatient acute and sub-acute days
- Swing bed days
- Distinct part unit days
- Skilled nursing facilities days
- Long term care days
- Neonatal days

Exclude:

- Nursery days
- Newborn days

Outpatient Visits - A visit by a patient who is not lodged in the hospital while receiving medical, dental, or other services. Each appearance of an outpatient in each unit constitutes one visit regardless of the number of diagnostic and/or therapeutic treatments that the patient receives. Patients switched from observation to inpatient status, should be counted as outpatient visits and subsequently as inpatient days.

- Observation services
- Emergency department visits
- Outpatient surgeries

		Νυ	ımb	er	
1. What were this firm's inpatient days in 2018?	ī				
2. What were this firm's outpatient visits in 2018?					

R	Inpatient	and	outp	atient	net	natient	care	revenue
┗.	IIIPULICIIL	ullu	Outp	uticiit	1106	patient	oui c	I C V C I I U C

How much of the net patient care revenue reported in **6**, lines 1a1 through 1e, was received from the following categories? If **6**, lines 1a1 through 1e, does not equal your net patient care revenue please adjust your reported figures in **6**, lines 1a1 through 1e.

		Nu	mbe	r
1. Inpatient care services			1	%
2. Outpatient care services				%
	1	0	0	%

12	ELECTR	ONIC H	IEALTH	RECORDS

- A. Did your firm have expenses for electronic health record systems and related software and services to install and/or maintain these systems in 2018?
 - Yes
 - No Go to 14

В.	What were	the	total	expense	s for	electronic	health record systems	
	in 2018? .							

	2018					
	\$ Bil.	Mil.	Thou.	Dol.		
14						

40

1	31
v	9

Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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"			2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
. 1	Personnel Costs					
ć	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 . 182	1 🔲				1 1
•	legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	2				
•	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	3 🗆				1 1
-	Expensed Materials, Parts, and Supplies (not for resale)					
á	 Medical supplies - Materials and supplies used in providing medical services to others. Report medical equipment in line 2b. 401 	1				
,	b. Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3a and leased and rented equipment in line 4b 186	0				1 1
	Expensed Purchased Services					
4	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 182	6		1 1		1 1

Form SA-62200l	E (DRAFT)
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orn	1 SA-62200E (DRAFT)					Page 9
14	OPERATING EXPENSES - Continued					
		Mark "X"		:	2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
3.	Expensed Purchased Services - Continued					
	b. Professional liability insurance - The cost of professional liability insurance. Include professional liability insurance premiums and amounts set aside for self-insurance	4010				
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			1 1		1 1
	b. 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?					
		_				
		1879				
5 .	TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	. 1900				1 1
A	and 16 Not Applicable.	1300				
•	and to Not Applicable.					

data were esti-	lease use th	nis space f	to explai	n any si	ignificant yea	r-to-year c	changes, t	o clarify re	sponses,	or indica	te wher
CONTACT IN	FORMATIO)N									
CONTACT IN Name of person			is report	(Please p	orint)	Title					
			is report	(Please p	orint)	Title					

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.
We suggest you keep a copy for your records.

SERVICE ANNUAL SURVEY

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

FORM

2018 ANNUAL SERVICES REPORT

SA-62300A	(DRAFT)
Due Date	
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://www.census.gov/programs-	
surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States	
Code (U.S.C.), Sections 131 and 182 authorizes this collection.	
Sections 224 and 225 require your response. The U.S. Census Bureau	
is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your	
responses only to produce statistics. The Census Bureau is not permitted	
to publicly release your responses in a way that could identify your	
business, organization, or institution. Per the Federal Cybersecurity	
Enhancement Act of 2015, your data are protected from cybersecurity	
risks through screening of the systems that transmit your data.	
This collection has been approved by the Office of Management and	
Budget (OMB). The eight-digit OMB approval number is 0607-0422 and	
appears at the upper right of this page. Without this approval, we	
could not conduct this survey.	
INTERNET REPORTING - This https://portal.census.gov	s survey should be completed online at:
	To view Comes Boorles
Authentication Code:	To view Survey Results: https://www.census.gov/programs-surveys/sas.html
	GENERAL INSTRUCTIONS
, 0	n this firm's operations should be noted in 🕡.
• For establishments sold this firm.	or acquired in 2018, report data only for the period the establishments were operated by
·	e if book figures are not available.
• Enter "0" where applicate	ole. r two or more detailed lines.
	al basis, except for payroll. \$ Bil. Mil. Thou. Dol.
• Figures should be round	ded to the nearest dollar.
The second secon	456 it should be reported as TOSOTOS
Include: • Data for all Services esta	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and
Construction operations) as defined by the survey coverage in 1 B.
• Data for auxiliary facilities garages, central adminis	es primarily engaged in supporting services to those establishment(s) such as warehouses, strative offices, and repair services.
A. MAILING ADDRESS	
Is this firm's name and	d mailing address the same as shown in the mailing address above?
Yes	
0035	
□ No - Enter co	prrections in the mailing address above

Form SA-62300A (DRAFT) Page 2

JIII	. 07	7-02	2300	' ^ (DRAFI)																								raye	-
1	В.	SUF	RVEY	COV	/ERAG	ìΕ																								
		Did	this	firm	provid	de 1	the	busi	ines	SS &	act	tivi1	ties	s de	escri	ibed	belo	w?												
				Yes																										
		0001			o :	,		c. ,	,					.,																
			Ш	No -	Specify	y tr	his 1	firm's	s bu	isine	iess	3 act	tivit	ty 🗾	1															
				0002																										
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2			plical																											
3					AL CH					_											_									
	A.	Did	this	firm	experi	ien	ıce	any a	acq	auis	sitic	ons	s, s	sales	s, m	erge	ers, a	ind/d	or di	ves	titure	s in	20	18?						
		0016		Yes																										
		0010		No -	Go to	4																								
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		City	, towr	n, villa	ge, etc.																State	ZIP	Co	de				1	1 1	
																										•	-			

5	TAX	STA	TUS
	17474	0.7	

A. Is this firm or organization operated on a not-for-profit basis?

Partial year - Report beginning and ending dates

		Yes
0031		
	Ш	No - Go to G

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

	Yes
0030	No

SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

- Report gross billings, except where noted elsewhere on the form.
- Dues and assessments from members and affiliates.
- · Revenues from electronic sources.

Exclude:

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

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"			2018	
if None	\$ Bil.	Mil.	Thou.	Dol.

1.	Net Patient Care Revenue - Using net patient revenues, report
	your sources of revenue in each of the below categories. Include
	the value of total patient care operating receipts collected for the
	reporting period. This figure should be reported net of any negotiated
	discounts and write-downs for bad debt. Exclude non-patient care
	revenue such as grants, subsidies, contributions, philanthropy, and
	sales from gift shops, cafeteria and parking lot receipts

a. Government payers - Report revenues from the following sources:
 1. Medicare - Fee for service only from parts A. B and D

4.	All other government programs - Include programs such						
3.	Workers' compensation	08					
							7
2.	Medicaid - Fee for service only	07				i	
	(exclude part C)	06	ш,	_		-	_
	(avaluda part C)						

4. All other government programs - Include programs such as but not limited to: Children's Health Insurance Program (CHIP), Department of Defense (DOD), Civilian Health and Medical Programs of the Department of Veterans Affairs (CHAMPVA), TRICARE, Substance Abuse and Mental Health Services Administration (SAMHSA), and Indian Health Services (IHS)

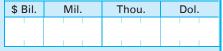
_						

CONTINUE WITH 6 ON PAGE 5

SALES, RECEIPTS, OR REVENUE - Continued Mark 'X' 2018 If None \$ 881. Mil. Thou. Displayed to the value of total patient care operating receipts collected for the reporting period. This figure should be reported net of any negotiated discounts and write-downs for bad debt. Exclude non-patient care revenue such as grants, subsidies, contributions, philanthropy, and sales from gift shops, cafeteria and parking lot receipts - Continued Description Private insurance Private Privat	1. Net Patient C your sources of the value of too reporting period discounts and revenue such a sales from gift b. Private ins 1. Private Medica medical employe (manage)	are Revenue - Using net patient revenues, report revenue in each of the below categories. Include al patient care operating receipts collected for the d. This figure should be reported net of any negotiated write-downs for bad debt. Exclude non-patient care is grants, subsidies, contributions, philanthropy, and shops, cafeteria and parking lot receipts - Continued urance health insurance, including Medicare and d managed care plans - Include revenue from		\$ Bil.			Dol.
1. Net Patient Care Revenue - Using net patient revenues, report your sources of revenue in each of the below categories. Include the value of total patient care operating receipts collected for the reporting period. This figure should be reported net of any negotiated discounts and write-downs for bad debt. Exclude non-patient care revenue such as grants, subsidies, contributions, philanthropy, and sales from gift shops, cafeteria and parking lot receipts - Continued b. Private insurance 1. Private health insurance, including Medicare and Medicaid managed care plans - Include revenue from medical plans administered by private insurers, including employer sponsored, other group plans, Medicare part C (managed care plans), Medicaid managed care plans, and Federal, State, and Local government health insurance	your sources of the value of to reporting periodiscounts and revenue such a sales from gift b. Private ins 1. Private Medica medical employe (manage	revenue in each of the below categories. Include al patient care operating receipts collected for the d. This figure should be reported net of any negotiated vrite-downs for bad debt. Exclude non-patient care is grants, subsidies, contributions, philanthropy, and shops, cafeteria and parking lot receipts - Continued urance health insurance, including Medicare and d managed care plans - Include revenue from		\$ Bil.			Dol.
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your sources of revenue in each of the below categories. Include the value of total patient care operating receipts collected for the reporting period. This figure should be reported net of any negotiated discounts and write-downs for bad debt. Exclude non-patient care revenue such as grants, subsidies, contributions, philanthropy, and sales from gift shops, cafeteria and parking lot receipts - Continued b. Private insurance 1. Private health insurance, including Medicare and Medicaid managed care plans - Include revenue from medical plans administered by private insurers, including employer sponsored, other group plans, Medicare part C (managed care plans), Medicaid managed care plans, and Federal, State, and Local government health insurance	your sources of the value of to reporting periodiscounts and revenue such a sales from gift b. Private ins 1. Private Medica medical employe (manage	revenue in each of the below categories. Include al patient care operating receipts collected for the d. This figure should be reported net of any negotiated vrite-downs for bad debt. Exclude non-patient care is grants, subsidies, contributions, philanthropy, and shops, cafeteria and parking lot receipts - Continued urance health insurance, including Medicare and d managed care plans - Include revenue from					
1. Private health insurance, including Medicare and Medicaid managed care plans - Include revenue from medical plans administered by private insurers, including employer sponsored, other group plans, Medicare part C (managed care plans), Medicaid managed care plans, and Federal, State, and Local government health insurance	1. Private Medica medical employe (manage	health insurance, including Medicare and demanaged care plans - Include revenue from					
Medicaid managed care plans - Include revenue from medical plans administered by private insurers, including employer sponsored, other group plans, Medicare part C (managed care plans), Medicaid managed care plans, and Federal, State, and Local government health insurance	Medica medical employe (manage	d managed care plans - Include revenue from					
auto and homeowners insurance and other accident/liability insurance. Exclude workers' compensation insurance	rederai,	r sponsored, other group plans, Medicare part C d care plans), Medicaid managed care plans, and	11 🔲		1 1	1 1	
c. Social security benefits - Report direct payment of social security benefits on behalf of patients	auto and	homeowners insurance and other accident/liability	12				1 1
d. Patient out-of-pocket from patients and their families - Include all deductibles and co-insurance from private health insurance, Medicare, Medicaid, and other public programs paid by the beneficiary or the family of the beneficiary	c. Social sec	rity benefits - Report direct payment of social					
Include all deductibles and co-insurance from private health insurance, Medicare, Medicaid, and other public programs paid by the beneficiary or the family of the beneficiary		· · · · · · · · · · · · · · · · · · ·	/2				
all other sources of revenue for patient care not included in lines 1a1 through 1d - Specify 7 2. Non-Patient Care Revenue a. Contributions, gifts, and grants received	Include all insurance, I	deductibles and co-insurance from private health Medicare, Medicaid, and other public programs paid by	71				
a. Contributions, gifts, and grants received	all other so	irces of revenue for patient care not included in			, ,		
a. Contributions, gifts, and grants received							
a. Contributions, gifts, and grants received			03				
b. Investment and property income - Include interest and dividends. Exclude gains (losses) from assets sold	2. Non-Patient (are Revenue					1 1
dividends. Exclude gains (losses) from assets sold	a. Contributi	ons, gifts, and grants received	41	,	1 1		1 1
and non-operating revenue (e.g., gift shop sales, cafeteria sales, parking lot receipts, florist receipts) - Specify the primary source of revenue below			42				
4105	and non-op parking lot	erating revenue (e.g., gift shop sales, cafeteria sales, receipts, florist receipts) - Specify the primary source					
410E							
	O TOTAL BEVE		05				
3. TOTAL REVENUE Sum of lines 1a1 through 2c			00				
	7 Not Applicable						

orn	ı S	A-62	300	A (DRAFT)							Page
8	RE	VEN	UES	FROM ELECTRONIC SOURCES							
	A.			firm have any revenues from customers er pplications in 2018?	ntering	orders o	lirectly	on the	firm's	website	s or
		0040		Yes							
				No							
	В.			firm have any revenues from customers er pplications in 2018?	ntering	orders o	lirectly	on thi	rd-part	y website	es or
		0041		Yes							
				No							
	C.	Did (suc	this h as	firm have any revenues from customers er private networks, dedicated lines, etc.) in	ntering 2018?	orders v	via any o	other e	lectro	nic syste	ms
		0042		Yes							
				No							
	D.	Of t	he to	otal 2018 revenues reported in 6 ,			2018				2018
				s the dollar amount (or percentage) from the revenues identified in	\$ Bil.	Mil.	Thou.	D	ol.		Percent
		A-C exa	abov	ve? Please provide an estimate if ures are not available						OR ₂₅₀₁	%
9	Œ	No	t App	licable.							
12	EL	ECT	RONI	C HEALTH RECORDS							
	A.	Did inst	your all ar	firm have expenses for electronic health ind/or maintain these systems in 2018?	record	systems	and rel	ated s	oftwar	e and ser	vices to
				Yes							
				No - <i>Go to</i> 1							
										2018	
								\$ Bil.	Mil.	Thou	. Dol.

What were																												
in 2018? .	 ٠	 	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	4



13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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"			2018		
		if None	\$ Bil.	Mil.	The	ou.	Dol.
P	Personnel Costs						
а	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						
b	legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.						
С	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						
Е	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 						1 1
b	b. Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3a and leased and rented equipment in line 4b 1860		I				
E	xpensed 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	. 🗆					

Form SA-6230(OA (DRAFT)	
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14 OPERATING EXPENSES - Continued

Expensed Purchased Services - Continued

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	b. Professional liability insurance - The cost of professional liability insurance. Include professional liability insurance premiums and amounts set aside for self-insurance	. 4010				<u> </u>
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					
	b. 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 7					
		1879				
5.	TOTAL OPERATING EXPENSES Sum of lines 1s through 4b	1000				
	Sum of lines 1a through 4b	. 1900				

	(DRAFT)				Page
REMARKS - Plea	ase use this space t	o explain any sign	ificant year-to-year	changes, to clarify resp	onses, or indicate wher
data were estima	iteu.				

CONTACT IN	IFORMATIC	ON							
Name of perso	n to contact re	egarding this rep	port <i>(Please p</i>	rint)	Title				
	Area code	Numb	er	Extension			Area code	Numb	er
Telephone	Area code	Numb	er	Extension	Fa	ax	Area code	Numb	er

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

We suggest you keep a copy for your records.

OF THE

SERVICE ANNUAL SURVEY

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

FORM

SA-62300E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

appears at the upper right of this page. Without this approval, we could not conduct this survey.

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as -

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→		1	0	3	0	2	8	0	4	5	6

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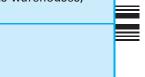
- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses,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

1 4	
U	

A. MAILING ADDRESS

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

0035	Yes
	No - Enter corrections in the mailing address above



B. SURVEY COVERAGE

Year

Month

0008

Day

A. Is this firm or organization operated on a not-for-profit basis?

Partial year - Report beginning and ending dates

0031	Yes
0031	No - Go to

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

	Yes
0030	No

SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

- Report gross billings, except where noted elsewhere on the form.
- Dues and assessments from members and affiliates.
- · Revenues from electronic sources.

Exclude:

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

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:

(IHS)

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

Mark "X"		_	2018	
if None	\$ Bil.	Mil.	Thou.	Dol.

1.	Net Patient Care Revenue - Using net patient revenues, report
	your sources of revenue in each of the below categories. Include
	the value of total patient care operating receipts collected for the
	reporting period. This figure should be reported net of any negotiated
	discounts and write-downs for bad debt. Exclude non-patient care
	revenue such as grants, subsidies, contributions, philanthropy, and
	sales from gift shops, cafeteria and parking lot receipts

 a. Government payers - Report revenues from the following sources:

as but not limited to: Children's Health Insurance Program (CHIP), Department of Defense (DOD), Civilian Health and Medical Programs of the Department of Veterans Affairs (CHAMPVA), TRICARE, Substance Abuse and Mental Health	1.	Medicare - Fee for service only from parts A, B and D (exclude part C)					
4. All other government programs - Include programs such as but not limited to: Children's Health Insurance Program (CHIP), Department of Defense (DOD), Civilian Health and Medical Programs of the Department of Veterans Affairs (CHAMPVA), TRICARE, Substance Abuse and Mental Health	2.	Medicaid - Fee for service only					
(CHIP), Department of Defense (DOD), Civilian Health and Medical Programs of the Department of Veterans Affairs (CHAMPVA), TRICARE, Substance Abuse and Mental Health	3.	Workers' compensation					
Compiese Administration (CAMUCA) and Indian Health Compiese	4.	as but not limited to: Children's Health Insurance Program (CHIP), Department of Defense (DOD), Civilian Health and Medical Programs of the Department of Veterans Affairs					

CONTINUE WITH 6 ON PAGE 5

SA	LES, RECEIPTS, OR REVENUE - Continued					
		Mark "X" if None	\$ Bil.	Mil.	2018	Dal
		II IVOIIC	э БП.	IVIII.	Thou.	Dol
you the rep dis rev	t Patient Care Revenue - Using net patient revenues, report ur sources of revenue in each of the below categories. Include a value of total patient care operating receipts collected for the porting period. This figure should be reported net of any negotiated counts and write-downs for bad debt. Exclude non-patient care renue such as grants, subsidies, contributions, philanthropy, and res from gift shops, cafeteria and parking lot receipts - Continued					
b.	Private insurance					
	1. Private health insurance, including Medicare and Medicaid managed care plans - Include revenue from medical plans administered by private insurers, including employer sponsored, other group plans, Medicare part C (managed care plans), Medicaid managed care plans, and			1 1		
	Federal, State, and Local government health insurance 4111					
	2. Property and casualty insurance - Include revenue from auto and homeowners insurance and other accident/liability					
	insurance. Exclude workers' compensation insurance 4112					
C.	Social security benefits - Report direct payment of social security benefits on behalf of patients					
d.	Patient out-of-pocket from patients and their families -					
	Include all deductibles and co-insurance from private health insurance, Medicare, Medicaid, and other public programs paid by the beneficiary or the family of the beneficiary					
e.	All other sources of revenue for patient care - Include all other sources of revenue for patient care not included in lines 1a1 through 1d - Specify					
No	n-Patient Care Revenue					
IVO	ni-ratient Gale nevenue					
	Contributions, gifts, and grants received					
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					
	4205	П				
	TAL REVENUE					
TO						

orm	ı S	A-62	300	E (DRAFT)										Page
8		Did	this	FROM ELEC	ny revenue		ustomers e	ntering	orders o	directly	on the	firm's v	vebsites	or
		0040		Yes	IN 2018?									
				No										
	В.			firm have ar applications		es from c	ustomers e	ntering	orders o	directly	on thi	rd-party	website	s or
		0041		Yes										
	C.	Did	this	No firm have an	ny revenue	es from c	ustomers e	ntering	orders v	/ia any (other e	electroni	c systen	ıs
				yes						,			,,,,,,,,	
		0042		No										
	D.	Of t	he t	otal 2018 rev	enues reg	oorted in	6,			2018			Г	2018
		wha	it w	as the dollar s from the re	amount (c	or percent	tage)	\$ Bil.	Mil.	Thou.		ol.	-	Percent
		A-C	abo	s from the re ve? Please p gures are not	rovide an	estimate	if						R 2501	9/
9	Œ	No	t Ap	plicable.										
12	EL	ECT	RON	IC HEALTH R	ECORDS									
	A.	Did inst	you all a	r firm have e nd/or mainta	xpenses f in these s	or electro ystems in	nic health n 2018?	record	systems	and rel	ated s	oftware	and serv	ices to
				Yes										
				No - Go to 🖸										
											ф D:I		2018	D.1
											\$ Bil.	Mil.	Thou.	Dol.

What were						
in 2018? .	 	 	• •	 	 	

\$ Bil.	Mil.	Thou.	Dol.



13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

	expenses not reported elsewnere.						
		Mark "X"					
. 1		if None	\$ Bil.	Mil.	Thou.	Dol.	
	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 . 182	1 🔲		1 1		1 1	
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	2					
	c. Temporary staff and leased employee expense - Total costs	2					
•	paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. Include all charges for payroll, benefits, and services	3					
- 1	Expensed Materials, Parts, and Supplies (not for resale)						
ŧ	a. Medical supplies - Materials and supplies used in providing medical services to others. Report medical equipment in line 2b . 401	1					
ı	b. Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3a and leased and rented equipment in line 4b 186	0				1 1	
	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 182	6		1 1			

14	OPERATING EXPENSES - Continued					
		Mark "X"			2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
3.	Expensed Purchased Services - Continued					
	 Professional liability insurance - The cost of professional liability insurance. Include professional liability insurance 			1 1		1 1
	premiums and amounts set aside for self-insurance			1 1		1 1
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				1 1	
	(e.g., patents, copyrights). Exclude impairment			1 1		1 1
	b. 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?					
	1879					
5.	TOTAL OPERATING EXPENSES					
	and 16 Not Applicable.					

	SA-62300 EMARKS		o explain an	y significant v	year-to-year o	changes, to clar	ify responses,	or indicate wh
da	ata were e	stimated.						

CONTACT III	Olimaii	0.1						
Name of persor	n to contact	regarding t	his report <i>(Please p</i>	orint)	Title			
	Area code		Number	Extension		Area code	Number	
Telephone					Fax			
			-				-	
E-mail address					Website address			

SERVICE ANNUAL SURVEY

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

2018 ANNUAL SERVICES REPORT

eed help or have questions? Call 1:377.787.8880, option 17 8:00 a.m. 5:00 pm. ET, McP; or Visit https://www.conus.gov/programs- unwystass/firmation.hmill OUR RESPONSE IS REQUIRED dods (1) S.C.), Scrimmation.hmill OUR RESPONSE IS REQUIRED dod (1) S.C.), Scrimmation.hmill OUR RESPONSE IS REQUIRED dod (1) S.C.), Scrimmation.hmill OUR RESPONSE IS REQUIRED dod (1) S.C.), Scrimmation.hmill OUR RESPONSE IS REQUIRED dod (1) S.C.), Scrimmation.hmill OUR RESPONSE IS REQUIRED dod (1) S.C.), Scrimmation.hmill OUR RESPONSE IS REQUIRED dod (1) S.C.), Scrimmation.hmill OUR RESPONSE IS REQUIRED dod (1) S.C.), Scrimmation.hmill OUR RESPONSE IS REQUIRED dod (1) S.C.), Scrimmation.hmill OUR RESPONSE IS REQUIRED dod (1) S.C.), Scrimmation.hmill OUR RESPONSE IS REQUIRED To view Survey Results: https://www.census.gov/programs-surveys/sas.ht To view Survey Results: https://www.census.gov/programs-surveys/sas.ht To view Survey Res	eed help or have questions? Call 1-877-787-9860, option "1"											
Call 147.787.9880, option "1" (800 a.m 5.00 p.m. ET. MF) or Visit https://www.census.gov/programs-surveys/sasinformation.html OUR RESPONSE IS REQUIRED V.A.W. Title 13 United States 2 authorizes this collection. ections 224 and 225 require your sponses. The U.S. Census Bureau is not permitted publicly relates and can use your formation OMFIDENTIAL and can use your formation OMFIDENTIAL and can use your formation OMFIDENTIAL and can use your formation OMFIDENTIAL and can use your formation of the Census Bureau is not permitted publicly relates your responses usiness, organization, or institution, the formation of the format	Call 1-877-787-9860, option "1"											
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Cash 1-877-87-8860, option 11* (800 a.m. = 500 p.m. ET, MF) or Visit https://www.census.gov/programs-surveys/sasinformation.html OURR RESPONSE IS RECUIRED Y LAW. Title 13 United States 2 authorizes this collection. Scione 224 and 225 require your sponse. The U.S. Census Bureau intel law to Issey your information ONFIDENTIAL and can use your below your responses the Census Bureau is not permitted publicly release your responses usinese, organization, or institution, the Census Bureau is not permitted publicly release your responses usinese, organization, or institution, the Census Bureau is not permitted publicly release your responses usinese, organization, or institution, the Census Bureau is not permitted publicly release your responses usinese, organization, or institution, the Census Bureau is not permitted publicly release your responses usinese, organization, or institution, the Census Bureau is not permitted publicly release your responses usinese, organization, or institution, the Census Bureau is not permitted publicly release your responses usinese, organization, or institution, the Census Bureau is not permitted publicly release your responses usinese, organization, or institution, the formation or institution or institution, the Census Bureau is not permitted under College of the Census Bureau usinese, organization, or institution, the Census Bureau is not permitted under College of the Census the Census Bureau usinese, organization, or institution, the Census Bureau usinese, organization, or institution GENERAL INSTRUCTIONS * Any significant change in this firm's operations should be noted in ① . * For establishments sold or acquired in 2018, report data only for the period the establishments were operated by this firm. * Estimates are acceptable if book figures are not available. * Enter TO' where applicable. * Do not combine data for two or more detailed lines. * Report data on an accrual basis, except for payroll. * Figures should be rounded to the nearest dollar. * If a figure is \$1,03	Call 1-877-787-9860, option "1"											
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is collection has been approved the Office of Management and digget (OMB). The eight-digit OMB proval number is 6007-0422 and pears at the upper riph of this pervoval, we uitd not conduct this survey. ITERNET REPORTING - This survey should be completed online at: Ittps://portal.census.gov uthentication Code: To view Survey Results: https://www.census.gov/programs-surveys/sas.ht GENERAL INSTRUCTIONS • Any significant change in this firm's operations should be noted in ②. • For establishments sold or acquired in 2018, 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. • Figures should be rounded to the nearest dollar. • If a figure is \$1,030,280,456 it should be reported as Include: • Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) as defined by the survey coverage in ③B. • Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services. A. MALLING ADDRESS Is this firm's name and mailing address the same as shown in the mailing address above? Yes	r the Federal Cybersecurity hancement Act of 2015, your data e protected from cybersecurity ks through screening of the											
proval number is 0607-0422 and pears at the upper right of this ge. Without this approval, we uid not conduct this survey. ITERNET REPORTING - This survey should be completed online at: ttps://portal.census.gov uthentication Code: To view Survey Results:	nis collection has been approved the Office of Management and											
ITERNET REPORTING - This survey should be completed online at: ttps://portal.census.gov uthentication Code: GENERAL INSTRUCTIONS Any significant change in this firm's operations should be noted in . For establishments sold or acquired in 2018, 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. Figures should be rounded to the nearest dollar. If a figure is \$1,030,280,456 it should be reported as Include: Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) as defined by the survey coverage in . Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services. A. MAILING ADDRESS Is this firm's name and mailing address the same as shown in the mailing address above? Yes	oproval number is 0607-0422 and opears at the upper right of this											
uthentication Code: GENERAL INSTRUCTIONS Any significant change in this firm's operations should be noted in ①. For establishments sold or acquired in 2018, 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. Figures should be rounded to the nearest dollar. If a figure is \$1,030,280,456 it should be reported as Include: Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) as defined by the survey coverage in ①B. Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services. A. MAILING ADDRESS Is this firm's name and mailing address the same as shown in the mailing address above? Yes												
 Any significant change in this firm's operations should be noted in	uthentication Code:					I	https:	//ww\			_	
 Any significant change in this firm's operations should be noted in			0.71									
• For establishments sold or acquired in 2018, 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. • Figures should be rounded to the nearest dollar. • If a figure is \$1,030,280,456 it should be reported as • Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) as defined by the survey coverage in • B. • Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services. • A. MAILING ADDRESS Is this firm's name and mailing address the same as shown in the mailing address above? — Yes	- A ' 'C' (- -	ta data Cara										
•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. •Figures should be rounded to the nearest dollar. •If a figure is \$1,030,280,456 it should be reported as •Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) as defined by the survey coverage in ◆B. •Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services. A. MAILING ADDRESS Is this firm's name and mailing address the same as shown in the mailing address above? Yes •Stimates are acceptable if book figures are not available. •Enter "0" where applicable. •Bil. Mil. Thou. Dol. • Bil. Mil. Thou. Dol. • J O 3 O 2 8 O 4 5 6 • Bil. Mil. Thou. Dol. • J O 3 O 2 8 O 4 5 6 • Boll. Mil. Thou. Dol. • J O 3 O 2 8 O 4 5 6 • Boll. Mil. Thou. Dol. • J O 3 O 2 8 O 4 5 6 • Boll. Mil. Thou. Dol. • J O 3 O 2 8 O 4 5 6 • Boll. Mil. Thou. Dol. • J O 3 O 2 8 O 4 5 6 • Boll. Mil. Thou. Dol. • J O 3 O 2 8 O 4 5 6 • Boll. Mil. Thou. Dol. • J O 3 O 2 8 O 4 5 6 • Boll. Mil. Thou. Dol. • J O 3 O 2 8 O 4 5 6 • Boll. Mil. Thou. Dol. • J O 3 O 2 8 O 4 5 6 • Boll. Mil. Thou. Dol. • J O 3 O 2 8 O 4 5 6 • Boll. Mil. Thou. Dol. • J O 3 O 2 8 O 4 5 6 • Boll. Mil. Thou. Dol. • J O 3 O 2 8 O 4 5 6 • Boll. Mil. Thou. Dol. • J O 3 O 2 8 O 4 5 6 • Boll. Mil. Thou. Dol. • J O 3 O 2 8 O 4 5 6 • Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) as defined by the survey coverage in ⊕B. • Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) as defined by the survey coverage in ⊕B. • Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, M	• For establishments sold							d the	establish	men	ts wer	e operated by
• Enter "0" where applicable. • Do not combine data for two or more detailed lines. • Report data on an accrual basis, except for payroll. • Figures should be rounded to the nearest dollar. • If a figure is \$1,030,280,456 it should be reported as Include: • Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) as defined by the survey coverage in B. • Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services. A. MAILING ADDRESS Is this firm's name and mailing address the same as shown in the mailing address above? Yes		e if book fig	jures are r	not availab	ole.							
 Report data on an accrual basis, except for payroll. Figures should be rounded to the nearest dollar. If a figure is \$1,030,280,456 it should be reported as → I 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) as defined by the survey coverage in ●B. Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services. A. MAILING ADDRESS Is this firm's name and mailing address the same as shown in the mailing address above? Yes 0035 		_										
 Figures should be rounded to the nearest dollar. If a figure is \$1,030,280,456 it should be reported as Include: Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) as defined by the survey coverage in B. Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services. A. MAILING ADDRESS Is this firm's name and mailing address the same as shown in the mailing address above? Yes O0335 												
 If a figure is \$1,030,280,456 it should be reported as Include: Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) as defined by the survey coverage in B. Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services. A. MAILING ADDRESS Is this firm's name and mailing address the same as shown in the mailing address above? Yes 						\$ Bil.	M	lil.	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 •B. • Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services. A. MAILING ADDRESS Is this firm's name and mailing address the same as shown in the mailing address above? Yes						1	03	30	280) 4	56	
 Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) as defined by the survey coverage in B. Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services. A. MAILING ADDRESS Is this firm's name and mailing address the same as shown in the mailing address above? Yes 0035 		450 It SHOU	id be repor	rieu as					, ,	'		
garages, central administrative offices, and repair services. A. MAILING ADDRESS Is this firm's name and mailing address the same as shown in the mailing address above? Yes	 Data for all Services esta Construction operations 	as defined	d by the su	irvey cove	erage in	1 B.					_	
Is this firm's name and mailing address the same as shown in the mailing address above? Yes	 Data for auxiliary faciliti garages, central adminis 	es primarily strative offi	/ engaged ces, and re	in suppor pair servi	ting ser ces.	vices t	o tho	se es	tablishme	ent(s) such	as warehouses,
☐ Yes	A. MAILING ADDRESS											
0035	—	d mailing a	ddress the	same as	shown i	n the r	nailin	ıg add	dress abo	ve?		
0035		a manning at										
No - Enter corrections in the mailing address above	Is this firm's name and	a maining a										
	Is this firm's name and Yes											

