



# 2018 ANNUAL SERVICES REPORT

FORM  
**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 - 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	030	280	456

**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. 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

22011019



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

22011027



**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?

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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

	2018			
	\$ Bil.	Mil.	Thou.	Dol.
<b>1. Sales of Energy and Resources</b>				
<b>a. Electricity generation and distribution</b> . . . . . 5501	<input type="checkbox"/>			
<b>b. Natural gas distribution to final customer</b> . . . . . 5502	<input type="checkbox"/>			
<b>c. Water</b> . . . . . 5503	<input type="checkbox"/>			
<b>d. Other revenue from sales of energy and resources</b> . . . . . 5504	<input type="checkbox"/>			
<b>2. Other Operating Revenue</b>				
<b>a. Sewer system user charges</b> . . . . . 5505	<input type="checkbox"/>			
<b>b. All other operating revenue</b> - 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 ↴				
<input type="text" value=""/>	<input type="checkbox"/>			
<b>3. TOTAL OPERATING REVENUE</b>				
Sum of lines 1a through 2b . . . . . 1800				

**7** Not Applicable.

22011035



**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?**

0040  Yes

No

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

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.** . . . . . 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9 and 10** Not Applicable.

**11 CLASS OF CUSTOMER**

**What percentage of sales, receipts, or revenue reported in 6 was received from the following classes of customers in 2018?**

**1. Residential customers** . . . . . 5750

**2. Non-residential customers** . . . . . 5751 +

2018	
Percent	%
	%
	%
100	%

**12 and 13** Not Applicable.

22011043



**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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

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

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

<input type="checkbox"/>									
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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 . . . . . 1823

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**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

<input type="checkbox"/>									
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**4. Other Operating Expenses**

**a. Depreciation and amortization charges** - **Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831

<input type="checkbox"/>									
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22011050



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ 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.

22011068



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

22011076





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-22010E** (DRAFT)

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<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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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<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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**1 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

22010011





**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017 Name of company	0019 EIN (9 digits)
<input style="width: 100%;" type="text"/>	-
Address (Number and street, P.O. Box, etc.)	
<input style="width: 100%;" type="text"/>	
City, town, village, etc.	State ZIP Code
<input style="width: 60%;" type="text"/>	-

22010029



**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?

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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.
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- 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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Sales of Energy and Resources**

- a. Electricity generation and distribution . . . . . 5501
- b. Natural gas distribution to final customer . . . . . 5502
- c. Water . . . . . 5503
- d. Other revenue from sales of energy and resources . . . . . 5504


**2. Other Operating Revenue**

- a. Sewer system user charges . . . . . 5505
- 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 ↴

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\_\_\_\_\_ 1799

**3. TOTAL OPERATING REVENUE**

Sum of lines 1a through 2b . . . . . 1800


**7** Not Applicable.

22010037



**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?**

0040  Yes

No

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

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.** . . . . . 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9 and 10** Not Applicable.

**11 CLASS OF CUSTOMER**

**What percentage of sales, receipts, or revenue reported in 6 was received from the following classes of customers in 2018?**

**1. Residential customers** . . . . . 5750

**2. Non-residential customers** . . . . . 5751 +

2018	
Percent	%
	%
	%
100	%

**12 and 13** Not Applicable.

22010045



**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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

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

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

<input type="checkbox"/>									
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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 . . . . . 1823

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**4. Other Operating Expenses**

**a. Depreciation and amortization charges** - **Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831

<input type="checkbox"/>									
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22010052



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**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.

22010060



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

**18 CONTACT INFORMATION**

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

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
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22010078





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-22130A** (DRAFT)

**Due Date**

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**1 A. MAILING ADDRESS**

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

Yes

0035

No - Enter corrections in the mailing address above

22131015



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

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- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

22131023





**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?

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0008

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- 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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Water and Sewage**

**a. Water sales** . . . . . 5551

**b. Sewer system user charges** . . . . . 5552

**2. 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 ↴

1799

**3. TOTAL OPERATING REVENUE**

Sum of lines 1a through 2 . . . . . 1800

**7** Not Applicable.

22131031



**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?**

0040  Yes

No

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

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.** . . . . . 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9 and 10** Not Applicable.

**11 CLASS OF CUSTOMER**

**What percentage of sales, receipts, or revenue reported in 6 was received from the following classes of customers in 2018?**

**1. Residential customers** . . . . . 5750

**2. Non-residential customers** . . . . . 5751 +

2018	
Percent	%
	%
	%
100	%

**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.

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
---------	------	-------	------

**1. Personnel Costs**

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

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

<input type="checkbox"/>							
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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 . . . . . 1823

<input type="checkbox"/>							
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**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

<input type="checkbox"/>							
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**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

<input type="checkbox"/>							
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**4. Other Operating Expenses**

**a. Depreciation and amortization charges** - **Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831

<input type="checkbox"/>							
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CONTINUE WITH 14 ON PAGE 6

22131056



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ 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.

22131064



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

22131072





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-22130E** (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 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**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

22130017



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)		
			-		
Address (Number and street, P.O. Box, etc.)					
City, town, village, etc.				State	ZIP Code
					-

22130025



**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?

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Water and Sewage**

**a. Water sales** . . . . . 5551

**b. Sewer system user charges** . . . . . 5552

**2. 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 ↴

1799

**3. TOTAL OPERATING REVENUE**

Sum of lines 1a through 2 . . . . . 1800

**7** Not Applicable.

22130033





**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?**

0040  Yes

No

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

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.** . . . . . 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018	
Percent	%

**9 and 10** Not Applicable.

**11 CLASS OF CUSTOMER**

**What percentage of sales, receipts, or revenue reported in 6 was received from the following classes of customers in 2018?**

**1. Residential customers** . . . . . 5750

**2. Non-residential customers** . . . . . 5751 +

2018	
Percent	%
	%
	%
100	%

**12 and 13** Not Applicable.

22130041



**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

2018			
\$ 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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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CONTINUE WITH 14 ON PAGE 6

22130058



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**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.

22130066



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

22130074





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-48000A** (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 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	030	280	456

#### 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. 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

48001010

**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

48001028



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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.

**1. TOTAL OPERATING REVENUE** . . . . . 1800

**7** Not Applicable.

48001036



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR** 2501

2018	
Percent	%

**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.

48001044





**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**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

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**d. Purchased fuels for transportation equipment** - Gasoline and other fuels purchased for trucks, truck-tractors, and other motor vehicles . . . . . 5098

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**4. Other Operating Expenses**

**a. Cost of Insurance** - Premiums for bonding and insurance not included in line **1b** . . . . . 5099

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**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

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**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** ↴

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1879

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48001051



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4c** . . . . . 1900

**15 and 16** Not Applicable.

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

48001069



**18 CONTACT INFORMATION**

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

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

48001077





# 2018 ANNUAL SERVICES REPORT

FORM  
**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 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.	Thou.	Dol.
1	030	280	456

### Include:

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

## 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

48000012



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
<input style="width: 100%;" type="text"/>			
City, town, village, etc.		State	ZIP Code
			-

48000020



**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.
- 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.

**1. TOTAL OPERATING REVENUE** . . . . . 1800

**7** Not Applicable.

48000038



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

48000046



14 OPERATING EXPENSES - Continued

Mark "X" if None

2018

\$ Bil. Mil. Thou. DoI.

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

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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

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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 . . . . . 1823

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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

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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

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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

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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

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d. Purchased fuels for transportation equipment - Gasoline and other fuels purchased for trucks, truck-tractors, and other motor vehicles . . . . . 5098

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4. Other Operating Expenses

a. Cost of Insurance - Premiums for bonding and insurance not included in line 1b . . . . . 5099

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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

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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

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48000053





**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4c** . . . . . 1900

**15 and 16** Not Applicable.

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

48000061



**18 CONTACT INFORMATION**

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

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

48000079





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-48100A** (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 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	030	280	456

### 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. 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

48101018



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

48101026



**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?

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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).

**1. 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 air . . . . . 5578
- e. Domestic scheduled freight transportation by air . . . . . 5579
- f. International, scheduled freight transportation by air . . . . . 5580

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**2. All other operating revenue** - Revenue not reported in lines 1a through 1f. 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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**3. TOTAL OPERATING REVENUE**

Sum of lines 1a through 2 . . . . . 1800

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**7** Not Applicable.

48101034



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

48101042



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**1. Personnel Costs**

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

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

<input type="checkbox"/>				
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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 . . . . . 1823

<input type="checkbox"/>				
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**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

<input type="checkbox"/>				
--------------------------	--	--	--	--

**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

<input type="checkbox"/>				
--------------------------	--	--	--	--

**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

<input type="checkbox"/>				
--------------------------	--	--	--	--

**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

<input type="checkbox"/>				
--------------------------	--	--	--	--

**d. Purchased fuels for transportation equipment** - Gasoline and other fuels purchased for trucks, truck-tractors, and other motor vehicles . . . . . 5098

<input type="checkbox"/>				
--------------------------	--	--	--	--

**4. Other Operating Expenses**

**a. Cost of Insurance** - Premiums for bonding and insurance not included in line **1b** . . . . . 5099

<input type="checkbox"/>				
--------------------------	--	--	--	--

**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

<input type="checkbox"/>				
--------------------------	--	--	--	--

**c. All other operating expenses** - All other operating expenses not reported above, unless specifically excluded in the general instructions. **Include** office postage paid and package delivery. **Exclude** purchases of merchandise for resale and non-operating expenses. **If this item is greater than 20% of the total operating expenses, specify the primary source of the expenses below** ↴

<input type="checkbox"/>				
--------------------------	--	--	--	--

48101059



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4c** . . . . . 1900

**15 and 16** Not Applicable.

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

48101067





**18 CONTACT INFORMATION**

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

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

48101075





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-48100E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**1 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

48100010



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)		
			-		
Address (Number and street, P.O. Box, etc.)					
City, town, village, etc.				State	ZIP Code
					-

48100028



**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?

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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).

**1. 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 air . . . . . 5578
- e. Domestic scheduled freight transportation by air . . . . . 5579
- f. International, scheduled freight transportation by air . . . . . 5580

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**2. All other operating revenue** - Revenue not reported in lines 1a through 1f. 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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**3. TOTAL OPERATING REVENUE**

Sum of lines 1a through 2 . . . . . 1800

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**7** Not Applicable.

48100036



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

48100044



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**1. Personnel Costs**

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

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

<input type="checkbox"/>							
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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 . . . . . 1823

<input type="checkbox"/>							
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**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

<input type="checkbox"/>							
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**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

<input type="checkbox"/>							
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**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

<input type="checkbox"/>							
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**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

<input type="checkbox"/>							
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**d. Purchased fuels for transportation equipment** - Gasoline and other fuels purchased for trucks, truck-tractors, and other motor vehicles . . . . . 5098

<input type="checkbox"/>							
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**4. Other Operating Expenses**

**a. Cost of Insurance** - Premiums for bonding and insurance not included in line **1b** . . . . . 5099

<input type="checkbox"/>							
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**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

<input type="checkbox"/>							
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**c. All other operating expenses** - All other operating expenses not reported above, unless specifically excluded in the general instructions. **Include** office postage paid and package delivery. **Exclude** purchases of merchandise for resale and non-operating expenses. **If this item is greater than 20% of the total operating expenses, specify the primary source of the expenses below** ↴

<input type="checkbox"/>							
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1879

48100051



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4c** . . . . . 1900

**15 and 16** Not Applicable.

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

48100069



**18 CONTACT INFORMATION**

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

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

48100077







# 2018 ANNUAL SERVICES REPORT

FORM

**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.

**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	030	280	456

**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. 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

48122014



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

48122022



**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?

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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).

**1. 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 air . . . . . 5578
- e. Domestic scheduled freight transportation by air . . . . . 5579
- f. International, scheduled freight transportation by air . . . . . 5580
- g. Domestic, non-scheduled freight transportation by air . . . . . 5581
- h. International, non-scheduled freight transportation by air . . . 5582

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**2. 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 ↴

1799

**3. TOTAL OPERATING REVENUE**

Sum of lines 1a through 2 . . . . . 1800

**7** Not Applicable.

48122030



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

48122048



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**1. Personnel Costs**

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

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

<input type="checkbox"/>				
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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 . . . . . 1823

<input type="checkbox"/>				
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**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

<input type="checkbox"/>				
--------------------------	--	--	--	--

**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

<input type="checkbox"/>				
--------------------------	--	--	--	--

**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

<input type="checkbox"/>				
--------------------------	--	--	--	--

**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

<input type="checkbox"/>				
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**d. Purchased fuels for transportation equipment** - Gasoline and other fuels purchased for trucks, truck-tractors, and other motor vehicles . . . . . 5098

<input type="checkbox"/>				
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**4. Other Operating Expenses**

**a. Cost of Insurance** - Premiums for bonding and insurance not included in line **1b** . . . . . 5099

<input type="checkbox"/>				
--------------------------	--	--	--	--

**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

<input type="checkbox"/>				
--------------------------	--	--	--	--

**c. All other operating expenses** - All other operating expenses not reported above, unless specifically excluded in the general instructions. **Include** office postage paid and package delivery. **Exclude** purchases of merchandise for resale and non-operating expenses. **If this item is greater than 20% of the total operating expenses, specify the primary source of the expenses below** ↴

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1879

48122055



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4c** . . . . . 1900

**15 and 16** Not Applicable.

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

48122063



**18 CONTACT INFORMATION**

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

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

48122071





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-48121E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**1 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

48121016





**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

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

Month	Day	Year

0017 Name of company	0019 EIN (9 digits)
<input style="width: 100%;" type="text"/>	- <input style="width: 50px;" type="text"/>
Address (Number and street, P.O. Box, etc.)	
<input style="width: 100%;" type="text"/>	
City, town, village, etc.	State ZIP Code
<input style="width: 60%;" type="text"/>	- <input style="width: 30px;" type="text"/>

48121024



**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?

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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).

**1. 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 air . . . . . 5578
- e. Domestic scheduled freight transportation by air . . . . . 5579
- f. International, scheduled freight transportation by air . . . . . 5580
- g. Domestic, non-scheduled freight transportation by air . . . . . 5581
- h. International, non-scheduled freight transportation by air . . . 5582

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**2. 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 ↴

1799

**3. TOTAL OPERATING REVENUE**

Sum of lines 1a through 2 . . . . . 1800

**7** Not Applicable.

48121032



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

48121040



**14 OPERATING EXPENSES** - Continued

Mark "X" if None

2018

\$ Bil.	Mil.	Thou.	Dol.
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**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. 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 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 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** ↴

1879

48121057



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4c** . . . . . 1900

**15 and 16** Not Applicable.

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

48121065



**18 CONTACT INFORMATION**

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

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

48121073





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-48300A** (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 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	030	280	456

### 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. 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

48301014



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

48301022





**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?

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.
- 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).