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Form SA-62400AT (DRAFT)	Page 2
1 B. SURVEY COVERAGE	
Did this firm provide the business activities described below?	
Ves Yes	
□ No - Specify this firm's business activity 7	
0002	
2 Not Applicable.	
3 ORGANIZATIONAL CHANGE	
A. Did this firm experience any acquisitions, sales, mergers, and/or dive	astituras in 2018?
Ves Yes	
□ No - Go to 4	
B. Which of the following organizational changes occurred in 2018?	
Check all that apply. If more than one organizational change occurred during	g the reporting period, explain in 17 .
	Month Day Year
Acquisition	
☐ Sale Date of organizational change	0018
0091 AND	
Merger Enter detailed information below 7	
Divestiture	
0017 Name of company	0019 EIN (9 digits)
Warne or company	
Address (Number and street, P.O. Box, etc.)	
City, town, village, etc.	State ZIP Code

Form	SA-62400AT (DRAFT)				Page 3
4	REPORTING PERIOD				
	NOTE: Calendar year data are preferred. If they are unavailable, please report for the months of data for the 2018 calendar year.	fiscal yea	ar that ir	ncludes a	t least six
	What time period is covered by the data provided in this report?			2018	ţ
	Colondarium			eginning	
	Calendar year		Month	Day	Year
	Fiscal or partial year - Report beginning and ending dates	0007			1 1 1
				Ending [)ate
			Month	Day	Year
		0008			
5	TAX STATUS				
	A. Is this firm or organization operated on a not-for-profit basis?				
	Yes				
	0031				
	□ No - Go to 6				
	B. Was all or part of the income of this firm or organization exempt from Fe section 501 of the Internal Revenue Code?	deral ind	ome ta	xes und	er
	Yes				
	0030				
	□ No				
6	SALES, RECEIPTS, OR REVENUE				
	What were the revenues for this firm in 2018?				
	Include:				
	 Report gross billings, except where noted elsewhere on the form. Dues and assessments from members and affiliates. 				
	Revenues from electronic sources.				
	Exclude:				
	• Transfers made within the company.				
	• Taxes collected directly from customers or clients and paid directly to a local, state,				0
	 Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 Commonwealth Territories, or U.S. possessions). 	states, Di	STRICT OF	Columbi	a, U.S.
	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 the	hat this fi	rm oper	ated the	
	locations. • Payanus from convices performed by demostic locations of foreign parent firms out	haidiaria	hranck	nos oto	
	 Revenue from services performed by domestic locations of foreign parent firms, su Exclude: 	DSIGIALIES	s, pranci	ies, etc.	
	 Rents from and revenue of separately operated departments, concessions, etc., whi 	ch are lea	ased to	others.	
	Commissions from vending machine operators.				
	Mark "X"		2	018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
1.	TOTAL OPERATING REVENUE	'	1 1	1 1	
1.	1800				

7 Not Applicab	le.
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Percent

%

Form	ı S/	A-62	2400	OAT (DRAFT)	Page
8	RE	VEN	UES	FROM ELECTRONIC SOURCES	
	A.			firm have any revenues from customers entering orders directly on the firm's websites or applications in 2018?	
		0040		Yes	
				No	
	В.			firm have any revenues from customers entering orders directly on third-party websites or applications in 2018?	
		0041		Yes	
				No	
	C.			firm have any revenues from customers entering orders via any other electronic systems private networks, dedicated lines, etc.) in 2018?	
		0042		Yes	
				No	
	D.	Of t	he t	otal 2018 revenues reported in 6 , 2018 2018	110
		-: '		2018)18

9 – 13 Not Applicable	9-13	Not Applicable.
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14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

what was the dollar amount (or percentage)

that was from the revenues identified in A-C above? Please provide an estimate if

Transfers made within the company.

exact figures are not available.

- Capitalized expenses.
- Interest.
- · Bad debt.
- Impairment.
- Income tax.
- Expenses 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).

\$ Bil.

Mil.

Thou.

Dol.

OR ₂₅₀₁

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.



Personnel Costs

14 OPERATING EXPENSES - Continued

Dol.

2018

Thou.

Mil.

Mark "X" sil.

	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							
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	1822							
	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						1	
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b.	1860						-	
3.	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				ı		ı	
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							
	b. 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								
_		1879							
5.	TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	1000	'	'	'	ı	'	1	' =
		1900							
T.	and 16 Not Applicable.								

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	data Word out	inatoai									
18	CONTACT IN	FORMATI	ON								
	Name of person			this report (Please p	orint)	Title				
						ı					
	Telephone	Area code	1 1	Number	1 1	Extension	Fax	Area code		Number	1 1
	E-mail address			-			Website address			-	
	z man address						TODOILO GUUI GOO				
		THA	NK YOU	for comp	letina v	vour 2018 A	NNUAL SERVICE	S REPORT			

S U Ec U

SERVICE ANNUAL SURVEY

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

2018 ANNUAL SERVICES REPORT

SA-62400ATE (DRAFT) **Due Date** 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

GENERAL INSTRUCTIONS

- Any significant change in this firm's operations should be noted in 0.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

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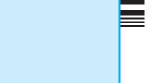
Include:

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

0	A.	M	AILI	NG	AD	DRES	•

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



Form SA-62400ATE(DRAFT) Page:

FUIII	IJA	-02400	UALE(DRAFI)															ı u	ge z
0	В. \$	SURVE	Y COVERAGE	•															
	ı	Did this	s firm provide	e the I	busin	ess a	ctivi	ties d	descr	ibed l	pelow	?							
			Yes																
	C	0001	No - Specify to	this fi	irm's b	ousine	ess ac	ctivity	7										
								,	•										
			0002																
2	Not	Applica	ble.																
3	ORG	GANIZA	ATIONAL CHA	ANGE															
	Α. Ι	Did this	s firm experier	ence a	any ac	cquisi	itions	s, sal	es, m	nergei	rs, and	d/or div	estiture	s in 2	018?				
		0016	Yes																
			No - Go to 4																
	В. \	Which d	of the followir	ina or	rganiz	ation	nal ch	hange	es oc	curre	d in 20	018?							
			ll that apply. If i										g the rep	oorting	g perio	d, expla	in in (Ð.	
			Acquisition												Mont	h Day	,	Year	
				D	Date of	orgai	nizatio	ional d	chang	ie				. 0018					ı
	C	0091	Sale	> A	ND														
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			Divestiture																
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	0031		Yes												
			No - Go to	o 6											
	B. Wa	is all	or part of	the inco	ome of	this fi	rm or or	ganizat	ion exe	empi	t from Fe	ederal iı	ncome t	axes un	der
	sec	ction	501 of th	e Interna	al Reve	nue Co	ode?	g <u>-</u>		J				anoo an	
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	• Amol	unts t	transferred	to opera	ung tun	ius trom	capital	or reser	ve funds	S.					
											Mark "X" if None	, \$ Bil.	Mil.	2018 Thou	. Dol
												Ψ 5		· iiou	. 501
1.	Non-O)pera r	ting Reve	nue (Line	es 1a th	rough	1d to be	comple	ted by						
1.	tax-exe a. Coi (no	empt : ntrib i	firms only) utions, given by contributions.	fts, and	grants	receive	ed - Incl	u de in-k ig and d	ind	1741			1 1		
1.	a. Cor (no dor b. Inv	empt ntrib n-cas nation restm	firms only) utions, given by contributions.	fts, and ations such that the state of the s	grants chas foo	receive od item	ed - Incl s, clothir ude inter	ude in-k ig and d	ind ther				++		

Forn	SA-62400ATE(DRAFT)							Page 4
6	SALES, RECEIPTS, OR REVENUE - Continued							
				Mark "X"		2	018	
				if None	\$ Bil.	Mil.	Thou	. Dol.
1.	Non-Operating Revenue (Lines 1a through 1d to be cor	npleted by						
	 tax-exempt firms only) - Continued Program service - Include revenue from the sale of a admissions (excluding state, local, or admission taxes); facilities; the operation of schools, classes, training facil instructional services; registration fees received in conn a meeting or convention; equipment rental services; go contracts; and other fees received for providing a service. 	the use of ities, and ection with vernment	1743				1 1	
	d. All other non-operating revenue - Revenue not repo lines 1a through 1c. Include capital gains and losses. item is greater than 20% of the total revenue, spe primary source of revenue below 7	If this						
			1809					
2.	TOTAL REVENUE							
	Sum of lines 1a through 1d		1800					
7	Not Applicable.							
8	REVENUES FROM ELECTRONIC SOURCES							
	NOTE: For tax-exempt firms, please include monetary dona	ations receiv	ved or	nline as F	Revenue fr	om Elec	etronic	Sources.
	A. Did this firm have any revenues from customers e							
	mobile applications in 2018?	intering ort	uers	unectry	on the m	III S W	DSILE	, OI
	Ves 0040							
	□ No							
	B. Did this firm have any revenues from customers e mobile applications in 2018?	ntering ord	ders	directly	on third- _l	oarty w	ebsite	es or
	☐ Yes							
	No							
	C. Did this firm have any revenues from customers e (such as private networks, dedicated lines, etc.) in	ntering ord 2018?	ders v	via any c	other elec	tronic	systei	ns
	☐ Yes							
	No							
	D. Of the total 2018 revenues reported in (3) , what was the dollar amount (or percentage)			2018				2018
	that was from the revenues identified in	\$ Bil.	Mil.	Thou.	Dol.			Percent
	A-C above? Please provide an estimate if exact figures are not available					OR	2501	%
9	Not Applicable.							

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

expenses not reported eisewhere.					
	Mark "X"		2	2018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
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	1 🔲		1 1	1 1	
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	2				
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	3				
Expensed equipment, materials, parts, and supplies (not for					
resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b	0 🗆		1 1		
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	6		1 1		
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) Fyclude impairment			1 1		1

CONTINUE WITH 14 ON PAGE 6

Form SA-62400ATE(DRAFT) Page 6

OHI	1 3/	4-02400A I EDRAFI)					rage o
14	OP	PERATING EXPENSES - Continued					
			Mark "X"			2018	
			if None	\$ Bil.	Mil.	Thou.	Dol.
4.	Ot	her Operating Expenses - Continued					
	b.	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?					
			1879				
5 .	TO	TAL OPERATING EXPENSES					
	Su	m of lines 1a through 4b	1900				
1 5	and	Not Applicable.					

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D	REMARKS - I	Please use thi mated.	s space to expl	ain any signiti	cant year-to-yea	r changes, to	ciarily resp	onses, or i	ndicate where
3	CONTACT IN			(0)	77.0				
8			N garding this repor	rt (<i>Please print</i>)	Title				
8		n to contact reg	garding this repoi				Area code	Nu	mher
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SERVICE ANNUAL SURVEY

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

FOR!

SA-62400ET

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution.

risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as -

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nclude

- 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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_	_

A. MAILING ADDRESS

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

0035	Yes
	No - Enter corrections in the mailing address above



B. SURVEY COVERAGE				
Did this firm provide the business activities described below?				
Did this firm provide the business activities described below?				
Yes				
0001				
No - Specify this firm's business activity				
2002				
0002				
FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)				
Does this firm report payroll under EIN				
Yes				
0013	FIN	(9 digits	:)	
No - Enter current 9-digit EIN AND date payroll was first	LIIV	(5 digita	<i>>1</i>	
, I.C. al.: FINI)15	-		
		Montl	n Day	Year
	008	3		
ORGANIZATIONAL CHANGE				
A. Did this firm experience any acquisitions, sales, mergers, and/or divestitu	res in 2	018?		
O016 Yes				
No - Go to 4				
D W. I. (4) (II				
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the	roportin	a norio	l ovoloi	in in 🗗
Check all that apply. If more than one organizational change occurred during the	eporun		-	
Acquisition		Month	Day	Year
Date of organizational change	0018			1 1 1
Sale AND				
Merger				
Enter detailed information below?				
Divestiture				
0017 Name of company	0010	EINI (O di	aita)	
with Name of company	0019	EIN (9 di	gits)	
		-		
Address (Number and street, P.O. Box, etc.)				
City, town, village, etc.	e ZIP C	nde		
Oity, town, vinage, etc.	J ZIF C	oue		
			_	

Form	SA-62400ET (DRAFT)			Page :								
4	REPORTING PERIOD											
	NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal year months of data for the 2018 calendar year.	ar that i	ncludes	at least six								
	What time period is covered by the data provided in this report?											
	Beginning Date											
	Calendar year Month Day											
	Fiscal or partial year - Report beginning and ending dates											
	Ending Date											
		Month	Day	Year								
			,	1 1								
	0008											
5	TAX STATUS											
	A. Is this firm or organization operated on a not-for-profit basis?											
	U Yes 0031											
	□ No - Go to 6											
		4 .		dou								
	B. Was all or part of the income of this firm or organization exempt from Federal income section 501 of the Internal Revenue Code?	ome ta	xes ur	uer								
	Yes											
	0030											
	□ No											
6	SALES, RECEIPTS, OR REVENUE											
•	What were the revenues for this firm in 2018?											
	Include:											
	• Report gross billings, except where noted elsewhere on the form.											
	Dues and assessments from members and affiliates.											
	Revenues from electronic sources.											
	Exclude:											
	 Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or feder. 	al tax ac	nencv									
	• Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Di	-		bia, U.S.								
	Commonwealth Territories, or U.S. possessions).											
	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 fi	rm oper	ated th	e								
	locations.Revenue from services performed by domestic locations of foreign parent firms, subsidiaries	s. branck	nes, etc									
	Exclude:	, 5.0	,	·								
	• Rents from and revenue of separately operated departments, concessions, etc., which are lea	ased to	others.									
	Commissions from vending machine operators.											
	Mark "X"	2	2018									
	if None \$ Bil.	Mil.	Thou	. Dol.								
1.	TOTAL OPERATING REVENUE											
U	Not Applicable.											

Form	S	A-62	400	DET (DRAFT)	Page
8	RE	VEN	UES	FROM ELECTRONIC SOURCES	
	A.			firm have any revenues from customers entering orders directly on the firm's websites or applications in 2018?	
		0040		Yes	
				No	
	В.			firm have any revenues from customers entering orders directly on third-party websites or applications in 2018?	
		0041		Yes	
				No	
	C.	Did (suc	this th as	firm have any revenues from customers entering orders via any other electronic systems private networks, dedicated lines, etc.) in 2018?	
		0042		Yes	
				No	
	D	Of t	he t	otal 2018 revenues reported in G	

what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if exact figures are not available.

2018 \$ Bil. Mil. Thou. Dol.

2018 Percent % 2501

OR

13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

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

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.



Personnel Costs

OPERATING EXPENSES - Continued

employee contributions.

leased and rented equipment in line 4b.

Other Operating Expenses

expenses below 7

a. Gross annual payroll - Total annual Medicare salaries and

b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans;

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

defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude

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,

Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and

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

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

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(e.g., patents, copyrights). **Exclude** impairment

spread on stock options that are taxable to employees as wages . 1821

Dol.

2018

Thou.

Mil.

Mark "X" if None

\$ Bil.

			1073					
99	5.	TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	. 1900					
62400056	1 5	and 16 Not Applicable.						

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Ð	REMARKS - Please use this space to explain any significant year data were estimated.	r-to-year changes, to clarify responses, or indicate where
8	CONTACT INFORMATION	
	Name of person to contact regarding this report (Please print)	Title
	Area code Number Extension Telephone	Area code Number Fax
	E-mail address	Website address
	1	t and the second

We suggest you keep a copy for your records.



SERVICE ANNUAL SURVEY

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

SA-62400ETE (DRAFT)

2018 ANNUAL SERVICES REPORT

Due	Date

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https://www.census.gov/programssurveys/sas/information.html

YOUR RESPONSE IS REQUIRED

BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information **CONFIDENTIAL** and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we

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Authentication Code:

could not conduct this survey.

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- Do not combine data for two or more detailed lines.
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- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

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- 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.



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



	VEY COVERAGE						
Did t	his firm provide	the business activities described below?					
	Yes						
0001	No Cresify	this firms a husing as pativity					
	No - Specify	this firm's business activity					
	0002						
	0002						
FEDERA	L EMPLOYER IC	DENTIFICATION NUMBER (EIN)					
Does th	is firm report pa	ayroll under EIN					
	Yes						
0013			EIN	l (9 di	gits)		
		nt 9-digit EIN AND date payroll was first		_			
			15				
	геропеа то	r this EIN	13				
	геропеа то	uns Liv	13	M	onth	Day	Yea
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	IZATIONAL CHA		00	088		Day	Yea
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A. Did t0016B. Whice	IZATIONAL CHA this firm experie Yes No - Go to 4	NGE nce any acquisitions, sales, mergers, and/or divestitu ng organizational changes occurred in 2018?	oc res in	2018	?	1	
A. Did t0016B. Whice	IZATIONAL CHA this firm experie Yes No - Go to ch of the following k all that apply. If	NGE nce any acquisitions, sales, mergers, and/or divestitu	oc res in	2018	riod, e	explai	n in 🕡.
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0016 B. Whice Check 0091	IZATIONAL CHATCH STATE TO THE CHATCH ACQUISITION SAIR Merger Divestiture	NGE nce any acquisitions, sales, mergers, and/or divestitu ng organizational changes occurred in 2018? more than one organizational change occurred during the lange of organizational change	res in	2018 ng pei	riod, o	explai.	n in 🕡.
0016 B. Whice Check 0091	IZATIONAL CHATCH STATE TO THE CHATCH ACQUISITION SAIE Merger	NGE nce any acquisitions, sales, mergers, and/or divestitu ng organizational changes occurred in 2018? more than one organizational change occurred during the lange of organizational change	res in	2018 ng pei	riod, o	explai.	n in 🕡.
0016 B. Whice Check 0091	IZATIONAL CHATCH STATE TO THE CHATCH ACQUISITION SAIR Merger Divestiture	NGE nce any acquisitions, sales, mergers, and/or divestitu ng organizational changes occurred in 2018? more than one organizational change occurred during the lange of organizational change	res in	2018 ng pei	riod, o	explai.	n in 🕡.
0016 B. Whice Check 00091	IZATIONAL CHATCH STATE TO THE CHATCH ACQUISITION SAIR Merger Divestiture	NGE nce any acquisitions, sales, mergers, and/or divestitue ng organizational changes occurred in 2018? more than one organizational change occurred during the second particular of the second part	res in	2018 ng pei	riod, o	explai.	n in 🕡.
0016 B. Whice Check 00091	IZATIONAL CHATCHIS firm experience Yes No - Go to Catch of the following the state of the following that apply. If the state of the s	NGE nce any acquisitions, sales, mergers, and/or divestitue ng organizational changes occurred in 2018? more than one organizational change occurred during the second particular of the second part	res in	2018 ng pei	riod, o	explai.	n in 🕡.
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What time period is covered by the data provided in this report	t?		201	8
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Calendar year		Month	Day	Year
Fiscal or partial year - Report beginning and ending dates .		7		
			Ending	Date
		Month	Day	Year
	000	0		1 1
	000	•		
TAX STATUS	:-3			
A. Is this firm or organization operated on a not-for-profit basis	ist			
☐ Yes				
No - Go to 6				
B. Was all or part of the income of this firm or organization exsection 501 of the Internal Revenue Code? Yes No	kempt from Federal ir	come ta	ixes un	der
L INO				
SALES, RECEIPTS, OR REVENUE				
What were the revenues for this firm in 2018?				
Include:				
• Report gross billings, except where noted elsewhere on the form.				
 Dues and assessments from members and affiliates. 				
Revenues from electronic sources.				
Exclude:				
Transfers made within the company.				
Taxes collected directly from customers or clients and paid directly	to a local state or fede	ral tay ad	nency	
 Revenue of foreign subsidiaries (those located outside the U.S., i.e., 				nia U.S
Commonwealth Territories, or U.S. possessions).	, odiolao illo oo olaloo, i	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Coldina	, a, e.e.
INSTRUCTIONS FOR TAX-EXEMPT FIRMS				
Include:				
 Program service revenue for services provided in the applicable per 	rind whether or not nav	ment wa	e receiv	ad in the
	nou, whether of not pay	illelit wa	3 166610	su III tiit
applicable period.				
applicable period.Gross sales of merchandise minus returns and allowances.		eceipts fr	om dep	artment
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 Gross sales of merchandise minus returns and allowances. Income from interest, dividends, gross rents (including display space operated by other companies), royalties, and other investments. Gross contributions, gifts, and grants (whether or not restricted for Commissions earned from the sale of merchandise owned by other operators). Gross receipts from fundraising activities. Exclude: Gross receipts of departments or concessions operated by other contamination. Amounts transferred to operating funds from capital or reserve fund. 	use in operations). s (including commission mpanies.			
 Gross sales of merchandise minus returns and allowances. Income from interest, dividends, gross rents (including display space operated by other companies), royalties, and other investments. Gross contributions, gifts, and grants (whether or not restricted for Commissions earned from the sale of merchandise owned by other operators). Gross receipts from fundraising activities. Exclude: Gross receipts of departments or concessions operated by other concessions. 	use in operations). s (including commission mpanies. ds. Mark "X"	2	2018	
 Gross sales of merchandise minus returns and allowances. Income from interest, dividends, gross rents (including display space operated by other companies), royalties, and other investments. Gross contributions, gifts, and grants (whether or not restricted for Commissions earned from the sale of merchandise owned by other operators). Gross receipts from fundraising activities. Exclude: Gross receipts of departments or concessions operated by other contents. Amounts transferred to operating funds from capital or reserve fund. Non-Operating Revenue Contributions, gifts, and grants received - Include in-kind (non-cash) contributions such as food items, clothing and other 	use in operations). s (including commission mpanies. ds. Mark "X"	2	2018	
 Gross sales of merchandise minus returns and allowances. Income from interest, dividends, gross rents (including display space operated by other companies), royalties, and other investments. Gross contributions, gifts, and grants (whether or not restricted for Commissions earned from the sale of merchandise owned by other operators). Gross receipts from fundraising activities. Exclude: Gross receipts of departments or concessions operated by other contents. Amounts transferred to operating funds from capital or reserve fund. Non-Operating Revenue Contributions, gifts, and grants received - Include in-kind. 	use in operations). s (including commission) mpanies. ds. Mark "X" if None \$ Bil.	2	2018	Do

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Form	SA-6	2400	DETE(DRAFT)						Page 4
6	SALE	S, RE	CEIPTS, OR REVENUE - Continued						
					Mark "X"			2018	
					if None	\$ Bil.	∕IiI.	Thou	ı. Dol.
1.	c. Pro adi fac ins a n	ogran missio ilities tructioneetin	ting Revenue - Continued n service - Include revenue from the sale of are service - Include revenue from the sale of are services; the operation of schools, classes, training facilities and services; registration fees received in connection of schools, classes, training facilities on a services; registration fees received in connection; equipment rental services; govers; and other fees received for providing a services.	the use of ties, and ection with ternment	13	1 1			
	line ite	es 1a m is	r non-operating revenue - Revenue not repor through 1c. Include capital gains and losses. greater than 20% of the total revenue, spec source of revenue below	lf this					
	TOTA		/PAULE	180	09				
2.			/ENUE s 1a through 1d	180	00		'	'	
2	Not A	oplica	ble.						
8		-	FROM ELECTRONIC SOURCES						
			ax-exempt firms, please include monetary dona	tions received	l online as F	Revenue fro	m Ele	ctronic	Sources.
	A. Die	d this	firm have any revenues from customers er	ntering order	rs directly	on the fir	n's w	ebsite	s or
	mo	bile	applications in 2018?	_					
	0040		Yes						
			No						
	B. Die	d this obile	firm have any revenues from customers er applications in 2018?	ntering order	rs directly	on third-p	arty w	vebsite	es or
	0041		Yes						
			No						
			firm have any revenues from customers er private networks, dedicated lines, etc.) in		rs via any o	other elec	tronic	syste	ms
	0042		Yes						
			No						
			otal 2018 revenues reported in ⑥, as the dollar amount (or percentage)		2018				2018
	tha	at wa	s from the revenues identified in	\$ Bil. Mil.	. Thou.	Dol.	_		Percent
			ve? Please provide an estimate if gures are not available				OR	2501	%
9.	- 13 N	lot Ar	plicable.				_		
O		10171	phodolo.						