**1. Water Transportation Revenue**

- a. Transportation of freight and cargo by water . . . . . 5600
- b. Towing services by water . . . . . 5601
- c. Harbor tugboat services . . . . . 5602

**2. Passenger Transportation by Water**

- a. Coastal and Great Lakes fixed-route, passenger transportation by water . . . . . 5603
- b. Cruises . . . . . 5605
- c. Participatory recreational services by water craft, except overnight cruises with cabin accommodation . . . . . 5606
- d. Sightseeing by water . . . . . 5607
- e. Other transportation of passengers by water . . . . . 5604

**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 ↴

1799

**4. TOTAL OPERATING REVENUE**

Sum of lines 1a through 3 . . . . . 1800

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

48301030



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

48301048



**14 OPERATING EXPENSES** - Continued

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**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

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**d. Purchased fuels for transportation equipment** - Gasoline and other fuels purchased for trucks, truck-tractors, and other motor vehicles . . . . . 5098

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**4. Other Operating Expenses**

**a. Cost of Insurance** - Premiums for bonding and insurance not included in line **1b** . . . . . 5099

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**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

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**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

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48301055



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4c** . . . . . 1900

**15 and 16** Not Applicable.

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

48301063



**18 CONTACT INFORMATION**

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

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

48301071





# 2018 ANNUAL SERVICES REPORT

FORM

**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/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 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	030	280	456

**Include:**

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

**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

48300016



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

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

Month	Day	Year

0017 Name of company	0019	EIN (9 digits)
<input style="width: 100%;" type="text"/>	-	<input style="width: 100%;" type="text"/>
Address (Number and street, P.O. Box, etc.)		
<input style="width: 100%;" type="text"/>		
City, town, village, etc.	State	ZIP Code
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

48300024



**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.
- 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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Water Transportation Revenue**

- a. Transportation of freight and cargo by water . . . . . 5600
- b. Towing services by water . . . . . 5601
- c. Harbor tugboat services . . . . . 5602

**2. Passenger Transportation by Water**

- a. Coastal and Great Lakes fixed-route, passenger transportation by water . . . . . 5603
- b. Cruises . . . . . 5605
- c. Participatory recreational services by water craft, except overnight cruises with cabin accommodation . . . . . 5606
- d. Sightseeing by water . . . . . 5607
- e. Other transportation of passengers by water . . . . . 5604

**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 ↴

	1799	<input type="checkbox"/>				
--	------	--------------------------	--	--	--	--

**4. TOTAL OPERATING REVENUE**

Sum of lines 1a through 3 . . . . . 1800

**7** Not Applicable.

48300032





**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

48300040



**14 OPERATING EXPENSES** - Continued

Mark "X" if None

2018			
\$ 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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**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

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**d. Purchased fuels for transportation equipment** - Gasoline and other fuels purchased for trucks, truck-tractors, and other motor vehicles . . . . . 5098

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**4. Other Operating Expenses**

**a. Cost of Insurance** - Premiums for bonding and insurance not included in line **1b** . . . . . 5099

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**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

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**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

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48300057



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

**2018**

	\$ Bil.	Mil.	Thou.	DoI.

**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4c** . . . . . 1900

**15 and 16** Not Applicable.

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

48300065



**18 CONTACT INFORMATION**

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

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

48300073





# 2018 ANNUAL SERVICES REPORT

FORM  
**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.

**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	030	280	456

**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. 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

48401012



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

AND

Enter detailed information below ↴

Month	Day	Year

0017 Name of company	0019	EIN (9 digits)
<input style="width: 100%;" type="text"/>		-
Address (Number and street, P.O. Box, etc.)		
<input style="width: 100%;" type="text"/>		
City, town, village, etc.	State	ZIP Code
<input style="width: 100%;" type="text"/>		-

48401020



**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.
- 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.

48401038



**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

		2018			
		\$ Bil.	Mil.	Thou.	Dol.
<b>1. General Freight Trucking</b>					
<b>a. Local - goods carried within a single metropolitan area and its adjacent nonurban areas; generally same-day return trips - Include</b> agricultural products, coal and petroleum products, and pharmaceutical and chemical products. . . . .	5063	<input type="checkbox"/>			
<b>b. Long distance - goods carried between metropolitan areas - Include</b> agricultural products, coal and petroleum products, and pharmaceutical and chemical products. . . . .	5064	<input type="checkbox"/>			
<b>2. Specialized Freight Trucking (requiring specialized equipment such as flatbeds, tankers or refrigerated trailers)</b>					
<b>a. Local - goods carried within a single metropolitan area and its adjacent nonurban areas; generally same-day return trips - Include</b> 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	<input type="checkbox"/>			
<b>b. Long distance - goods carried between metropolitan areas - Include</b> 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	<input type="checkbox"/>			
<b>3. Household Goods Moving</b>					
<b>a. Household goods moving - Include</b> furniture, appliances and misc office products . . . . .	5069	<input type="checkbox"/>			
<b>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 ↴</b>					
<input type="text"/>	1799	<input type="checkbox"/>			
<b>5. TOTAL OPERATING REVENUE</b>					
<i>Sum of lines 1a through 4</i> . . . . .	1800				

**7** Not Applicable.

48401046





**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9** Not Applicable.

48401053



**10 ANALYSIS OF MOTOR CARRIER OPERATIONS**

**A. What percent of this firm's motor carrier revenue was derived from handling each of the following commodities?**

		2018	
		Percent	
1. <b>Agricultural products - Includes</b> 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. <b>Grains, alcohol, and tobacco products - Includes</b> 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. <b>Stone, non-metallic minerals, and metallic ores - Includes</b> 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. <b>Coal and petroleum products - Includes</b> coal, crude petroleum, gasoline and aviation fuel, diesel fuel and light fuel oils, lubricating oils and greases, and basic chemicals . . . . .	5073		%
5. <b>Pharmaceutical and chemical products - Includes</b> 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. <b>Wood products, textiles, and leather - Includes</b> logs and other rough wood, particle board, plywood, fiberboard, pulp, newsprint, paper, and paperboard products. Textiles products <b>include</b> yarns and woven products of natural or synthetic materials, carpets and other textile floor coverings, and textile clothing. Leather products <b>include</b> footwear, headgear, and other articles of leather . . . . .	5075		%
7. <b>Base metal and machinery - Includes</b> base metal and primary metal products such as pipes, ingots, metal doors, basic wire, cable, fencing, tools, etc. Machinery <b>includes</b> boilers, turbines, refrigerating and air conditioning equipment, textile machines, and other mechanical machinery and equipment . . . . .	5076		%
8. <b>Electronic and precision instruments and motorized vehicles - Includes</b> 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. <b>Used household and office goods - Includes</b> used furniture, appliances, and miscellaneous office products . . . . .	5078		%
10. <b>New furniture and miscellaneous manufactured products - Includes</b> new furniture, mattresses and mattress supports, quilts or comforters, lamps, lighting, mixed freight, and miscellaneous manufactured products . . . . .	5079		%
11. <b>All other motor carrier revenue not derived from the commodities in lines 1 through 10 - Specify</b> ↴			
1510			%
	5080	+	%
			100 %

**B. Were any of the commodities that this firm hauled designated *hazardous materials*, i.e., required you to display a hazmat placard on the vehicle in accordance with Title 49, CFR 177.823, Transportation?**

- 0033  Yes
- No - Go to **12**

**C. What percent of the total motor carrier revenue is from hauling hazardous materials?** . . . 5081

2018	
Percent	
	%

**11** Not Applicable.

48401061

**12 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)?**

6043  Yes

No - Go to **14**

**B. Trucks - Include** single-unit trucks, pickups, vans, etc.

**1. Number owned and/or leased with drivers to others** . . . . . 5088

**2. Number leased without drivers from others** . . . . . 5089 +

**3. Total truck inventory**  
Sum of lines **1 and 2** . . . . . 5090

2018			
Number			

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

**1. Number owned and/or leased with drivers to others** . . . . . 5091

**2. Number leased without drivers from others** . . . . . 5092 +

**3. Total truck-tractor inventory**  
Sum of lines **1 and 2** . . . . . 5093

2018			
Number			

**D. Trailers - Include** box-trailers, flatbeds, tankers, etc.

**1. Number owned and/or leased with drivers to others** . . . . . 5094

**2. Number leased without drivers from others** . . . . . 5095 +

**3. Total trailer inventory**  
Sum of lines **1 and 2** . . . . . 5096

2018			
Number			

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

6041  Yes

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 inventory held in Foreign Trade Zones or in bond warehouses in the U.S. . . . . 6042

2018			
\$ Bil.	Mil.	Thou.	DoI.

**13** Not Applicable.

48401079



**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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

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

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

<input type="checkbox"/>																			
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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 . . . . . 1823

<input type="checkbox"/>																			
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**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

<input type="checkbox"/>																			
--------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**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

<input type="checkbox"/>																			
--------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**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

<input type="checkbox"/>																			
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CONTINUE WITH 14 ON PAGE 9

48401087



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

**2018**

\$ Bil.	Mil.	Thou.	DoI.
---------	------	-------	------

**3. Expensed Purchased Services** - Continued

- 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

<input type="checkbox"/>				
<input type="checkbox"/>				

**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** ↴

<input type="checkbox"/>				
<input type="checkbox"/>				

\_\_\_\_\_ 1879

**5. TOTAL OPERATING EXPENSES**

*Sum of lines 1a through 4c* . . . . . 1900

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**15 and 16** Not Applicable.

48401095



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

*(This area is intentionally left blank for providing remarks.)*

**18 CONTACT INFORMATION**

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

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

48401103





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-48400E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**1 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

48400014



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

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

Month	Day	Year

0017 Name of company	0019 EIN (9 digits)
<input style="width: 100%;" type="text"/>	- <input style="width: 50px;" type="text"/>
Address (Number and street, P.O. Box, etc.)	
<input style="width: 100%;" type="text"/>	
City, town, village, etc.	State ZIP Code
<input style="width: 60%;" type="text"/>	- <input style="width: 30px;" type="text"/>

48400022





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?

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

0006

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.

48400030



**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

		2018			
		\$ Bil.	Mil.	Thou.	Dol.
<b>1. General Freight Trucking</b>					
<b>a. Local - goods carried within a single metropolitan area and its adjacent nonurban areas; generally same-day return trips - Include</b> agricultural products, coal and petroleum products, and pharmaceutical and chemical products. . . . .	5063	<input type="checkbox"/>			
<b>b. Long distance - goods carried between metropolitan areas - Include</b> agricultural products, coal and petroleum products, and pharmaceutical and chemical products. . . . .	5064	<input type="checkbox"/>			
<b>2. Specialized Freight Trucking (requiring specialized equipment such as flatbeds, tankers or refrigerated trailers)</b>					
<b>a. Local - goods carried within a single metropolitan area and its adjacent nonurban areas; generally same-day return trips - Include</b> 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	<input type="checkbox"/>			
<b>b. Long distance - goods carried between metropolitan areas - Include</b> 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	<input type="checkbox"/>			
<b>3. Household goods moving - Include</b> furniture, appliances and misc office products . . . . .	5069	<input type="checkbox"/>			
<b>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</b> ↴					
<input type="text"/>	1799	<input type="checkbox"/>			
<b>5. TOTAL OPERATING REVENUE</b>					
<i>Sum of lines 1a through 4</i> . . . . .	1800				

**7** Not Applicable.

48400048



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9** Not Applicable.

48400055



**10 ANALYSIS OF MOTOR CARRIER OPERATIONS**

**A. What percent of this firm's motor carrier revenue was derived from handling each of the following commodities?**

		2018	
		Percent	
1. <b>Agricultural products - Includes</b> 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. <b>Grains, alcohol, and tobacco products - Includes</b> 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. <b>Stone, non-metallic minerals, and metallic ores - Includes</b> 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. <b>Coal and petroleum products - Includes</b> coal, crude petroleum, gasoline and aviation fuel, diesel fuel and light fuel oils, lubricating oils and greases, and basic chemicals . . . . .	5073		%
5. <b>Pharmaceutical and chemical products - Includes</b> 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. <b>Wood products, textiles, and leather - Includes</b> logs and other rough wood, particle board, plywood, fiberboard, pulp, newsprint, paper, and paperboard products. Textiles products <b>include</b> yarns and woven products of natural or synthetic materials, carpets and other textile floor coverings, and textile clothing. Leather products <b>include</b> footwear, headgear, and other articles of leather . . . . .	5075		%
7. <b>Base metal and machinery - Includes</b> base metal and primary metal products such as pipes, ingots, metal doors, basic wire, cable, fencing, tools, etc. Machinery <b>includes</b> boilers, turbines, refrigerating and air conditioning equipment, textile machines, and other mechanical machinery and equipment . . . . .	5076		%
8. <b>Electronic and precision instruments and motorized vehicles - Includes</b> 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. <b>Used household and office goods - Includes</b> used furniture, appliances, and miscellaneous office products . . . . .	5078		%
10. <b>New furniture and miscellaneous manufactured products - Includes</b> new furniture, mattresses and mattress supports, quilts or comforters, lamps, lighting, mixed freight, and miscellaneous manufactured products . . . . .	5079		%
11. <b>All other motor carrier revenue not derived from the commodities in lines 1 through 10 - Specify</b> ↴	1510		%
		5080	+
			100 %

**B. Were any of the commodities that this firm hauled designated *hazardous materials*, i.e., required you to display a hazmat placard on the vehicle in accordance with Title 49, CFR 177.823, Transportation?**

- 0033  Yes
- No - Go to 12

**C. What percent of the total motor carrier revenue is from hauling hazardous materials?** . . . 5081

2018	
Percent	
	%

**11** Not Applicable.

48400063

**12 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)?**

6043  Yes

No - Go to **14**

**B. Trucks - Include** single-unit trucks, pickups, vans, etc.

1. Number owned and/or leased with drivers to others . . . . . 5088

2. Number leased without drivers from others . . . . . 5089 +

3. Total truck inventory  
Sum of lines 1 and 2 . . . . . 5090

2018			
Number			

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

1. Number owned and/or leased with drivers to others . . . . . 5091

2. Number leased without drivers from others . . . . . 5092 +

3. Total truck-tractor inventory  
Sum of lines 1 and 2 . . . . . 5093

2018			
Number			

**D. Trailers - Include** box-trailers, flatbeds, tankers, etc.

1. Number owned and/or leased with drivers to others . . . . . 5094

2. Number leased without drivers from others . . . . . 5095 +

3. Total trailer inventory  
Sum of lines 1 and 2 . . . . . 5096

2018			
Number			

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

6041  Yes

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 inventory held in Foreign Trade Zones or in bond warehouses in the U.S. . . . . 6042

2018			
\$ Bil.	Mil.	Thou.	DoI.

**13** Not Applicable.

48400071



**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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

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

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

<input type="checkbox"/>																				
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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 . . . . . 1823

<input type="checkbox"/>																				
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**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

<input type="checkbox"/>																				
--------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**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

<input type="checkbox"/>																				
--------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**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

<input type="checkbox"/>																				
--------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

48400089



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

				2018			
				\$ Bil.	Mil.	Thou.	DoI.
<b>3. Expensed Purchased Services - Continued</b>							
<b>c. Purchased repairs and maintenance to transportation equipment</b> - Expensed repair and maintenance services to motor vehicles, vessels, aircraft, and other transportation equipment. <b>Exclude</b> materials, parts, and supplies used for repairs and maintenance performed by this firm's employees . . . . . 1847							
	<input type="checkbox"/>						
<b>d. Purchased fuels for transportation equipment</b> - Gasoline and other fuels purchased for trucks, truck-tractors, and other motor vehicles . . . . . 5098							
	<input type="checkbox"/>						
<b>4. Other Operating Expenses</b>							
<b>a. Cost of Insurance</b> - Premiums for bonding and insurance not included in line <b>1b</b> . . . . . 5099							
	<input type="checkbox"/>						
<b>b. Depreciation and amortization charges</b> - <b>Include</b> 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). <b>Exclude</b> impairment . . . . . 1831							
	<input type="checkbox"/>						
<b>c. All other operating expenses</b> - All other operating expenses not reported above, unless specifically excluded in the general instructions. <b>Include</b> office postage paid and package delivery. <b>Exclude</b> purchases of merchandise for resale and non-operating expenses. <b>If this item is greater than 20% of the total operating expenses, specify the primary source of the expenses below</b> ↴							
	<input type="checkbox"/>						
<b>5. TOTAL OPERATING EXPENSES</b>							
<i>Sum of lines 1a through 4c</i> . . . . . 1900							

**15 and 16** Not Applicable.

48400097



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

48400105







# 2018 ANNUAL SERVICES REPORT

FORM  
**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/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**

- 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	030	280	456

**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. 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

48501019



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

AND

Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

48501027



**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?

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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

	2018			
	\$ Bil.	Mil.	Thou.	Dol.
<b>1. Transit and Ground Passenger Transportation Revenue</b>				
<b>a. Long-distance, fixed-route passenger transportation by road</b> . . . . . 5625	<input type="checkbox"/>			
<b>b. Local, fixed-route passenger transportation by road and transit rail</b> . . . . . 5626	<input type="checkbox"/>			
<b>c. Long-distance, passenger transportation by road, except fixed-route</b> . . . . . 5627	<input type="checkbox"/>			
<b>d. Local passenger transportation by road, except fixed-route</b> . . . . . 5628	<input type="checkbox"/>			
<b>2. All other operating revenue</b> - 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 ↴				
<input type="text" value=""/> . . . . . 1799	<input type="checkbox"/>			
<b>3. TOTAL OPERATING REVENUE</b>				
<i>Sum of lines 1a through 2</i> . . . . . 1800				

**7** Not Applicable.

48501035



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

48501043



14 OPERATING EXPENSES - Continued

Mark "X" if None

2018

\$ Bil. Mil. Thou. Dol.