14 OPERATING EXPENSES **Exclude:**

- What were the operating expenses for this firm in 2018?
- Transfers made within the company. Capitalized expenses.
- Interest.
- · Bad debt.
- Impairment.
- Income tax.
- Expenses 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).

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	\$ Bil.	Mil.	Thou.	Dol.		
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	ı 🗆		1 1		1 1		
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions	2 🔲		1 1		1 1		
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	3 🗆						
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b	o 🗆						
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	s 🔲						
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							

CONTINUE WITH 14 ON PAGE 6

Form SA-62400ETE(DRAFT) Page 6

						U
14	OPERATING EXPENSES - Continued					
		Mark "X"		2	2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
4.	Other Operating Expenses - Continued					
	b. 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 7					
		4070				
		1879				
5.	TOTAL OPERATING EXPENSES			1 1		
	Sum of lines 1a through 4b	. 1900		1 1		1 1
1	and 16 Not Applicable.					

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D	REMARKS - F data were esti	Please use th mated.	nis space	e to explain any	significant yea	r-to-year changes, t	o clarify res	ponses,	or indicate	where
18	Name of person			this report <i>(Please</i>	a nrint)	Title				
	Ivallie of person	1 to contact re	egaranig	uns report (<i>r leas</i> e	э ринц	Title				
		Area code		Number	Extension		Area code		Number	
	Telephone			- ' ' '		Fax			-	
	E-mail address		<u>'</u>			Website address				
		THAN	K YOU	for completing	g your 2018 A	NNUAL SERVICE	S REPORT.			
						or your records.				

SERVICE ANNUAL SURVEY

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

FORM

2018 ANNUAL SERVICES REPORT

SA-71000A	(DRAFT)
Due Date	
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://www.census.gov/programs-	
surveys/sas/information.html YOUR RESPONSE IS REQUIRED	
BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and	
182 authorizes this collection. Sections 224 and 225 require your	
response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information	
CONFIDENTIAL and can use your	
responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses	
in a way that could identify your business, organization, or institution.	
Per the Federal Cybersecurity Enhancement Act of 2015, your data	
are protected from cybersecurity risks through screening of the systems that transmit your data.	
This collection has been approved by the Office of Management and	
Budget (OMB). The eight-digit OMB approval number is 0607-0422 and	
appears at the upper right of this page. Without this approval, we	
could not conduct this survey.	
https://portal.census.gov Authentication Code:	To view Survey Results: https://www.census.gov/programs-surveys/sas.htm
	GENERAL INSTRUCTIONS
	in this firm's operations should be noted in ① .
 For establishments sold this firm. 	or acquired in 2018, report data only for the period the establishments were operated by
	e if book figures are not available.
• Enter "0" where applical	ble. r two or more detailed lines.
	al basis, except for payroll. \$ Bil. Mil. Thou. Dol.
• Figures should be round	
• if a figure is \$1,030,280,	456 it should be reported as
 Data for all Services est 	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and
·	es primarily engaged in supporting services to those establishment(s) such as warehouses,
garages, central adminis	strative offices, and repair services.
1 A. MAILING ADDRESS	
	d mailing address the same as shown in the mailing address above?
Is this firm's name and	d mailing address the same as shown in the mailing address above?
Is this firm's name and Yes	
Is this firm's name and Yes	d mailing address the same as shown in the mailing address above? Our crections in the mailing address above

Form SA-71000A (DRAFT) Page 2

7111	. 07	4-7 I		(DRAFI)																raye
1	В.	SUR	VEY	COVERAC	GE															
		Did 1	this	firm provi	ide 1	the bu	siness	activ	vities	s des	cribe	ed bel	ow?							
		0001		Yes																
		0001		No - Specit	fy th	nis firm	's busiı	ness a	activi	ity 🗸										
				0002																
2	Not	t App	lical	ble.																
3	OR	GAN	IIZA	TIONAL CH	HAN	NGE														
	A.	Did 1	this	firm exper	rien	ce any	acqui	isitio	ons, s	sales,	, mer	gers,	and/o	r dive	stiture	s in 20	18?			
				Yes																
		0016		No - <i>Go to</i>	•															
					_															
				f the follo v I that apply.											the re	oortina	pariod	ovnlai	n in 6	5
		Cried	K all	і шасарріў.	וו וו	nore un	an one	orya	iiiizati	lonar	CHAILE	ge occ	urrea	auring	the rep	orung	Month			o. Year
				Acquisition	1												WOTH	Day		leai
				Sale		Date	of org	ganiza	ationa	al chai	nge .					. 0018				
		0091		Manan		> AND)													
				Merger		Ente	r detai	iled in	nform	nation	belov	wŢ								
				Divestiture	J															
		0017	Nam	ne of compan	ıy											0019 E	IN (9 dig	its)		
																	_			
		Addr	ress	(Number and	stre	et, P.O.	Box, etc	c.)												
		City,	towi	n, village, etc.											State	ZIP Co	de			
																		_		

Form SA-71000A Page 3

4	REP	ORT	TING PERIOD						
	NOT mon		r that ii	ncludes	s at least six				
	Wha	t tir	2018						
				E	Beginni	ng Date			
			Calendar year	Month	Day	Year			
	0006								
		Ш	Fiscal or partial year - Report beginning and ending dates						
				Ending Date					
				Month	Day	Year			

Not Applicable.

SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

- Report gross billings, **except** where noted elsewhere on the form.
- Report gross receipts for casinos.
- Dues and assessments from members and affiliates.
- 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.
- · Commissions, fees, and revenue from admissions and the use of facilities.
- · Revenues from electronic sources.

Exclude:

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

	2018											
	\$ Bil.	Mil.	Thou.	Dol.								
00		1 1	1 1	1 1								

1. TOTAL OPERATING REVE	NUE
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Not Applicable.

Form SA-71000A Page 4

8	REVE	NUES	FROM ELECTRONIC SOURCES							
			firm have any revenues from customers en applications in 2018?	tering	orders d	irectly or	the firm	's website	s or	
	0040		Yes							
			No							
			firm have any revenues from customers en applications in 2018?	itering	orders d	irectly or	third-pai	rty websit	es or	
	0041		Yes							
			No							
			s firm have any revenues from customers en s private networks, dedicated lines, etc.) in			ia any otl	ner electr	onic syste	ms	
	0042		Yes							
			No							
	D. Of	the t	otal 2018 revenues reported in ⑤ ,			2018			2018	
	wh	at w	as the dollar amount (or percentage) s from the revenues identified in	\$ Bil.	Mil.	Thou.	Dol.		Percent	t
	A-0	abo	ove? Please provide an estimate if					OR ₂₅₀₁		%

what was the dollar amount (or percentage
that was from the revenues identified in
A-C above? Please provide an estimate if
exact figures are not available.

\$ Bil.	Mil.	Thou.	Dol.	
				OR
				2501

9-13	Not Applicable.
------	-----------------

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

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

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.

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										Pag
DPERATING EXPENSES - Continued										
	Má	ark "X"				2	018			
	if	None	\$ Bil.		Mil.		Th	ou.		Dol.
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										
Employer's Annual Federal Tax Return, line 4(c). Include the spread on stock options that are taxable to employees as wages . 1	1821									
legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude	1822									
paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. Include all charges for payroll, benefits,	1022									
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include materials and supplies used in providing services to others; materials and parts used in repairs; office and anitorial supplies; small tools; containers and other packaging										
eased and rented equipment in line 4b	1860									
custom coded, or vendor customized software. Include software developed or customized by others, web-design services and burchases, licensing agreements, upgrades of software, and	1826				I I			1		1 1
Other Operating Expenses										
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	1831				1 1		-	-		
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?										
1	1979		1		1 1		1	ı		1 1
TOTAL OPERATING EXPENSES	1075									
O.A. OI BINAING BAN BINGLO			l	1						
	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 b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions. 6. 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Include depreciation charges taken against tangible assets obtained through capital lease agreements, and amortization charges against intangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, an	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 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 b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. 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Include materials and supplies used in providing services to others; materials and parts used in repairs; office and anitorial supplies; small tools; containers and other packaging materials; and motor fuels. Report packaged software in line 3 and leased and rented equipment in line 4b. 1860 Expensed purchases of software - Purchases of prepackaged, custom coded, or vendor customized software. Include software developed or customized by others, web-design services and marriations and amortization charges agai	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 941, Employer's Annual Federal Tax Return, line 4(c). Include the spread on stock options that are taxable to employees as wages 1821 b. 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Expensed purchases of software - Purchases of prepackaged, benefits, and mortization charges almost and alterations. 1826 containers and other packaging materials; and mortization charges against intangible assets obtained through capital lease agreements	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 b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. 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Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans, and single service plans (e.g., portis sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions. c. Temporary staff and leased employee expense - Total costs paid to Professional Employee Organizations (PEOs) and staffing agencies for personnel. Include all charges for payroll, benefits, and services. c. Temporary staff and leased employee expense - Total costs paid to Professional Employee Organizations (PEOs) and staffing agencies for personnel. Include all charges for payroll, benefits, and services. Expensed equipment, materials, parts, and supplies (not for reseale) - Include expensed computer hardware and other equipment particles, for the control of the co	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 4(c). Include the spread on stock options that are taxable to employees as wages . 1821 b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs and programs medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions. 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. 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. Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment, CPUs, monitors). Include materials and supplies used in providing agencies for personnel. Include all charges for payroll, benefits, and services. Expensed purchases of software - Purchases of prepackaged, bustom coded, or vendor customized software. Include software developed or customized by others, web-design services and obten equipment in line 4b. Expensed purchases of software and other equipment code of customized by others, web-design services and obten equipment and the page of the software developed or customized by others, web-design services and other equipment and the page of the software developed or customized by others, web-design services and other equipment and the pa	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 16(c) for the four quarters that correspond to the survey period or IRS Form 944 Employer's coat for firinge benefits - Employer's cost for legally required programs and programs and required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-pary administrators (TPAs); defined benefit pension plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-pary administrators (TPAs); defined benefit pension plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insurance benefits, Medicare). Exclude employee contribution plans (e.g., profit sharing, 40K, stock option compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions. profit of Professional Employer Organizations (PEOs) and staffing agencies for personnel. Include all charges for payroll, benefits, and services. Expensed equipment, materials, parts, and supplies (not for reseale) - Include expensed computer hardware and other equipment, e.g., copiers, fax machines, telephones, shop and lab equipment, e.g., copiers, fax machines, telephones, shop and lab equipment, e.g., copiers, fax machines, telephones, shop and lab equipment, e.g., copiers, fax machines, telephones, shop and lab equipment, e.g., copiers, fax machines, telephones, shop and lab equipment, e.g., copiers, fax machines, telephones, shop and lab equipment, e.g., copiers, fax machines, telephones, shop and lab equipment, e.g., copiers, fax machines, telephones, shop and lab equipment, e.g., copiers, fax machines, telephones, shop and lab equi

REMAR	S - Please use this space to explain any significant year-to-year changes, to clarify response estimated.	es, or indicate whe
data we	estimated.	

CONTACT INFORMATION																							
Name of person to contact regarding this report (Please print)									Title														
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		Area code	ea code Numbe		nber	per Extension				Area code		Number											
Teleph	ohone	hone	hone	phone	phone	ohone	hone	hone	hone								Fax						
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SERVICE ANNUAL SURVEY

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

SA-71000E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 ①.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

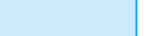
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- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting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

1	A.	M	AIL	NG	ADD	RESS

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

	Yes
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	No - Enter corrections in the mailing address above



CONTINUE ON PAGE 2

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. SURVEY COV	VERAGE						
Did this firm	n provide t	the business activities described below?					
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	- Specify th	is firm's business activity 🍞					
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Form SA-71000E Page 3

4	REP	ORT	TING PERIOD					
			alendar year data are preferred. If they are unavailable, please report for the fiscal yea of data for the 2018 calendar year.	r that i	ncludes	s at least six		
	Wha	t tir	me period is covered by the data provided in this report?		20	18		
						Beginning Date		
			Calendar year	Month	Day	Year		
	0006							
			Fiscal or partial year - Report beginning and ending dates					
			Ending Date					
				Month	Day	Year		

Not Applicable.

SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

- Report gross billings, **except** where noted elsewhere on the form.
- Report gross receipts for casinos.
- Dues and assessments from members and affiliates.
- 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.
- · Commissions, fees, and revenue from admissions and the use of facilities.
- · Revenues from electronic sources.

Exclude:

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

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N.	- 1

Not Applicable.

Form SA-71000E (DRAFT) Page 4

REVEN	IUES	FROM ELECTRONIC SOURCES						
			tering	orders d	irectly on	the firm	's website	s or
0040		Yes						
		No						
			tering	orders d	irectly on	third-pai	rty websit	es or
0041		Yes						
		No						
C. Did (suc	this ch as	firm have any revenues from customers en private networks, dedicated lines, etc.) in	tering 2018?	orders v	ia any otl	ner electr	onic syste	ms
0042		Yes						
		No						
D. Of t	the t	otal 2018 revenues reported in ① ,			2018			2018
			\$ Bil.	Mil.	Thou.	Dol.		Percent
A-C	abo	ve? Please provide an estimate if					OR ₂₅₀₁	%
	A. Did mol	A. Did this mobile a control of the twhat wa A-C abo	mobile applications in 2018? Yes No Did this firm have any revenues from customers en mobile applications in 2018? Yes No Did this firm have any revenues from customers en (such as private networks, dedicated lines, etc.) in Yes No Of the total 2018 revenues reported in ③, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if	A. Did this firm have any revenues from customers entering mobile applications in 2018? Yes No Did this firm have any revenues from customers entering mobile applications in 2018? Yes No Did this firm have any revenues from customers entering (such as private networks, dedicated lines, etc.) in 2018? Yes No Of the total 2018 revenues reported in ③, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if	A. Did this firm have any revenues from customers entering orders demobile applications in 2018? Yes No Did this firm have any revenues from customers entering orders demobile applications in 2018? Yes No Did this firm have any revenues from customers entering orders versuch as private networks, dedicated lines, etc.) in 2018? Yes No Of the total 2018 revenues reported in ③, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if	A. Did this firm have any revenues from customers entering orders directly on mobile applications in 2018? Yes No Did this firm have any revenues from customers entering orders directly on mobile applications in 2018? Yes No Did this firm have any revenues from customers entering orders via any oth (such as private networks, dedicated lines, etc.) in 2018? Yes No Of the total 2018 revenues reported in ⑤, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if	A. Did this firm have any revenues from customers entering orders directly on the firm mobile applications in 2018? Yes No Did this firm have any revenues from customers entering orders directly on third-par mobile applications in 2018? Yes No Did this firm have any revenues from customers entering orders via any other electrons (such as private networks, dedicated lines, etc.) in 2018? Yes No Of the total 2018 revenues reported in 6, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if	A. Did this firm have any revenues from customers entering orders directly on the firm's website mobile applications in 2018? Yes

9-13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.



OPERATING EXPENSES - Continued

2018

Mark "X"

REMAR	S - Please use this space to explain any significant year-to-year changes, to clarif estimated.	y responses, or indicate whe
data we	estimated.	

Area code

Telephone

E-mail address

Number

Extension

Area code

Fax

Website address

Number

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

2018 ANNUAL SERVICES REPORT

SA-71002AT	(DRAFT)
Due Date	
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://www.census.gov/programs-	
surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States	
Code (U.S.C.), Sections 131 and 182 authorizes this collection.	
Sections 224 and 225 require your	
response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information	
same law to keep your information CONFIDENTIAL and can use your	
responses only to produce statistics. The Census Bureau is not permitted	
to publicly release your responses	
n a way that could identify your pusiness, organization, or institution.	
Per the Federal Cybersecurity Enhancement Act of 2015, your data	
are protected from cybersecurity isks through screening of the	
systems that transmit your data.	
This collection has been approved by the Office of Management and	
Budget (OMB). The eight-digit OMB approval number is 0607-0422 and	
appears at the upper right of this	
page. Without this approval, we could not conduct this survey.	
Authentication Code:	To view Survey Results: https://www.census.gov/programs-surveys/sas.htm
	GENERAL INSTRUCTIONS
 Any significant change i 	n this firm's operations should be noted in 17.
this firm.	or acquired in 2018, report data only for the period the establishments were operated by
	e if book figures are not available.
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	r two or more detailed lines.
• Figures should be round	al basis, except for payroll. \$ Bil. Mil. Thou. Dol.
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Include:	
 Data for all Services esta 	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and
	as defined by the survey coverage in 1 B.
garages, central adminis	es primarily engaged in supporting services to those establishment(s) such as warehouses, strative offices, and repair services.
1 A. MAILING ADDRESS	
Is this firm's name and	d mailing address the same as shown in the mailing address above?
Yes	
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No - Enter co	rrections in the mailing address above

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B. SURVEY COVERAGE Did this firm provide the business activities described below? Yes No - Specify this firm's business activity 7
Yes No - Specify this firm's business activity 7 00002 Not Applicable. ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes No - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in D. Acquisition Date of organizational change occurred during the reporting period, explain in D. Acquisition Date of organizational change AND Enter detailed information below 7 Ostro Name of company Sons EIN (9 digits) - Address (Number and street, P.O. Box, etc.)
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Divestiture Only Name of company Only EIN (9 digits) Address (Number and street, P.O. Box, etc.) City, town, village, etc. State ZIP Code
Name of company Out State ZIP Code Out State
Address (Number and street, P.O. Box, etc.) City, town, village, etc. State ZIP Code
Address (Number and street, P.O. Box, etc.) City, town, village, etc. State ZIP Code
City, town, village, etc. State ZIP Code

Forn	n SA-71002AT (DRAFT)					Page 3						
4	REPORTING PERIOD											
	NOTE: Calendar year data are preferred. If they are unavailable, please repmonths of data for the 2018 calendar year.	ort for the	fiscal ye	ar that ii	ncludes a	ıt least six						
	What time period is covered by the data provided in this report? 2018											
	Colondon				Beginning							
	Calendar year			Month	Day	Year						
	Fiscal or partial year - Report beginning and ending dates		0007									
					Ending I	Date						
				Month	Day	Year						
				'								
			8000									
5	TAX STATUS											
	A. Is this firm or organization operated on a not-for-profit basis?											
	U Yes 0031											
	No - <i>Go to</i> 6											
	B. Was all or part of the income of this firm or organization exemp section 501 of the Internal Revenue Code?	t from Fe	deral inc	ome ta	ixes und	er						
	Yes											
	0030											
	No											
6	SALES, RECEIPTS, OR REVENUE											
U	What were the revenues for this firm in 2018?											
	Include:											
	• Report gross billings, except where noted elsewhere on the form.											
	• Dues and assessments from members and affiliates.											
	• Revenue from admissions, use of facilities, instructional services, and eq	uipment re	ntal fees									
	Revenues from electronic sources.											
	Exclude:											
	• Transfers made within the company.			-1 4								
	 Taxes collected directly from customers or clients and paid directly to a least open subsidiaries (those located outside the U.S., i.e., outside the U.S., outside the U.S., i.e., outside the U.S., i.e., outside the U.S., outsid					2 ا ا د						
	Commonwealth Territories, or U.S. possessions).	ide the 30	states, D	Strict Or	Columbi	a, 0.0.						
	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	e periods t	hat this f	irm oper	rated the							
	locations.											
	• Revenue from services performed by domestic locations of foreign parer	it firms, su	bsidiaries	s, branci	nes, etc.							
	Exclude:Rents from and revenue of separately operated departments, concession	e oto whi	ch aro lo	acad to	othere							
	Commissions from vending machine operators.	3, 6tG., Will	cii aie ie	asea to	otileis.							
	· · · · · · · · · · · · · · · · · · ·	Mark "X" 2018										
		if None	\$ Bil.	Mil.	Thou.	Dol.						
			7 2		7541	20.1						
1.	TOTAL OPERATING REVENUE											
7	Not Applicable.											

Percent

%

Forn	ı S/	A-7 1	002	AT (DRAFT)		Page
8	RE	VEN	IUES	FROM ELECTRONIC SOURCES		
	A.			firm have any revenues from customers e applications in 2018?	ntering orders directly on the fi	m's websites or
		0040		Yes		
				No		
	В.			firm have any revenues from customers e applications in 2018?	ntering orders directly on third-	party websites or
		0041		Yes		
				No		
	C.	Did (suc	this ch as	firm have any revenues from customers e private networks, dedicated lines, etc.) in	ntering orders via any other elec 2018?	ctronic systems
		0042		Yes		
				No		
	_	04	ula a d	-4-1 2040		
	D.			otal 2018 revenues reported in ᠪ, is the dollar amount (or percentage)	2018	2018

o '	12	Not Applicable.
9 ,	_ 131	Mot Applicable.
		• •

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

that was from the revenues identified in A-C above? Please provide an estimate if

Transfers made within the company.

exact figures are not available.

- Capitalized expenses.
- Interest.
- · Bad debt.
- Impairment.
- Income tax.
- Expenses 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).

\$ Bil.

Mil.

Thou.

Dol.

OR ₂₅₀₁

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.



	ATING EXPENSES - Continued						
		Mark "X"	2018				
4 D.	and Costs	if None	\$ Bil.	Mil.	Thou.	Dol.	
a. Gro wag Emp qua Emp	Innel Costs Iss annual payroll - Total annual Medicare salaries and ples for all employees as reported on this firm's IRS Form 941, ployer's Quarterly Federal Tax Return, line 5(c) for the four reters that correspond to the survey period or IRS Form 944 ployer's Annual Federal Tax Return, line 4(c). Include the ead on stock options that are taxable to employees as wages . 1821	1 🗆		1 1		1 1	
lega Incl and pre thir defi plar com insu	ployer's cost for fringe benefits - Employer's cost for ally required programs and programs not required by law. Index insurance premiums for hospital plans, medical plans, single service plans (e.g., dental, vision, prescription drugs); mium equivalents for self-insured plans and fees paid to d-party administrators (TPAs); defined benefit pension plans; ned contribution plans (e.g., profit sharing, 401K, stock option is); and other fringe benefits (e.g., Social Security, workers' appensation insurance, unemployment tax, state disability trance programs, life insurance benefits, Medicare). Exclude bloyee contributions.	2		1 1	1 1		
paid age	nporary staff and leased employee expense - Total costs to Professional Employer Organizations (PEOs) and staffing ncies for personnel. Include all charges for payroll, benefits, services	3		1 1			
resale) (e.g., co CPUs, i service janitori materia	sed equipment, materials, parts, and supplies (not for Include expensed computer hardware and other equipment opiers, fax machines, telephones, shop and lab equipment, monitors). Include materials and supplies used in providing is to others; materials and parts used in repairs; office and all supplies; small tools; containers and other packaging alls; and motor fuels. Report packaged software in line 3 and and rented equipment in line 4b	o 🗆				1 1	
custom develoj purcha:	sed purchases of software - Purchases of prepackaged, coded, or vendor customized software. Include software ped or customized by others, web-design services and ses, licensing agreements, upgrades of software, and nance fees related to software upgrades and alterations 1826	6 🗆					
4. Other	Operating Expenses						
cha firm with agre	preciation and amortization charges - Include depreciation rges taken against tangible assets owned and used by this in tangible assets and improvements owned by this firm in leaseholds, tangible assets obtained through capital lease elements, and amortization charges against intangible assets in patents, copyrights). Exclude impairment	1 🗆				1 1	
not inst Exc exp ope	other operating expenses - All other operating expenses reported above, unless specifically excluded in the general ructions. Include office postage paid and package delivery. Include purchases of merchandise for resale and non-operating enses. If this item is greater than 20% of the total exating expenses, specify the primary source of the enses below						
	107	a 🔲					
5. TOTAL	OPERATING EXPENSES						
Sum o	f lines 1a through 4b	ס					
1 5 and 1 6	Not Applicable.						

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D	REMARKS - P data were estir	lease use t nated.	his space	e to expla	ain any s	significant	year-to-y	ear changes	, to clarify re	sponses,	or indica	te where
3	CONTACT IN						I					
	Name of person	to contact i	regarding	this repor	t (<i>Please</i>	print)	Title					
	Talanhana	Area code		Number		Extens	ion	Fov	Area code		Number	1 1
	Telephone			-	1 1			Fax			-	
	E-mail address						Wek	site address				



2018 ANNUAL SERVICES REPORT

Due Date	
ed help or have questions?	
Call 1-877-787-9860, option "1" (8:00 a.m 5:00 p.m. ET, M-F) or Visit	
nttps://www.census.gov/programs- surveys/sas/information.html	
DUR RESPONSE IS REQUIRED / LAW. Title 13 United States de (U.S.C.), Sections 131 and 2 authorizes this collection. ctions 224 and 225 require your sponse. The U.S. Census Bureau required by Section 9 of the me law to keep your information DNFIDENTIAL and can use your sponses only to produce statistics. The census Bureau is not permitted publicly release your responses a way that could identify your siness, organization, or institution. The Federal Cybersecurity hancement Act of 2015, your data to protected from cybersecurity ks through screening of the stems that transmit your data. Its collection has been approved the Office of Management and dget (OMB). The eight-digit OMB	
proval number is 0607-0422 and pears at the upper right of this gge. Without this approval, we uld not conduct this survey. ITERNET REPORTING - Thi	s survey should be completed online at:
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ears at the upper right of this ge. Without this approval, we ald not conduct this survey. TERNET REPORTING - Thi tps://portal.census.gov uthentication Code: • Any significant change i • For establishments sold this firm. • Estimates are acceptable • Enter "0" where applical • Do not combine data for	To view Survey Results: https://www.census.gov/programs-surveys/sas.ht GENERAL INSTRUCTIONS n this firm's operations should be noted in ①. or acquired in 2018, report data only for the period the establishments were operated by e if book figures are not available. ble. r two or more detailed lines.
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1	B. SURVEY COVERAGE	
	Did this firm provide the business activities described below?	
	Yes	
	0001	
	No - Specify this firm's business activity	
	0002	
	Not Applicable.	
	ORGANIZATIONAL CHANGE	
	A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?	
	Yes	
	0016 No - <i>Go to</i> 4	
	B. Which of the following organizational changes occurred in 2018?	
	Check all that apply. If more than one organizational change occurred during the reporting period, exp	lain in ① .
	Acquisition Month Da	y Year
	Date of organizational change	
	□ Sale	
	0091 AND	
	Merger Enter detailed information below 7	
	Divestiture	
	0017 Name of company 0019 EIN (9 digits)	
	Address (Number and street, P.O. Box, etc.)	
	City, town, village, etc.	
		-

١	Nhat ti	ne period is covered by the data provided in this report?		2018	3
				eginning	Date
C	0006	Calendar year	Month	Day	Year
		Fiscal or partial year - Report beginning and ending dates			
				Ending	Date
			Month	Day	Year
				'	
) 7	TAX ST	ATUS			
		s firm or organization operated on a not-for-profit basis?			
		Yes			
	0031	No - <i>Go to</i> 6			
1	B. Was secti	all or part of the income of this firm or organization exempt from Federal incon 501 of the Internal Revenue Code? Yes	ome ta	xes und	er
		No			
		RECEIPTS, OR REVENUE			
١	What w	ere the revenues for this firm in 2018?			
	Include:				
		gross billings, except where noted elsewhere on the form.			
		nd assessments from members and affiliates.			
		e from admissions, use of facilities, instructional services, and equipment rental fees.			
•	Revenu	es from electronic sources.			
-	Exclude				
•	Transfe	rs made within the company.			
•	Taxes • Revenu	collected directly from customers or clients and paid directly to a local, state, or federale of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Diponwealth Territories, or U.S. possessions).			ia, U.S
ı	INSTRU	CTIONS FOR TAX-EXEMPT FIRMS			
1	Include				
•		m service revenue for services provided in the applicable period, whether or not payn	nent was	s receive	d in th
_		ble period.			
		rales of merchandise minus returns and allowances.	:		
•	operat	from interest, dividends, gross rents (including display space rentals and share of read by other companies), royalties, and other investments.	ceipts tr	om depa	ırtmeni
		contributions, gifts, and grants (whether or not restricted for use in operations).			
		ssions earned from the sale of merchandise owned by others (including commissions	from v	endina n	nachin
	operat		,	onamy n	
	Gross	eceipts from fundraising activities.			
•	Exclude				
	Gross	eceipts of departments or concessions operated by other companies.			
1		ts transferred to operating funds from capital or reserve funds.			
ı		The state of the s	2	018	
ı		Mark "X" if None \$ Bil	Mil.	Thou.	Do
ı			IVIII.	i iiou.	D
	Non-On	Ψ 5			
	Non-Op	erating Revenue		1 1	
1		Ψ 5			
	a. Cont	erating Revenue			

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Form	SA-71002ATE(DRAFT)					Page 4
6	SALES, RECEIPTS, OR REVENUE - Continued					
			Mark "X"		2018	
	No. Constant a Property of		if None	\$ Bil. N	1il. Th	iou. Dol.
1.		nd with ent				
	d. All other non-operating revenue - Revenue not reported in lines 1a through 1c. Include capital gains and losses. If this item is greater than 20% of the total revenue, specify the primary source of revenue below	3				
		1809				
2.	TOTAL REVENUE	1003				
	Sum of lines 1a through 1d	1800				
7	Not Applicable.					
8	REVENUES FROM ELECTRONIC SOURCES					
	NOTE: For tax-exempt firms, please include monetary donations in	received o	online as F	Revenue fro	m Electror	nic Sources.
	A. Did this firm have any revenues from customers enterin mobile applications in 2018?	g orders	directly	on the firn	n's websi	tes or
	Yes					
	□ No					
	B. Did this firm have any revenues from customers enterin mobile applications in 2018?	g orders	directly	on third-pa	arty webs	ites or
	U Yes 0041 □					
	No					
	C. Did this firm have any revenues from customers enterin (such as private networks, dedicated lines, etc.) in 2018		via any o	other elect	ronic sys	tems
	☐ Yes					
	No					
	D. Of the total 2018 revenues reported in 6 ,		2018		7	2040
	what was the dollar amount (or percentage) that was from the revenues identified in \$Bil.	Mil.	Thou.	Dol.	+	2018 Percent
	A-C above? Please provide an estimate if exact figures are not available.	1 1	1 1		OR	. %
					250	1
9	-13 Not Applicable.					

OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

expenses not reported elsewhere.					
	Mark "X"		2	2018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
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			1 1	1 1	
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions					1 1
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					1 1
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b					
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					
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					

CONTINUE WITH 14 ON PAGE 6

Form	S	A-71002ATE(DRAFT)					Page 6
14	OF	PERATING EXPENSES - Continued					
			Mark "X"		2	2018	
			if None	\$ Bil.	Mil.	Thou.	Dol.
4.	Ot	ther Operating Expenses - Continued					
	b.	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					
			1879				
5.	TC	OTAL OPERATING EXPENSES	·				
	Su	ım of lines 1a through 4b	1900		1 1	1 1	
1 B	and	d 16 Not Applicable.					

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	REMARKS - Please use this space to explain any significant year-to-y data were estimated.	
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	CONTACT INFORMATION Name of person to contact regarding this report (Please print) Title	
	Name of person to contact regarding this report (Please print) Title	
	Area code	Area code Niverbar
	Area code Number Extension Telephone	Area code Number Fax
		site address
	E-mail address Web	site address

SERVI U.S. DEI Economic U.S. CEI FORM

SERVICE ANNUAL SURVEY

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

2018 ANNUAL SERVICES REPORT

Due Date Need help or have questions?
Need help or have questions?
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://www.census.gov/programs-
surveys/sas/information.html
YOUR RESPONSE IS REOUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.
This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.
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- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as -

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nclude

- 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.

1	A.	M	Α	ILI	NG	ADDR	ESS

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

	Yes
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	No - Enter corrections in the mailing address above



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Did this firm provide the business activities described below? Yes	01151/51/ 04													
Yes No - Specify this firm's business activity 7 OND No - Specify this firm's business activity 7 OND No - Specify this firm's business activity 7 OND No - Specify this firm report payroll under EIN OND	SURVEY CO	OVERAGE												
No - Specify this firm's business activity	Did this fire	m provide	the bu	ısiness	activiti	ies desc	cribed be	elow?						
No - Specify this firm's business activity														
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No - Enter current 9-digit EIN AND date payroll was first reported for this EIN											EIN (9	digits)	
DRGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes One No - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Date of organizational change AND Enter detailed information below Divestiture Out Name of company Double IN (9 digits) Address (Number and street, P.O. Box, etc.)														
ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes ONO - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Acquisition Date of organizational change	re	eported for	this Ell	N						0015				
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DRGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes No - Go to No - Go to S. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Date of organizational change None of organizational change Divestiture Date of organizational change Enter detailed information below Address (Number and street, P.O. Box, etc.)												Month	Day	Y
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Yes No - Go to											0088	Month	Day	Y
No - Go to 8. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Sale AND Interdetailed information below Divestiture Divestiture Outhors (Number and street, P.O. Box, etc.)								and/a	. di41	4			Day	Y
No - Go to 8. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Date of organizational change	. Did this fir	m experien		y acqui	sitions,	, sales,	mergers	s, and/or	r divesti	ture			Day	Y
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Acquisition Sale	Did this fire Yes No Which of the	m experiens s o - Go to 4 he followin	nce an	anizatio	onal cha	anges o	ccurred	in 2018	37		s in 20	018?		
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4	REPORTING PERIOD			
	NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal ye months of data for the 2018 calendar year.	ar that ii	ncludes a	at least six
	What time period is covered by the data provided in this report?		2018	
	Calandary		Date	
	Calendar year	Month	Day	Year
	Fiscal or partial year - Report beginning and ending dates			
			Ending I	Date
		Month	Day	Year
	0008			
5	TAX STATUS			
	A. Is this firm or organization operated on a not-for-profit basis?			
	U Yes 0031			
	□ No - Go to 6			
	B. Was all or part of the income of this firm or organization exempt from Federal income 501 of the Internal Revenue Code?	ome ta	xes und	ler
	Yes			
	0030			
	□ No			
6	SALES, RECEIPTS, OR REVENUE			
	What were the revenues for this firm in 2018?			
	Include:			
	• Report gross billings, except where noted elsewhere on the form.			
	Dues and assessments from members and affiliates.			
	 Revenue from admissions, use of facilities, instructional services, and equipment rental fees Revenues from electronic sources. 			
	Exclude:			
	Transfers made within the company.			
	 Taxes collected directly from customers or clients and paid directly to a local, state, or feder 	al tax aç	ency.	
	• Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, D			ia, U.S.
	Commonwealth Territories, or U.S. possessions).			
	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 flocations. 	ırm oper	ated the	
	 Revenue from services performed by domestic locations of foreign parent firms, subsidiaries 	s, branch	nes, etc.	
	Exclude:			
	• Rents from and revenue of separately operated departments, concessions, etc., which are le	ased to	others.	
	Commissions from vending machine operators.			
	Mark "X"	2	018	
	if None \$Bil.	Mil.	Thou.	Dol.
1.	TOTAL OPERATING REVENUE			
V	Not Applicable.			

Form	S	A-71	002	ET (DRAFT)	Page
8	RE	VEN	UES	FROM ELECTRONIC SOURCES	
	A.			firm have any revenues from customers entering orders directly on the firm's websites or applications in 2018?	
		0040		Yes	
				No	
	В.			firm have any revenues from customers entering orders directly on third-party websites or applications in 2018?	
		0041		Yes	
				No	
	C.			firm have any revenues from customers entering orders via any other electronic systems private networks, dedicated lines, etc.) in 2018?	
		0042		Yes	
				No	

D. Of the total 2018 revenues reported in 6, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if

2018										
\$ Bil.	Mil.	Thou.	Dol.							
	1 1									

2018 Percent OR ₂₅₀₁ %

13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

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

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.



Personnel Costs

OPERATING EXPENSES - Continued

a. Gross annual payroll - Total annual Medicare salaries and

wages for all employees as reported on this firm's IRS Form 941,

Dol.

2018

Thou.

Mil.

Mark "X" if None

\$ Bil.

		instructions. Include Exclude purchases of expenses. If this item operating expenses expenses below 7	of merchandise for m is greater tha	or resale and none of the	on-operating total						
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D	REMARKS - F data were esti	lease use t mated.	this spac	e to expl	lain any	significa	ant year	r-to-year chan	iges, t	o clarify re	sponses,	or indica	te where
3	CONTACT IN	FORMATI	ON										
	Name of persor			this repo	rt (<i>Please</i>	print)		Title					
	·												
		Area code		Number		Fxte	ension			Area code		Number	
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	E-mail address							Website addre	ess				



SERVICE ANNUAL SURVEY

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

SA-71002ETE (DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date

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://www.census.gov/programssurveys/sas/information.html

YOUR RESPONSE IS REQUIRED

BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

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Authentication Code:

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- Figures should be rounded to the nearest dollar.
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nclude:

- 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.



A. MAILING ADDRESS

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

		Yes
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	П	No - Enter corrections

No - Enter corrections in the mailing address above

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B. SURVEY COVER									
Did this firm pr	rovide the b	usiness activities	described be	ow?					
Yes									
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□ No - Sp	pecify this firi	m's business activity	7						
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FEDERAL EMPLOY	YER IDENTIF	ICATION NUMBER	R (EIN)						
Does this firm repo	ort payroll	ınder EIN							
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		it EIN AND date pa	ayroll was first			,	J J		
report	ted for this E	IN			. 0015		-		
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ORGANIZATIONAL	L CHANGE					0088			
ORGANIZATIONAL A. Did this firm ex		ny acquisitions, sa	ales, mergers,	and/or dives	titures				
		ny acquisitions, sa	nles, mergers,	and/or dives	titures				
A. Did this firm ex	xperience ar	ny acquisitions, sa	ales, mergers,	and/or dives	titures				
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A. Did this firm ex	xperience ar				titures				
A. Did this firm ex Online Yes No - Go B. Which of the fo	xperience ar o to ollowing org		jes occurred i	n 2018?		s in 20	18?		
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	t time period is covered by the data provided in this report?		2018	
		Е	Beginning	Date
	Calendar year	Month	Day	Year
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	Fiscal or partial year - Report beginning and ending dates		Ending D	oto
		Month	Day	Year
		o.i.e.i	207	1 0 0.
	0008			
TAX	STATUS			
A. I	this firm or organization operated on a not-for-profit basis?			
	Yes			
0				
	□ No - Go to ⑤			
S	Vas all or part of the income of this firm or organization exempt from Federal incoection 501 of the Internal Revenue Code? Yes No			
	ES, RECEIPTS, OR REVENUE			
Wha	t were the revenues for this firm in 2018?			
Incl				
	port gross billings, except where noted elsewhere on the form.			
	es and assessments from members and affiliates. venue from admissions, use of facilities, instructional services, and equipment rental fees.			
	venues from electronic sources.			
	ude:			
• Tra	nsfers made within the company.			
• Re	res collected directly from customers or clients and paid directly to a local, state, or federal venue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Dismonwealth Territories, or U.S. possessions).			a, U.S.
INIC	TRUCTIONS FOR TAX-EXEMPT FIRMS			
11/12	-			
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• Pro ap • Gr	gram service revenue for services provided in the applicable period, whether or not paymobicable period. Oss sales of merchandise minus returns and allowances. Ome from interest, dividends, gross rents (including display space rentals and share of recommendation).			
• Pro ap • Gr • Ind op	gram service revenue for services provided in the applicable period, whether or not paymolicable period. poss sales of merchandise minus returns and allowances.			
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SALES, RECEIPTS, OR REVENUE - Continued Mark X 2018	orm	SA-71002ETE(DRAFT)				Page 4
1. Non-Operating Revenue - Continued c. Program service - Include revenue from the sale of any admissions (excluding state, local, or admission taxes); the use of facilities; the operation of schools, classes, training facilities, and instructional services; registration fees received in connection with a meeting or convention; equipment rental services; government contracts; and other fees received for providing a service d. All other non-operating revenue. Revenue not reported in lines ta through 1c. include capital gains and losses. If this item is greater than 20% of the total revenue, specify the primary source of revenue below 7 2. TOTAL REVENUE Sum of lines 1a through 1d 7 Not Applicable. 3 REVENUES FROM ELECTRONIC SOURCES NOTE: For tax-exempt firms, please include monetary donations received online as Revenue from Electronic Sources. A. Did this firm have any revenues from customers entering orders directly on the firm's websites or mobile applications in 2018? Yes O420 No B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018? Yes O421 Yes O422 No C. Did this firm have any revenues from customers entering orders via any other electronic systems (such as private networks, dedicated lines, etc.) in 2018? Yes O421 Yes O422 No D. Of the total 2018 revenues reported in O5, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if exact figures are not available. OR OR OR OR OR OR OR OR Percent	6	SALES, RECEIPTS, OR REVENUE - Continued				
1. Non-Operating Revenue - Continued c. Program service - Include revenue from the sale of any admissions (excluding state, local, or admission taxes); the use of facilities; the operation of schools, classes, training facilities, and instructional services; registration foes received in connection with a meeting or convention; equipment rental services; government contracts; and other fees received for providing a service - 1743 d. All other non-operating revenue - Revenue not reported in lines 1a through 1c. Include capital gains and losses. If this item is greater than 20% of the total revenue, specify the primary source of revenue below 7 2. TOTAL REVENUE Sum of lines 1a through 1d			Mark "X"		2018	
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D. Of the total 2018 revenues reported in 6, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if exact figures are not available		Voc				
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what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if exact figures are not available						
what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if exact figures are not available			2018			2018
A-C above? Please provide an estimate if exact figures are not available			il. Thou.	Dol.		Percent
exact figures are not available		A-C above? Please provide an estimate if			OR	%
9-13 Not Applicable.		exact figures are not available			2501	
	9	-13 Not Applicable.				

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

expenses not reported eisewhere.					
	Mark "X"	2018			
	if None	\$ Bil.	Mil.	Thou.	Dol.
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			1 1		
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.					
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					1 1
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b			1 1		
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	П				
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 convergets). Fxclude impairment					

CONTINUE WITH 14 ON PAGE 6

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Form SA-71002ETE(DRAFT)					Page 6
14 OPERATING EXPENSES - Continued					
	Mark "X"	1.50		2018	_
	if None	\$ Bil.	Mil.	Thou.	Dol.
 Other Operating Expenses - Continued 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 					
	1879				
5. TOTAL OPERATING EXPENSES	1879				
Sum of lines 1a through 4b	1900				

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7	REMARKS - F data were esti	Please use mated.	this spac	e to expla	ain any s	significant yea	r-to-year changes,	to clarify res	ponses, o	r indicate	e whe
)	CONTACT IN	FORMATI	ON								
	Name of person	Name of person to contact regarding this report (Please print)				Title					
		Area code		Number		Extension	Fax	Area code	ľ	Number	
	Talanhana						гах			_	
	Telephone										
	Telephone E-mail address						Website address				



SA-71110A	(DRAFT)
Due Date	
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://www.census.gov/programs- surveys/sas/information.html	
,	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States	
Code (U.S.C.), Sections 131 and 182 authorizes this collection.	
Sections 224 and 225 require your response. The U.S. Census Bureau	
is required by Section 9 of the same law to keep your information	
confidential and can use your	
responses only to produce statistics. The Census Bureau is not permitted	
to publicly release your responses	
in a way that could identify your business, organization, or institution.	
Per the Federal Cybersecurity Enhancement Act of 2015, your data	
are protected from cybersecurity	
risks through screening of the systems that transmit your data.	
This collection has been approved	
by the Office of Management and Budget (OMB). The eight-digit OMB	
approval number is 0607-0422 and appears at the upper right of this	
page. Without this approval, we could not conduct this survey.	
codia not conduct and survey.	
Authentication Code:	To view Survey Results: https://www.census.gov/programs-surveys/sas.html
	GENERAL INSTRUCTIONS
 Any significant change i 	n this firm's operations should be noted in 🕡.
 For establishments sold this firm. 	or acquired in 2018, report data only for the period the establishments were operated by
•	e if book figures are not available.
•Enter "0" where applical	
	r two or more detailed lines.
	al basis, except for payroll. \$Bil. Mil. Thou. Dol.
• Figures should be round	456 it should be reported as 1030280456
Include:	too it should be reported as
 Data for all Services est 	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and) as defined by the survey coverage in ①B.
 Data for auxiliary faciliti 	es primarily engaged in supporting services to those establishment(s) such as warehouses, strative offices, and repair services.
1 A. MAILING ADDRESS	
Is this firm's name and	d mailing address the same as shown in the mailing address above?
Yes	
0035	prrections in the mailing address above

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orm	n SA-71110AT (DRAFT)	Page 2
1	B. SURVEY COVERAGE	
	Did this firm provide the business activities desc	ribed below?
	Yes	
	0001	
	No - Specify this firm's business activity	
	0002	
2	Not Applicable.	
3	ORGANIZATIONAL CHANGE	
9		
	A. Did this firm experience any acquisitions, sales,	mergers, and/or divestitures in 2018?
	Yes	
	0016 No - Go to 4	
	No - Go to 6	
	B. Which of the following organizational changes of	ccurred in 2018?
	Check all that apply. If more than one organizational ca	hange occurred during the reporting period, explain in 🕡.
		Month Day Year
	Acquisition	
	☐ Sale Date of organizational change	ge
	0091 AND	
	Merger Enter detailed information b	pelowy
	Divestiture	,
	0017 Name of company	0019 EIN (9 digits)
	Address (Number and street, P.O. Box, etc.)	
	Addition (Hambor and editory Her 2004)	
	City, town, village, etc.	State ZIP Code

Form	n SA-71110AT (DRAFT)			Page 3						
4	REPORTING PERIOD									
	NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal year months of data for the 2018 calendar year.	r that in	ncludes	at least six						
	What time period is covered by the data provided in this report?		20 ⁻							
	Beginning Date									
	Calendar year	Month	Day	Year						
	Fiscal or partial year - Report beginning and ending dates									
			Ending	Date						
		Month	Day	Year						
	8000		,	1 1 1						
5	TAX STATUS									
	A. Is this firm or organization operated on a not-for-profit basis?									
	Yes									
	0031 Yes									
	□ No - Go to ⑤									
	B. Was all or part of the income of this firm or organization exempt from Federal inconsection 501 of the Internal Revenue Code?	ome ta	xes un	der						
	O030 Yes									
	□ No									
6	SALES, RECEIPTS, OR REVENUE									
	What were the revenues for this firm in 2018?									
	Include:									
	• Report gross billings, except where noted elsewhere on the form.									
	 Dues and assessments from members and affiliates. Revenues from electronic sources. 									
	Exclude:									
	• Transfers made within the company.									
	• Taxes collected directly from customers or clients and paid directly to a local, state, or federa			h:- 11 C						
	 Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Dis Commonwealth Territories, or U.S. possessions). 	strict of	Colum	Dia, U.S.						
	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 fir locations. 	m oper	ated th	е						
	• Revenue from services performed by domestic locations of foreign parent firms, subsidiaries,	, branch	ies, etc							
	Exclude:									
	• Rents from and revenue of separately operated departments, concessions, etc., which are lea	sed to d	others.							
	Commissions from vending machine operators.									
	Mark "X" if None \$Bil.	Mil.	018 Thou	. Dol.						
1.	Operating Revenue	14111.	illou	. 201.						
	a. Admissions revenue (excluding admissions taxes) - Gross									
	box office receipts from the sale of admissions tickets exclusive of any state or local admissions taxes (include theater or facilities									
	owners' share, if any). Include receipts from all home, hall or tour									
	subscriptions, and other concerts or performances for which paid attendance may be determined by ticket sales, including minimum									
	guarantee and percentage arrangements. Dinner theaters should include all combined admission/dinner receipts on this line 3002	i I	1 1							
	morade an combined admission/diffice receipts on this fille 3002									
	CONTINUE WITH 6 ON PAGE 4									

orm	S	A-71110AT (DRAFT)							Page 4
6	SA	LES, RECEIPTS, OR REVENUE - Continued							
					Mark "X"			2018	
					if None	\$ Bil.	Mil.	Thou	. Dol.
1.		perating Revenue - Continued							
	b.	All other operating revenue - The sale of food, refresh	ments,						
		and alcoholic beverages that are not included in the adm price; contract fees from providing entertainment; revenu	e from						
		royalties, licensing fees, and residual fees from literary w	orks,						
		musical recordings and compositions, filmed entertainmed or other cultural works; and rental fees for the use of facilities.	ent, lities.						
		Exclude rental revenue and commissions from concession	ons						
		and coin-operated machines operated by others and sale admissions taxes. If this item is greater than 20% of	s and the						
		total operating revenue, specify the primary source	of the						
		revenue below 7							
				1799					
2.	то	TAL OPERATING REVENUE		1700					
	Su	m of lines 1a and 1b		. 1800					
7	No	t Applicable.							
8	RE	VENUES FROM ELECTRONIC SOURCES							
	A.	Did this firm have any revenues from customers en mobile applications in 2018?	tering or	ders c	lirectly (on the	firm's v	websites	or
		□ Yes							
		□ No							
	В.	Did this firm have any revenues from customers en mobile applications in 2018?	tering or	ders c	lirectly	on thire	d-party	website	es or
		∪ Yes							
		No							
				_		_	_		
	C.	Did this firm have any revenues from customers en (such as private networks, dedicated lines, etc.) in 2	tering or 2018?	ders v	via any o	ther el	ectroni	c syster	ns
		□ Yes 0042							
		□ No							
	D.	Of the total 2018 revenues reported in ③,			2018			[2018
		what was the dollar amount (or percentage) that was from the revenues identified in	\$ Bil.	Mil.	Thou.	Do	ol.		Percent
		A-C above? Please provide an estimate if exact figures are not available		1 1			O	OR 2501	%
								2501	
9	E	Not Applicable.							

2018

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An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

include:

• Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.).

Exclude:

• Services provided to domestic subsidiaries of foreign firms.

A. Did the revenue reported in 6 include any revenue from exports?

	Yes
0009	
	No - Go to 12

	\$ Bil.	Mil.	Thou.	Dol.
What was this firm's revenue from exports in 2018?				

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). **Exclude**

Exclude:

B.

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

Gross annual payroll

Personnel Costs

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

employee contributions.

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

\$ Bil.

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	Г			1				
	Employer's Annual Federal Tax Return, line 4(c). Include the spread on stock options that are taxable to employees as wages . 1821			ı	ı			ı	Ē
b.	Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option								

CONTINUE WITH 14 ON PAGE 6

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14	OPERATING EXPENSES - Continued					
		Mark "X"			2018	
		if None	\$ 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					
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b					
3.	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					
1.	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			1 1	1 1	
	b. 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 7					
-	TOTAL OPERATING EXPENSES					
5.			'			
15	Sum of lines 1a through 4b					

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7	REMARKS - P data were estimated	lease use th mated.	is space	to explai	in any s	ignificant ye	ar-to-year c	nanges,	to clarify re	sponses, o	r indica	te where
3	CONTACT IN	EODMATIO	NI									
י				hio report	/Plasss	arint)	Title					
	Name of persor	i to contact re	garding t	nis report	(Please p	orint)	Title					
		Area code		Number		Extension			Area code		Number	
	Telephone		1 1	-	1 1			Fax	' '		_	1 1
	E-mail address						Website a	ddress				
	L-mail address						AACDSIE Q	uu1635				



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Due Date					
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://www.census.gov/programs-					
surveys/sas/information.html					
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.					
could not conduct this survey.					
https://portal.census.gov Authentication Code:				Survey F ov/progra	Results: ms-surveys/sas.html
	GENERAL INSTRU	CTIONS			
• Any significant change i	n this firm's operations should be no				
	or acquired in 2018, report data only		stablishn	nents were	e operated by
	e if book figures are not available.				
•Enter "0" where applical					
	two or more detailed lines.				
The state of the s	al basis, except for payroll.	\$ Bil. Mil.	Thou.	Dol.	
• Figures should be round	ted to the hearest dollar. 156 it should be reported as ———	10302	280	456	
Include:	too it should be reported as			, , ,	
 Data for all Services est 	ablishments (excluding data for Retail as defined by the survey coverage in	Wholesale, Manufa	acturing,	Mining, a	nd
	es primarily engaged in supporting se strative offices, and repair services.	rvices to those esta	blishmer	nt(s) such	as warehouses,
1 A. MAILING ADDRESS					
Is this firm's name and	I mailing address the same as shown	in the mailing addr	ess abov	e?	
	G	ŭ			
Ves 0035					
	rrections in the mailing address abov	9			

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1	B. SURVEY COVERAGE
	Did this firm provide the business activities described below?
	Ves Yes
	No - Specify this firm's business activity
	0002
0	Net Applicable
2	Not Applicable.
3	ORGANIZATIONAL CHANGE
	A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?
	☐ Yes
	0016
	No - Go to 4
	B. Which of the following organizational changes occurred in 2018?
	Check all that apply. If more than one organizational change occurred during the reporting period, explain in 🕡.
	Month Day Year
	Acquisition
	□ Sale
	0091 AND
	☐ Merger Enter detailed information below 7
	Divestiture
	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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•	REPORTING PERIOD			
	NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal year	ar that i	ncludes	at least
	months of data for the 2018 calendar year.		204	0
	What time period is covered by the data provided in this report?	F	201 Beginnin	
	Calendar year	Month	Day	Year
	0006			
	Fiscal or partial year - Report beginning and ending dates			
			Ending	
		Month	Day	Year
	0008			1 1
_	TAVOTATIO			
)	TAX STATUS			
	A. Is this firm or organization operated on a not-for-profit basis?			
	Yes			
	0031			
	□ No - <i>Go to</i> 6			
	B. Was all or part of the income of this firm or organization exempt from Federal inc	ome ta	xes un	der
	section 501 of the Internal Revenue Code?			
	Yes			
	0030			
	□ No			
)	SALES, RECEIPTS, OR REVENUE			
	What were the revenues for this firm in 2018?			
	Include:			
	• Report gross billings, except where noted elsewhere on the form.			
	• Dues and assessments from members and affiliates.			
	Revenues from electronic sources.			
	Exclude:			
	• Transfers made within the company.			
	• Taxes collected directly from customers or clients and paid directly to a local, state, or federal			
	• Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Dis	strict of	Columb	oia, 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 paym	nent wa	s receiv	ed in th
	applicable period.			
	 Gross sales of merchandise minus returns and allowances. Income from interest, dividends, gross rents (including display space rentals and share of red 	nainta fr	om don	artmont
	operated by other companies), royalties, and other investments.	ceipts ii	om dep	artineni
	• 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 v	ending	machine
	operators).			
	Gross receipts from fundraising activities. From the second			
	Exclude:Gross receipts of departments or concessions operated by other companies.			
	Amounts transferred to operating funds from capital or reserve funds.			
		-	2018	
	Mark "X" if None \$ Bil.	Mil.	Thou.	Do
	Ψ 5		11.00.	50
	Non-Operating Revenue			
	Non-Operating Revenue	1 1	1 1	
	a. Contributions, gifts, and grants received			

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6	SA	LES, RECEIPTS, OR REVENUE - Continued								
				Mark "X"			2018	i		
				if None	\$ Bil.	Mil.	. TI	hou.		Dol.
1.		on-Operating Revenue - Continued All other non-operating revenue - Revenue not reported in								
	0.	lines 1a or 1b. If this item is greater than 20% of the total non-operating revenue, specify the primary source of revenue below								
			1809							
2.		TAL REVENUE m of lines 1a through 1c	. 1800			ı				
7	No	t Applicable.								
8	RE	VENUES FROM ELECTRONIC SOURCES								
	NC	TE: For tax-exempt firms, please include monetary donations rece	ived o	nline as F	Revenu	e from	Electro	nic S	ourc	es.
	A.	Did this firm have any revenues from customers entering o mobile applications in 2018?	rders	directly	on the	firm's	s websi	tes d	or	
		0040 Yes								
		No								
	В.	Did this firm have any revenues from customers entering o mobile applications in 2018?	rders	directly	on thi	rd-part	ty webs	ites	or	
		0041 Yes								
		No								
	C.	Did this firm have any revenues from customers entering o (such as private networks, dedicated lines, etc.) in 2018?	rders	via any o	other e	lectro	nic sys	tem	S	
		O042 Yes								
		No								
	D.	Of the total 2018 revenues reported in (5), what was the dollar amount (or percentage)		2018					20	18
		that was from the revenues identified in	Mil.	Thou.	D	ol.			Per	cent
		A-C above? Please provide an estimate if exact figures are not available					OR 25	01		%
9	E	Not Applicable.								

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An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

Include:

• Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.).

Exclude:

• Services provided to domestic subsidiaries of foreign firms.

A. Did the revenue reported in 3 include any revenue from exports?

		Yes
0009		
	П	No - Go to

		4	
3. What was this firm's revenue from exports in 2018?	1	1 1	1 1

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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

\$ Bil.