1. Personnel Costs

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

Input field with checkbox and columns for \$ Bil., Mil., Thou., Dol.

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

Input field with checkbox and columns for \$ 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 . . . . . 1823

Input field with checkbox and columns for \$ 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. Report packaged software in line 3b, the cost of motor fuels in line 3d, and leased and rented equipment in line 4c. . . . . 1860

Input field with checkbox and columns for \$ Bil., Mil., Thou., Dol.

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

Input field with checkbox and columns for \$ Bil., Mil., Thou., Dol.

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

Input field with checkbox and columns for \$ Bil., Mil., Thou., Dol.

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

Input field with checkbox and columns for \$ Bil., Mil., Thou., Dol.

d. Purchased fuels for transportation equipment - Gasoline and other fuels purchased for trucks, truck-tractors, and other motor vehicles . . . . . 5098

Input field with checkbox and columns for \$ Bil., Mil., Thou., Dol.

4. Other Operating Expenses

a. Cost of Insurance - Premiums for bonding and insurance not included in line 1b . . . . . 5099

Input field with checkbox and columns for \$ Bil., Mil., Thou., Dol.

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

Input field with checkbox and columns for \$ Bil., Mil., Thou., Dol.

c. All other operating expenses - All other operating expenses not reported above, unless specifically excluded in the general instructions. Include office postage paid and package delivery. Exclude purchases of merchandise for resale and non-operating expenses. If this item is greater than 20% of the total operating expenses, specify the primary source of the expenses below ↴

Input field with checkbox and columns for \$ Bil., Mil., Thou., Dol.

48501050



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4c** . . . . . 1900

**15 and 16** Not Applicable.

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

48501068



**18 CONTACT INFORMATION**

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

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

48501076





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-48500E** (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 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**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

48500011





**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017 Name of company	0019 EIN (9 digits)
	-
Address (Number and street, P.O. Box, etc.)	
City, town, village, etc.	State ZIP Code
	-

48500029



**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?

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Transit and Ground Passenger Transportation Revenue**

- a. Long-distance, fixed-route passenger transportation by road . . . . . 5625
- b. Local, fixed-route passenger transportation by road and transit rail . . . . . 5626
- c. Long-distance, passenger transportation by road, except fixed-route . . . . . 5627
- 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

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**3. TOTAL OPERATING REVENUE**

Sum of lines 1a through 2 . . . . . 1800

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**7** Not Applicable.

48500037



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

48500045



14 OPERATING EXPENSES - Continued

Mark "X" if None

2018

\$ 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

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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

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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 . . . . . 1823

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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

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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

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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

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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

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d. Purchased fuels for transportation equipment - Gasoline and other fuels purchased for trucks, truck-tractors, and other motor vehicles . . . . . 5098

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4. Other Operating Expenses

a. Cost of Insurance - Premiums for bonding and insurance not included in line 1b . . . . . 5099

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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

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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

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48500052



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4c** . . . . . 1900

**15 and 16** Not Applicable.

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

48500060



**18 CONTACT INFORMATION**

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

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

48500078





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-48610A** (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 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	030	280	456

**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. 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

48611016



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

AND

Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)
			-

Address (Number and street, P.O. Box, etc.)

City, town, village, etc.	State	ZIP Code
		-

48611024





**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?

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Pipeline Transportation Revenue**

- a. Transportation of bulk natural gas and liquefied natural gas by pipeline . . . . . 5650
- 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 ↴

1799

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**3. TOTAL OPERATING REVENUE**

Sum of lines 1a through 2 . . . . . 1800

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**7** Not Applicable.

48611032



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR** 2501

2018	
Percent	%

**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.

48611040



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

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

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

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**c. Temporary staff and leased employee expense** - Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. **Include** all charges for payroll, benefits, and services . . . . . 1823

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**2. Expensed 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

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**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

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**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

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**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

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**d. Purchased fuels for transportation equipment** - Gasoline and other fuels purchased for trucks, truck-tractors, and other motor vehicles . . . . . 5098

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**4. Other Operating Expenses**

**a. Cost of Insurance** - Premiums for bonding and insurance not included in line **1b** . . . . . 5099

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**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

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**c. All other operating expenses** - All other operating expenses not reported above, unless specifically excluded in the general instructions. **Include** office postage paid and package delivery. **Exclude** purchases of merchandise for resale and non-operating expenses. **If this item is greater than 20% of the total operating expenses, specify the primary source of the expenses below** ↴

<input type="checkbox"/>									
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48611057



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4c** . . . . . 1900

**15 and 16** Not Applicable.

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

48611065



**18 CONTACT INFORMATION**

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

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

48611073





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-48610E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**1 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

48610018



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

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

Month	Day	Year

0017 Name of company	0019 EIN (9 digits)
<input style="width: 100%;" type="text"/>	- <input style="width: 50px;" type="text"/>
Address (Number and street, P.O. Box, etc.)	
<input style="width: 100%;" type="text"/>	
City, town, village, etc.	State ZIP Code
<input style="width: 60%;" type="text"/>	- <input style="width: 30px;" type="text"/>

48610026



**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?

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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

	2018			
	\$ Bil.	Mil.	Thou.	Dol.
<b>1. Pipeline Transportation Revenue</b>				
<b>a. Transportation of bulk natural gas and liquefied natural gas by pipeline</b> . . . . . 5650	<input type="checkbox"/>			
<b>b. Transportation of bulk crude oil by pipeline</b> . . . . . 5651	<input type="checkbox"/>			
<b>c. Transportation of refined petroleum products (including ethylene and other petrochemicals) by pipeline</b> . . . . . 5652	<input type="checkbox"/>			
<b>d. Transportation of other bulk liquids and gases by pipeline</b> . . . . . 5653	<input type="checkbox"/>			
<b>2. All other operating revenue</b> - 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 ↴				
<input type="text" value=""/>	<input type="checkbox"/>			
<b>3. TOTAL OPERATING REVENUE</b>				
<i>Sum of lines 1a through 2</i> . . . . . 1800				

**7** Not Applicable.

48610034





**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

48610042



14 OPERATING EXPENSES - Continued

Mark "X" if None

2018

\$ 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

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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

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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 . . . . . 1823

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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

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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

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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

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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

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d. Purchased fuels for transportation equipment - Gasoline and other fuels purchased for trucks, truck-tractors, and other motor vehicles . . . . . 5098

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4. Other Operating Expenses

a. Cost of Insurance - Premiums for bonding and insurance not included in line 1b . . . . . 5099

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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

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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 ↴

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1879

48610059



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4c** . . . . . 1900

**15 and 16** Not Applicable.

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

48610067



**18 CONTACT INFORMATION**

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

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

48610075





# 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.

**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	030	280	456

**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. 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

49001019



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

49001027



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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.

**1. TOTAL OPERATING REVENUE** . . . . . 1800

**7** Not Applicable.

49001035



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

49001043





**14 OPERATING EXPENSES** - Continued

Mark "X" if None

**2018**

\$ 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 . . . . . 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** ↴

1879

--	--	--	--	--

**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4b** . . . . . 1900

--	--	--	--	--

**15 and 16** Not Applicable.

49001050



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

49001068





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-49000E** (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 survey should be completed online at:**  
<https://portal.census.gov>

**Authentication Code:**

**To view Survey Results:**

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**GENERAL INSTRUCTIONS**

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

- Any significant change in this firm's operations should be noted in ⑰.
- For establishments sold or acquired in 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	030	280	456

**Include:**

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

**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

49000011



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

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

Month	Day	Year

0017 Name of company	0019 EIN (9 digits)
<input style="width: 100%;" type="text"/>	- <input style="width: 50px;" type="text"/>
Address (Number and street, P.O. Box, etc.)	
<input style="width: 100%;" type="text"/>	
City, town, village, etc.	State ZIP Code
<input style="width: 60%;" type="text"/>	- <input style="width: 30px;" type="text"/>

49000029



**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

0006

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 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.

**1. TOTAL OPERATING REVENUE** . . . . . 1800

**7** Not Applicable.

49000037



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

49000045



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

2018			
\$ 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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4b** . . . . . 1900

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**15 and 16** Not Applicable.

49000052



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

49000060



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





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-51000A** (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 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	030	280	456

**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. 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

51001014



**1 B. SURVEY COVERAGE**

**Did this firm provide the business activities described below?**

0001  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?**

0016  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 **17**.

- Acquisition
- Sale
- Merger
- Divestiture

0091

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-

Address (Number and street, P.O. Box, etc.)

City, town, village, etc.	State	ZIP Code
		-

51001022



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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.

**1. TOTAL OPERATING REVENUE** . . . . . 1800

**7** Not Applicable.

51001030



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9-11** Not Applicable.

**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 of 2018 (or the period for which you are reporting)?**

6043  Yes

No - Go to 14

**B. 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			
\$ Bil.	Mil.	Thou.	Dol.

**13** Not Applicable.

51001048



**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

2018			
\$ 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

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**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

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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 . . . . . 1823

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**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

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**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

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51001055



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ 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.

51001063



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51001071





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-51000E** (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 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.	Thou.	Dol.
1	030	280	456

### Include:

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

## 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

51000016





**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

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

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)		-	
Address (Number and street, P.O. Box, etc.)						
City, town, village, etc.						
			State	ZIP Code		
					-	

51000024



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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.

**1. TOTAL OPERATING REVENUE** . . . . . 1800

**7** Not Applicable.

51000032



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9-11** Not Applicable.

**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 of 2018 (or the period for which you are reporting)?**

6043  Yes

No - Go to 14

**B. 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			
\$ Bil.	Mil.	Thou.	Dol.

**13** Not Applicable.

51000040



**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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

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

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

<input type="checkbox"/>									
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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 . . . . . 1823

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**4. Other Operating Expenses**

**a. Depreciation and amortization charges** - **Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831

<input type="checkbox"/>									
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51000057



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ 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.

51000065



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51000073





# 2018 ANNUAL SERVICES REPORT

FORM  
**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/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

- 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	030	280	456

### 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. 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

51121010



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

51121028





**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?

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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

2018			
\$ Bil.	Mil.	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 . . . . . 6071

**2. Other Operating Revenue**

- 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 others (e.g., flyers, inserts, samples) on a contractual basis . . . . 6002
- 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 ↴

1799

**3. TOTAL OPERATING REVENUE**

Sum of lines 1a through 2c . . . . . 1800

**7** Not Applicable.

51121036



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018	
Percent	%

**9 SOURCE OF REVENUE**

Type of Media

**A. How much of the newspaper revenue reported in 6, lines 1a and 1b, is received from the following categories?**

- 1. **Print newspapers** - Newspapers published on paper . . . . . 6065
- 2. **Online newspapers** - Newspapers published online . . . . . 6066
- 3. **Other media newspapers** - Newspapers published on any physical medium other than paper or online (e.g., CD-ROM, audiocassette, DVD, microfilm, diskette) . . . . . 6067 +

2018	
Percent	%
	%
	%
	%
100	%

Type of Advertising

**B. How much of the newspaper revenue reported in 6, line 1b, is received from the following categories?**

- 1. **Classified advertising** . . . . . 6068
- 2. **All other advertising** . . . . . 6069 +

2018	
Percent	%
	%
	%
100	%

**10 and 11** Not Applicable.

51121044



**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 of 2018 (or the period for which you are reporting)?**

- 6043  Yes
- No - Go to **13**

**B. 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			
\$ Bil.	Mil.	Thou.	Dol.

**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
- No - Go to **14**

**B. What was this firm's revenue from exports in 2018?** . . . . . 2100

2018			
\$ Bil.	Mil.	Thou.	Dol.

51121051



**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

2018			
\$ Bil.	Mil.	Thou.	DoI.

**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

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**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

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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 . . . . . 1823

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**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**. . . . . 1860

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**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

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**b. Purchased printing services** - Purchased or contracted printing services . . . . . 6003

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51121069



CONTINUE WITH 14 ON PAGE 7

**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**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

**15 and 16** Not Applicable.

51121077



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

*(This area is intentionally left blank for providing remarks.)*

**18 CONTACT INFORMATION**

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

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

51121085





# 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 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.	Thou.	Dol.
1	030	280	456

### Include:

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

## 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

51111011



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

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

Month	Day	Year

0017 Name of company	0019 EIN (9 digits)
<input style="width: 100%;" type="text"/>	- <input style="width: 50px;" type="text"/>
Address (Number and street, P.O. Box, etc.)	
<input style="width: 100%;" type="text"/>	
City, town, village, etc.	State ZIP Code
<input style="width: 60%;" type="text"/>	- <input style="width: 40%;" type="text"/>

51111029





**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?

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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

2018			
\$ Bil.	Mil.	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

<input type="checkbox"/>				
--------------------------	--	--	--	--

**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 . . . . . 6071

<input type="checkbox"/>				
--------------------------	--	--	--	--

**2. Other Operating Revenue**

**a. Printing services for others** - Printing publications of any type for others (e.g., books, magazines, newspapers, journals, brochures, pamphlets, posters, calendars) . . . . . 6001

<input type="checkbox"/>				
--------------------------	--	--	--	--

**b. Distribution services** - The distribution of materials owned by others (e.g., flyers, inserts, samples) on a contractual basis . . . . 6002

<input type="checkbox"/>				
--------------------------	--	--	--	--

**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 ↴

	1799	<input type="checkbox"/>				
--	------	--------------------------	--	--	--	--

**3. TOTAL OPERATING REVENUE**

Sum of lines 1a through 2c . . . . . 1800

--	--	--	--	--

**7** Not Applicable.

51111037



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9 SOURCE OF REVENUE**

**Type of Media**

**A. How much of the newspaper revenue reported in 6, lines 1a and 1b, is received from the following categories?**

- 1. **Print newspapers** - Newspapers published on paper . . . . . 6065
- 2. **Online newspapers** - Newspapers published online . . . . . 6066
- 3. **Other media newspapers** - Newspapers published on any physical medium other than paper or online (e.g., CD-ROM, audiocassette, DVD, microfilm, diskette) . . . . . 6067 +

2018	
Percent	%
100	%

**Type of Advertising**

**B. How much of the newspaper revenue reported in 6, line 1b, is received from the following categories?**

- 1. **Classified advertising** . . . . . 6068
- 2. **All other advertising** . . . . . 6069 +

2018	
Percent	%
100	%

**10 and 11** Not Applicable.

51111045



**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 of 2018 (or the period for which you are reporting)?**

- 6043  Yes
- No - Go to **13**

**B. 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			
\$ Bil.	Mil.	Thou.	Dol.

**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
- No - Go to **14**

**B. What was this firm's revenue from exports in 2018?** . . . . . 2100

2018			
\$ Bil.	Mil.	Thou.	Dol.

51111052



**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

**2018**

	\$ Bil.	Mil.	Thou.	DoI.
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**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

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**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

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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 . . . . . 1823

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**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**. . . . . 1860

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**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

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**b. Purchased printing services** - Purchased or contracted printing services . . . . . 6003

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51111060



CONTINUE WITH 14 ON PAGE 7

**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**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

**15 and 16** Not Applicable.

51111078



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

**18 CONTACT INFORMATION**

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

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

51111086





# 2018 ANNUAL SERVICES REPORT

FORM  
**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.