Pe	ersonnel 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	1 🗀	
b.	Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to		

٠.	Limployer a cost for infinge belieffts - Limployer a cost for
	legally required programs and programs not required by law.
	Include insurance premiums for hospital plans, medical plans,
	and single service plans (e.g., dental, vision, prescription drugs);
	premium equivalents for self-insured plans and fees paid to
	third-party administrators (TPAs); defined benefit pension plans;
	defined contribution plans (e.g., profit sharing, 401K, stock option
	plans); and other fringe benefits (e.g., Social Security, workers'
	compensation insurance, unemployment tax, state disability
	insurance programs, life insurance benefits, Medicare). Exclude
	employee contributions

CONTINUE	MITH	011	DACE	_
CONTINUE	WITH (14)	ON	PAGE	6

OPERATING EXPENSES - Continued

leased and rented equipment in line 4b.

Other Operating Expenses

expenses below 7

15 and 16 Not Applicable.

TOTAL OPERATING EXPENSESSum of lines 1a through 4b . . .

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,

Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and

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

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

b. 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

(e.g., patents, copyrights). Exclude impairment

Personnel Costs - Continued

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Mark "X" if None \$ Bil.

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D	REMARKS - F data were esti	'lease use mated.	this spac	e to expla	iin any s	ignificant yea	r-to-year changes,	to clarify re	sponses,	or indicate	where
•	CONTACT IN		ON								
3	Name of person			this report	t (Places	nrint	Title				
	ivaine of persor	1 to contact	regarding	tills report	. (Flease)	ριπιι	Title				
	Telephone	Area code		Number		Extension	Fax	Area code	1 1	Number	1 1
	relephone			-	1 1		Tux		1 1	-	1 1
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							Troporto addreso				
							Troponto adanoso				



SA-71110ET	(DRAFT)
Due Date	
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://www.census.gov/programs-	
surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and	
182 authorizes this collection. Sections 224 and 225 require your	
response. The U.S. Census Bureau	
is required by Section 9 of the same law to keep your information	
CONFIDENTIAL and can use your responses only to produce statistics.	
The Census Bureau is not permitted to publicly release your responses	
in a way that could identify your business, organization, or institution.	
Per the Federal Cybersecurity Enhancement Act of 2015, your data	
are protected from cybersecurity	
risks through screening of the systems that transmit your data.	
This collection has been approved by the Office of Management and	
Budget (OMB). The eight-digit OMB approval number is 0607-0422 and	
appears at the upper right of this	
page. Without this approval, we could not conduct this survey.	
https://portal.census.gov Authentication Code:	s survey should be completed online at: To view Survey Results: https://www.census.gov/programs-surveys/sas.html
	mttps://www.census.gov/programs-surveys/sus.mtm
	GENERAL INSTRUCTIONS
Throughout this survey, a	ny reference to "this firm" is referring to the EIN that is printed in the mailing address
area or the new EIN that vinclude data for the EIN re	was provided as a response in 2. Any responses related to "this firm" should only
, ,	n this firm's operations should be noted in 10 .
this firm.	or acquired in 2018, report data only for the period the establishments were operated by
Estimates are acceptableEnter "0" where applicate	e if book figures are not available.
	r two or more detailed lines.
	al basis, except for payroll. \$ Bil. Mil. Thou. Dol.
• Figures should be round	ded to the nearest dollar
• If a figure is \$1,030,280,4	456 it should be reported as ———————————————————————————————————
Include:	
Data for all Services esta Construction operations	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and) operating under the EIN printed in the mailing address area.
The state of the s	es primarily engaged in supporting services to those establishment(s) such as warehouses,
garages, central adminis	strative offices, and repair services.
1 A. MAILING ADDRESS	
	d mailing address the same as shown in the mailing address above?
Yes	
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□ No - Enter co	prrections in the mailing address above

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B. SURVEY COVERAGE Did this firm provide the business activities described below? Yes
FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes ONO - Enter current 9-digit EIN AND date payroll was first reported for this EIN
FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes OND - Enter current 9-digit EIN AND date payroll was first reported for this EIN
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
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
FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes OND OND OND OND EIN (9 digits) Month Day OND OND OND OND OND OND OND ON
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
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
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
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FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes O013 No - Enter current 9-digit EIN AND date payroll was first reported for this EIN O088 ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes O016 No - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Date of organizational change Date of organizational change Date of organizational change
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Acquisition Date of organizational change
☐ Acquisition Date of organizational change
□ Sale
□ Sale
0091 AND
☐ Merger Enter detailed information below →
Divestiture
0017 Name of company 0019 EIN (9 digits)
Address (Number and street, P.O. Box, etc.)
City town village etc
City, town, village, etc. State ZIP Code

Form	SA-71110ET (DRAFT)			Page 3
4	REPORTING PERIOD			
	NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal year months of data for the 2018 calendar year.	ır that iı	ncludes	at least six
	What time period is covered by the data provided in this report?		20	
	Colondar year			ng Date
	Calendar year	Month	Day	Year
	Fiscal or partial year - Report beginning and ending dates			1 1 1
			Ending	g Date
		Month	Day	Year
	8000			
A	TAV CTATUC			
5	TAX STATUS			
	A. Is this firm or organization operated on a not-for-profit basis?			
	☐ Yes			
	No - Go to 6			
	B. Was all or part of the income of this firm or organization exempt from Federal inc section 501 of the Internal Revenue Code?	ome ta	xes ur	iaer
	Yes			
	0030 No.			
	□ No			
6	SALES, RECEIPTS, OR REVENUE			
	What were the revenues for this firm in 2018?			
	Include:			
	 Report gross billings, except where noted elsewhere on the form. Dues and assessments from members and affiliates. 			
	Revenues from electronic sources.			
	Exclude:			
	• Transfers made within the company.			
	 Taxes collected directly from customers or clients and paid directly to a local, state, or federa Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, Direction 			bia. U.S.
	Commonwealth Territories, or U.S. possessions).		•••••	,
	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 fillocations.	rm oper	ated th	ie
	 Revenue from services performed by domestic locations of foreign parent firms, subsidiaries 	, branch	nes, etc).
	Exclude:	,	,	
	• Rents from and revenue of separately operated departments, concessions, etc., which are lea	sed to	others.	
	Commissions from vending machine operators.			
	Mark "X"		2018	
1.	if None \$ Bil. Operating Revenue	Mil.	Thou	. Dol.
١.	a. Admissions revenue (excluding admissions taxes) - Gross			
	box office receipts from the sale of admissions tickets exclusive of			
	any state or local admissions taxes (include theater or facilities owners' share, if any). Include receipts from all home, hall or tour			
	subscriptions, and other concerts or performances for which paid attendance may be determined by ticket sales, including minimum			
	guarantee and percentage arrangements. Dinner theaters should			
	include all combined admission/dinner receipts on this line 3002			
	CONTINUE WITH 6 ON PAGE 4			
	CONTINUE WITH WORLD			

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Form	SA-71110ET (DRAFT)							Page 4
6	SALES, RECEIPTS, OR REVENUE - Continued							
		Mark	"X"			2018		
		if No		Bil.	Mil.	Tho	u.	Dol.
1.	Operating Revenue - Continued							
	b. All other operating revenue - The sale of food, refreshments,							
	and alcoholic beverages that are not included in the admissions price; contract fees from providing entertainment; revenue from							
	royalties, licensing fees, and residual fees from literary works,							
	musical recordings and compositions, filmed entertainment, or other cultural works; and rental fees for the use of facilities.							
	Exclude rental revenue and commissions from concessions and coin-operated machines operated by others and sales and							
	admissions taxes. If this item is greater than 20% of the							
	total operating revenue, specify the primary source of the revenue below ⊋							
	ioronae zoion g							
					1 1			1 1
2.	TOTAL OPERATING REVENUE	1799						
۷.	Sum of lines 1a and 1b	. 1800						
7	Not Applicable.							
	REVENUES FROM ELECTRONIC SOURCES							
8			_	_				
	A. Did this firm have any revenues from customers entering o mobile applications in 2018?	rders direct	ly on	the 1	firm's v	vebsite	s or	
	Ves							
	□ No							
	B. Did this firm have any revenues from customers entering o mobile applications in 2018?	rders direct	ly on	third	l-party	websit	es or	
	Yes							
	0041							
	□ No							
	C. Did this firm have any revenues from customers entering o	rdere via an	v otk	ner el	ectroni	c evete	me	
	(such as private networks, dedicated lines, etc.) in 2018?	racio via an	y Oti			o oyote		
	Yes							
	0042							
	No							
	D. Of the total 2018 revenues reported in 6,	2018					20	018
	what was the dollar amount (or percentage) that was from the revenues identified in \$Bil.	Mil. Th	ou.	Do	l.		Per	rcent
	A-C above? Please provide an estimate if exact figures are not available		ı		C	R 2501	'	%
						2501		
9	Not Applicable.							

2018

Thou.

Dol.

Mil.

B	EXPORT	REV	ENITE
ш	EXPUNI	NEV	EINOE

An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

Include

• Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.).

Exclude:

• Services provided to domestic subsidiaries of foreign firms.

A. Did the revenue reported in 6 include any revenue from exports?

	Yes
0009	
	No - Go to 12

	\$ Bil.	Mil.	Thou.	Dol.
What was this firm's revenue from exports in 2018?				

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

B.

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

Gross annual payroll

Personnel Costs

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

employee contributions.

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

\$ Bil.

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					
b.	Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability					

insurance programs, life insurance benefits, Medicare). **Exclude**

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						- 3 -
14	OPERATING EXPENSES - Continued					
		Mark "X	"		2018	
		if None		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	323		1 1		
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b	360				
3.	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 18	326				
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	331				1 1
	b. 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 7					
				1 1		
	18	379				
5 .	TOTAL OPERATING EXPENSES					
	Sum of lines 1a through 4b	900				

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We suggest you keep a copy for your records.



Due Date					
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://www.census.gov/programs- surveys/sas/information.html					
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.	s survey should be completed onli	ne at:			
https://portal.census.gov Authentication Code:		h	To view S	-	
		ntips.//www	v.census.gov	prograi	ns-surveys/sas.html
	GENERAL INSTRU	CTIONS			
Throughout this survey, a area or the new EIN that windling include data for the EIN re	ny reference to "this firm" is referrir vas provided as a response in ② . Any eferenced.	g to the EIN that is responses related	s printed in t I to "this firn	he maili n" shoul	ng address d only
 Any significant change i 	n this firm's operations should be not	ed in 17 .			
this firm.	or acquired in 2018, report data only	for the period the	establishme	nts were	operated by
Estimates are acceptableEnter "0" where applicate	e if book figures are not available. ble.				
 Do not combine data for 	two or more detailed lines.				
	al basis, except for payroll.	\$ Bil. Mil.	Thou.	Dol.	
 Figures should be round If a figure is \$1,030,280,⁴ 	led to the nearest dollar. 156 it should be reported as ———	1030	2804	56	
Include:					
 Data for all Services esta Construction operations 	ablishments (excluding data for Retail operating under the EIN printed in t	, Wholesale, Manu ne mailing address	facturing, M area.	ining, ar	nd
	es primarily engaged in supporting se strative offices, and repair services.	rvices to those est	ablishment(s) such a	as warehouses,
1 A. MAILING ADDRESS					
Is this firm's name and	I mailing address the same as shown	in the mailing add	ress above?		
□ Yes					

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B. SURVEY COVERAGE					
Did this firm provide the business activities described below?					
O001 Yes					
□ No - Specify this firm's business activity ¬					
0002					
FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)					
Does this firm report payroll under EIN					
Yes					
0013		EIN (9) diaits	3)	
□ No - Enter current 9-digit EIN AND date payroll was first				,	
reported for this EIN	0015				
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				n Day	Yea
		0088		I Day	Yea
OPGANIZATIONAL CHANGE		0088		Прау	Yea
ORGANIZATIONAL CHANGE A Did this firm experience any acquisitions, sales, mergers, and/or div	/Astitura			T Day	Yea
A. Did this firm experience any acquisitions, sales, mergers, and/or div	estiture:			l Day	Yea
	estiture:			I Day	Yea
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	REPORTING PERIOD			
	NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal year	r that in	ncludes	at least
	months of data for the 2018 calendar year. What time period is covered by the data provided in this report?		201	ι Ω
	what time period is covered by the data provided in this report:	В		ng Date
	Calendar year	Month	Day	Year
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	Fiscal or partial year - Report beginning and ending dates			
			Ending	
		Month	Day	Yea
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	TAY OTATIO			
)	TAX STATUS			
	A. Is this firm or organization operated on a not-for-profit basis?			
	Yes			
	0031			
	□ No - Go to ⑤			
	B. Was all or part of the income of this firm or organization exempt from Federal inc	ome ta	xes un	der
	section 501 of the Internal Revenue Code?			
	Yes			
	0030			
	No			
)	SALES, RECEIPTS, OR REVENUE			
,				
	What were the revenues for this firm in 2018?			
	Include:			
	 Report gross billings, except where noted elsewhere on the form. 			
	Dues and assessments from members and affiliates.			
	Revenues from electronic sources.			
	Exclude:			
	Transfers made within the company.			
	• Taxes collected directly from customers or clients and paid directly to a local, state, or federal	l tax ag	ency.	
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	 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 paym applicable period. Gross sales of merchandise minus returns and allowances. Income from interest, dividends, gross rents (including display space rentals and share of recoperated by other companies), royalties, and other investments. 	ent was	s receiv	ed in th
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	INSTRUCTIONS FOR TAX-EXEMPT FIRMS Include: Program service revenue for services provided in the applicable period, whether or not paymapplicable period. Gross sales of merchandise minus returns and allowances. Income from interest, dividends, gross rents (including display space rentals and share of recoperated 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 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.	eent was eeipts fr from v	s receivom depending	red in th
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orm	S	4-71110ETE (draft)					Page 4
6	SA	LES, RECEIPTS, OR REVENUE - Continued					
				Mark "X"		2018	
				if None	\$ Bil. M	il. Thou	ı. Dol.
1.	No	n-Operating Revenue - Continued					
	C.	All other non-operating revenue - Revenue not reported in lines 1a or 1b. If this item is greater than 20% of the total non-operating revenue, specify the primary source of revenue below 7					
			1809				
2.		TAL REVENUE					
	Su	m of lines 1a through 1c	. 1800				
7	No	t Applicable.					
8	RE	VENUES FROM ELECTRONIC SOURCES					
	NO	TE: For tax-exempt firms, please include monetary donations recei	ved o	nline as F	Revenue fron	n Electronic	Sources.
	A.	Did this firm have any revenues from customers entering or mobile applications in 2018?	ders	directly	on the firm	's website	s or
		Yes					
		0040 No					
				ما:سم مدارر	a.u. 4la:d .u.a		
	В.	Did this firm have any revenues from customers entering or mobile applications in 2018?	uers	uirectly	on third-pa	rty website	es or
		O041 Yes					
		□ No					
	C.	Did this firm have any revenues from customers entering or (such as private networks, dedicated lines, etc.) in 2018?	ders '	via any o	other electr	onic syste	ms
		□ Yes 0042					
		□ No					
	D.	Of the total 2018 revenues reported in 0,		2018]	2018
		what was the dollar amount (or percentage) that was from the revenues identified in \$\Bil\.	Mil.	Thou.	Dol.		Percent
		A-C above? Please provide an estimate if exact figures are not available				OR ₂₅₀₁	%
9-	-12	Not Applicable.					

13	EXPORT	REV	ENUE

An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

Include

• Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.).

Exclude:

Services provided to domestic subsidiaries of foreign firms.

A. Did the revenue reported in 6 include any revenue from exports?

	Yes
0009	
	No - Go to 14

В.	What was this firm's revenue from exports in 2018?					2100

	2	2018	
\$ Bil.	Mil.	Thou.	Dol.
	1 1	1 1	1 1

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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"		2	2018	
if None	\$ Bil.	Mil.	Thou.	Dol.

I. 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
- b. Employer's cost for fringe benefits Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.

fined benefit pension plans; fit sharing, 401K, stock option ., Social Security, workers' nent tax, state disability						
enefits, Medicare). Exclude		1	1	'	1	
		ı				
CONTINUE WITH 🗗 ON PAGE 6						

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	OPERATING EXPENSES - Continued					
	OPERATING EXPENSES - Continued				2018	
		Mark "X" if None	\$ 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					
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b					
3.	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					
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				1 1	
	b. 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 7					
5.	TOTAL OPERATING EXPENSES					
J .	Sum of lines 1a through 4b			1 1		

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)	REMARKS - Please use this space to explain any significant yed data were estimated.	ar-to-year changes, to clarify responses, or indicate wher
1	CONTACT INFORMATION	
	Name of person to contact regarding this report (Please print)	Title
	rame of person to contact regarding the report (Floads print)	
	Area code Number Extension	Area code Number
	Telephone -	Fax -
	E-mail address	Website address

We suggest you keep a copy for your records.

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

SA-/11ZUA	(DRAFT)
Due Date	
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://www.census.gov/programs- surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED	
BY LAW. Title 13 United States	
Code (U.S.C.), Sections 131 and 182 authorizes this collection.	
Sections 224 and 225 require your response. The U.S. Census Bureau	
is required by Section 9 of the	
same law to keep your information CONFIDENTIAL and can use your	
responses only to produce statistics. The Census Bureau is not permitted	
to publicly release your responses in a way that could identify your	
business, organization, or institution.	
Per the Federal Cybersecurity Enhancement Act of 2015, your data	
are protected from cybersecurity	
risks through screening of the systems that transmit your data.	
This collection has been approved by the Office of Management and	
Budget (OMB). The eight-digit OMB	
approval number is 0607-0422 and appears at the upper right of this	
page. Without this approval, we could not conduct this survey.	
,	
Authentication Code:	To view Survey Results: https://www.census.gov/programs-surveys/sas.htm
	GENERAL INSTRUCTIONS
Any significant change i	in this firm's operations should be noted in 1 .
, ,	or acquired in 2018, report data only for the period the establishments were operated by
 Estimates are acceptable 	e if book figures are not available.
Enter "0" where applicat	ole.
	r two or more detailed lines.
·	al basis, except for payroll. \$ Bil. Mil. Thou. Dol.
• Figures should be round	
· · · · · · · · · · · · · · · · · · ·	456 it should be reported as TOSOZOTO
Include: • Data for all Services esta	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and
) as defined by the survey coverage in 1 B. es primarily engaged in supporting services to those establishment(s) such as warehouses,
	strative offices, and repair services.
1 A. MAILING ADDRESS	
Is this firm's name and	d mailing address the same as shown in the mailing address above?
Yes	
0035	
□ No - Enter co	prrections in the mailing address above

Form SA-71120A (DRAFT)

1 B.	SURVEY COVERAGE
	Did this firm provide the business activities described below?
	Yes
	□ No - Specify this firm's business activity 7
	0002
2 No	t Applicable.
3 0	RGANIZATIONAL CHANGE
	Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?
	Ves Yes
	□ No - Go to 4
D	Which of the following organizational changes occurred in 2018?
В.	Check all that apply. If more than one organizational change occurred during the reporting period, explain in ①.
	Month Day Year
	Acquisition Acquisition
	Date of organizational change
	0091 AND
	☐ Merger Enter detailed information below
	Divestiture
	Divestiture
	0017 Name of company 0019 EIN (9 digits)
	Address (Number and street, P.O. Box, etc.)
	radios (Names and Stock) - 101 2014 Stock
	City, town, village, etc. State ZIP Code

Form SA-71120A (DRAFT) Page 4

J 1 1 1	. 0	~ / :		(DRAFI)							ugo
8	RE	VEN	UES	FROM ELECTRONIC SOURCES							
	A.			firm have any revenues from customers en applications in 2018?	tering	orders d	irectly or	the firm	's websites	or	
		0040		Yes							
				No							
	В.	Did mok	this	firm have any revenues from customers en applications in 2018?	tering	orders d	irectly or	third-pa	rty website	s or	
		0041		Yes							
				No							
	C.	Did (suc	this h as	firm have any revenues from customers en s private networks, dedicated lines, etc.) in	tering 2018?	orders v	ia any otl	ner electr	onic syster	ns	
		0042		Yes							
				No							
	D.	Of t	he t	otal 2018 revenues reported in 6 ,		2	2018] [2018	}
				as the dollar amount (or percentage) s from the revenues identified in	\$ Bil.	Mil.	Thou.	Dol.		Percen	nt
		A-C	abo	ove? Please provide an estimate if					OR ₂₅₀₁		%

9-13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.



7
105
12
7

	I SA-/ I I ZUA (DRAFI)						rage 5
14	OPERATING EXPENSES - Continued						
			lark "X"	4.50		2018	
1.	Personnel Costs	II.	f None	\$ Bil.	Mil.	Thou.	Dol.
	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	1821			1 1		1 1
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	1822					
	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					
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b.	1860					
3.	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						
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			1 1		
	b. 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 7						
		1879			1 1		
5.	TOTAL OPERATING EXPENSES						
		1900					
15	and 16 Not Applicable.						

Form SA-71120A (DR/	AFT
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18	CONTACT IN	FORMATI	ON				
	Name of persor	n to contact	regarding this report (Plea	se print)	Title		
		Area code	Number	Extension		Area code	Number
	Telephone				Fax		-
	E-mail address				Website address		

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

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

We suggest you keep a copy for your records.

U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU FORM SA-71120E

SA-71120E	(DRAFT)
Due Date	
Need below the section 2	
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://www.census.gov/programs- surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your	
response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your	
responses only to produce statistics. The Census Bureau is not permitted	
to publicly release your responses	
in a way that could identify your business, organization, or institution.	
Per the Federal Cybersecurity Enhancement Act of 2015, your data	
are protected from cybersecurity risks through screening of the	
systems that transmit your data.	
This collection has been approved by the Office of Management and	
Budget (OMB). The eight-digit OMB approval number is 0607-0422 and	
appears at the upper right of this page. Without this approval, we	
could not conduct this survey.	
INTERNET REPORTING - This https://portal.census.gov	s survey should be completed online at:
Authentication Code:	To view Survey Results:
	https://www.census.gov/programs-surveys/sas.html
	GENERAL INSTRUCTIONS
Throughout this survey, a area or the new EIN that winclude data for the EIN re	ny reference to "this firm" is referring to the EIN that is printed in the mailing address was provided as a response in ②. Any responses related to "this firm" should only eferenced.
 Any significant change i 	n this firm's operations should be noted in 🕡.
 For establishments sold this firm. 	or acquired in 2018, report data only for the period the establishments were operated by
The state of the s	e if book figures are not available.
• Enter "0" where applicat	
	r two or more detailed lines. al basis, except for payroll. \$ Bil. Mil. Thou. Dol.
• Figures should be round	ded to the pearest dollar
_	456 it should be reported as ———————————————————————————————————
Include:	
 Data for all Services esta 	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and
· ·) operating under the EIN printed in the mailing address area.
garages, central adminis	es primarily engaged in supporting services to those establishment(s) such as warehouses, strative offices, and repair services.
1 A. MAILING ADDRESS	
	d mailing address the same as shown in the mailing address above?
Ves Yes	
No - Enter co	prrections in the mailing address above

B. SURVEY CO	OVERAGE										
Did this firn	m provide 1	the busi	ness activi	ties desc	cribed be	low?					
Yes	3										
0001	Specify th	hic firm'c	business ac	otivity -							
L INO	- Specify th	1115 111111 5	business ac	ilivity /							
0002											
FEDERAL EMPI	LOYER IDE	ENTIFICA	ATION NUN	ИBER (EI	N)						
Does this firm	report pay	yroll und	ler EIN								
Yes											
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			IN AND da						_		
							0015			1 1	
re	eported for a	THIS EIN									
re	eported for i	THIS EIN							Month	Day	Yea
re	eported for t	THIS EIN						0088	Month	Day	Yea
								0088	Month	Day	Yea
ORGANIZATIO	NAL CHAN	NGE								Day	Yea
	NAL CHAN	NGE				, and/or d	livestiture			Day	Yea
ORGANIZATIO A. Did this firm	NAL CHAN	NGE				, and/or d	livestiture			Day	Yea
ORGANIZATIO A. Did this firm On Yes	NAL CHAN n experien	NGE				, and/or d	livestiture			Day	Yea
ORGANIZATIO A. Did this firm On Yes	NAL CHAN	NGE				, and/or d	livestiture			Day	Yea
ORGANIZATIO A. Did this firm On Yes	NAL CHAN m experien s - Go to 4	NGE nce any a	acquisitions	s, sales,	mergers,		livestiture			Day	Yea
ORGANIZATION A. Did this firm One of the original of the original origina	NAL CHAN m experien s - Go to 4	NGE nce any a ng organi	equisition	s, sales, hanges o	mergers,	in 2018?		s in 20	018?		
ORGANIZATIO A. Did this firm Yes Onle No B. Which of the Check all that	NAL CHAN n experien G - Go to 4 ne followin at apply. If n	NGE nce any a ng organi	equisition	s, sales, hanges o	mergers,	in 2018?		s in 20	018?	, explai	
ORGANIZATIO A. Did this firm Yes Onle No B. Which of the Check all that	NAL CHAN m experien s - Go to 4	NGE nce any a ng organi more than	ecquisitions	s, sales, hanges o	mergers, occurred i	in 2018? curred dui	ring the rep	s in 20	period,	, explai	in in 🕡.
ORGANIZATIO A. Did this firm Yes Onle No B. Which of the Check all that	NAL CHAN m experien s - Go to e followin at apply. If n	NGE nce any a ng organi more than	equisition	s, sales, hanges o	mergers, occurred i	in 2018? curred dui	ring the rep	s in 20	period,	, explai	in in 🕡.
ORGANIZATIO A. Did this firm Yes One No B. Which of the Check all that Acq Sale	PNAL CHAN m experien s - Go to 4 me followin at apply. If n quisition e	NGE nce any a ng organi more than	ecquisitions	s, sales, hanges o	mergers, occurred i	in 2018? curred dui	ring the rep	s in 20	period,	, explai	in in 🕡.
ORGANIZATIO A. Did this firm Yes One No B. Which of the Check all that Acq Sale	NAL CHAN m experien s - Go to e followin at apply. If n	NGE nce any a ng organi more than Date of	ecquisitions	s, sales, hanges o izational c	mergers, ccurred in the change occurred in the change is a second control of the change occurred in the change is a second control of the chan	in 2018? curred dui	ring the rep	s in 20	period,	, explai	in in 🕡.
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REPORTING PERIOD								
NOTE: Calendar year data are preferred. If they are unavailable months of data for the 2018 calendar year.	e, please rep	ort for the	fiscal yea	ar that in	ncludes	at least si		
What time period is covered by the data provided in this	report?				201	18		
				Beginning Date				
Calendar year				Month	Day	Year		
Cool or portiol was Barant having in and and in a	-1-+			' '				
Fiscal or partial year - Report beginning and ending of	uates		0007		Ending	. Doto		
				Month	Day	Year		
				Wienen	Day	1001		
			8000					
Not Applicable.								
SALES, RECEIPTS, OR REVENUE								
What were the revenues for this firm in 2018? Include:								
 Report gross billings, except where noted elsewhere on the 	form.							
• Report gross receipts for racetracks.	2							
Dues and assessments from members and affiliates.								
Amounts received for work subcontracted to others.			harrieta C					
 For locations that were sold or acquired during a year, only r locations. 	report for the	perioas t	nat this til	rm oper	ated th	ie		
• Revenue from services performed by domestic locations of for	oreign paren	t firms, su	bsidiaries	, branch	nes, etc			
Commissions, fees, and revenue from corporate sponsorship	s and event	prize mor	iey.					
Revenues from electronic sources.								
Exclude: Transfers made within the company.								
 Taxes collected directly from customers or clients and paid d 								
	directly to a le	ocal, state	, or federa	al tax ac	iency.			
• Rents from and revenue of separately operated departments,								
 Rents from and revenue of separately operated departments. Commissions from vending machine operators. 	, concessions	s, etc., wh	ich are lea	sed to	others.			
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Form SA-71120E (DRAFT) Page 4

									2	<i>y</i> -
8	REV	ENUE	FROM ELECTRONIC SOURCES							
			s firm have any revenues from customers en applications in 2018?	ntering	orders d	lirectly on	the firm	's website	s or	
	00	040	Yes							
			No							
			s firm have any revenues from customers en applications in 2018?	ntering	orders d	irectly on	third-pa	rty websit	es or	
	00	041	Yes							
			No							
	C. E	Did this	s firm have any revenues from customers en s private networks, dedicated lines, etc.) in	tering 2018?	orders v	ia any otł	ner electr	onic syste	ms	
	00	042	Yes							
			No							
	D. C	Of the 1	total 2018 revenues reported in ⑤ ,		4	2018		 	2018	
			as the dollar amount (or percentage)	\$ Bil.	Mil.	Thou.	Dol.		Percent	
	_		s from the revenues identified in over Please provide an estimate if	+ = :/-		1110		0.0		
			gures are not available					OR ₂₅₀₁		%

9-13	Not Applicable.
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14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.