**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	030	280	456

### 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. 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

51122018



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

51122026







**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**2. Other Operating Revenue - Continued**

**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 ↴

1799

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**3. TOTAL OPERATING REVENUE**

Sum of lines 1a through 2c . . . . . 1800

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**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018	
Percent	
	%

**9 SOURCE OF REVENUE**

**How much of the periodical revenue reported in 6, lines 1a through 1b, is received from the following categories?**

**1. Print periodicals** - Periodicals on paper . . . . . 6088

**2. Online periodicals** - Periodicals published online . . . . . 6089

**3. Other media periodicals** - Periodicals published on any physical medium other than paper or online (e.g., CD-ROM, audiocassette, DVD, microfilm, diskette) . . . . . 6090 +

2018	
Percent	
	%
	%
	%
100	%

**10 and 11** Not Applicable.

51122042



**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 of 2018 (or the period for which you are reporting)?**

- 6043  Yes
- No - Go to **13**

**B. 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			
\$ Bil.	Mil.	Thou.	Dol.

**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
- No - Go to **14**

**B. What was this firm's revenue from exports in 2018?** . . . . . 2100

2018			
\$ Bil.	Mil.	Thou.	Dol.

51122059



**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

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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

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**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

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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 . . . . . 1823

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**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**. . . . . 1860

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**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

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**b. Purchased printing services** - Purchased or contracted printing services . . . . . 6003

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CONTINUE WITH 14 ON PAGE 7

51122067

**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

**2018**

	\$ Bil.	Mil.	Thou.	DoL.
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

**4. Other Operating Expenses**

**a. Depreciation and amortization charges - Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831

**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.

51122075



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51122083





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-51112E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**1 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

51112019



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

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

Month	Day	Year

0017 Name of company	0019 EIN (9 digits)
<input style="width: 100%;" type="text"/>	- <input style="width: 50px;" type="text"/>
Address (Number and street, P.O. Box, etc.)	
<input style="width: 100%;" type="text"/>	
City, town, village, etc.	State ZIP Code
<input style="width: 60%;" type="text"/>	- <input style="width: 30px;" type="text"/>

51112027





**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Periodicals (General Interest, Professional and Academic, and Other)**

**a. Subscriptions and sales** - Subscriptions and sales to periodicals covering multiple topics of general interest intended to appeal to a broad audience (e.g., news, business news, sports, health, fashion, and housekeeping magazines; entertainment guides; comic books). Subscriptions and sales to periodicals covering topics directed towards professional audiences (e.g., scholarly journals, law reviews, business reports, trade journals). Subscriptions and sales to periodicals covering topics directed at other specific audiences (e.g., nonconsumer advertising, real estate listings, religious periodicals) . . . . . 6072

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**b. Advertising space** - Advertising from periodicals covering multiple topics of general interest intended to appeal to a broad audience (e.g., news, business news, sports, health, fashion, and housekeeping magazines; entertainment guides; comic books). Advertising from periodicals covering topics directed towards professional audiences (e.g., scholarly journals, law reviews, business reports, trade journals). Advertising from periodicals covering topics directed at other specific audiences (e.g., nonconsumer advertising, real estate listings, religious periodicals) . . . . . 6073

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**2. Other Operating Revenue**

**a. Printing services for others** - Printing publications of any type for others (e.g., books, magazines, newspapers, journals, brochures, pamphlets, posters, calendars) . . . . . 6001

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**b. Licensing of rights to content** - Selling or licensing the right to reproduce all or part of a work of intellectual property for an agreed period of time. **Include** rights to reproduce or adapt to another format, medium, language or territory. **Exclude** the outright sale of rights in perpetuity; report these in line 2c . . . . 6087

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CONTINUE WITH **6** ON PAGE 4

CONTINUE ON PAGE 4

51112035



**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**2. Other Operating Revenue - Continued**

**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 ↴

1799

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**3. TOTAL OPERATING REVENUE**

Sum of lines 1a through 2c . . . . . 1800

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**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018	
Percent	%

**9 SOURCE OF REVENUE**

**How much of the periodical revenue reported in 6, lines 1a through 1b, is received from the following categories?**

**1. Print periodicals** - Periodicals on paper . . . . . 6088

**2. Online periodicals** - Periodicals published online . . . . . 6089

**3. Other media periodicals** - Periodicals published on any physical medium other than paper or online (e.g., CD-ROM, audiocassette, DVD, microfilm, diskette) . . . . . 6090 +

2018	
Percent	%
100	%

**10 and 11** Not Applicable.

51112043



**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 of 2018 (or the period for which you are reporting)?**

- 6043  Yes
- No - Go to **13**

**B. 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			
\$ Bil.	Mil.	Thou.	Dol.

**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
- No - Go to **14**

**B. What was this firm's revenue from exports in 2018?** . . . . . 2100

2018			
\$ Bil.	Mil.	Thou.	Dol.

51112050



**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

2018			
\$ 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

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**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

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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 . . . . . 1823

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**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**. . . . . 1860

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**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

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**b. Purchased printing services** - Purchased or contracted printing services . . . . . 6003

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51112068



CONTINUE WITH 14 ON PAGE 7

**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**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

**15 and 16** Not Applicable.

51112076



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

*(This area is intentionally left blank for providing remarks.)*

**18 CONTACT INFORMATION**

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

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

51112084





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-51113A** (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 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	030	280	456

**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. 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

51123016



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

51123024





**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.
- 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

2018			
\$ 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 tests; report these in line 2 . . . . . 6101
- 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). **Exclude** coloring books and activity books; report these in line 2 . . . . . 6102
- c. General reference books** - Books published primarily for general reference purposes for the public at large (e.g., dictionaries, encyclopedias, thesauruses, atlases) . . . . . 6103
- d. Professional, technical, and scholarly books** - 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, travel guides) . . . . . 6105

<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

51123032

CONTINUE WITH **6** ON PAGE 4

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	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 ↴

1799

**3. TOTAL OPERATING REVENUE**

Sum of lines 1a through 2 . . . . . 1800

**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018	
Percent	%

**9 SOURCE OF REVENUE**

How much of the book revenue reported in 6, lines 1a through 1e, is received from the following categories?

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 other than paper or online (e.g., CD-ROM, audiocassette, DVD, microfilm, diskette) . . . . . 6108 +

2018	
Percent	%
100	%

**10 and 11** Not Applicable.

51123040

**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 of 2018 (or the period for which you are reporting)?**

- 6043  Yes
- No - Go to **13**

**B. 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			
\$ Bil.	Mil.	Thou.	Dol.

**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
- No - Go to **14**

**B. What was this firm's revenue from exports in 2018?** . . . . . 2100

2018			
\$ Bil.	Mil.	Thou.	Dol.

51123057



**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

2018			
\$ 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

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**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

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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 . . . . . 1823

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**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**. . . . . 1860

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**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

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**b. Purchased printing services** - Purchased or contracted printing services . . . . . 6003

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51123065



CONTINUE WITH 14 ON PAGE 7

**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

**2018**

	\$ Bil.	Mil.	Thou.	DoI.
<input type="checkbox"/>				
<input type="checkbox"/>				

**4. Other Operating Expenses**

**a. Depreciation and amortization charges - Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831

**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.

51123073



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51123081





# 2018 ANNUAL SERVICES REPORT

FORM

**SA-51113E**

(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 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**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

51113017



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

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

Month	Day	Year

0017 Name of company	0019 EIN (9 digits)
<input style="width: 100%;" type="text"/>	- <input style="width: 50px;" type="text"/>
Address (Number and street, P.O. Box, etc.)	
<input style="width: 100%;" type="text"/>	
City, town, village, etc.	State ZIP Code
<input style="width: 60%;" type="text"/>	- <input style="width: 30px;" type="text"/>

51113025





**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?

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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

2018			
\$ 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 tests; report these in line 2 . . . . . 6101
- 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). **Exclude** coloring books and activity books; report these in line 2 . . . . . 6102
- c. General reference books** - Books published primarily for general reference purposes for the public at large (e.g., dictionaries, encyclopedias, thesauruses, atlases) . . . . . 6103
- d. Professional, technical, and scholarly books** - 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, travel guides) . . . . . 6105

<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

51113033



CONTINUE WITH **6** ON PAGE 4

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	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 ↴

1799

**3. TOTAL OPERATING REVENUE**

Sum of lines 1a through 2 . . . . . 1800

**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR 2501

2018	
Percent	%

**9 SOURCE OF REVENUE**

How much of the book revenue reported in 6, lines 1a through 1e, is received from the following categories?

- 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 other than paper or online (e.g., CD-ROM, audiocassette, DVD, microfilm, diskette) . . . . . 6108 +

2018	
Percent	%
100	%

**10 and 11** Not Applicable.

51113041



**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 of 2018 (or the period for which you are reporting)?**

- 6043  Yes
- No - Go to **13**

**B. 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			
\$ Bil.	Mil.	Thou.	Dol.

**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
- No - Go to **14**

**B. What was this firm's revenue from exports in 2018?** . . . . . 2100

2018			
\$ Bil.	Mil.	Thou.	Dol.

51113058



**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

2018			
\$ 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

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**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

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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 . . . . . 1823

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**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**. . . . . 1860

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**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

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**b. Purchased printing services** - Purchased or contracted printing services . . . . . 6003

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51113066



CONTINUE WITH 14 ON PAGE 7

**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

**2018**

	\$ Bil.	Mil.	Thou.	DoL.
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

**4. Other Operating Expenses**

**a. Depreciation and amortization charges - Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831

**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.

51113074



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51113082





# 2018 ANNUAL SERVICES REPORT

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.

**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	030	280	456

### 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. 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

51124014



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

51124022





**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?

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. 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 contact information . . . . . 6129
- 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 primary content is something other than contact information . . . 6130

**2. Other Operating Revenue**

- a. Rental or sale of mailing lists** - Lists of names and addresses of individuals or businesses . . . . . 6135
- 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 . . . . . 1800

**7** Not Applicable.

51124030



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9 SOURCE OF REVENUE**

**How much of the directories, databases, and other collections of information revenue reported in 6, lines 1a and 1b, is received from the following categories?**

- 1. **Print directories, databases, and other collections of information** - Directories, databases, and other collections of information published on paper . . . . . 6136
- 2. **Online directories, databases, and other collections of information** - Directories, databases, and other collections of information published online . . . . . 6137
- 3. **Other media directories, databases, and other collections of information** - Directories, databases, and other collections of information published on any physical medium other than paper or online (e.g., CD-ROM, audiocassette, DVD, microfilm, diskette) . . . . . 6138 +

2018	
Percent	%
100	%

**10 and 11** Not Applicable.

51124048



**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 of 2018 (or the period for which you are reporting)?**

- 6043  Yes
- No - Go to **13**

**B. 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			
\$ Bil.	Mil.	Thou.	Dol.

**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
- No - Go to **14**

**B. What was this firm's revenue from exports in 2018?** . . . . . 2100

2018			
\$ Bil.	Mil.	Thou.	Dol.

51124055



**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

2018			
\$ Bil.	Mil.	Thou.	DoI.

**1. Personnel Costs**

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

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

<input type="checkbox"/>					
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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 . . . . . 1823

<input type="checkbox"/>					
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**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**. . . . . 1860

<input type="checkbox"/>					
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**3. Expensed Purchased Services**

**a. Expensed purchases of software** - Purchases of prepackaged, custom coded, or vendor customized software. **Include** software developed or customized by others, web-design services and purchases, licensing agreements, upgrades of software, and maintenance fees related to software upgrades and alterations . . . 1826

<input type="checkbox"/>					
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**b. Purchased printing services** - Purchased or contracted printing services . . . . . 6003

<input type="checkbox"/>					
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51124063



CONTINUE WITH 14 ON PAGE 7

**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**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

**15 and 16** Not Applicable.

51124071



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51124089





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-51114E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> Call 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or Visit <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**1 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

51114015



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

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

Month	Day	Year

0017 Name of company	0019 EIN (9 digits)
<input style="width: 100%;" type="text"/>	- <input style="width: 50px;" type="text"/>
Address (Number and street, P.O. Box, etc.)	
<input style="width: 100%;" type="text"/>	
City, town, village, etc.	State ZIP Code
<input style="width: 60%;" type="text"/>	- <input style="width: 30px;" type="text"/>

51114023





**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?

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. 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 contact information . . . . . 6129

<input type="checkbox"/>				
--------------------------	--	--	--	--

**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 primary content is something other than contact information . . . 6130

<input type="checkbox"/>				
--------------------------	--	--	--	--

**2. Other Operating Revenue**

**a. Rental or sale of mailing lists** - Lists of names and addresses of individuals or businesses . . . . . 6135

<input type="checkbox"/>				
--------------------------	--	--	--	--

**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 ↴

--	--	--	--	--

**3. TOTAL OPERATING REVENUE**

Sum of lines 1a through 2b . . . . . 1800

<input type="checkbox"/>				
--------------------------	--	--	--	--

**7** Not Applicable.

51114031



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9 SOURCE OF REVENUE**

**How much of the directories, databases, and other collections of information revenue reported in 6, lines 1a and 1b, is received from the following categories?**

- 1. Print directories, databases, and other collections of information** - Directories, databases, and other collections of information published on paper . . . . . 6136
- 2. Online directories, databases, and other collections of information** - Directories, databases, and other collections of information published online . . . . . 6137
- 3. Other media directories, databases, and other collections of information** - Directories, databases, and other collections of information published on any physical medium other than paper or online (e.g., CD-ROM, audiocassette, DVD, microfilm, diskette) . . . . . 6138 +

2018	
Percent	%
100	%

**10 and 11** Not Applicable.

51114049



**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 of 2018 (or the period for which you are reporting)?**

- 6043  Yes
- No - Go to **13**

**B. 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			
\$ Bil.	Mil.	Thou.	Dol.

**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
- No - Go to **14**

**B. What was this firm's revenue from exports in 2018?** . . . . . 2100

2018			
\$ Bil.	Mil.	Thou.	Dol.

51114056



**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

**2018**

\$ Bil.	Mil.	Thou.	DoI.
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**1. Personnel Costs**

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

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

<input type="checkbox"/>				
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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 . . . . . 1823

<input type="checkbox"/>				
--------------------------	--	--	--	--

**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**. . . . . 1860

<input type="checkbox"/>				
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**3. Expensed Purchased Services**

**a. Expensed purchases of software** - Purchases of prepackaged, custom coded, or vendor customized software. **Include** software developed or customized by others, web-design services and purchases, licensing agreements, upgrades of software, and maintenance fees related to software upgrades and alterations . . . 1826

<input type="checkbox"/>				
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**b. Purchased printing services** - Purchased or contracted printing services . . . . . 6003

<input type="checkbox"/>				
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51114064



CONTINUE WITH 14 ON PAGE 7

**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**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

**15 and 16** Not Applicable.

51114072



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51114080





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-51118A** (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 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	030	280	456

**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. 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

51125011



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

51125029





**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
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 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).

- 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 ↴

1799

**3. TOTAL OPERATING REVENUE**

Sum of lines 1 and 2 . . . . . 1800

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**7** Not Applicable.

51125037



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9-11** Not Applicable.

**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 of 2018 (or the period for which you are reporting)?**

6043  Yes

No - Go to 13

**B. 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			
\$ Bil.	Mil.	Thou.	Dol.

51125045



**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  
 No - Go to 14

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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.

Mark "X" if None

2018			
\$ 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

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**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

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CONTINUE WITH 14 ON PAGE 6

CONTINUE ON PAGE 6

51125052



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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

**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**. . . . . 1860

**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

**b. Purchased printing services** - Purchased or contracted printing services . . . . . 6003

**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

**15 and 16** Not Applicable.

51125060



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51125078





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-51118E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**① 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

51118016



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)		-		
Address (Number and street, P.O. Box, etc.)							
City, town, village, etc.					State	ZIP Code	
						-	

51118024



**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

**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 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).

- 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 ↴

1799

**3. TOTAL OPERATING REVENUE**  
Sum of lines 1 and 2 . . . . . 1800

Mark "X" if None	2018			
	\$ Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				
<input type="checkbox"/>				

**7** Not Applicable.

51118032





**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9-11** Not Applicable.

**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 of 2018 (or the period for which you are reporting)?**

6043  Yes

No - Go to 13

**B. 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			
\$ Bil.	Mil.	Thou.	Dol.

51118040



**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  
 No - Go to 14

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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.

Mark "X" if None

2018			
\$ 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

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**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

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51118057



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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

**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**. . . . . 1860

**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

**b. Purchased printing services** - Purchased or contracted printing services . . . . . 6003

**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

**15 and 16** Not Applicable.

51118065



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51118073





# 2018 ANNUAL SERVICES REPORT

FORM

**SA-51119A**

(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 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	030	280	456

**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. 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

51126019



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

51126027



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
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 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).

- 1. Sale of advertising space** - Advertising from content published on paper or the Internet . . . . . 6151
- 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 ↴

	1799	<input type="checkbox"/>	
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- 3. TOTAL OPERATING REVENUE**  
Sum of lines 1 and 2 . . . . . 1800

Mark "X" if None	2018			
	\$ Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				
<input type="checkbox"/>				

**7** Not Applicable.

51126035



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9-11** Not Applicable.

**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 of 2018 (or the period for which you are reporting)?**

6043  Yes

No - Go to 13

**B. 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			
\$ Bil.	Mil.	Thou.	Dol.

51126043





**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  
 No - Go to 14

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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.

Mark "X" if None

2018			
\$ 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

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**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

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51126050



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	DoI.
---------	------	-------	------

**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

**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**. . . . . 1860

**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

**b. Purchased printing services** - Purchased or contracted printing services . . . . . 6003

**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

**15 and 16** Not Applicable.

51126068



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51126076





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-51119E** (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 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.	Thou.	Dol.
1	030	280	456

### Include:

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

## 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

51119014



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

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

Month	Day	Year

0017 Name of company	0019 EIN (9 digits)
<input style="width: 100%;" type="text"/>	- <input style="width: 50px;" type="text"/>
Address (Number and street, P.O. Box, etc.)	
<input style="width: 100%;" type="text"/>	
City, town, village, etc.	State ZIP Code
<input style="width: 60%;" type="text"/>	- <input style="width: 30px;" type="text"/>

51119022



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
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 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).

**1. Sale of advertising space** - Advertising from content published on paper or the Internet . . . . . 6151

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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 ↴

1799

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**3. TOTAL OPERATING REVENUE**

Sum of lines 1 and 2 . . . . . 1800

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**7** Not Applicable.

51119030



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9-11** Not Applicable.

**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 of 2018 (or the period for which you are reporting)?**

6043  Yes

No - Go to 13

**B. 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			
\$ Bil.	Mil.	Thou.	Dol.

51119048



**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  
 No - Go to 14

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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.

Mark "X" if None

2018			
\$ 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

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**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

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51119055





**14 OPERATING EXPENSES - Continued**

Mark "X" if None

				2018			
				\$ Bil.	Mil.	Thou.	Dol.
<b>1. Personnel Costs - Continued</b>							
<b>c. Temporary staff and leased employee expense</b> - Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. <b>Include</b> all charges for payroll, benefits, and services . . . . .	1823	<input type="checkbox"/>					
<b>2. Expensed equipment, materials, parts, and supplies (not for resale)</b> - <b>Include</b> expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). <b>Include</b> 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 <b>3a</b> and leased and rented equipment in line <b>4b</b> . . . . .	1860	<input type="checkbox"/>					
<b>3. Expensed Purchased Services</b>							
<b>a. Expensed purchases of software</b> - Purchases of prepackaged, custom coded, or vendor customized software. <b>Include</b> software developed or customized by others, web-design services and purchases, licensing agreements, upgrades of software, and maintenance fees related to software upgrades and alterations . . . . .	1826	<input type="checkbox"/>					
<b>b. Purchased printing services</b> - Purchased or contracted printing services . . . . .	6003	<input type="checkbox"/>					
<b>4. Other Operating Expenses</b>							
<b>a. Depreciation and amortization charges</b> - <b>Include</b> 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). <b>Exclude</b> impairment . . . . .	1831	<input type="checkbox"/>					
<b>b. All other operating expenses</b> - All other operating expenses not reported above, unless specifically excluded in the general instructions. <b>Include</b> office postage paid and package delivery. <b>Exclude</b> purchases of merchandise for resale and non-operating expenses. <b>If this item is greater than 20% of the total operating expenses, specify the primary source of the expenses below</b> ↴							
	1879	<input type="checkbox"/>					
<b>5. TOTAL OPERATING EXPENSES</b>							
<i>Sum of lines 1a through 4b</i> . . . . .	1900						

**15 and 16** Not Applicable.

51119063



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51119071





# 2018 ANNUAL SERVICES REPORT

FORM  
**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/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**

- 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	030	280	456

**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. 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

51127017



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

51127025



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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

2018			
\$ 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 . . . . . 6161
- 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 . . . . . 6163
- 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 . . . . . 6164
- e. Other systems software** - All other systems software publishing not reported in lines **1a through 1d** . . . . . 6165

<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

**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) . . . . . 6166

<input type="checkbox"/>				
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CONTINUE WITH **6** ON PAGE 4

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

				2018			
				\$ Bil.	Mil.	Thou.	Dol.
<b>2. Application Software Publishing - Continued</b>							
<b>b. Cross-industry application software</b> - 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) . . . . .	6167	<input type="checkbox"/>					
<b>c. Vertical market application software</b> - Software that performs a wide range of business functions for a specific industry (e.g., manufacturing, retail, healthcare, engineering, restaurants) . . . . .	6168	<input type="checkbox"/>					
<b>d. Utilities application software</b> - Small computer programs that perform a very specific task (e.g., compression programs, anti-virus software, search engines, font, file viewers, voice recognition software). Utilities differ from other application software in terms of size, cost, and complexity . . . . .	6169	<input type="checkbox"/>					
<b>e. Other application software</b> - All other application software publishing not reported in lines <b>2a through 2d</b> . . . . .	6170	<input type="checkbox"/>					
<b>3. Other Services</b>							
<b>a. Custom application design and development</b> - Design of the structure and the writing of the computer code necessary to create and implement a software application. <b>Include</b> the customization and integration of packaged software . . . . .	6171	<input type="checkbox"/>					
<b>b. Information technology (IT) technical consulting services</b> - 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). <b>Exclude</b> advice on issues related to business strategy . . . . .	6004	<input type="checkbox"/>					
<b>c. Re-sale of computer hardware and software</b> - Retailing of computer hardware and software . . . . .	6006	<input type="checkbox"/>					
<b>d. Information Technology (IT) related training services</b> - Providing training for the use of computer hardware, software, networks, or other IT related topics . . . . .	6007	<input type="checkbox"/>					
<b>e. All other operating revenue</b> - Revenue not reported in lines <b>1a through 3d. Include</b> application service provisioning. <b>If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below</b> ↴							
	1799	<input type="checkbox"/>					
<b>4. TOTAL OPERATING REVENUE</b>							
<i>Sum of lines 1a through 3e</i> . . . . .	1800						

**7** Not Applicable.

51127041



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018	
Percent	%

**9 SOURCE OF REVENUE**

**Type of System Software**

**A. How much of the system software revenue reported in 6, lines 1a through 1e, is received from the following categories?**

- 1. Personal computer software . . . . . 6172
- 2. Enterprise or network software . . . . . 6173
- 3. Mainframe computer software . . . . . 6174
- 4. Other software . . . . . 6175 +

2018	
Percent	%
100	%

**Type of Application Software**

**B. How much of the application software revenue reported in 6, lines 2a through 2e, is received from the following categories?**

- 1. Personal computer software . . . . . 6176
- 2. Enterprise or network software . . . . . 6177
- 3. Mainframe computer software . . . . . 6178
- 4. Other software . . . . . 6179 +

2018	
Percent	%
100	%

**10 and 11** Not Applicable.

51127058



**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 of 2018 (or the period for which you are reporting)?**

- 6043  Yes
- No - Go to **13**

**B. 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			
\$ Bil.	Mil.	Thou.	Dol.

**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
- No - Go to **14**

**B. What was this firm's revenue from exports in 2018?** . . . . . 2100

2018			
\$ Bil.	Mil.	Thou.	Dol.

51127066





**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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

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

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

<input type="checkbox"/>					
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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 . . . . . 1823

<input type="checkbox"/>					
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**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**. . . . . 1860

<input type="checkbox"/>					
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**3. Expensed Purchased Services**

**a. Expensed purchases of software** - Purchases of prepackaged, custom coded, or vendor customized software. **Include** software developed or customized by others, web-design services and purchases, licensing agreements, upgrades of software, and maintenance fees related to software upgrades and alterations . . . 1826

<input type="checkbox"/>					
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**b. Purchased software reproduction** - Purchased or contracted software reproduction services . . . . . 6180

<input type="checkbox"/>					
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CONTINUE WITH 14 ON PAGE 8

**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**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

**15 and 16** Not Applicable.

51127082



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51127090





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-51120E** (DRAFT)

**Due Date**

**Need help or have questions?**

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 (8:00 a.m. - 5:00 p.m. ET, M-F)  
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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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**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

51120012



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

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

Month	Day	Year

0017 Name of company	0019 EIN (9 digits)
<input style="width: 100%;" type="text"/>	- <input style="width: 50px;" type="text"/>
Address (Number and street, P.O. Box, etc.)	
<input style="width: 100%;" type="text"/>	
City, town, village, etc.	State ZIP Code
<input style="width: 60%;" type="text"/>	- <input style="width: 30px;" type="text"/>

51120020



**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?

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.
- 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

2018			
\$ 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 . . . . . 6161
- 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 . . . . . 6163
- 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 . . . . . 6164
- e. Other systems software** - All other systems software publishing not reported in lines **1a through 1d** . . . . . 6165

<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

**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) . . . . . 6166

<input type="checkbox"/>				
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51120038



CONTINUE WITH **6** ON PAGE 4

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ 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) . . . . . 6167
- 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, anti-virus software, search engines, font, file viewers, voice recognition software). Utilities differ from other application software in terms of size, cost, and complexity . . . . . 6169
- e. Other application software** - All other application software publishing not reported in lines **2a through 2d** . . . . . 6170

<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

**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 . . . . . 6004
- c. Re-sale of computer hardware and software** - Retailing of computer hardware and software . . . . . 6006
- d. Information Technology (IT) related training services** - Providing training for the use of computer hardware, software, networks, or other IT related topics . . . . . 6007
- 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** ↴

<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

1799

**4. TOTAL OPERATING REVENUE**

*Sum of lines 1a through 3e* . . . . . 1800

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**7** Not Applicable.

51120046



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018	
Percent	%

**9 SOURCE OF REVENUE**

**Type of System Software**

**A. How much of the system software revenue reported in 6, lines 1a through 1e, is received from the following categories?**

- 1. Personal computer software . . . . . 6172
- 2. Enterprise or network software . . . . . 6173
- 3. Mainframe computer software . . . . . 6174
- 4. Other software . . . . . 6175 +

2018	
Percent	%
	%
	%
	%
	%
100	%

**Type of Application Software**

**B. How much of the application software revenue reported in 6, lines 2a through 2e, is received from the following categories?**

- 1. Personal computer software . . . . . 6176
- 2. Enterprise or network software . . . . . 6177
- 3. Mainframe computer software . . . . . 6178
- 4. Other software . . . . . 6179 +

2018	
Percent	%
	%
	%
	%
	%
100	%

**10 and 11** Not Applicable.

51120053





**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 of 2018 (or the period for which you are reporting)?**

- 6043  Yes
- No - Go to **13**

**B. 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			
\$ Bil.	Mil.	Thou.	Dol.

**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
- No - Go to **14**

**B. What was this firm's revenue from exports in 2018?** . . . . . 2100

2018			
\$ Bil.	Mil.	Thou.	Dol.

51120061



**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

2018			
\$ 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

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**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 **3a** and leased and rented equipment in line **4b**. . . . . 1860

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**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

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**b. Purchased software reproduction** - Purchased or contracted software reproduction services . . . . . 6180

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51120079



CONTINUE WITH 14 ON PAGE 8

**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**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

**15 and 16** Not Applicable.

51120087



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

*(This area is intentionally left blank for providing remarks.)*

**18 CONTACT INFORMATION**

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

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

51120095





# 2018 ANNUAL SERVICES REPORT

FORM  
**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/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**

- 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	030	280	456

**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. 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

51211019



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

51211027



**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.
- 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).

- 1. 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 revenues are licensing (distribution) revenues, not revenue for producing films . . . . . 6191
- 2. Domestic licensing of rights to television programs** - Granting permission on a fee, royalty, or other basis, for an agreed period of time, to broadcast or rent television programs. These revenues are licensing (distribution) revenues, not revenue for producing programs 6192
- 3. International 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 revenues are licensing (distribution) revenues, not revenue for producing films . . . . . 6193
- 4. International licensing of rights to television programs** - Granting permission on a fee, royalty, or other basis, for an agreed period of time, to broadcast or rent television programs. These revenues are licensing (distribution) revenues, not revenue for producing programs . . . . . 6194
- 5. Audiovisual works speculatively produced for outright sale** - The production and sale of original 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 such productions requires relinquishing all rights. **Exclude** programs produced for own account and programs under contract . . . . . 6195
- 6. Contract production of audiovisual works** - Contracted or fee based production of audiovisual works (e.g., feature films, short films, commercials, television programs, training and instruction, public relations, promotional campaigns, public service messages, educational, corporate, religious). **Include** all production aspects of the fully completed or partially completed audiovisual work . . . . . 6196

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

51211035



CONTINUE WITH **6** ON PAGE 4

CONTINUE ON PAGE 4

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	DoI.
---------	------	-------	------

- 7. **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
  - 8. **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
  - 9. **Sale of audiovisual works for the wholesale, retail, and rental markets** - The distribution of audiovisual works for the purpose of resale . . . . . 6199
  - 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) . . . . . 6200
  - 11. **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 . . . . . 6201
  - 12. **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 ↴
- |  |      |                          |  |  |  |  |
|--|------|--------------------------|--|--|--|--|
|  | 1799 | <input type="checkbox"/> |  |  |  |  |
|--|------|--------------------------|--|--|--|--|
- 13. **TOTAL OPERATING REVENUE**  
Sum of lines 1 through 12 . . . . . 1800

**7** Not Applicable.

51211043





**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9-11** Not Applicable.

**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 of 2018 (or the period for which you are reporting)?**

6043  Yes

No - Go to 13

**B. 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			
\$ Bil.	Mil.	Thou.	Dol.

51211050



**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  
 No - Go to 14

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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.

Mark "X" if None

2018			
\$ 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

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**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

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51211068



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ 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

**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** ↴

1879

**5. TOTAL OPERATING EXPENSES**

*Sum of lines 1a through 4b* . . . . . 1900

**15 and 16** Not Applicable.

51211076



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51211084





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-51210E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**1 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

51210011



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

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

Month	Day	Year

0017 Name of company	0019 EIN (9 digits)
<input style="width: 100%;" type="text"/>	- <input style="width: 50px;" type="text"/>
Address (Number and street, P.O. Box, etc.)	
<input style="width: 100%;" type="text"/>	
City, town, village, etc.	State ZIP Code
<input style="width: 60%;" type="text"/>	- <input style="width: 30px;" type="text"/>

51210029



**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.
- 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

	2018			
	\$ Bil.	Mil.	Thou.	Dol.
<b>1. Domestic licensing of rights to motion picture films</b> - Granting permission on a fee, royalty, or other basis, for an agreed period of time, to exhibit, broadcast, or rent motion picture films. These revenues are licensing (distribution) revenues, not revenue for producing films . . . . . 6191	<input type="checkbox"/>			
<b>2. Domestic licensing of rights to television programs</b> - Granting permission on a fee, royalty, or other basis, for an agreed period of time, to broadcast or rent television programs. These revenues are licensing (distribution) revenues, not revenue for producing programs 6192	<input type="checkbox"/>			
<b>3. International licensing of rights to motion picture films</b> - Granting permission on a fee, royalty, or other basis, for an agreed period of time, to exhibit, broadcast, or rent motion picture films. These revenues are licensing (distribution) revenues, not revenue for producing films . . . . . 6193	<input type="checkbox"/>			
<b>4. International licensing of rights to television programs</b> - Granting permission on a fee, royalty, or other basis, for an agreed period of time, to broadcast or rent television programs. These revenues are licensing (distribution) revenues, not revenue for producing programs . . . . . 6194	<input type="checkbox"/>			
<b>5. Audiovisual works speculatively produced for outright sale</b> - The production and sale of original 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 such productions requires relinquishing all rights. <b>Exclude</b> programs produced for own account and programs under contract . . . . . 6195	<input type="checkbox"/>			
<b>6. Contract production of audiovisual works</b> - Contracted or fee based production of audiovisual works (e.g., feature films, short films, commercials, television programs, training and instruction, public relations, promotional campaigns, public service messages, educational, corporate, religious). <b>Include</b> all production aspects of the fully completed or partially completed audiovisual work . . . . . 6196	<input type="checkbox"/>			

51210037

CONTINUE WITH **6** ON PAGE 4

CONTINUE ON PAGE 4

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**7. 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

<input type="checkbox"/>				
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**8. 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

<input type="checkbox"/>				
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**9. Sale of audiovisual works for the wholesale, retail, and rental markets** - The distribution of audiovisual works for the purpose of resale . . . . . 6199

<input type="checkbox"/>				
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**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) . . . . . 6200

<input type="checkbox"/>				
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**11. 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 . . . . . 6201

<input type="checkbox"/>				
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**12. 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 ↴

1799

<input type="checkbox"/>				
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**13. TOTAL OPERATING REVENUE**  
Sum of lines 1 through 12 . . . . . 1800

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**7** Not Applicable.