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14	OPERATING EXPENSES - Continued							
			∕lark "X"			2018		
		ı	if None	\$ Bil.	Mil.	Tho	u.	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						1 1
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	1822						
	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						
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b.	1860						1 1
3.	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							
4.	Other Operating Expenses	1020						
4.	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						1 1
	b. 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?							
_		1879						
5.	TOTAL OPERATING EXPENSES						'	1 1
		1900						
15	and 16 Not Applicable.							

) F	REMARKS - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate who data were estimated.
(udia were estimated.

n to contact	regarding	this re	eport <i>(Please</i>	Title									
Area code		Num	ber	Extension		Area code	e Number						
					Fax								
		_						_					
					Website address								
	to contact	to contact regarding	n to contact regarding this re	Area code Number	Area code Number Extension	Area code Number Extension Fax	Area code Number Extension Fax	Area code Number Extension Fax	Area code Number Extension Fax				

SERVICE ANNUAL SURVEY

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

2018 ANNUAL SERVICES REPORT

B	
Due Date	
Need help on hour mostion 2	
leed 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://www.census.gov/programs- surveys/sas/information.html	
COUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 82 authorizes this collection. Sections 224 and 225 require your esponse. The U.S. Census Bureau so required by Section 9 of the same law to keep your information constitution. The Consus Bureau is not permitted to publicly release your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your pusiness, organization, or institution. For the Federal Cybersecurity inhancement Act of 2015, your data are protected from cybersecurity isks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Sudget (OMB). The eight-digit OMB appears at the upper right of this bage. Without this approval, we sould not conduct this survey.	s survey should be completed online at:
Authentication Code:	To view Survey Results:
Authentication Code:	·
rumentication Code:	·
•Any significant change in	https://www.census.gov/programs-surveys/sas.htm GENERAL INSTRUCTIONS In this firm's operations should be noted in 17.
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Form SA-71150A (DRAFT)

Page 2

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1 B. SURVEY COVERAGE						
Did this firm provide the business activities described below?						
Yes						
O001						
□ No - Specify this firm's business activity 7						
0002						
2 Not Applicable.						
3 ORGANIZATIONAL CHANGE	_		_			
A. Did this firm experience any acquisitions, sales, mergers, and/or divestit	ures ir	1 2018	3?			
Ves						
No - Go to 4						
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the	report	tina ne	riod.	explai	n in 🕡.	
		_	onth	Day	Yea	r
Acquisition						
Date of organizational change	(0018				
0091 AND						
Merger Enter detailed information below 7						
Divestiture						
0017 Name of company	001	9 EIN	O digi	to\		
With Name of Company	001	IS LIN	3 digit	13)		
Address (Number and street, P.O. Box, etc.)						
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Form SA-71150A Page 3

4	REP	ORT	TING PERIOD				
			alendar year data are preferred. If they are unavailable, please report for the fiscal yea of data for the 2018 calendar year.	r that ii	ncludes	at least six	
	Wha	at tii		2018			
				Е	Beginni	ng Date	
			Calendar year	Month	Day	Year	
	0006						
		ш	Fiscal or partial year - Report beginning and ending dates				
					Ending	g Date	
				Month	Day	Year	
			8000				

Not Applicable.

SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

- Report gross billings, **except** where noted elsewhere on the form.
- Dues and assessments from members and affiliates.
- · 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.
- Revenues from electronic sources.

Exclude:

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

	2018													
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TAL OPERATING REVENUE		
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Not Applicable.

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																							\$ E	3il.	I	Mil.		Thou	J.	D	ol.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

expenses not reported eisewhere.						
	Mark "X"	2018				
	if None	\$ Bil.	Mil.	Thou.	Dol.	
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			1 1			
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.						
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						
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b			1 1			
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			1 1		1 1	
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) Fxclude impairment					1 1	

CONTINUE WITH 14 ON PAGE 6

Form	SA-7	1150A	(DRAFT)
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Forn	n SA-71150A	(DRAFT)	Page 7
Ð	REMARKS - Ple data were estima	ase use this space to explain any significant year-to-year changes, to clarify responses, o ated.	or indicate where

CONTACT IN	FORMATI	ON										
Name of persor	n to contact	regarding th	his report <i>(Please _l</i>	orint)	Title							
Telephone	Area code Number			Extension	Fax	Area code		Number -				
E-mail address					Website address							
	THAI					S REPORT						
	Name of persor	Name of person to contact Area code Telephone E-mail address	Telephone Area code E-mail address THANK YOU f	Name of person to contact regarding this report (Please particle) Area code Number Telephone - E-mail address THANK YOU for completing	Name of person to contact regarding this report (Please print) Area code Number Extension Telephone - E-mail address THANK YOU for completing your 2018 A	Name of person to contact regarding this report (Please print) Title Area code Number Extension Telephone - Fax E-mail address Website address	Name of person to contact regarding this report (Please print) Title Area code Number Extension Telephone Fax E-mail address Website address THANK YOU for completing your 2018 ANNUAL SERVICES REPORT	Name of person to contact regarding this report (Please print) Title Area code Number Extension Telephone Fax E-mail address Website address THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.	Name of person to contact regarding this report (Please print) Title Area code Number Extension Telephone Fax E-mail address Website address THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.			



SERVICE ANNUAL SURVEY

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

SA-71150E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 ①.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

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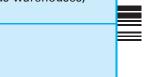
- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses,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



A. MAILING ADDRESS

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

0035	Yes
	No - Enter corrections in the mailing address above



B. SURVEY COVERAGE Did this firm provide the business activities described below? Yes No - Specify this firm's business activity 7 O002 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
Pes No - Specify this firm's business activity 7 O002 No - Specify this firm's business activity 7 O002 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
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ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes No - Go to 4 B. Which of the following organizational changes occurred in 2018?
ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes No - Go to 4 B. Which of the following organizational changes occurred in 2018?
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No - Go to 4 B. Which of the following organizational changes occurred in 2018?
□ No - <i>Go to</i> 4 B. Which of the following organizational changes occurred in 2018?
B. Which of the following organizational changes occurred in 2018?
Check all that apply. If more than one organizational change occurred during the reporting period, explain in
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Acquisition
Sale
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Merger Enter detailed information below 7
Divestiture
Divestiture
0017 Name of company 0019 EIN (9 digits)
Address (Number and street, P.O. Box, etc.)
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City, town, village, etc. State ZIP Code
City, town, village, etc. State ZIP Code

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4	REP	OR	TING PERIOD			
			alendar year data are preferred. If they are unavailable, please report for the fiscal yea of data for the 2018 calendar year.	r that i	ncludes	s at least six
	Wha	at ti	me period is covered by the data provided in this report?		20	18
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					Ending	g Date
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Not Applicable.

SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

- Report gross billings, **except** where noted elsewhere on the form.
- Dues and assessments from members and affiliates.
- · 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
- Revenue from services performed by domestic locations of foreign parent firms, subsidiaries, branches, etc.
- Revenues from electronic sources.

Exclude:

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

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1.	TOTAL	OPERA	TING RE	VENUE	
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TAL OPERATING REVENUE	1	8

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Not Applicable.

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	Yes
0009	No - Go to 🕰

	2018											
\$ Bil.	Mil.	Thou.	Dol.									

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

expenses not reported disciminate.					
	Mark "X"		2	2018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
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			1 1		1 1
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions					
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					
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b					
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					
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					

CONTINUE WITH 14 ON PAGE 6

Form SA-71150E (DRAFT)

14	OPERATING EXPENSES - Continued						
		Mark "X"	2018				
		if None	\$ Bil.	Mil.	Thou.	Dol.	
4.	Other Operating Expenses - Continued						
	b. 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?						
		1879					
5.	TOTAL OPERATING EXPENSES		ı				
	Sum of lines 1a through 4b	. 1900					
15	and 16 Not Applicable.						

Form SA-71150E	(DRAFT)				Page 7
17 REMARKS - PI	ease use this space to exp	lain any significant	year-to-year changes,	to clarify responses,	or indicate where

	data were esti	mated.								
6	00NT 4 0T IN		ON							
	Nome of paragr			his report <i>(Please _l</i>	nrint	Title				
	Name of persor	i to contact	regarding t	ilis report (<i>Flease</i>)	UTITIL)	Title				
					T					
	Telephone	Area code		Number	Extension	Fax	Area code	Nu	mber	
				-				_		
	E-mail address					Website address				

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.
We suggest you keep a copy for your records.

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

FORM

2018 ANNUAL SERVICES REPORT

SA-71311A	(DRAFT)
Due Date	
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://www.census.gov/programs-	
surveys/sas/information.html YOUR RESPONSE IS REQUIRED	
BY LAW. Title 13 United States	
Code (U.S.C.), Sections 131 and 182 authorizes this collection.	
Sections 224 and 225 require your response. The U.S. Census Bureau	
is required by Section 9 of the same law to keep your information	
CONFIDENTIAL and can use your responses only to produce statistics.	
The Census Bureau is not permitted to publicly release your responses	
in a way that could identify your business, organization, or institution.	
Per the Federal Cybersecurity Enhancement Act of 2015, your data	
are protected from cybersecurity	
risks through screening of the systems that transmit your data.	
This collection has been approved by the Office of Management and	
Budget (OMB). The eight-digit OMB approval number is 0607-0422 and	
appears at the upper right of this page. Without this approval, we	
could not conduct this survey.	
	s survey should be completed online at:
https://portal.census.gov	
Authentication Code:	To view Survey Results:
	https://www.census.gov/programs-surveys/sas.htm
	GENERAL INSTRUCTIONS
, ,	n this firm's operations should be noted in ①.
this firm.	or acquired in 2018, report data only for the period the establishments were operated by
	e if book figures are not available.
• Enter "0" where applicat	ole. r two or more detailed lines.
	al basis, except for payroll. \$ Bil. Mil. Thou. Dol.
• Figures should be round	ded to the pearest dellar
• If a figure is \$1,030,280,	456 it should be reported as ———————————————————————————————————
Include:	
Data for all Services esta Construction operations	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and) as defined by the survey coverage in ① B.
	es primarily engaged in supporting services to those establishment(s) such as warehouses,
	strative offices, and repair services.
1 A. MAILING ADDRESS	
Is this firm's name and	d mailing address the same as shown in the mailing address above?
Ves Yes	
No - Enter co	prrections in the mailing address above

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		report fo	or the	fiscal ye	ear that	includes	at least
	NOTE: Calendar year data are preferred. If they are unavailable, please	. Toport ic					
	months of data for the 2018 calendar year.					00	10
	What time period is covered by the data provided in this report?	•				20°	
	Calendar year				Month	Beginnir Day	Year
	0006				WOTE	I Day	Tear
	Fiscal or partial year - Report beginning and ending dates			000	7		
						Ending	Date
					Month	n Day	Year
				000	8		
•	Not Applicable.						
	SALES, RECEIPTS, OR REVENUE						
	What were the revenues for this firm in 2018?						
	Include:						
	• Report gross billings, except where noted elsewhere on the form.						
	Dues and assessments from members and affiliates.						
	Amounts received for work subcontracted to others.			l (.) .	C.		
	 For locations that were sold or acquired during a year, only report for locations. 	r tne peri	ods t	nat this	irm ope	erated th	е
	 Revenue from services performed by domestic locations of foreign pages 	arent firm	ns, su	bsidiarie	es, branc	ches, etc	
	• Revenues from electronic sources.		,			,	
	Exclude:						
	Transfers made within the company.						
	 Taxes collected directly from customers or clients and paid directly to 	a local,	state	, or fede	ral tax a	igency.	
	 Rents from and revenue of separately operated departments, concess 						
		sions, etc	., whi	ich are le	eased to	others.	
	 Commissions from vending machine operators. 	sions, etc	., whi	ch are le	eased to	others.	
	• Revenue of foreign subsidiaries (those located outside the U.S., i.e., of						bia, U.S.
	· · · · · · · · · · · · · · · · · · ·						bia, U.S.
	• Revenue of foreign subsidiaries (those located outside the U.S., i.e., of	outside th <i>Mar</i>	ne 50		District o		bia, U.S.
	 Revenue of foreign subsidiaries (those located outside the U.S., i.e., of Commonwealth Territories, or U.S. possessions). 	outside th <i>Mar</i>	ne 50		District o	f Colum	
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Form SA-71311A (DRAFT) Page 4

UIII	. 5	- / I	J I I	A (DRAFI)						1 0	agc
8	RE	VEN	UES	FROM ELECTRONIC SOURCES							
				firm have any revenues from customers er pplications in 2018?	tering	j orders d	irectly or	the firm	's website	s or	
		0040		Yes							
				No							
				firm have any revenues from customers er pplications in 2018?	ntering	j orders d	irectly or	third-pai	rty website	es or	
		0041		Yes							
				No							
				firm have any revenues from customers er private networks, dedicated lines, etc.) in			ia any otl	ner electr	onic syste	ms	
		0042		Yes							
				No							
	D.	Of t	he to	otal 2018 revenues reported in ⑤ ,			2018		1	2018	
		wha	t wa	s the dollar amount (or percentage)	\$ Bil.	Mil.	Thou.	Dol.		Percen	
		A-C	abo	from the revenues identified in ve? Please provide an estimate if	7 2			20	OR	. 3.3011	9
		exac	et fiç	jures are not available 2500					OR ₂₅₀₁		/

9-13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b. 1880 3. 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 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 as (e.g., patents, copyrights). Exclude impairment 1831 b. 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 7	14	OPERATING EXPENSES - Continued					
a. Gross annual payroll - Total annual Medicare salaries and wages for all employees as reported on this firm's IRS Form 941, Employer's Counterly Federal Tax Return, line 5(c) for the four Employer's Annual Federal Tax Return, line 4(c), Include the spread on stock options that are taxable to employers as wages. b. Employer's Coast for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single sarvice plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and desep paid to third-party administrators (TFAs); defined benefit pension plans; defined contribution plans (e.g., proff sharing, 40H, stock option compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions. c. Temporary staff and leased employee expense - Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. Include all charges for paryrol, benefits, and services							ъ.
a. Gross annual payroll – Total annual Medicare salaries and wages for all employees as reported on this firms 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 5(c) for the four quarters that correspond to the survey period or IRS Form 944. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare, Exclude employee contributions. 522 6. Temporary staff and leased employee expense - Total costs paid to Professional Employer Organizations (PEGs) and staffing agencies for personnel. Include all charges for payroll, benefits, and services. 523 2. Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment (e.g., copiers, fax machines, telephones, shop and lab equipment (e.g., copiers, fax machines, telephones, shop and lab equipment (e.g., copiers, fax machines, telephones, shop and lab equipment (e.g., copiers, fax machines, telephones, shop and lab equipment (e.g., copiers, fax machines, telephones, shop and lab equipment (e.g., copiers, fax machines, telephones, shop and lab equipment (e.g., copiers, fax machines, telephones, shop and lab equipment (e.g., copiers, fax machines, telephones, shop and lab equipment (e.g., copiers, fax machines, telephones, shop and lab equipment (e.g., copiers, fax machines, telephones, shop and lab equipment (e.g., copiers, fax	1.	Personnel Costs	ii ivone	\$ Bil.	Mil.	Thou.	Dol.
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paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. Include all charges for payroll, benefits, and services 2. Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include materials and supplies used in providing services to others; 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. Report packaged software in line 3 and leased and rented equipment in line 4b		legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude	2		1 1	1 1	
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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	2.	resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and	io				1 1
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	3.	custom coded, or vendor customized software. Include software developed or customized by others, web-design services and purchases, licensing agreements, upgrades of software, and	6				
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	1 .	Other Operating Expenses					
operating expenses, specify the primary source of the expenses below 7 5. TOTAL OPERATING EXPENSES Sum of lines 1a through 4b		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	ı1 <u> </u>		1 1	1 1	1 1
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	REMARKS - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.
3	CONTACT INFORMATION
	Name of person to contact regarding this report (<i>Please print</i>) Title
	Trains of portion to contact regarding this report in least printy
	Area code Number Extension Area code Number
	Telephone Fax -
	E-mail address Website address

SERVICE ANNUAL SURVEY

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

SA-71311E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 ①.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

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→		1	0	3	0	2	8	0	4	5	6

- 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.

1 A.	MAILING	ADDRESS
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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



B. SURVEY COVERAGE Did this firm provide the business activities described below? Yes		
Yes	Did this firm provide the business activities described below?	
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		
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		
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Does this firm report payroll under EIN Yes		
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ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes ONG Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Date of organizational change AND Enter detailed information below Divestiture Divestiture OO17 Name of company OO19 EIN (9 digits) Address (Number and street, P.O. Box, etc.) City, town, village, etc.	oes this firm report payroll under EIN	
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_	REPORTING PERIOD					
	NOTE: Calendar year data are preferred. If they are unavailable, please months of data for the 2018 calendar year.	e report for th	ie fiscal ye	ar that ir	ncludes	at least s
	What time period is covered by the data provided in this report	?			201	8
				В	eginnin	g Date
	Calendar year			Month	Day	Year
	Fiscal or partial year - Report beginning and ending dates		0007	,	'	
	Tissui of puritury cur Troport beginning and chaing dates .		0007		Ending	Date
				Month	Day	Year
					1	
			0008			
)	Not Applicable.					
•	SALES, RECEIPTS, OR REVENUE					
	What were the revenues for this firm in 2018?					
	Include:					
	• Report gross billings, except where noted elsewhere on the form.					
	• Dues and assessments from members and affiliates.					
	 Amounts received for work subcontracted to others. 					
	• For locations that were sold or acquired during a year, only report fo	or the periods	that this f	irm oper	ated the	е
	locations.	oront firms	ubaidii-	o b====!	200 str	
	 Revenue from services performed by domestic locations of foreign p Revenues from electronic sources. 	arent firms, s	upsidiarie	s, brancr	ies, etc.	
	Exclude: • Transfers made within the company.					
	 Taxes collected directly from customers or clients and paid directly to 	o a local stat	a or fadar	e vet le	iencv	
	 Rents from and revenue of separately operated departments, concess 			_		
	 Commissions from vending machine operators. 	Sioris, etc., w	ilicii ale le	aseu io i	Juleis.	
	 Revenue of foreign subsidiaries (those located outside the U.S., i.e., or subsidiaries) 	outside the 5	n satata n	ietrict of		
	Commonwealth Territories, or U.S. possessions).	outside the 5				oia II C
	Commonwealth remitaties, or 0.5. possessions).		o states, D	istrict or	Columb	oia, U.S.
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	Commonwealth Territories, or 0.5. possessions).	Mark "X if None	(1)		2018 Thou.	
	Admissions revenue (excluding admissions taxes) - Gross box office receipts from the sale of admissions tickets exclusive of any state or local admissions taxes (include theater or facilities owners' share, if any). Include receipts from all home, hall or tour subscriptions, and other concerts or performances for which paid attendance may be determined by ticket sales, including minimum guarantee and percentage arrangements. Dinner theaters should	Mark "X if None	(1)	2	018	
	Admissions revenue (excluding admissions taxes) - Gross box office receipts from the sale of admissions tickets exclusive of any state or local admissions taxes (include theater or facilities owners' share, if any). Include receipts from all home, hall or tour subscriptions, and other concerts or performances for which paid attendance may be determined by ticket sales, including minimum guarantee and percentage arrangements. Dinner theaters should include all combined admission/dinner receipts on this line	Mark "X if None	(1)	2	018	
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	Admissions revenue (excluding admissions taxes) - Gross box office receipts from the sale of admissions tickets exclusive of any state or local admissions taxes (include theater or facilities owners' share, if any). Include receipts from all home, hall or tour subscriptions, and other concerts or performances for which paid attendance may be determined by ticket sales, including minimum guarantee and percentage arrangements. Dinner theaters should include all combined admission/dinner receipts on this line All other operating revenue - The sale of food, refreshments, and alcoholic beverages that are not included in the admissions price; any coin-operated amusement devices operated by this firm; merchandise sales; parking revenue; and any other operating revenue not reported above. Exclude rental revenue and commissions from concessions and coin-operated machines operated by others and sales and admissions taxes. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below	Mark "X if None	(1)	2	018	
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	Admissions revenue (excluding admissions taxes) - Gross box office receipts from the sale of admissions tickets exclusive of any state or local admissions taxes (include theater or facilities owners' share, if any). Include receipts from all home, hall or tour subscriptions, and other concerts or performances for which paid attendance may be determined by ticket sales, including minimum guarantee and percentage arrangements. Dinner theaters should include all combined admission/dinner receipts on this line All other operating revenue - The sale of food, refreshments, and alcoholic beverages that are not included in the admissions price; any coin-operated amusement devices operated by this firm; merchandise sales; parking revenue; and any other operating revenue not reported above. Exclude rental revenue and commissions from concessions and coin-operated machines operated by others and sales and admissions taxes. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7 TOTAL OPERATING REVENUE Sum of lines 1 and 2	Mark "X if None 3002	(1)	2	018	
	Admissions revenue (excluding admissions taxes) - Gross box office receipts from the sale of admissions tickets exclusive of any state or local admissions taxes (include theater or facilities owners' share, if any). Include receipts from all home, hall or tour subscriptions, and other concerts or performances for which paid attendance may be determined by ticket sales, including minimum guarantee and percentage arrangements. Dinner theaters should include all combined admission/dinner receipts on this line All other operating revenue - The sale of food, refreshments, and alcoholic beverages that are not included in the admissions price; any coin-operated amusement devices operated by this firm; merchandise sales; parking revenue; and any other operating revenue not reported above. Exclude rental revenue and commissions from concessions and coin-operated machines operated by others and sales and admissions taxes. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below	Mark "X if None 3002	(1)	2	018	
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	Admissions revenue (excluding admissions taxes) - Gross box office receipts from the sale of admissions tickets exclusive of any state or local admissions taxes (include theater or facilities owners' share, if any). Include receipts from all home, hall or tour subscriptions, and other concerts or performances for which paid attendance may be determined by ticket sales, including minimum guarantee and percentage arrangements. Dinner theaters should include all combined admission/dinner receipts on this line All other operating revenue - The sale of food, refreshments, and alcoholic beverages that are not included in the admissions price; any coin-operated amusement devices operated by this firm; merchandise sales; parking revenue; and any other operating revenue not reported above. Exclude rental revenue and commissions from concessions and coin-operated machines operated by others and sales and admissions taxes. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7 TOTAL OPERATING REVENUE Sum of lines 1 and 2	Mark "X if None 3002	(1)	2	018	
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	Admissions revenue (excluding admissions taxes) - Gross box office receipts from the sale of admissions tickets exclusive of any state or local admissions taxes (include theater or facilities owners' share, if any). Include receipts from all home, hall or tour subscriptions, and other concerts or performances for which paid attendance may be determined by ticket sales, including minimum guarantee and percentage arrangements. Dinner theaters should include all combined admission/dinner receipts on this line All other operating revenue - The sale of food, refreshments, and alcoholic beverages that are not included in the admissions price; any coin-operated amusement devices operated by this firm; merchandise sales; parking revenue; and any other operating revenue not reported above. Exclude rental revenue and commissions from concessions and coin-operated machines operated by others and sales and admissions taxes. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7 TOTAL OPERATING REVENUE Sum of lines 1 and 2	Mark "X if None 3002	(1)	2	018	

Form SA-71311E (DRAFT) Page 4

•				_ (SIA: 1)						3	-
8	RE	VEN	UES	FROM ELECTRONIC SOURCES							
	A.			firm have any revenues from customers e applications in 2018?	ntering	orders d	irectly or	the firm	's website:	s or	
		0040		Yes							
				No							
	В.			firm have any revenues from customers enpplications in 2018?	ntering	orders d	irectly or	third-pa	rty website	es or	
		0041		Yes							
				No							
	C.			firm have any revenues from customers e private networks, dedicated lines, etc.) in			ia any otl	ner electr	onic syste	ms	
		0042		Yes							
				No							
	D	Of t	ha t	otal 2018 revenues reported in 6 ,					1 1		
	-	wha	t wa	is the dollar amount (or percentage)	\$ Bil.	Mil.	2018 Thou.	Dol.		2018 Percent	
				s from the revenues identified in very lease provide an estimate if	Ψ ΒΠ.	IVIII.	mou.	501.			0,
				ures are not available					OR ₂₅₀₁		9

9	-13	Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

14	OPERATING EXPENSES - Continued					
		Mark "X"			2018	
	Paragraph Costs	if None	\$ Bil.	Mil.	Thou.	Dol.
	 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 . 182' 	1 🔲				1 1
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	2				
	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	3		1 1		
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b	0 🗆		1 1		1 1
3 -	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 1820	6				
	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	1 🔲				
	b. 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					
				l l	1 1	1 1
	TOTAL OPERATING EXPENSES	9				
	TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	0				
5	and 16 Not Applicable.					

	•	CONTACTIN	FORM A TION							
γ	18	CONTACT INFORMATION Name of person to contact regarding this report (Please print) Title								
7.90L		Name of persor	n to contact regardi	ng this report (<i>Please p</i>	orint)	Title				
უ _										
Ξ			Area code	Number	Extension		Area code	Number		
		Telephone		-		Fax		_		
		E-mail address				Website address			=	

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

We suggest you keep a copy for your records.

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

FORM

SERVICE ANNUAL SURVEY

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

2018 ANNUAL SERVICES REPORT

SA-72000A	(DRAFT)
Due Date	
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://www.census.gov/programs- surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED	
BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and	
182 authorizes this collection. Sections 224 and 225 require your	
response. The U.S. Census Bureau is required by Section 9 of the	
same law to keep your information	
CONFIDENTIAL and can use your responses only to produce statistics.	
The Census Bureau is not permitted to publicly release your responses	
in a way that could identify your business, organization, or institution.	
Per the Federal Cybersecurity Enhancement Act of 2015, your data	
are protected from cybersecurity	
risks through screening of the systems that transmit your data.	
This collection has been approved by the Office of Management and	
Budget (OMB). The eight-digit OMB approval number is 0607-0422 and	
appears at the upper right of this	
page. Without this approval, we could not conduct this survey.	
https://portal.census.gov Authentication Code:	To view Survey Results: https://www.census.gov/programs-surveys/sas.html
. A	GENERAL INSTRUCTIONS
, ,	in this firm's operations should be noted in ① . For acquired in 2018, report data only for the period the establishments were operated by
	e if book figures are not available.
•Enter "0" where applica	ble.
 Do not combine data fo 	r two or more detailed lines.
· ·	ual basis, except for payroll. \$ Bil. Mil. Thou. Dol.
• Figures should be round	
• If a figure is \$1,030,280,	456 it should be reported as $ + $
 Data for all Services est 	ablishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and s) as defined by the survey coverage in 1 B.
 Data for auxiliary facilities 	les primarily engaged in supporting services to those establishment(s) such as warehouses, strative offices, and repair services.
1 A. MAILING ADDRESS	
	d mailing address the same as shown in the mailing address above?
	5
└ Yes	
	orrections in the mailing address above

B. SURVEY COVERAGE Did this firm provide the business activities described below? Yes No - Specify this firm's business activity
☐ Yes ☐ No - Specify this firm's business activity ₹
No - Specify this firm's business activity
No - Specify this firm's business activity
No - Specify this firm's business activity
No - Specify this firm's business activity
No - Specify this firm's business activity
No - Specify this firm's business activity
No - Specify this firm's business activity
No - Specify this firm's business activity
No - Specify this firm's business activity
No - Specify this firm's business activity
0002
2 Not Applicable.
3 ORGANIZATIONAL CHANGE
A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?
☐ Yes
0016 No - Go to 4
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in ①.
Month Day Year
☐ Acquisition ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
□ Sale Date of organizational change
O091 AND Merger Fatandaritadis farancii a hala
Enter detailed information below 7
Divestiture
0017 Name of company 0019 EIN (9 digits)
Address (Number and street, P.O. Box, etc.)
City, town, village, etc. State ZIP Code
City, town, village, etc. State ZIP Code

(DRAFT)	Page 3
	(DRAFT)

4	REP	ORT	TING PERIOD				
	NOT mon	E: C	r that i	nclude	s at least six		
	Wha	t tiı	2018				
				-	Beginni	ng Date	
			Calendar year	Month	Day	Year	
	0006		Fiscal or partial year - Report beginning and ending dates				
					Ending	g Date	
				Month	Day	Year	

5 Not Applicable.

6 SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

- Report gross billings, **except** where noted on the form.
- Dues and assessments from members and affiliates.
- 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.
- Revenue from room and board.
- Revenue from camp tuition and campers fees.
- 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.
- Gaming operations.
- · Site rental and equipment usage fees.
- Receipts from valet, laundry, parking, and other guest services provided by this firm.
- Revenues from electronic sources.