51210045





**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9-11** Not Applicable.

**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 of 2018 (or the period for which you are reporting)?**

6043  Yes

No - Go to 13

**B. 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			
\$ Bil.	Mil.	Thou.	Dol.

51210052



**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
- No - Go to 14

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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.

Mark "X" if None

2018			
\$ 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

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**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

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51210060



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

**2018**

\$ 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

**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** ↴

1879

**5. TOTAL OPERATING EXPENSES**

*Sum of lines 1a through 4b* . . . . . 1900

**15 and 16** Not Applicable.

51210078



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

**18 CONTACT INFORMATION**

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

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

51210086





# 2018 ANNUAL SERVICES REPORT

FORM  
**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 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	030	280	456

**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. 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

51214013



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

51214021



**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

**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 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.
- 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).

**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, please report the sale of food and beverages in line **2b** . . . . . 6213

**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 . . . . . 6214

**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 . . . . . 6215

**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** . . . . . 6216

Mark "X" if None

	2018			
	\$ Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

51214039



CONTINUE WITH **6** ON PAGE 4

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**2. Other Revenue - Continued**

**e. All other operating revenue** - Revenue not reported in lines 1 through 2d. 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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**3. TOTAL OPERATING REVENUE**

Sum of lines 1 through 2e . . . . . 1800

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**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018	
Percent	%

**9-11** Not Applicable.

51214047





**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 of 2018 (or the period for which you are reporting)?**

- 6043  Yes
- No - Go to **13**

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

<b>1. Finished goods</b> . . . . .	1751
<b>2. Work-in-process</b> . . . . .	1752
<b>3. Materials, supplies, fuel, etc.</b> . . . . .	1753 +
<b>4. TOTAL BOOK VALUE</b>	
<i>Sum of lines 1 through 3</i> . . . . .	1754

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.

**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

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

51214054

CONTINUE WITH **14** ON PAGE 6

**14 OPERATING EXPENSES** - Continued

Mark "X" if None

**2018**

	\$ Bil.	Mil.	Thou.	Dol.
<b>1. Personnel Costs</b> - Continued				
<b>b. Employer's cost for fringe benefits</b> - Employer's cost for legally required programs and programs not required by law. <b>Include</b> 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). <b>Exclude</b> employee contributions. . . . . 1822	<input type="checkbox"/>			
<b>c. Temporary staff and leased employee expense</b> - Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. <b>Include</b> all charges for payroll, benefits, and services . . . . . 1823	<input type="checkbox"/>			
<b>2. Expensed equipment, materials, parts, and supplies (not for resale)</b> - <b>Include</b> expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). <b>Include</b> 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 <b>3</b> and leased and rented equipment in line <b>4b</b> . . . . . 1860	<input type="checkbox"/>			
<b>3. Expensed purchases of software</b> - Purchases of prepackaged, custom coded, or vendor customized software. <b>Include</b> software developed or customized by others, web-design services and purchases, licensing agreements, upgrades of software, and maintenance fees related to software upgrades and alterations . . . . 1826	<input type="checkbox"/>			
<b>4. Other Operating Expenses</b>				
<b>a. Depreciation and amortization charges</b> - <b>Include</b> 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). <b>Exclude</b> impairment . . . . . 1831	<input type="checkbox"/>			
<b>b. All other operating expenses</b> - All other operating expenses not reported above, unless specifically excluded in the general instructions. <b>Include</b> office postage paid and package delivery. <b>Exclude</b> purchases of merchandise for resale and non-operating expenses. <b>If this item is greater than 20% of the total operating expenses, specify the primary source of the expenses below</b> ↴				
<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <span style="float: right;">1879</span>	<input type="checkbox"/>			
<b>5. TOTAL OPERATING EXPENSES</b>				
Sum of lines <b>1a through 4b</b> . . . . . 1900				

**15** and **16** Not Applicable.

51214062



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51214070





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-51213E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**1 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

51213015



**1 B. SURVEY COVERAGE**

**Did this firm provide the business activities described below?**

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

**Does this firm report payroll under EIN**

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017 Name of company	0019 EIN (9 digits)
<input style="width: 100%;" type="text"/>	-
Address (Number and street, P.O. Box, etc.)	
<input style="width: 100%;" type="text"/>	
City, town, village, etc.	State ZIP Code
<input style="width: 60%;" type="text"/>	-

51213023



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

**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 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.
- 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

2018			
\$ 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, please report the sale of food and beverages in line **2b** . . . . . 6213

**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 . . . . . 6214

**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 . . . . . 6215

**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** . . . . . 6216


51213031



CONTINUE WITH **6** ON PAGE 4

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**2. Other Revenue - Continued**

**e. All other operating revenue** - Revenue not reported in lines 1 through 2d. 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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**3. TOTAL OPERATING REVENUE**

Sum of lines 1 through 2e . . . . . 1800

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**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018
Percent
%

**9-11** Not Applicable.

51213049



**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 of 2018 (or the period for which you are reporting)?**

- 6043  Yes  
 No - Go to **13**

**B. 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			
\$ 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.

**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

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

51213056



CONTINUE WITH **14** ON PAGE 6



**14 OPERATING EXPENSES** - Continued

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**

*Sum of lines 1a through 4b* . . . . . 1900

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**15 and 16** Not Applicable.

51213064



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51213072





# 2018 ANNUAL SERVICES REPORT

FORM

**SA-51219A**

(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 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	030	280	456

**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. 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

51229011



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

51229029



**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

**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 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

2018			
\$ 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, sound editing and design services) . . . . . 6221

<input type="checkbox"/>				
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**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. . . . . 6222

<input type="checkbox"/>				
--------------------------	--	--	--	--

**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** . . . . . 6223

<input type="checkbox"/>				
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**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** ↴

	1799	<input type="checkbox"/>				
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**5. TOTAL OPERATING REVENUE**  
Sum of lines **1 through 4** . . . . . 1800

<input type="checkbox"/>				
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**7** Not Applicable.

51229037



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9-11** Not Applicable.

**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 of 2018 (or the period for which you are reporting)?**

6043  Yes

No - Go to 13

**B. 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			
\$ Bil.	Mil.	Thou.	Dol.

51229045



**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
- No - Go to 14

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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.

Mark "X" if None

2018			
\$ 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

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**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

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51229052



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

				2018			
				\$ Bil.	Mil.	Thou.	Dol.
<b>1. Personnel Costs - Continued</b>							
<b>c. Temporary staff and leased employee expense</b> - Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. <b>Include</b> all charges for payroll, benefits, and services . . . . .	1823	<input type="checkbox"/>					
<b>2. Expensed equipment, materials, parts, and supplies (not for resale)</b> - <b>Include</b> expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). <b>Include</b> 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 <b>3</b> and leased and rented equipment in line <b>4b</b> . . . . .	1860	<input type="checkbox"/>					
<b>3. Expensed purchases of software</b> - Purchases of prepackaged, custom coded, or vendor customized software. <b>Include</b> software developed or customized by others, web-design services and purchases, licensing agreements, upgrades of software, and maintenance fees related to software upgrades and alterations . . . . .	1826	<input type="checkbox"/>					
<b>4. Other Operating Expenses</b>							
<b>a. Depreciation and amortization charges</b> - <b>Include</b> 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). <b>Exclude</b> impairment . . . . .	1831	<input type="checkbox"/>					
<b>b. All other operating expenses</b> - All other operating expenses not reported above, unless specifically excluded in the general instructions. <b>Include</b> office postage paid and package delivery. <b>Exclude</b> purchases of merchandise for resale and non-operating expenses. <b>If this item is greater than 20% of the total operating expenses, specify the primary source of the expenses below</b> ↴							
<input type="text"/>	1879	<input type="checkbox"/>					
<b>5. TOTAL OPERATING EXPENSES</b>							
<i>Sum of lines 1a through 4b</i> . . . . .	1900						

**15 and 16** Not Applicable.

51229060





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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51229078





# 2018 ANNUAL SERVICES REPORT

FORM  
**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.

**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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**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

51219012



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)		
			-		
Address (Number and street, P.O. Box, etc.)					
City, town, village, etc.				State	ZIP Code
					-

51219020



**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?

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

**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 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

2018			
\$ 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, 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. . . . . 6222

**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** . . . . . 6223

**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** ↴

\_\_\_\_\_ 1799

**5. TOTAL OPERATING REVENUE**  
Sum of lines **1 through 4** . . . . . 1800

**7** Not Applicable.

51219038



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9-11** Not Applicable.

**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 of 2018 (or the period for which you are reporting)?**

6043  Yes

No - Go to 13

**B. 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			
\$ Bil.	Mil.	Thou.	Dol.

51219046



**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  
 No - Go to 14

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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.

Mark "X" if None

2018			
\$ 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

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51219053



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ 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

**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** ↴

1879

**5. TOTAL OPERATING EXPENSES**

*Sum of lines 1a through 4b* . . . . . 1900

**15 and 16** Not Applicable.

51219061



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51219079







# 2018 ANNUAL SERVICES REPORT

FORM  
**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 - 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	030	280	456

### 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. 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

51232015



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

51232023



**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?

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
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 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

2018			
\$ 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 . . . . . 6008

<input type="checkbox"/>				
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**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

<input type="checkbox"/>				
--------------------------	--	--	--	--

**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 . . . . . 6010

<input type="checkbox"/>				
--------------------------	--	--	--	--

**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 ↴

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**3. TOTAL OPERATING REVENUE**

Sum of lines 1a through 2b . . . . . 1800

<input type="checkbox"/>				
--------------------------	--	--	--	--

**7** Not Applicable.

51232031



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR** 2501

2018	
Percent	%

**9-11** Not Applicable.

**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 of 2018 (or the period for which you are reporting)?**

6043  Yes

No - Go to 14

**B. 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			
\$ Bil.	Mil.	Thou.	Dol.

**13** Not Applicable.

51232049



**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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

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

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

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**c. Temporary staff and leased employee expense** - Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. **Include** all charges for payroll, benefits, and services . . . . . 1823

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**2. Expensed 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

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**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

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**4. Other Operating Expenses**

**a. Depreciation and amortization charges** - **Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831

<input type="checkbox"/>									
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51232056



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ 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.

51232064



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51232072





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-51222E** (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 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**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

51222016





**1 B. SURVEY COVERAGE**

**Did this firm provide the business activities described below?**

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

0001

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

**Does this firm report payroll under EIN**

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

0013

0015

EIN (9 digits)		
	-	
	Month	Day
		Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

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

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 **17**.

- Acquisition
- Sale
- Merger
- Divestiture

0091

Date of organizational change . . . . .

0018

Month	Day	Year

AND

Enter detailed information below ↴

0017 Name of company	0019	EIN (9 digits)
	-	
Address (Number and street, P.O. Box, etc.)		
City, town, village, etc.	State	ZIP Code
		-

51222024



**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?

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
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 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

2018			
\$ 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 . . . . . 6008

[Table with 4 columns: \$ Bil., Mil., Thou., Dol.]

**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

[Table with 4 columns: \$ Bil., Mil., Thou., Dol.]

**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 . . . . . 6010

[Table with 4 columns: \$ Bil., Mil., Thou., Dol.]

**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 ↴

[Text input field] 1799  [Table with 4 columns: \$ Bil., Mil., Thou., Dol.]

**3. TOTAL OPERATING REVENUE**

Sum of lines 1a through 2b . . . . . 1800

[Table with 4 columns: \$ Bil., Mil., Thou., Dol.]

**7** Not Applicable.

51222032



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9-11** Not Applicable.

**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 of 2018 (or the period for which you are reporting)?**

6043  Yes

No - Go to 14

**B. 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			
\$ Bil.	Mil.	Thou.	Dol.

**13** Not Applicable.

51222040



**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

**2018**

\$ Bil.	Mil.	Thou.	Dol.
---------	------	-------	------

**1. Personnel Costs**

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

<input type="checkbox"/>					
--------------------------	--	--	--	--	--

**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

<input type="checkbox"/>					
--------------------------	--	--	--	--	--

**c. Temporary staff and leased employee expense** - Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. **Include** all charges for payroll, benefits, and services . . . . . 1823

<input type="checkbox"/>					
--------------------------	--	--	--	--	--

**2. Expensed 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

<input type="checkbox"/>					
--------------------------	--	--	--	--	--

**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

<input type="checkbox"/>					
--------------------------	--	--	--	--	--

**4. Other Operating Expenses**

**a. Depreciation and amortization charges** - **Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831

<input type="checkbox"/>					
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CONTINUE WITH 14 ON PAGE 6

CONTINUE ON PAGE 6

51222057



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ 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.

51222065



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51222073





# 2018 ANNUAL SERVICES REPORT

FORM  
**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/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

- 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	030	280	456

### 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. 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

51233013

**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

51233021





**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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

2018			
\$ 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 . . . . . 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**

- 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 . . . . . 6231
- 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 customer . . . . . 6010
- 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 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

51233039



CONTINUE WITH **6** ON PAGE 4

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X"  
if None

2018			
\$ 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 ↴

1799

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**3. TOTAL OPERATING REVENUE**

Sum of lines 1a through 2d . . . . . 1800

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**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018
Percent
%

**9-11** Not Applicable.

51233047



**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 of 2018 (or the period for which you are reporting)?**

- 6043  Yes
- No - Go to **13**

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

<b>1. Finished goods</b> . . . . .	1751
<b>2. Work-in-process</b> . . . . .	1752
<b>3. Materials, supplies, fuel, etc.</b> . . . . .	1753 +
<b>4. TOTAL BOOK VALUE</b>	
<i>Sum of lines 1 through 3</i> . . . . .	1754

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.

**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

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

51233054

CONTINUE WITH **14** ON PAGE 6

**14 OPERATING EXPENSES** - Continued

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**

*Sum of lines 1a through 4b* . . . . . 1900

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**15 and 16** Not Applicable.

51233062



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

**18 CONTACT INFORMATION**

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

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

51233070





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-51223E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**1 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

51223014



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

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

Month	Day	Year

0017 Name of company	0019	EIN (9 digits)
<input style="width: 100%;" type="text"/>	-	<input style="width: 100%;" type="text"/>
Address (Number and street, P.O. Box, etc.)		
<input style="width: 100%;" type="text"/>		
City, town, village, etc.	State	ZIP Code
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

51223022



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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

2018			
\$ 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 . . . . . 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**

- 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 . . . . . 6231
- 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 customer . . . . . 6010
- 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 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



51223030

CONTINUE WITH **6** ON PAGE 4



**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ 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 ↴

1799

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**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 orders directly on the firm's websites or mobile applications in 2018?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018
Percent
%

**9-11** Not Applicable.

51223048



**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 of 2018 (or the period for which you are reporting)?**

- 6043  Yes
- No - Go to **13**

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

<b>1. Finished goods</b> . . . . .	1751
<b>2. Work-in-process</b> . . . . .	1752
<b>3. Materials, supplies, fuel, etc.</b> . . . . .	1753 +
<b>4. TOTAL BOOK VALUE</b>	
<i>Sum of lines 1 through 3</i> . . . . .	1754

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.

**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

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

51223055

CONTINUE WITH **14** ON PAGE 6

**14 OPERATING EXPENSES** - Continued

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**  
Sum of lines **1a through 4b** . . . . . 1900

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**15 and 16** Not Applicable.

51223063



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51223071





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-51224A** (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 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	030	280	456

**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. 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

51234011



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
		-	
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
		-	

51234029



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
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 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

2018			
\$ Bil.	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, outdoor stage, conference center) . . . . . 6241

**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 . . . . . 6242

**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 . . . . . 1800

**7** Not Applicable.

51234037



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9-11** Not Applicable.

**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 of 2018 (or the period for which you are reporting)?**

6043  Yes

No - Go to 14

**B. 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			
\$ Bil.	Mil.	Thou.	Dol.

**13** Not Applicable.

51234045





**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

2018			
\$ 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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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CONTINUE WITH 14 ON PAGE 6

CONTINUE ON PAGE 6

51234052



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**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.

51234060



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51234078





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-51224E** (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 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**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

51224012



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017 Name of company	0019 EIN (9 digits)
	-
Address (Number and street, P.O. Box, etc.)	
City, town, village, etc.	State ZIP Code
	-

51224020



**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?

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
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 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

2018			
\$ Bil.	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, outdoor stage, conference center) . . . . . 6241

**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 . . . . . 6242

**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 . . . . . 1800

**7** Not Applicable.

51224038



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9-11** Not Applicable.

**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 of 2018 (or the period for which you are reporting)?**

6043  Yes

No - Go to 14

**B. 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			
\$ Bil.	Mil.	Thou.	Dol.

**13** Not Applicable.

51224046



**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

2018			
\$ 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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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CONTINUE WITH 14 ON PAGE 6

CONTINUE ON PAGE 6

51224053





**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ 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.

51224061



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51224079





# 2018 ANNUAL SERVICES REPORT

FORM  
**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 - 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	030	280	456

**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. 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

51511012



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

51511020



**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?

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

**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 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).

- 1. National/regional/local air time** - Providing air time for broadcasting advertising content and program content (e.g., commercials, real estate listings, infomercials, sponsorship) . . . . . 6250
- 2. Public and non-commercial programming services** - Providing television and radio broadcasts, generally without the insertion of advertising messages, for the benefit of the public at large. The broadcasting of these programs is largely financed by grants, gifts, subsidies, membership dues, underwriting, contracts, fundraising, royalties, and sales . . . . . 6254
- 3. All other operating revenue** - Revenue not reported in lines 1 and 2. Include network compensation. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below ↴

Mark "X" if None	2018			
	\$ Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

**4. TOTAL OPERATING REVENUE**  
Sum of lines 1 through 3 . . . . . 1800

**7** Not Applicable.

51511038



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

51511046



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**1. Personnel Costs**

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

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

<input type="checkbox"/>				
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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 . . . . . 1823

<input type="checkbox"/>				
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**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**. . . . . 1860

<input type="checkbox"/>				
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**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

<input type="checkbox"/>				
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**4. Other Operating Expenses**

**a. 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

<input type="checkbox"/>				
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**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 . . . . . 6256

<input type="checkbox"/>				
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**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 . . . . . 1831

<input type="checkbox"/>				
--------------------------	--	--	--	--

**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** ↴

<input type="checkbox"/>				
--------------------------	--	--	--	--

**5. TOTAL OPERATING EXPENSES**  
Sum of lines **1a through 4d** . . . . . 1900

**15 and 16** Not Applicable.

51511053



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

*(This area is intentionally left blank for providing remarks.)*

**18 CONTACT INFORMATION**

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

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

51511061







# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-51510E** (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 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.	Thou.	Dol.
1	030	280	456

### Include:

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

## 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

51510014



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

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

Month	Day	Year

0017 Name of company	0019 EIN (9 digits)
<input style="width: 100%;" type="text"/>	- <input style="width: 50px;" type="text"/>
Address (Number and street, P.O. Box, etc.)	
<input style="width: 100%;" type="text"/>	
City, town, village, etc.	State ZIP Code
<input style="width: 60%;" type="text"/>	- <input style="width: 30px;" type="text"/>

51510022



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
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 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).

- 1. National/regional/local air time** - Providing air time for broadcasting advertising content and program content (e.g., commercials, real estate listings, infomercials, sponsorship) . . . . . 6250
- 2. Public and non-commercial programming services** - Providing television and radio broadcasts, generally without the insertion of advertising messages, for the benefit of the public at large. The broadcasting of these programs is largely financed by grants, gifts, subsidies, membership dues, underwriting, contracts, fundraising, royalties, and sales . . . . . 6254
- 3. All other operating revenue** - Revenue not reported in lines 1 and 2. **Include** network compensation. **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* . . . . . 1800

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**7** Not Applicable.

51510030



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR** 2501

2018	
Percent	%

**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.

51510048



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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

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**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

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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 . . . . . 1823

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**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**. . . . . 1860

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**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

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**4. Other Operating Expenses**

**a. 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

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**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 . . . . . 6256

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**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 . . . . . 1831

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**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4d** . . . . . 1900

--	--	--	--	--

**15 and 16** Not Applicable.

51510055



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51510063





# 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/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

- 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	030	280	456

### 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. 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

51521011



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

51521029





**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?

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. 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) . . . . . 6261

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**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 . . . . . 6012

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**2. 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 ↴

1799

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**3. TOTAL OPERATING REVENUE**

Sum of lines 1a through 2 . . . . . 1800

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**7** Not Applicable.

51521037



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

51521045



**14 OPERATING EXPENSES** - Continued

Mark "X" if None

2018

\$ Bil.	Mil.	Thou.	Dol.
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**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

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**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

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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 . . . . . 1823

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**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

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**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

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**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 6013

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a** through **4c** . . . . . 1900

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**15** and **16** Not Applicable.

51521052



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51521060





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-51520E** (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 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.	Thou.	Dol.
1	030	280	456

### Include:

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

## 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

51520013



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)		
			-		
Address (Number and street, P.O. Box, etc.)					
City, town, village, etc.				State	ZIP Code
					-

51520021



**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?

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.
- 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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. 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) . . . . . 6261

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**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 . . . . . 6012

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**2. 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 ↴

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1799

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**3. TOTAL OPERATING REVENUE**

Sum of lines 1a through 2 . . . . . 1800

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**7** Not Applicable.

51520039



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

51520047





**14 OPERATING EXPENSES** - Continued

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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 **4c**. . . . . 1860

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**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. 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

--	--	--	--	--

**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a** through **4c** . . . . . 1900

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**15** and **16** Not Applicable.

51520054



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51520062





# 2018 ANNUAL SERVICES REPORT

FORM  
**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/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**

- 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	030	280	456

**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. 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

51711018



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

AND

Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

51711026



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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

2018			
\$ 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
- [Table columns for revenue reporting]
- 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
- [Table columns for revenue reporting]
- 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 . . . . . 6281
- [Table columns for revenue reporting]

**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
- [Table columns for revenue reporting]

CONTINUE WITH **6** ON PAGE 4

CONTINUE ON PAGE 4

51711034



**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

**2018**

\$ Bil.	Mil.	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** . . . . . 6018

**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 . . . . . 6019

**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 prerequisite in order to obtain this service. **Include** Voice Over Internet Protocol (VOIP) and related Internet telephony services . . . . . 6020

**f. Telecommunication network installation services** - Installing wires and other equipment to put a telecommunication network in place . . . . . 6021

**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

**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 . . . . . 6023

**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. . . . . 6024

**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 . . . . . 6321

**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 . . . . . 6322

**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 . . . . . 6323

**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 . . . . . 6012

**e. Rental and reselling services for program distribution equipment** - Renting and retailing equipment necessary to receive programming packages via a program distribution network . . . . . 6324

**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 . . . . . 6325

CONTINUE WITH **6** ON PAGE 5

CONTINUE ON PAGE 5

51711042



**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**3. Other Operating Revenue - Continued**

**g. Website hosting services** - Providing the infrastructure to host a customer's website and related files . . . . . 6031

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**h. All other operating revenue** - Revenue not reported in lines 1a through 3g. 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. TOTAL OPERATING REVENUE**

Sum of lines 1a through 3h . . . . . 1800

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**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018	
Percent	%

**9 and 10** Not Applicable.

51711059



**11 CLASS OF CUSTOMER**

**Total Revenue**

**A. What percentage of sales, receipts, or revenue reported in 6 was received from the following classes of customers in 2018?**

		2018	
		Percent	
1. Household consumers and individual users . . . . .	1763		%
2. Business firms, not-for-profit organizations, and Government (Federal, state, and local) . . . . .	1760 +		%
		100	%

**Fixed Local Telephony**

**B. What percentage of fixed local telephony revenue reported in 6, line 1a, was received from the following categories?**

		2018	
		Percent	
1. Household consumers and individual users . . . . .	6285		%
2. Business firms, not-for-profit organizations, and Government (Federal, state, and local) . . . . .	6273 +		%
		100	%

**Fixed Long-distance Telephony**

**C. What percentage of fixed long-distance telephony revenue reported in 6, line 1b, was received from the following categories?**

		2018	
		Percent	
1. Household consumers and individual users . . . . .	6288		%
2. Business firms, not-for-profit organizations, and Government (Federal, state, and local) . . . . .	6274 +		%
		100	%

**Subscriber Line Charges**

**D. What percentage of subscriber line charges revenue reported in 6, line 2c, was received from the following categories?**

		2018	
		Percent	
1. Household consumers and individual users . . . . .	6291		%
2. Business firms, not-for-profit organizations, and Government (Federal, state, and local) . . . . .	6275 +		%
		100	%

**12 and 13** Not Applicable.

51711067





**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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

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

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

<input type="checkbox"/>									
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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 . . . . . 1823

<input type="checkbox"/>									
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**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 4e. . . . . 1860

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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51711075



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**4. 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** ↴

1879

**5. TOTAL OPERATING EXPENSES**

*Sum of lines 1a through 4e* . . . . . 1900

**15 and 16** Not Applicable.

51711083



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51711091





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-51710E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**1 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

51710010



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)		
			-		
Address (Number and street, P.O. Box, etc.)					
<input style="width: 100%;" type="text"/>					
City, town, village, etc.				State	ZIP Code
					-

51710028



**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.
- 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

2018			
\$ 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
- [Table columns: \$ Bil., Mil., Thou., Dol.]
- 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
- [Table columns: \$ Bil., Mil., Thou., Dol.]
- 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 . . . . . 6281
- [Table columns: \$ Bil., Mil., Thou., Dol.]

**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
- [Table columns: \$ Bil., Mil., Thou., Dol.]

CONTINUE WITH **6** ON PAGE 4

CONTINUE ON PAGE 4

51710036



**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ Bil.	Mil.	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** . . . . . 6018

**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 . . . . . 6019

**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 prerequisite in order to obtain this service. **Include** Voice Over Internet Protocol (VOIP) and related Internet telephony services . . . . . 6020

**f. Telecommunication network installation services** - Installing wires and other equipment to put a telecommunication network in place . . . . . 6021

**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

**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 . . . . . 6023

**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. . . . . 6024

**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 . . . . . 6321

**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 . . . . . 6322

**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 . . . . . 6323

**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 . . . . . 6012

**e. Rental and reselling services for program distribution equipment** - Renting and retailing equipment necessary to receive programming packages via a program distribution network . . . . . 6324

**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 . . . . . 6325

51710044



CONTINUE WITH 6 ON PAGE 5

CONTINUE ON PAGE 5

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**3. Other Operating Revenue - Continued**

**g. Website hosting services** - Providing the infrastructure to host a customer's website and related files . . . . . 6031

**h. All other operating revenue** - Revenue not reported in lines 1a through 3g. 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 3h . . . . . 1800

**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2018	
Percent	%

**9 and 10** Not Applicable.

51710051





**11 CLASS OF CUSTOMER**

**Total Revenue**

**A. What percentage of sales, receipts, or revenue reported in 6 was received from the following classes of customers in 2018?**

		2018	
		Percent	
1. Household consumers and individual users . . . . .	1763		%
2. Business firms, not-for-profit organizations, and Government (Federal, state, and local) . . . . .	1760 +		%
		100	%

**Fixed Local Telephony**

**B. What percentage of fixed local telephony revenue reported in 6, line 1a, was received from the following categories?**

		2018	
		Percent	
1. Household consumers and individual users . . . . .	6285		%
2. Business firms, not-for-profit organizations, and Government (Federal, state, and local) . . . . .	6273 +		%
		100	%

**Fixed Long-distance Telephony**

**C. What percentage of fixed long-distance telephony revenue reported in 6, line 1b, was received from the following categories?**

		2018	
		Percent	
1. Household consumers and individual users . . . . .	6288		%
2. Business firms, not-for-profit organizations, and Government (Federal, state, and local) . . . . .	6274 +		%
		100	%

**Subscriber Line Charges**

**D. What percentage of subscriber line charges revenue reported in 6, line 2c, was received from the following categories?**

		2018	
		Percent	
1. Household consumers and individual users . . . . .	6291		%
2. Business firms, not-for-profit organizations, and Government (Federal, state, and local) . . . . .	6275 +		%
		100	%

**12 and 13** Not Applicable.

51710069



**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

2018			
\$ 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

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**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

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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 . . . . . 1823

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**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 3, the cost of motor fuels in line , and leased and rented equipment in line 4e. . . . . 1860

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**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

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**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

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51710077



CONTINUE WITH 14 ON PAGE 8

CONTINUE ON PAGE 8

**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	DoI.
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**4. 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** ↴

1879

**5. TOTAL OPERATING EXPENSES**

*Sum of lines 1a through 4e* . . . . . 1900

**15 and 16** Not Applicable.

51710085



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51710093





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-51721A** (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 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	030	280	456

**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. 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

51723013



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

51723021



**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

0006

0008

**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 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

2018			
\$ 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 . . . . . 6027
- 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 . . . . . 6312


51723039



CONTINUE WITH 6 ON PAGE 4

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

				2018			
				\$ Bil.	Mil.	Thou.	Dol.
<b>2. Other Telecommunications Services</b>							
<b>a. Internet access services</b> - Providing a direct connection to the Internet, both wired and wireless. <b>Include</b> broadband, narrowband, digital subscriber lines (DSL), dial-up, and always-on Internet access services . . . . .	6019	<input type="checkbox"/>					
<b>b. Telecommunication network installation services</b> - Installing wires and other equipment to put a telecommunication network in place . . . . .	6021	<input type="checkbox"/>					
<b>c. Reselling services for telecommunications equipment, retail</b> - 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	<input type="checkbox"/>					
<b>d. Rental of telecommunications equipment</b> - Renting or leasing telecommunication equipment such as fixed or mobile telephones, pagers, mobile radio units, key telephones, PBX, modems, and data terminal equipment . . . . .	6023	<input type="checkbox"/>					
<b>e. Repair and maintenance services for telecommunications equipment</b> - Repair and maintenance of telecommunications equipment, facilities, and related products on or off a customer's premises. <b>Include</b> telephones, modems, multi-plexers, earth stations, etc. . . . .	6024	<input type="checkbox"/>					
<b>3. All other operating revenue</b> - 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 ↴							
<input type="text"/>	1799	<input type="checkbox"/>					
<b>4. TOTAL OPERATING REVENUE</b>							
<i>Sum of lines 1a through 3</i> . . . . .	1800						

**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?**

0040  Yes

No

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

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. . . . .** 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018	
Percent	%

51723047





9 and 10 Not Applicable.

11 CLASS OF CUSTOMER

What percentage of sales, receipts, or revenue reported in 6 was received from the following classes of customers in 2018 and 2017?

2018	
Percent	
	%
	%
100	%

1. Household consumers and individual users . . . . . 1763

2. Business firms, not-for-profit organizations, and Government (Federal, state, and local) . 1760 +

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.