Exclude:

- Transfers made within the company.
- Taxes collected directly from customers or clients and paid directly to a local, state, or federal tax agency.
- Occupancy Taxes.
- 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).
- Grants and donations.
- Franchise revenues and royalties.

		4	2018		
	\$ Bil.	Mil.	Thou.	Dol.	
TOTAL OPERATING REVENUE	1	1 1	1 1	1 1	L

A	Not A	nplicable	9.

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8	REVEN	IUES	FROM ELECTRONIC SOURCES						
			firm have any revenues from customers en applications in 2018?	ntering orders	directly or	n the firm	's website	s or	
	0040		Yes						
			No						
	B. Did mol	this	firm have any revenues from customers en applications in 2018?	ntering orders	directly o	n third-pai	rty websit	es or	
	0041		Yes						
			No						
	C. Did (suc	this h as	firm have any revenues from customers en private networks, dedicated lines, etc.) in	itering orders 2018?	via any ot	her electr	onic syste	ms	
	0042		Yes						
			No						
	D. Of t	he t	otal 2018 revenues reported in 6 ,		2018			2018	
	wha tha	at wa	as the dollar amount (or percentage) s from the revenues identified in	\$ Bil. Mil.	Thou.	Dol.		Percen	nt
	A-C	abo	gures are not available				OR ₂₅₀₁		%

9-13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

- Transfers made within the company.
- Capitalized expenses.
- Interest.
- Bad debt.
- Impairment.
- Income tax.
- Purchases of goods for resale or cost of goods sold.
- Expenses 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).

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.



Personnel Costs

OPERATING EXPENSES - Continued

a. Gross annual payroll - Total annual Medicare salaries and

 Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law.
 Include insurance premiums for hospital plans, medical plans,

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

and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans;

defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers'

spread on stock options that are taxable to employees as wages . 1821

Dol.

2018

Thou.

Mil.

Mark "X" if None

\$ Bil.

compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions	
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	
2. Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b	
3. 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	
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	
b. 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	
1879	
5. TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	
15 and 16 Not Applicable.	
	CONTINUE ON PAGE 6

)		Page
- 1	REMARKS - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate v	vner

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90	
33	
7	
72	

CONTACT INFORMATION									
Name of person to contact regarding this report (Please print)					Title				
	person to contact regarding this report (Please print) Title Area code Number Extension Fax								
	Area code		Number	Extension		Area code		Number	
Telephone			-		Fax			_	
E-mail address				Website address					

We suggest you keep a copy for your records.

SERVICE ANNUAL SURVEY

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

SA-72000E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data

by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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 ①.
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

	\$ E	Bil.		Mil.		1	hοι	ı.		Dol.	
→		1	0	3	0	2	8	0	4	5	6

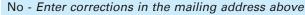
- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses,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

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MAILING ADDRESS

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

		Yes	
0035			
	П	No - Enter corrections in	ŧ





D. CUDVEY COVERAGE					
B. SURVEY COVERAGE					
Did this firm provide the business activities described below?					
Yes					
0001					
No - Specify this firm's business activity					
0002					
FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)					
Does this firm report payroll under EIN					
Yes					
0013 Tes		FINI (C	digits	١	
No - Enter current 9-digit EIN AND date payroll was first		LIIV (C	digits	,	
reported for this EIN	0015		-		
			Month	Day	Year
		0088			
ORGANIZATIONAL CHANGE					
A. Did this firm experience any acquisitions, sales, mergers, and/or div	estiture	s in 20	18?		
O016 Yes					
No - Go to 4					
D. William of the falls of the state of the					
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during	na tha rar	ortina	nariad	l ovnlai	n in 🗗
Oneck an that apply. If the than one organizational change occurred dum	ig the rep	Jorung			
Acquisition			Month	Day	Year
Date of organizational change		. 0018			
Sale AND					
Merger					
Enter detailed information below?					
Divestiture					
0017 Name of company		0019 FI	N (9 dig	nite)	
Trumo or company		0019 EI	. v ,o uiç	j/10/	
			-		
Address (Number and street, P.O. Box, etc.)					
City, town, village, etc.	State	ZIP Co	de		
,, 10111, 111250, 0101	Otato	00			
				_	

orm SA-72000E (DRAFT)	Page 3	
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4	REP	ORT	TING PERIOD			
			alendar year data are preferred. If they are unavailable, please report for the fiscal yea of data for the 2018 calendar year.	r that i	ncludes	s at least six
	Wha	t tir	me period is covered by the data provided in this report?		20	18
				E	Beginni	ng Date
			Calendar year	Month	Day	Year
	0006		Fiscal or partial year - Report beginning and ending dates			
					Ending	g Date
				Month	Day	Year

Not Applicable.

SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

- Report gross billings, **except** where noted on the form.
- Dues and assessments from members and affiliates.
- 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.
- Revenue from room and board.
- Revenue from camp tuition and campers fees.
- 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.
- Gaming operations.
- Site rental and equipment usage fees.
- Receipts from valet, laundry, parking, and other guest services provided by this firm.
- Revenues from electronic sources.

Exclude:

- Transfers made within the company.
- Taxes collected directly from customers or clients and paid directly to a local, state, or federal tax agency.
- Occupancy Taxes.
- 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).
- Grants and donations.
- Franchise revenues and royalties.

				2010		ı
		\$ Bil.	Mil.	Thou.	Dol.	ı
						ı
I. TOTAL OPERATING REVENUE	1800		1 1	1 1	1 1	L

		அ பா.	IVIII.	mou.	Doi.	
	TOTAL OPERATING REVENUE					
7	Not Applicable.					

7 N	lot <i>i</i>	Appli
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Form SA-72000E (DRAFT) Page 4

8	REVEN	UES	FROM ELECTRONIC SOURCES						
	A. Did mol	this	firm have any revenues from customers en applications in 2018?	ntering orders	directly or	n the firm	's website	s or	
	0040		Yes						
			No						
	B. Did mol	this	firm have any revenues from customers en applications in 2018?	ntering orders	directly o	n third-pai	rty websit	es or	
	0041		Yes						
			No						
	C. Did (suc	this h as	firm have any revenues from customers en s private networks, dedicated lines, etc.) in	ntering orders 2018?	via any ot	her electr	onic syste	ms	
	0042		Yes						
			No						
	D. Of t	he t	otal 2018 revenues reported in © ,		2018			2018	
	tha	t wa	as the dollar amount (or percentage) s from the revenues identified in	\$ Bil. Mil.	Thou.	Dol.		Percent	t
	A-C exa	abo ct fi	ove? Please provide an estimate if gures are not available				OR ₂₅₀₁	' '	%

9-13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

- Transfers made within the company.
- Capitalized expenses.
- Interest.
- Bad debt.
- Impairment.
- Income tax.
- Purchases of goods for resale or cost of goods sold.
- Expenses 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).

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.



14	OPERATING EXPENSES - Continued						
			Mark "X"			2018	
			if None	\$ 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			1 1		1 1
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	. 1822			1 1		
	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					
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b.						
3.	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						
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				1 1		
	b. 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						
_	TOTAL OPERATING EXPENSES	1879					
5.	TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	. 1900					
15	and 16 Not Applicable.						

F	REMARKS.	Please use	this snace t	o evolain an	v significan	t vear-to-ve	ar channes	to clarify res	enonees or	indicate who
C	data were es	timated.	, tillo opudo t	o oxpiain an	iy digililidan	t your to yo	ar onangoo	to oldrily ro	, ponisos, or	indicate whe

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	Are	ea code		Nun	nber		Extension		Area	code	Nι	umb	er	
Telephone								Fax						
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E-mail address								Website address						

We suggest you keep a copy for your records.

SERVICE ANNUAL SURVEY

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

FORM

2018 ANNUAL SERVICES REPORT

SA-72100A	(DRAFT)
Due Date	
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://www.census.gov/programs- surveys/sas/information.html	
YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.	
INTERNET REPORTING - This https://portal.census.gov Authentication Code:	survey should be completed online at: To view Survey Results:
	https://www.census.gov/programs-surveys/sas.htm
	GENERAL INSTRUCTIONS
. •	this firm's operations should be noted in 12.
 For establishments sold o this firm. 	r acquired in 2018, report data only for the period the establishments were operated by
	f book figures are not available.
 Enter "0" where applicable Do not combine data for t 	
Report data on an accrual	
• Figures should be rounde	d to the pearest dollar
•If a figure is \$1,030,280,45	6 it should be reported as 1030280456
Include:	
Onstruction operations);	olishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and as defined by the survey coverage in 1 B.
 Data for auxiliary facilities 	primarily engaged in supporting services to those establishment(s) such as warehouses, rative offices, and repair services.
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 cor	rections in the mailing address above
□ INO - Enter Cori	ections in the maining address above

Form SA-72100A (DRAFT)

Di						
	d this firm provide the business activities described below?					
000	☐ Yes☐ No - Specify this firm's business activity 7					
	0002					
	pplicable.					
	ANIZATIONAL CHANGE					
A. Di	d this firm experience any acquisitions, sales, mergers, and/or divestit	tures	in 20	18?		
001	Yes					
	□ No - Go to 4					
B. W	hich of the following organizational changes occurred in 2018?					
Ch	eck all that apply. If more than one organizational change occurred during the	e rep	orting	period,	expla	in in 🕡.
	Acquisition			Month	Day	Year
	Acquisition Date of organizational change		. 0018	Month	Day	Year
009	Date of organizational change		. 0018	Month	Day	Year
009	☐ Sale Date of organizational change		. 0018	Month	Day	Year
009	Sale Date of organizational change		. 0018	Month	Day	Year
_	Sale AND Merger Divestiture Date of organizational change					Year
_	□ Sale			N (9 dig		Year
00:	Sale AND In the detailed information below Name of company Date of organizational change					Year
00:	Sale AND Merger Divestiture Date of organizational change			N (9 dig		Year
00 Ac	Date of organizational change		0019 EI	N (9 dig		Year
00 Ac	Date of organizational change			N (9 dig	iits)	Year
00 Ac	Date of organizational change		0019 EI	N (9 dig		Year
00 Ac	Date of organizational change		0019 EI	N (9 dig	iits)	Year
00 Ac	Date of organizational change		0019 EI	N (9 dig	iits)	Year
00 Ac	Date of organizational change		0019 EI	N (9 dig	iits)	Year
00 Ac	Date of organizational change		0019 EI	N (9 dig	iits)	Year
00 Ac	Date of organizational change		0019 EI	N (9 dig	iits)	Year
00 Ac	Date of organizational change		0019 EI	N (9 dig	iits)	Year

•	in or a real point /						. ago
4	REPORTING PERIOD						
	NOTE: Calendar year data are preferred. If they a months of data for the 2018 calendar year.	re unavailable, please r	eport for the fis	scal yea	r that ir	ncludes at	least six
	What time period is covered by the data pro	vided in this report?				2018	
	· · · · ·	•			В	Beginning	Date
	Calendar year				Month	Day	Year
	0006						
	Fiscal or partial year - Report beginning	and ending dates		0007			
						Ending D	
					Month	Day	Year
				0008			
5	NUMBER OF ESTABLISHMENTS						
	How many establishments (hotels) did this f	irm have in the follow	wing categorie	es		ark "X" None	2018
	in 2018?				"	None	Number
	A. Owned or leased by THIS firm and managed	by THIS firm			8011		
	The state of the s	,					
	B. Owned by or leased by THIS firm, but manag	ed by ANOTHER firm			8012		
	 What was the name and EIN of the ma If more than one management company, 		for the hotels	report	ed in E) B?	
	Name of Company	continue in w .		FINI (O	diaita)		
	Name of Company			EIN (9	aigits)		1 1 1
					-		
	 For locations that were sold or acquired during locations. Revenue from services performed by domestic Commissions, fees, and revenue from admissic Receipts from guest rooms or unit rentals for a Receipts from rentals of public rooms such as I Sales of meals, alcoholic beverages, and other Gaming operations. Site rental and equipment usage fees. Receipts from valet, laundry, parking, and othe For casino hotels, report sales net of promotion Franchise or royalty fees. Management fees. 	locations of foreign par ins and the use of facili Il establishments owned pallrooms, conference re merchandise.	rent firms, subs ties. d by this firm. ooms, etc.				
	 Cost reimbursables from managed hotels. 						
	Revenues from electronic sources.						
	Exclude:						
	 Transfers made within the company. Taxes collected directly from customers or client 	nts and paid directly to	a local, state, o	r federa	al tax ag	jency.	
	 Occupancy Taxes. Rents from and revenue of separately operated Commissions from vending machine operators 		ons, etc., which	are lea	sed to	others.	
	 Revenue of foreign subsidiaries (those located Commonwealth Territories, or U.S. possessions 	outside the U.S., i.e., ou s).	utside the 50 sta	ates, Di	strict of	Columbia	ı, U.S.
	Revenue from casinos without accommodation						
	Revenue from timeshares or vacation ownership	p.					
			Mark "X"		2	2018	
				Bil.	Mil.	Thou.	Dol.
١.	Hotels that this firm owns or leases (include root beverages, gaming, retail, quest services, etc.)	n revenue, meals,	101				

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Form	SA-72100A (DRAFT)						Page 4
6	SALES, RECEIPTS, OR REVENUE - Continued						
			Mark "X"			2018	
			if None	\$ Bil.	Mil.		
2.	Franchise or royalty fees	8102			ı		
3.	Hotel management fees	8103	Ш				
4.	Cost reimbursables from managed hotels	8104					
5.	All other operating revenue - Revenue not reported in lines 1 through 4. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7						
		4700					
6.	TOTAL OPERATING REVENUE	1799					
J.	Sum of lines 1 through 5	1800					
7	Not Applicable.						
8	REVENUES FROM ELECTRONIC SOURCES						
	No B. Did this firm have any revenues from customers entering of mobile applications in 2018? Yes No C. Did this firm have any revenues from customers entering (such as private networks, dedicated lines, etc.) in 2018? Yes No No		·				
	D. Of the total 2018 revenues reported in 6 ,		2018				2018
	what was the dollar amount (or percentage) that was from the revenues identified in	Mil.	Thou.		ol.		Percent
	A-C above? Please provide an estimate if exact figures are not available					OR ₂₅₀₁	%
9-	-13 Not Applicable.						
	Tot / tppilodusion						

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

- Transfers made within the company.
- Capitalized expenses.
- Interest.
- · Bad debt.
- Impairment.
- Income tax.
- Purchases of goods for resale or cost of goods sold.
- Expenses 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).

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.

	expenses not reported electricity.					
		Mark "X"			2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
•	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					
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions					
	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					
•	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b					
	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					

CONTINUE WITH 14 ON PAGE 6

4	OPERATING EXPENSES - Continued						
		Mark "X"	,		2018		
		if None	\$ Bil.	Mil.	Thou.		Do
(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	831					
ı	b. 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						
	18	879					
							_
	TOTAL OPERATING EXPENSES						+
)		s the operat al basis.	ing sta	ff for sho	rt-stay		+
) l	TOTAL OPERATING EXPENSES Sum of lines 1a through 4b HOTEL MANAGEMENT A hotel management company is a firm that both manages and provides accommodation establishments (e.g., hotels and motels) on a contractual A. Did this firm manage any hotels for another firm (a third party	s the operat al basis.	ing sta	ff for sho	rt-stay		
) l	TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	s the operat al basis.	ing sta	ff for sho	rt-stay	2	<u>!01</u>
) l	TOTAL OPERATING EXPENSES Sum of lines 1a through 4b HOTEL MANAGEMENT A hotel management company is a firm that both manages and provides accommodation establishments (e.g., hotels and motels) on a contractual A. Did this firm manage any hotels for another firm (a third party	s the operat al basis.	ing sta	ff for sho	rt-stay	2 Nu	
)	TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	s the operatal basis. y) in 2018?	ANOTI				
)	TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	s the operatal basis. y) in 2018?	ANOTI		rt-stay		
	TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	s the operated basis. y) in 2018? leased by A	ANOTI	IER firm			
1	TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	s the operated basis. y) in 2018? leased by A	ANOTI	IER firm			
)	TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	s the operated basis. y) in 2018? leased by A	ANOTI	IER firm	8013	Nu	um
)	TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	s the operate all basis. y) in 2018? leased by the control of th	ANOTI	HER firm 8?	8013	Nu	um
1	TOTAL OPERATING EXPENSES Sum of lines 1a through 4b	s the operated basis. y) in 2018? leased by A ted in 15B	ANOTI	HER firm 8?	8013	Nu	201 um

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	data were esti	nated.	ınıs space	to expia	in any s	signilicant yea	r-to-year changes,	to clarify res	sponses, or	maicate	wnere
)	CONTACT IN	FORMATI	ON								
	Name of persor			his report	(Please	print)	Title				
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	E-mail address						Website address				
	E-mail address						Website address				



SERVICE ANNUAL SURVEY

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

FORM

SA-72100E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as -

	\$ E	3il.	Mil.			Thou.			Dol.		
→		1	0	3	0	2	8	0	4	5	6

nclude

- 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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A. MAILING ADDRESS

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

	Yes		
0035			
	NIa	Entor	~~ ""

No - Enter corrections in the mailing address above



B. SURVEY COVERAGE Did this firm provide the business activities described below?		V COVEDAGE					
FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes OBIS No - Enter current 9-digit EIN AND date payroll was first reported for this EIN ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in C. Acquisition Date of organizational change AND Enter detailed information below 7 Divestiture Divestiture Divestiture OOIS EIN (9 digits) Address (Number and street, P.O. Box, etc.)	Did this	1 COVERAGE					
FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes 1 No - Enter current 9-digit EIN AND date payroll was first reported for this EIN		s firm provide	the business activities described below?				
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							
No - Specify this firm's business activity							
No - Specify this firm's business activity							
No - Specify this firm's business activity							
No - Specify this firm's business activity							
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							
FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes 1 No - Enter current 9-digit EIN AND date payroll was first reported for this EIN							
FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes 1 No - Enter current 9-digit EIN AND date payroll was first reported for this EIN							
FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes 1 No - Enter current 9-digit EIN AND date payroll was first reported for this EIN							
FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes 1 No - Enter current 9-digit EIN AND date payroll was first reported for this EIN							
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		Yes					
FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes ONS No - Enter current 9-digit EIN AND date payroll was first reported for this EIN	0001						
PEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes ONDER PROPERTY SHOP TO THE PAYROLD AND DESCRIPTION OF THE PAYRO		No - Specify t	his firm's business activity				
FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes ONS No - Enter current 9-digit EIN AND date payroll was first reported for this EIN							
Does this firm report payroll under EIN Yes		0002					
ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or	EDERAL	EMPLOYER ID	ENTIFICATION NUMBER (EIN)				
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ORGANIZATIONAL CHANGE A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018? Yes No - Go to B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Sale Nonth Day Year And Year And Merger Divestiture Divestiture Output Divestiture Output Divestiture Address (Number and street, P.O. Box, etc.)					Month	Day	Year
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B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in . Acquisition Date of organizational change		s firm experie	ice any acquisitions, sales, mergers, and/or divestitu				
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Date of organizational change			ice any acquisitions, sales, mergers, and/or divestitu				
Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Date of organizational change	0016	Yes	ice any acquisitions, sales, mergers, and/or divestitu				
Check all that apply. If more than one organizational change occurred during the reporting period, explain in Acquisition Date of organizational change	0016	Yes	ice any acquisitions, sales, mergers, and/or divestitu	.00 2			
Acquisition Sale AND Interdetailed information below Divestiture Divestiture Divestiture Divestiture Divestiture Output Divestiture Date of organizational change		Yes No - Go to 4					
Acquisition Sale AND Interdetailed information below Divestiture Divestiture Divestiture Divestiture Divestiture Output Divestiture Date of organizational change	3. Which	Yes No - Go to 4 of the following	ng organizational changes occurred in 2018?			l, explai	in in ① .
Sale AND Enter detailed information below Divestiture Out Name of company Address (Number and street, P.O. Box, etc.)	3. Which	Yes No - Go to 4 of the following that apply. If	ng organizational changes occurred in 2018?		period	-	
Merger Divestiture Divestiture Output Divestiture Divestiture Divestiture Divestiture Address (Number and street, P.O. Box, etc.)	3. Which	Yes No - Go to 4 of the following that apply. If	ng organizational changes occurred in 2018? The more than one organizational change occurred during the	reporting	period	-	
Divestiture Divestiture D	3. Which	Yes No - Go to 4 of the following that apply. If the Acquisition	ng organizational changes occurred in 2018? The more than one organizational change occurred during the	reporting	period	-	
Divestiture Output Output Divestiture Output Output Output Output Divestiture Output Output Output Divestiture Output Output Divestiture Output Output Divestiture Output Output Divestiture Output	3. Which of Check a	Yes No - Go to 4 of the following that apply. If the Acquisition	ng organizational changes occurred in 2018? more than one organizational change occurred during the Date of organizational change	reporting	period	-	
Name of company Outs Name of company Address (Number and street, P.O. Box, etc.)	3. Which of Check a	Yes No - Go to 4 of the following of that apply. If that apply. If Acquisition Sale	ng organizational changes occurred in 2018? more than one organizational change occurred during the Date of organizational change	reporting	period	-	
Address (Number and street, P.O. Box, etc.)	3. Which of Check a	Yes No - Go to 4 of the following of the apply. If that apply. If the apply of th	ng organizational changes occurred in 2018? more than one organizational change occurred during the Date of organizational change	reporting	period	-	
Address (Number and street, P.O. Box, etc.)	3. Which of Check a	Yes No - Go to 4 of the following of the apply. If that apply. If the apply of th	ng organizational changes occurred in 2018? more than one organizational change occurred during the Date of organizational change	reporting	period	-	
Address (Number and street, P.O. Box, etc.)	3. Which check a	Yes No - Go to 4 of the following of t	ng organizational changes occurred in 2018? more than one organizational change occurred during the Date of organizational change	reporting	period Month	Day	
	3. Which check a	Yes No - Go to 4 of the following of t	ng organizational changes occurred in 2018? more than one organizational change occurred during the Date of organizational change	reporting	period Month	Day	
City, town, village, etc. State ZIP Code	3. Which of Check a	Yes No - Go to 4 of the following that apply. If that apply. If the following that apply is a company is a company in the following that apply is a company is a company in the following that apply in	ng organizational changes occurred in 2018? more than one organizational change occurred during the Date of organizational change	reporting	period Month	Day	
City, town, village, etc. State ZIP Code	3. Which of Check a	Yes No - Go to 4 of the following that apply. If that apply. If the following that apply is a company is a company in the following that apply is a company is a company in the following that apply in	ng organizational changes occurred in 2018? more than one organizational change occurred during the Date of organizational change	reporting	period Month	Day	
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	O091 O017 Nai Address	Yes No - Go to 4 of the following of t	ng organizational changes occurred in 2018? more than one organizational change occurred during the Date of organizational change	0019 E	Period Month	Day	
	O091 O017 Nai Address	Yes No - Go to 4 of the following of t	ng organizational changes occurred in 2018? more than one organizational change occurred during the Date of organizational change	0019 E	Period Month	Day	

orm SA-7	2100E (DRAFT)				Page :
4 REPC	RTING PERIOD				
	: Calendar year data are preferred. If they are unavailable, please report for the fisc is of data for the 2018 calendar year.	cal yea	r that i	ncludes	at least six
What	time period is covered by the data provided in this report?			20 ⁻	18
			E	3eginnir	ng Date
	Calendar year		Month	Day	Year
0006			'	'	1 1 1
	Fiscal or partial year - Report beginning and ending dates	. 0007			
				Ending	<u> </u>
			Month	Day	Year
		8000			
5 NUM	BER OF ESTABLISHMENTS				
How	many establishments (hotels) did this firm have in the following categories	2	M	lark "X"	2018
in 20	18?	•	i	f None	Number
A. 0v	vned or leased by THIS firm and managed by THIS firm		8011		
B. 0\	vned by or leased by THIS firm, but managed by ANOTHER firm		8012		
1.	What was the name and EIN of the management company for the hotels r If more than one management company, continue in ①.	eport	ed in 🤅	B ?	
	Name of Company	EIN (9	digits)		
			-		
What Inclu • Rep • Due • Amo • For loca	were the revenues for this firm in 2018? de: ort gross billings, except where noted on the form. s and assessments from members and affiliates. ounts received for work subcontracted to others. ocations that were sold or acquired during a year, only report for the periods that tions. enue from services performed by domestic locations of foreign parent firms, subsidence.		·		

- Commissions, fees, and revenue from admissions and the use of facilities.
- 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.
- 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.
- Franchise or royalty fees.
- Management fees.
- · Cost reimbursables from managed hotels.
- Revenues from electronic sources.

Exclude:

- Transfers made within the company.
- Taxes collected directly from customers or clients and paid directly to a local, state, or federal tax agency.
- Occupancy Taxes.
- 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).
- Revenue from casinos without accommodations.
- Revenue from timeshares or vacation ownership.

	Mark "X"		2	018	
	if None	\$ Bil.	Mil.	Thou.	Dol.
Hotels that this firm owns or leases (include room revenue, meals, beverages, gaming, retail, guest services, etc.)					
CONTINUE WITH 6 ON PAGE 4					



what was the dollar amount (or percentage)	0	SA-72100E (DRAFT)					Page 4
2. Franchise or royalty fees	6	SALES, RECEIPTS, OR REVENUE - Continued					
2. Franchise or royalty fees			Mark "X"			2018	
3. Hotel management fees				\$ Bil.	Mil.	Thou	. Dol.
3. Hotel management fees	2.	Franchise or royalty fees					
4. Cost reimbursables from managed hotels							
5. All other operating revenue - Revenue not reported in lines 1 through 4. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7 6. TOTAL OPERATING REVENUE Sum of lines 1 through 5 7. Not Applicable. 3. REVENUES FROM ELECTRONIC SOURCES A. Did this firm have any revenues from customers entering orders directly on the firm's websites or mobile applications in 2018? Yes	3.	Hotel management fees					
1 through 4. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below 7 6. TOTAL OPERATING REVENUE Sum of lines 1 through 5	4.	Cost reimbursables from managed hotels					
6. TOTAL OPERATING REVENUE Sum of lines 1 through 5 Not Applicable. 8 REVENUES FROM ELECTRONIC SOURCES A. Did this firm have any revenues from customers entering orders directly on the firm's websites or mobile applications in 2018? Yes	5.	1 through 4. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue					
6. TOTAL OPERATING REVENUE Sum of lines 1 through 5 Not Applicable. 8 REVENUES FROM ELECTRONIC SOURCES A. Did this firm have any revenues from customers entering orders directly on the firm's websites or mobile applications in 2018? Yes							
Sum of lines 1 through 5 Not Applicable. REVENUES FROM ELECTRONIC SOURCES A. Did this firm have any revenues from customers entering orders directly on the firm's websites or mobile applications in 2018? Yes	6.						
A. Did this firm have any revenues from customers entering orders directly on the firm's websites or mobile applications in 2018? Yes	<u> </u>						
A. Did this firm have any revenues from customers entering orders directly on the firm's websites or mobile applications in 2018? Yes	7	Not Applicable.					
mobile applications in 2018? Yes No B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018? Yes No C. Did this firm have any revenues from customers entering orders via any other electronic systems (such as private networks, dedicated lines, etc.) in 2018? Yes No D. Of the total 2018 revenues reported in ③, what was the dollar amount (or percentage)	8	REVENUES FROM ELECTRONIC SOURCES					
No No No		A. Did this firm have any revenues from customers entering orders mobile applications in 2018?	directly	on the	firm's v	vebsites	s or
B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018? Yes No C. Did this firm have any revenues from customers entering orders via any other electronic systems (such as private networks, dedicated lines, etc.) in 2018? Yes No D. Of the total 2018 revenues reported in 6, what was the dollar amount (or percentage)							
mobile applications in 2018? Yes No C. Did this firm have any revenues from customers entering orders via any other electronic systems (such as private networks, dedicated lines, etc.) in 2018? Yes No D. Of the total 2018 revenues reported in ③, what was the dollar amount (or percentage)		□ No					
D. Of the total 2018 revenues reported in 6, what was the dollar amount (or percentage)			directly	on thir	d-party	website	es or
C. Did this firm have any revenues from customers entering orders via any other electronic systems (such as private networks, dedicated lines, etc.) in 2018? Yes No D. Of the total 2018 revenues reported in 6, what was the dollar amount (or percentage)		—					
(such as private networks, dedicated lines, etc.) in 2018? Yes No D. Of the total 2018 revenues reported in 6, what was the dollar amount (or percentage)		□ No					
D. Of the total 2018 revenues reported in 3, what was the dollar amount (or percentage)		C. Did this firm have any revenues from customers entering orders (such as private networks, dedicated lines, etc.) in 2018?	via any o	other e	lectroni	c systei	ms
D. Of the total 2018 revenues reported in (5), what was the dollar amount (or percentage)							
what was the dollar amount (or percentage)		□ No					
what was the dollar amount (or percentage)		D. Of the total 2018 revenues reported in 6.	2019			ſ	2018
		what was the dollar amount (or percentage)		D	ol.		Percent
A-C above? Please provide an estimate if		A-C above? Please provide an estimate if			0	R	%
exact figures are not available		exact tigures are not available				2501	,,,

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

- Transfers made within the company.
- Capitalized expenses.
- Interest.
- · Bad debt.
- Impairment.
- Income tax.
- Purchases of goods for resale or cost of goods sold.
- Expenses 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).

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"			2018	
		if None	\$ Bil.	Mil.	Thou.	Dol.
•	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					
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions					
	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					
•	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b					
	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					

CONTINUE WITH 14 ON PAGE 6

orm	SA-	72100E (DRAFT)					
14	OPE	RATING EXPENSES - Continued					
			Mark "X	"		2018	
			if None	\$ Bil.	Mil.	Thou.	Dol
4.	Othe	er Operating Expenses					
	ch fir w ag	repreciation and amortization charges - Include depreciation harges taken against tangible assets owned and used by this rm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease greements, and amortization charges against intangible assets		1			
		.g., patents, copyrights). Exclude impairment	331				
	no in Ex ex O	Il other operating expenses - All other operating expenses of reported above, unless specifically excluded in the general estructions. 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 perating expenses, specify the primary source of the expenses below					
		18	379				
		AL OPERATING EXPENSES					
5.	TOTA						
	Sum HOTI A hot	of lines 1a through 4b	s the operat	ting staf	f for shor	t-stay	
	Sum HOTI A hot	EL MANAGEMENT	al basis.		f for shor	t-stay	
	Sum HOTI A hot	EL MANAGEMENT tel management company is a firm that both manages and provided mmodation establishments (e.g., hotels and motels) on a contractual this firm manage any hotels for another firm (a third party)	al basis.		f for shor	t-stay	
	Sum HOTI A hot	EL MANAGEMENT tel management company is a firm that both manages and provides mmodation establishments (e.g., hotels and motels) on a contractual did this firm manage any hotels for another firm (a third party Yes	al basis.		f for shor		2018
	HOTI A hot accor A. D	tel management company is a firm that both manages and provided mmodation establishments (e.g., hotels and motels) on a contractual tid this firm manage any hotels for another firm (a third party Yes No - Go to T	al basis. v) in 2018?				2018 Numbe
	HOTI A hota accor A. D	EL MANAGEMENT tel management company is a firm that both manages and provides mmodation establishments (e.g., hotels and motels) on a contractual did this firm manage any hotels for another firm (a third party Yes	al basis. v) in 2018? leased by A	ANOTH			
	HOTI A hota accor A. D	tel management company is a firm that both manages and provided mmodation establishments (e.g., hotels and motels) on a contractual tid this firm manage any hotels for another firm (a third party Yes No - Go to which was a firm that both manages and provided models and motels and motels on a contractual tid this firm manage any hotels for another firm (a third party) which was a firm that both manages and provided models and motels	al basis. v) in 2018? leased by A	ANOTH			
	Sum HOTI A hot accor A. Di	tel management company is a firm that both manages and provided mmodation establishments (e.g., hotels and motels) on a contractual tid this firm manage any hotels for another firm (a third party Yes No - Go to which was a firm that both manages and provided models and motels and motels on a contractual tid this firm manage any hotels for another firm (a third party) which was a firm that both manages and provided models and motels	al basis. I in 2018?	ANOTH	ER firm		
	Sum HOTI A hot accor A. Di	tel management company is a firm that both manages and provided mmodation establishments (e.g., hotels and motels) on a contractual did this firm manage any hotels for another firm (a third party Yes No - Go to which was a firm that both manages and provided and motels on a contractual did this firm manage any hotels for another firm (a third party) which was a firm that both manages and provided and party in 2018?	al basis. I in 2018?	ANOTH	ER firm 		
	Sum HOTI A hot accor A. Di B. Ha (a	tel management company is a firm that both manages and provided mmodation establishments (e.g., hotels and motels) on a contractual tid this firm manage any hotels for another firm (a third party Yes No - Go to wany of the hotels managed by this firm were owned or a third party) in 2018?	al basis. I in 2018?	ANOTH	ER firm 	. 8013	
	Sum HOTI A hot accor A. Di B. Ha (a	tel management company is a firm that both manages and provided mmodation establishments (e.g., hotels and motels) on a contractual did this firm manage any hotels for another firm (a third party Yes No - Go to which was a firm that both manages and provided and motels on a contractual did this firm manage any hotels for another firm (a third party) which was a firm that both manages and provided and party in 2018?	al basis. I in 2018? leased by Arrivers ted in B	ANOTH in 2018	ER firm 	2018	Numbe
	B. Ha (a	tel management company is a firm that both manages and provides mmodation establishments (e.g., hotels and motels) on a contractual did this firm manage any hotels for another firm (a third party Yes No - Go to where the managed by this firm were owned or a third party) in 2018? That was the total value of the following for the hotels reported. Revenue Refer to includes and excludes in **G.**	al basis. I in 2018? leased by Arrivers ted in B	ANOTH in 2018	ER firm 	2018	Numbe
	B. Ha (a	tel management company is a firm that both manages and provided mmodation establishments (e.g., hotels and motels) on a contractual tid this firm manage any hotels for another firm (a third party Yes No - Go to	leased by A	ANOTH in 2018	ER firm 	2018	Numbe
5.	B. Ha (a)	tel management company is a firm that both manages and provided mmodation establishments (e.g., hotels and motels) on a contractual did this firm manage any hotels for another firm (a third party Yes No - Go to	leased by A	ANOTH in 2018	ER firm 	2018	Numbe

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

18	CONTACT INFORMATION											
	Name of persor	to contact	regarding 1	this report <i>(Please</i>	print)	Title						
		Area code Number			Extension		Area code	Number				
	Telephone			-		Fax		-				
	E-mail address					Website address						

THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.

We suggest you keep a copy for your records.

SERVICE ANNUAL SURVEY U.S. DEPARTMENT OF COMMERCE

Economics and Statistics Administration U.S. CENSUS BUREAU

2018 ANNUAL SERVICES REPORT

SA-81000A (DRAFT) **Due Date** 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information **CONFIDENTIAL** and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey. INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov **Authentication Code:** To view Survey Results: https://www.census.gov/programs-surveys/sas.html **GENERAL INSTRUCTIONS** • Any significant change in this firm's operations should be noted in 12. • For establishments sold or acquired in 2018, 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. \$ Bil. Mil. Thou. Dol. • Figures should be rounded to the nearest dollar. 030280 • If a figure is \$1,030,280,456 it should be reported as Include: Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) as defined by the survey coverage in **1**B. Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services. A. MAILING ADDRESS Is this firm's name and mailing address the same as shown in the mailing address above? 0035 No - Enter corrections in the mailing address above

Form SA-81000A (DRAFT) Page 2

			700 A	(DRAFI)											. ugo <u>-</u>
1	В.	SUR	VEY CO	VERAGE											
		Did t	his firm	provide	the busines	ss activiti	ies descr	ribed be	low?						
			Yes												
		0001	163												
			No -	Specify t	his firm's bu	siness acti	ivity Ţ								
			0002												
2	No	t Appl	licable.												
3	OR	GΔNI	ΙΖΔΤΙΩΙ	VAL CHA	NGF										
					nce any acq	uisitions	sales m	neraers	and/or div	estiture	s in 20	187			
	۸.		_	Схропо	ioo uny uoq	uioitioiio,	, oaioo, ii	norgoro,	ana, or an	Cotituio	J (
		0016	Yes												
		[No -	Go to 4											
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	В.				n <mark>g organiza</mark> t more than or					na the rei	oortina	neriod	exnlair	in 🕡	
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			Acq	uisition								WIOTILIT	Day	Tea	' <u>'</u>
			Sale		Date of o	rganizatioi	nal chang	ge			. 0018				
		0091	Sale)	> AND										
			Mer	ger	Enter det	ailed infor	mation b	olow -							
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		L	Dive	ادانانان ر											
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		Addre	ess (Num	ber and str	eet, P.O. Box, e	etc.)									
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		City, t	town, villa	age, etc.						State	ZIP Co	ae			
													-		

Form **SA-81000A** Page 3

4	NOTE	E: Ca	ING PERIOD alendar year data are preferred. If they are unavailable, please report for the fiscal yea of data for the 2018 calendar year.	r that ir	ncludes	s at least six
	Wha	t tir	ne period is covered by the data provided in this report?		20	18
				В	Beginni	ng Date
			Calendar year	Month	Day	Year
	0006					
			Fiscal or partial year - Report beginning and ending dates			1 1 1
					Ending	g Date
				Month	Day	Year
			0008			
0	N	^ .	• 11			
5	Not A	Appl	icable.			
6	SALI	ES.	RECEIPTS, OR REVENUE			

What were the revenues for this firm in 2018?

Include:

- Report gross billings, **except** where noted elsewhere on the form.
- Dues and assessments from members and affiliates.
- 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.
- Revenue for maintenance and repair services, delivery services, and installation.
- Installation of replacement parts. Do not deduct trade-in allowances.
- · Revenues from electronic sources.

Exclude:

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

		2018								
	\$ Bil.	Mil.	Thou.	Dol.						
. 1800		1 1	1 1	1 1						

			2	2018		
		\$ Bil.	Mil.	Thou.	Dol.	
1.	TOTAL OPERATING REVENUE					
_						-

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•	
	/
	_

Not Applicable.

Form SA-81000A (DRAFT) Page 4

8	REVEN	UES	FROM ELECTRONIC SOURCES						
			firm have any revenues from customers en applications in 2018?	ntering orders d	lirectly on	the firm	s website	s or	
	0040		Yes						
			No						
	B. Did mol	this	firm have any revenues from customers en applications in 2018?	ntering orders d	lirectly on	third-par	ty websit	es or	
	0041		Yes						
			No						
	C. Did (suc	this h as	firm have any revenues from customers en private networks, dedicated lines, etc.) in	ntering orders v 2018?	ia any otl	ner electro	onic syste	ms	
	0042		Yes						
			No						
	D. Of t	he t	otal 2018 revenues reported in ① ,	•	2018			2018	
			as the dollar amount (or percentage) s from the revenues identified in	\$ Bil. Mil.	Thou.	Dol.		Percent	
	A-C	abo	gures are not available				OR ₂₅₀₁		%

9-13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.

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14	OPERATING EXPENSES - Continued					
		Mark "X	,		2018	
		if None	\$ 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 . 18 	21				
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.					
	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	23				
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b	60				
3.	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 18					
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	31		1 1		
	expenses below 7					
				l l		
5.	TOTAL OPERATING EXPENSES	79				
٠.	Sum of lines 1a through 4b	00		1 1		
15	and 16 Not Applicable.					

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

Name of person to contact regarding this report (Please print) Title											
	Area code		Nun	nber	Extension		Number				
Telephone						Fax	Area code				
			-						_		
E-mail address						Website address					

MENT OF THE STATE

SERVICE ANNUAL SURVEY

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

FORM

SA-81000E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

could not conduct this survey.

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as -

	\$ E	3il.		Mil.		1	hοι	١.		Dol.	
→		1	0	3	0	2	8	0	4	5	6

nclude

- 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.

1	A.	MAILING ADDRESS	3
		le this firm's name a	_

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

	ш	Yes
0035		
		No - Enter corrections in the mailing address above



orm SA-81000E	(DRAFT)	Page 3	i
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4	REP	ORT	TING PERIOD			
			alendar year data are preferred. If they are unavailable, please report for the fiscal yea of data for the 2018 calendar year.	r that i	ncludes	s at least six
	Wha	ıt tiı	me period is covered by the data provided in this report?		20	18
				E	Beginni	ng Date
			Calendar year	Month	Day	Year
	0006					
			Fiscal or partial year - Report beginning and ending dates			
					Ending	g Date
				Month	Day	Year
			0000			

5 Not Applicable.

SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2018?

Include:

- Report gross billings, **except** where noted elsewhere on the form.
- Dues and assessments from members and affiliates.
- 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.
- Revenue for maintenance and repair services, delivery services, and installation.

TOTAL OPERATING REVENUE

- Installation of replacement parts. Do not deduct trade-in allowances.
- · Revenues from electronic sources.

Exclude:

- Transfers made within the company.
- Taxes collected directly from customers or clients and paid directly to a local, state, or federal tax agency.
- 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).
- · Gross rents and gross sales price.

		2	2018	
	\$ Bil.	Mil.	Thou.	Dol.
1800				1 1

7	١

Not Applicable.

Form SA-81000E (DRAFT) Page 4

											,
8	RE	VEN	UES	FROM ELECTRONIC SOURCES							
	A.			firm have any revenues from customers en applications in 2018?	tering	orders d	irectly or	the firm	's website	s or	
		0040		Yes							
				No							
	В.			firm have any revenues from customers en applications in 2018?	tering	orders d	irectly or	third-pa	rty website	es or	
		0041		Yes							
				No							
	C.	Did (suc	this h as	firm have any revenues from customers en private networks, dedicated lines, etc.) in	tering 2018?	orders v	ia any otl	ner electr	onic syste	ms	
		0042		Yes							
				No							
	D.	Of t	he t	otal 2018 revenues reported in ① ,		-	2018]	2018	
		wha	t wa	as the dollar amount (or percentage) s from the revenues identified in	\$ Bil.	Mil.	Thou.	Dol.		Percent	
		A-C	abo	ve? Please provide an estimate if					OR ₂₅₀₁		%

9-13	Not Applicable.
------	-----------------

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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.



14	OPERATING EXPENSES - Continued						
			Mark "X"			2018	
_	December 1 Control		if None	\$ 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			1 1	1 1	1 1
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions.	1822					
	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					
2.	Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include 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. Report packaged software in line 3 and leased and rented equipment in line 4b.	1860					
3.	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			1 1		
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				1 1	1 1
	b. 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 7						
		1879					
5.	TOTAL OPERATING EXPENSES						
	Sum of lines 1a through 4b	1900					
15	and 16 Not Applicable.						

	REMARKS - Please use data were estimated.	e this spac	e to explain ar	ny significar	ıt year-to-yea	r changes, t	o clarify re	sponses,	or indicate	where
	add Word oddinated									
)	CONTACT INFORMAT	ΓΙΟΝ								
	Name of person to contact	ct regarding	this report (Plea	ase print)	Title					



SERVICE ANNUAL SURVEY

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

2018 ANNUAL SERVICES REPORT

SA-81300A (DRAFT) **Due Date** 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey. INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov **Authentication Code:** To view Survey Results: https://www.census.gov/programs-surveys/sas.html **GENERAL INSTRUCTIONS** Any significant change in this firm's operations should be noted in ①. • For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

	\$ E	3il.		Mil.		T	hοι	١.		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) as defined by the survey coverage in **1**B.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

A. MA	ILIN	G ADDRESS
ls th	nis fi	rm's name and mailing address the same as shown in the mailing address above?
0035		Yes
		No - Enter corrections in the mailing address above

Form SA-81300A (DRAFT) Page 2

1 B. SURVEY COVERAGE		
Did this firm provide the business activities described below?		
Yes		
No - Specify this firm's business activity ₹		
and opposity this intil a submisse delivity y		1
0002		
2 Not Applicable.		
3 ORGANIZATIONAL CHANGE		
A. Did this firm experience any acquisitions, sales, mergers, and/or dive	stiture	s in 2018?
Ves Yes		
No - Go to 4		
D. WILL CALCE II. 1		
B. Which of the following organizational changes occurred in 2018? Check all that apply. If more than one organizational change occurred during	tha rai	parting pariod avalain in 🗗
Check an that apply. If those than one organizational change occurred during	ine rep	
Acquisition		Month Day Year
Date of organizational change		. 0018
Sale AND		
Merger		
Enter detailed information below?		
Divestiture		
0017 Name of company		0019 EIN (9 digits)
with waite of company		ous Env (5 digits)
		- , , , , , , , , ,
Address (Number and street, P.O. Box, etc.)		
City, town, village, etc.	State	ZIP Code

DEDODTING DEDIOD			
REPORTING PERIOD			
NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal yearness of data for the 2018 calendar year.	ear that in	ncludes a	t least six
What time period is covered by the data provided in this report?		2018	
what time period is covered by the data provided in this report:	Е	Reginning	
Calendar year	Month	0 0	Year
Fiscal or partial year - Report beginning and ending dates	7		
	Month	Day Day	Year
	IVIOITIII	Day	Teal
000	8		1 1 1
TAX STATUS			
A. Is this firm or organization operated on a not-for-profit basis?			
Yes			
0031 No. Co to G			
No - Go to 6			
B. Was all or part of the income of this firm or organization exempt from Federal in section 501 of the Internal Revenue Code?	come ta	xes und	er
Ves 0030			
□ No			
SALES, RECEIPTS, OR REVENUE			
What were the revenues for this firm in 2018?			
Include:			
• Report gross billings, except where noted elsewhere on the form.			
 Dues and assessments from members and affiliates. Program service revenue for services provided in the applicable period, whether or not pay 	mont wa	e rocoivo	d in the
applicable period.	illelit wa	3 TECETVEC	in the
Gross sales of merchandise minus returns and allowances.			
 Income from interest, dividends, gross rents (including display space rentals and share of roperated by other companies), royalties, and other investments. 	eceipts fr	om depai	rtments
• Gross contributions, gifts, and grants (whether or not restricted for use in operations).			
• Commissions earned from the sale of merchandise owned by others (including commission	ns from v	ending m	achine
operators).			
Gross receipts from fundraising activities			
 Gross receipts from fundraising activities. Revenues from electronic sources. 			
 Revenues from electronic sources. Exclude: Transfers made within the company. 			
 Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or federal control of the company. 		jency.	
 Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or fede Gross receipts of departments or concessions operated by other companies. 		jency.	
 Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or fede Gross receipts of departments or concessions operated by other companies. Amounts transferred to operating funds from capital or reserve funds. 	ral tax ag		a. U.S.
 Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or fede Gross receipts of departments or concessions operated by other companies. 	ral tax ag		a, U.S.
 Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or fede Gross receipts of departments or concessions operated by other companies. Amounts transferred to operating funds from capital or reserve funds. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, I Commonwealth Territories, or U.S. possessions). 	ral tax ag District of		a, U.S.
 Revenues from electronic sources. Exclude: Transfers made within the company. Taxes collected directly from customers or clients and paid directly to a local, state, or fede Gross receipts of departments or concessions operated by other companies. Amounts transferred to operating funds from capital or reserve funds. Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, I Commonwealth Territories, or U.S. possessions). 	ral tax ag District of	Columbia	a, U.S.
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0111	I OA O I OOOA (BRAFI)					i ago
6	SALES, RECEIPTS, OR REVENUE - Continued					
			Mark "X"		2018	
			if None	\$ Bil. M	il. Thou	u. Dol.
4.	All other non-operating revenue - Revenue not reported through 3. Include capital gains and losses. If this item is than 20% of the total revenue, specify the primary so revenue below	is greater				
		1809				1 1 1
5.	TOTAL REVENUE					
	Sum of lines 1 through 4	1800				
7	Not Applicable.					
8	REVENUES FROM ELECTRONIC SOURCES					
	NOTE: For tax-exempt firms, please include monetary dona	tions received o	online as F	Revenue fron	n Electronic	Sources.
	A. Did this firm have any revenues from customers en mobile applications in 2018?	ntering orders	directly	on the firm	's website	s or
	☐ Yes					
	□ No					
	B. Did this firm have any revenues from customers en mobile applications in 2018?	ntering orders	directly	on third-pa	rty websit	es or
	☐ Yes					
	No					
	C. Did this firm have any revenues from customers en (such as private networks, dedicated lines, etc.) in	ntering orders 2018?	via any o	other electi	onic syste	ms
	☐ Yes					
	No					
	D. Of the total 2018 revenues reported in 6 ,		2018		1	2018
	what was the dollar amount (or percentage) that was from the revenues identified in	\$ Bil. Mil.	Thou.	Dol.		Percent
	A-C above? Please provide an estimate if exact figures are not available				OR ₂₅₀₁	%
9	-13 Not Applicable.					

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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"	2018			
	if None	\$ Bil.	Mil.	Thou.	Dol.
Personnel Costs					
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					
legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions					
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					
expensed equipment, materials, parts, and supplies (not for esale) - Include expensed computer hardware and other equipment e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include materials and supplies used in providing tervices to others; materials and parts used in repairs; office and anitorial supplies; small tools; containers and other packaging materials; and motor fuels. Report packaged software in line 3 and eased and rented equipment in line 4c					
Expensed purchases of software - Purchases of prepackaged, sustom coded, or vendor customized software. Include software leveloped or customized by others, web-design services and purchases, licensing agreements, upgrades of software, and maintenance fees related to software upgrades and alterations 1826					
Other Operating Expenses					
n. Contributions, gifts, and grants paid					

Form SA-81300A (draft	orm	SA-81	1300A	(DRAFT)
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14 OPERATING EXPENSES - Continued

Other Operating Expenses - Continued

 Dol.

2018

Thou.

Mil.

Mark "X" if None \$ Bil.

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				
	1879			
OTAL OPERATING EXPENSES um of lines 1a through 4c	. 1900			
d 16 Not Applicable.				

18

CONTACT INFORMATION											
Name of person to contact regarding this report (Please print)					Title						
	Area code		Number	Extension		Area code	Number				
Telephone			-		Fax		-				
E-mail address				Website address							
						·					

SERVICE ANNUAL SURVEY

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

FORM

SA-81300E

(DRAFT)

2018 ANNUAL SERVICES REPORT

Due Date 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://www.census.gov/programssurveys/sas/information.html YOUR RESPONSE IS REQUIRED BY LAW. Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information CONFIDENTIAL and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov

Authentication Code:

To view Survey Results:

https://www.census.gov/programs-surveys/sas.html

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
- For establishments sold or acquired in 2018, 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.
- Figures should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as -

	\$ Bil.			Mil.		1	hοι	١.		Dol.	
→		1	0	3	0	2	8	0	4	5	6

nclude

- 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.

ve

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_	_

A. MAILING ADDRESS

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

	Ш	Yes
0035		
		No - Enter corrections in the mailing address abo



B. SURVEY COVERAGE

REPORTING PERIOD NOTE: Calendar year data are preferred. If they are unavailable, please report for the fisc months of data for the 2018 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	cal yea	E	ncludes a 201 Beginning	8
months of data for the 2018 calendar year. What time period is covered by the data provided in this report? Calendar year	cal yea	E	201	8
months of data for the 2018 calendar year. What time period is covered by the data provided in this report? Calendar year	·	E	201	8
Calendar year				
0006			seainnin.	D 1
0006		Month		g Date Year
Fiscal or partial year - Report beginning and ending dates		WIOTILIT	Day	1 Gai
	. 0007			
			Ending	Date
		Month	Day	Year
	0008			
	0000			
TAX STATUS				
A. Is this firm or organization operated on a not-for-profit basis?				
Yes				
0031				
□ No - <i>Go to</i> 6				
B. Was all or part of the income of this firm or organization exempt from Feder section 501 of the Internal Revenue Code?	ral inc	ome ta	ixes und	der
U Yes 0030				
□ No				
SALES, RECEIPTS, OR REVENUE				
What were the revenues for this firm in 2018?				
Include:				
 Report gross billings, except where noted elsewhere on the form. Dues and assessments from members and affiliates. 				
 Program service revenue for services provided in the applicable period, whether or no 	t pavm	nent wa	s receive	ed in the
applicable period.	1 /			
Gross sales of merchandise minus returns and allowances. Income from interest dividende gross route (including display appearants) and above.	o of "o	aninta fu	ana dan	o #two o w to
 Income from interest, dividends, gross rents (including display space rentals and share operated by other companies), royalties, and other investments. 	e or rec	ceipis ii	om depa	artments
• 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)	issions	from v	ending r	machine
 operators). Gross receipts from fundraising activities. 				
• Revenues from electronic sources.				
Exclude:				
• Transfers made within the company.				
• Taxes collected directly from customers or clients and paid directly to a local, state, or	tedera	al tax aç	gency.	
 Gross receipts of departments or concessions operated by other companies. Amounts transferred to operating funds from capital or reserve funds. 				
• Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 star	tes, Di	strict of	Columb	ia, U.S.
Commonwealth Territories, or U.S. possessions).				
Mark "X"			2018	
if None \$1	Bil.	Mil.	Thou.	Dol.
Contributions, gifts, and grants received				
Investment and property income - Include interest and dividends.	+			
Exclude gains (losses) from assets sold				
Program service - Include revenue from the sale of any admissions				
(excluding state, local, or admission taxes); the use of facilities; the				
operation of schools, classes, training facilities, and instructional				
operation of schools, classes, training facilities, and instructional services; registration fees received in connection with a meeting or		and the second		1
services; registration fees received in connection with a meeting or convention; equipment rental services; government contracts; and				
services; registration fees received in connection with a meeting or convention; equipment rental services; government contracts; and		. '		

orm	SA-81300E (DRAFT)				Page 4
6	SALES, RECEIPTS, OR REVENUE - Continued				
		Mark "X"		2018	
		if None	\$ Bil.	Mil. Th	ou. Dol.
4.	All other non-operating revenue - Revenue not reported in lines 1 through 3. Include capital gains and losses. If this item is greater than 20% of the total revenue, specify the primary source of revenue below 7				
		1809			
5 .	TOTAL REVENUE				
	Sum of lines 1 through 4	. 1800			
7	Not Applicable.				
8	REVENUES FROM ELECTRONIC SOURCES				
	NOTE: For tax-exempt firms, please include monetary donations recei	ved online as F	Revenue f	from Electron	ic Sources.
	A. Did this firm have any revenues from customers entering or mobile applications in 2018?	ders directly	on the f	irm's websi	tes or
	O040 Yes				
	□ No				
	B. Did this firm have any revenues from customers entering or mobile applications in 2018?	ders directly	on third	-party webs	ites or
	Ves 0041				
	□ No				
	C. Did this firm have any revenues from customers entering or (such as private networks, dedicated lines, etc.) in 2018?	ders via any d	other ele	ectronic sys	tems
	O042 Yes				
	□ No				
	D. Of the total 2018 revenues reported in 6 ,	2018			2019
	what was the dollar amount (or percentage)	Mil. Thou.	Dol		2018 Percent
	that was from the revenues identified in A-C above? Please provide an estimate if	iviii.	Doi	-	
	exact figures are not available			OR ₂₅₀	1 %

9-1	3 Not	Appli	cable.



14 OPERATING EXPENSES

What were the operating expenses for this firm in 2018?

Exclude:

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

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"	k "X" 2018			
	if None	\$ Bil.	Mil.	Thou.	Dol.
Personnel Costs					
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					-
legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions					
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					
Expensed equipment, materials, parts, and supplies (not for resale) - Include expensed computer hardware and other equipment e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Include materials and supplies used in providing services to others; materials and parts used in repairs; office and anitorial supplies; small tools; containers and other packaging materials; and motor fuels. Report packaged software in line 3 and eased and rented equipment in line 4c					
Expensed purchases of software - Purchases of prepackaged, sustom coded, or vendor customized software. Include software developed or customized by others, web-design services and burchases, licensing agreements, upgrades of software, and maintenance fees related to software upgrades and alterations 1826					
Other Operating Expenses					
a. Contributions, gifts, and grants paid					

Form	SA-8	1300E	(DRAFT)
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14	OPERATING EXPENSES - Continued						
			Mark "X"			2018	
			if None	\$ Bil.	Mil.	Thou.	Dol.
4.	 Other Operating Expenses - Continued b. 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						1 1
	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 ?						
		1879					
5.	TOTAL OPERATING EXPENSES Sum of lines 1a through 4c	. 1900					
	and 16 Not Applicable.						

REMARKS - Fi	Please use this space mated.	to explain any sign	ificant year-to-year	changes, to clarify re	sponses, or indicate who

Name of person to contact regarding this report (Flease print)				TILLE						
	Area code	N	umber	Extension		Area code Num		Number	mber	
Telephone			-		Fax			-		
E-mail address			Website address							