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

1. Personnel Costs

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

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

<input type="checkbox"/>									
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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 . . . . . 1823

<input type="checkbox"/>									
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51723054



CONTINUE WITH 14 ON PAGE 6

**14 OPERATING EXPENSES** - Continued

Mark "X" if None

				2018			
				\$ Bil.	Mil.	Thou.	Dol.
<b>2. Expensed equipment, materials, parts, and supplies (not for resale) - Include</b> expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). <b>Include</b> 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 <b>3</b> and leased and rented equipment in line <b>4d</b> . . . . .	1860	<input type="checkbox"/>					
<b>3. Expensed purchases of software</b> - Purchases of prepackaged, custom coded, or vendor customized software. <b>Include</b> software developed or customized by others, web-design services and purchases, licensing agreements, upgrades of software, and maintenance fees related to software upgrades and alterations . . . . .	1826	<input type="checkbox"/>					
<b>4. Other Operating Expenses</b>							
<b>a. Access charges</b> - Payment for access to the local loop. Firms providing cellular phone service, report interconnection fees here. <b>Include</b> fees for leased facilities access charges paid to foreign companies for international calls originating in the United States . . . . .	6025	<input type="checkbox"/>					
<b>b. Universal service contributions (USC) and other similar charges</b> - Payments to state and federal governments to support universal funds for services for local and independent providers . . . . .	6026	<input type="checkbox"/>					
<b>c. Depreciation and amortization charges</b> - <b>Include</b> 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). <b>Exclude</b> impairment . . . . .	1831	<input type="checkbox"/>					
<b>d. All other operating expenses</b> - All other operating expenses not reported above, unless specifically excluded in the general instructions. <b>Include</b> office postage paid and package delivery. <b>Exclude</b> purchases of merchandise for resale and non-operating expenses. <b>If this item is greater than 20% of the total operating expenses, specify the primary source of the expenses below</b> ↴							
<input type="text"/>	1879	<input type="checkbox"/>					
<b>5. TOTAL OPERATING EXPENSES</b>							
<i>Sum of lines 1a through 4d</i> . . . . .	1900						

**15 and 16** Not Applicable.

51723062



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

*(This area is intentionally left blank for providing remarks.)*

**18 CONTACT INFORMATION**

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

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

51723070





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-51721E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**① 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

51721017



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017 Name of company	0019 EIN (9 digits)
<input style="width: 100%;" type="text"/>	-
Address (Number and street, P.O. Box, etc.)	
<input style="width: 100%;" type="text"/>	
City, town, village, etc.	State ZIP Code
<input style="width: 60%;" type="text"/>	-

51721025



**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

**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 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

2018			
\$ 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 . . . . . 6027
- 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 . . . . . 6312


51721033



CONTINUE WITH **6** ON PAGE 4

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

				2018			
				\$ Bil.	Mil.	Thou.	Dol.
<b>2. Other Telecommunications Services</b>							
<b>a. Internet access services</b> - Providing a direct connection to the Internet, both wired and wireless. <b>Include</b> broadband, narrowband, digital subscriber lines (DSL), dial-up, and always-on Internet access services . . . . .	6019	<input type="checkbox"/>					
<b>b. Telecommunication network installation services</b> - Installing wires and other equipment to put a telecommunication network in place . . . . .	6021	<input type="checkbox"/>					
<b>c. Reselling services for telecommunications equipment, retail</b> - 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	<input type="checkbox"/>					
<b>d. Rental of telecommunications equipment</b> - Renting or leasing telecommunication equipment such as fixed or mobile telephones, pagers, mobile radio units, key telephones, PBX, modems, and data terminal equipment . . . . .	6023	<input type="checkbox"/>					
<b>e. Repair and maintenance services for telecommunications equipment</b> - Repair and maintenance of telecommunications equipment, facilities, and related products on or off a customer's premises. <b>Include</b> telephones, modems, multi-plexers, earth stations, etc. . . . .	6024	<input type="checkbox"/>					
<b>3. All other operating revenue</b> - 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 ↴							
	1799	<input type="checkbox"/>					
<b>4. TOTAL OPERATING REVENUE</b>							
<i>Sum of lines 1a through 3</i> . . . . .	1800						

**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?**

0040  Yes

No

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

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.** . . . . . 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR 2501

2018	
Percent	%

51721041



9 and 10 Not Applicable.

11 CLASS OF CUSTOMER

What percentage of sales, receipts, or revenue reported in 6 was received from the following classes of customers in 2018 and 2017?

- 1. Household consumers and individual users . . . . . 1763
- 2. Business firms, not-for-profit organizations, and Government (Federal, state, and local) . 1760 +

2018	
Percent	
	%
	%
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.

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

1. Personnel Costs

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

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

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

<input type="checkbox"/>									
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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 . . . . . 1823

<input type="checkbox"/>									
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51721058



CONTINUE WITH 14 ON PAGE 6



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

				2018			
				\$ Bil.	Mil.	Thou.	Dol.
<b>2. Expensed equipment, materials, parts, and supplies (not for resale) - Include</b> expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). <b>Include</b> 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 <b>3</b> and leased and rented equipment in line <b>4d</b> . . . . .	1860	<input type="checkbox"/>					
<b>3. Expensed purchases of software -</b> Purchases of prepackaged, custom coded, or vendor customized software. <b>Include</b> software developed or customized by others, web-design services and purchases, licensing agreements, upgrades of software, and maintenance fees related to software upgrades and alterations . . . .	1826	<input type="checkbox"/>					
<b>4. Other Operating Expenses</b>							
<b>a. Access charges -</b> Payment for access to the local loop. Firms providing cellular phone service, report interconnection fees here. <b>Include</b> fees for leased facilities access charges paid to foreign companies for international calls originating in the United States . . . . .	6025	<input type="checkbox"/>					
<b>b. Universal service contributions (USC) and other similar charges -</b> Payments to state and federal governments to support universal funds for services for local and independent providers . . . . .	6026	<input type="checkbox"/>					
<b>c. Depreciation and amortization charges - Include</b> 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). <b>Exclude</b> impairment . . . . .	1831	<input type="checkbox"/>					
<b>d. All other operating expenses -</b> All other operating expenses not reported above, unless specifically excluded in the general instructions. <b>Include</b> office postage paid and package delivery. <b>Exclude</b> purchases of merchandise for resale and non-operating expenses. <b>If this item is greater than 20% of the total operating expenses, specify the primary source of the expenses below</b> ↴							
<input type="text"/>	1879	<input type="checkbox"/>					
<b>5. TOTAL OPERATING EXPENSES</b>							
<i>Sum of lines 1a through 4d</i> . . . . .	1900						

**15 and 16** Not Applicable.

51721066



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51721074





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-51730A** (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 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	030	280	456

**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. 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

51731016



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

51731024



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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

2018			
\$ 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 . . . . . 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 related to these calls . . . . . 6016
- 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 . . . . . 6027
- 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 . . . . . 6017

<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

51731032



CONTINUE WITH **6** ON PAGE 4

CONTINUE ON PAGE 4

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

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

**6. TOTAL OPERATING REVENUE**

Sum of lines 1 through 5 . . . . . 1800

**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?

0040  Yes

No

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

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. . . . . 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018	
Percent	%

**9 and 10** Not Applicable.

**11 CLASS OF CUSTOMER**

What percentage of sales, receipts, or revenue reported in 6 was received from the following classes of customers in 2018 and 2017?

1. Household consumers and individual users . . . . . 1763

2. Business firms, not-for-profit organizations, and Government (Federal, state, and local) . 1760 +

2018	
Percent	%
100	%

**12 and 13** Not Applicable.

51731040



**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

2018			
\$ 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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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51731057



CONTINUE WITH 14 ON PAGE 6

**14 OPERATING EXPENSES - Continued**

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**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 . . . . . 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

**5. TOTAL OPERATING EXPENSES**

*Sum of lines 1a through 4c* . . . . . 1900

**15 and 16** Not Applicable.

51731065





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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51731073





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-51730E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**1 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

51730018



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)		
			-		
Address (Number and street, P.O. Box, etc.)					
<input style="width: 100%;" type="text"/>					
City, town, village, etc.				State	ZIP Code
					-

51730026



**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.
- 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

2018			
\$ 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 . . . . . 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 related to these calls . . . . . 6016
- 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 . . . . . 6027
- 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 . . . . . 6017

<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

51730034



CONTINUE WITH **6** ON PAGE 4

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

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

**6. TOTAL OPERATING REVENUE**

Sum of lines 1 through 5 . . . . . 1800

**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?

0040  Yes

No

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

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. . . . . 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018	
Percent	%

**9 and 10** Not Applicable.

**11 CLASS OF CUSTOMER**

What percentage of sales, receipts, or revenue reported in 6 was received from the following classes of customers in 2018 and 2017?

1. Household consumers and individual users . . . . . 1763

2. Business firms, not-for-profit organizations, and Government (Federal, state, and local) . 1760 +

2018	
Percent	%
100	%

**12 and 13** Not Applicable.

51730042



**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

2018			
\$ 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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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51730059



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

**2018**

	\$ Bil.	Mil.	Thou.	DoI.
<input type="checkbox"/>				
<input type="checkbox"/>				

**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 . . . . . 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

**5. TOTAL OPERATING EXPENSES**

*Sum of lines 1a through 4c* . . . . . 1900

**15 and 16** Not Applicable.

51730067



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51730075







# 2018 ANNUAL SERVICES REPORT

FORM  
**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.

**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	030	280	456

**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. 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

51741015



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

51741023



**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?

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.
- 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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. 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

--	--	--	--

**2. 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 1 . . . . . 6018

--	--	--	--

**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 . . . . . 1800

--	--	--	--

**7** Not Applicable.

51741031



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

51741049



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

				2018			
				\$ Bil.	Mil.	Thou.	Dol.
<b>1. Personnel Costs</b>							
<b>a. Gross annual payroll</b> - 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). <b>Include</b> the spread on stock options that are taxable to employees as wages . . . . . 1821	<input type="checkbox"/>						
<b>b. Employer's cost for fringe benefits</b> - Employer's cost for legally required programs and programs not required by law. <b>Include</b> 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). <b>Exclude</b> employee contributions. . . . . 1822	<input type="checkbox"/>						
<b>c. Temporary staff and leased employee expense</b> - Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. <b>Include</b> all charges for payroll, benefits, and services . . . . . 1823	<input type="checkbox"/>						
<b>2. Expensed equipment, materials, parts, and supplies (not for resale)</b> - <b>Include</b> expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). <b>Include</b> 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 <b>3</b> and leased and rented equipment in line <b>4c</b> . . . . . 1860							
<b>3. Expensed purchases of software</b> - Purchases of prepackaged, custom coded, or vendor customized software. <b>Include</b> software developed or customized by others, web-design services and purchases, licensing agreements, upgrades of software, and maintenance fees related to software upgrades and alterations . . . . . 1826	<input type="checkbox"/>						
<b>4. Other Operating Expenses</b>							
<b>a. Access charges</b> - Payment for access to the local loop. Firms providing cellular phone service, report interconnection fees here. <b>Include</b> fees for leased facilities access charges paid to foreign companies for international calls originating in the United States . . . . . 6025	<input type="checkbox"/>						
<b>b. Depreciation and amortization charges</b> - <b>Include</b> 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). <b>Exclude</b> impairment . . . . . 1831	<input type="checkbox"/>						
<b>c. All other operating expenses</b> - All other operating expenses not reported above, unless specifically excluded in the general instructions. <b>Include</b> office postage paid and package delivery. <b>Exclude</b> purchases of merchandise for resale and non-operating expenses. <b>If this item is greater than 20% of the total operating expenses, specify the primary source of the expenses below</b> ↴	<input type="checkbox"/>						
<b>5. TOTAL OPERATING EXPENSES</b> <i>Sum of lines 1a through 4c</i> . . . . . 1900	<input type="checkbox"/>						

**15 and 16** Not Applicable.

51741056



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

**18 CONTACT INFORMATION**

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

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

51741064





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-51740E** (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 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**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

51740017



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)		
			-		
Address (Number and street, P.O. Box, etc.)					
City, town, village, etc.				State	ZIP Code
					-

51740025





**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?

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.
- 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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. 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

<input type="checkbox"/>				
--------------------------	--	--	--	--

**2. 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 1 . . . . . 6018

<input type="checkbox"/>				
--------------------------	--	--	--	--

**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	<input type="checkbox"/>				
--	------	--------------------------	--	--	--	--

**4. TOTAL OPERATING REVENUE**  
Sum of lines 1 through 3 . . . . . 1800

<input type="checkbox"/>				
--------------------------	--	--	--	--

**7** Not Applicable.

51740033



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

51740041



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

				2018			
				\$ Bil.	Mil.	Thou.	Dol.
<b>1. Personnel Costs</b>							
<b>a. Gross annual payroll</b>	- 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). <b>Include</b> the spread on stock options that are taxable to employees as wages	1821	<input type="checkbox"/>				
<b>b. Employer's cost for fringe benefits</b>	- Employer's cost for legally required programs and programs not required by law. <b>Include</b> 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). <b>Exclude</b> employee contributions.	1822	<input type="checkbox"/>				
<b>c. Temporary staff and leased employee expense</b>	- Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. <b>Include</b> all charges for payroll, benefits, and services	1823	<input type="checkbox"/>				
<b>2. Expensed equipment, materials, parts, and supplies (not for resale) - Include</b> expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). <b>Include</b> 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	<input type="checkbox"/>		
<b>3. Expensed purchases of software</b> - Purchases of prepackaged, custom coded, or vendor customized software. <b>Include</b> software developed or customized by others, web-design services and purchases, licensing agreements, upgrades of software, and maintenance fees related to software upgrades and alterations				1826	<input type="checkbox"/>		
<b>4. Other Operating Expenses</b>							
<b>a. Access charges</b>	- Payment for access to the local loop. Firms providing cellular phone service, report interconnection fees here. <b>Include</b> fees for leased facilities access charges paid to foreign companies for international calls originating in the United States	6025	<input type="checkbox"/>				
<b>b. Depreciation and amortization charges</b>	- <b>Include</b> 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). <b>Exclude</b> impairment	1831	<input type="checkbox"/>				
<b>c. All other operating expenses</b>	- All other operating expenses not reported above, unless specifically excluded in the general instructions. <b>Include</b> office postage paid and package delivery. <b>Exclude</b> purchases of merchandise for resale and non-operating expenses. <b>If this item is greater than 20% of the total operating expenses, specify the primary source of the expenses below</b> ↴	1879	<input type="checkbox"/>				
<b>5. TOTAL OPERATING EXPENSES</b>							
<i>Sum of lines 1a through 4c</i>				1900			

**15 and 16** Not Applicable.

51740058



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51740066





# 2018 ANNUAL SERVICES REPORT

FORM

**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/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**

- 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	030	280	456

**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. 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

51791010



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

51791028



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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.

**1. TOTAL OPERATING REVENUE** . . . . . 1800

**7** Not Applicable.

51791036



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

51791044





**14 OPERATING EXPENSES** - Continued

Mark "X" if None

2018			
\$ 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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4c** . . . . . 1900

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**15 and 16** Not Applicable.

51791051



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

*(This area is intentionally left blank for providing remarks.)*

**18 CONTACT INFORMATION**

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

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

51791069





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-51790E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**1 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

51790012



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017 Name of company	0019 EIN (9 digits)
<input style="width: 100%;" type="text"/>	-
Address (Number and street, P.O. Box, etc.)	
<input style="width: 100%;" type="text"/>	
City, town, village, etc.	State ZIP Code
<input style="width: 60%;" type="text"/>	-

51790020



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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.

**1. TOTAL OPERATING REVENUE** . . . . . 1800

**7** Not Applicable.

51790038



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

51790046



**14 OPERATING EXPENSES** - Continued

Mark "X" if None

				2018			
				\$ Bil.	Mil.	Thou.	Dol.
<b>1. Personnel Costs</b>							
<b>a. Gross annual payroll</b> - 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). <b>Include</b> the spread on stock options that are taxable to employees as wages . . . . .	1821	<input type="checkbox"/>					
<b>b. Employer's cost for fringe benefits</b> - Employer's cost for legally required programs and programs not required by law. <b>Include</b> 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). <b>Exclude</b> employee contributions. . . . .	1822	<input type="checkbox"/>					
<b>c. Temporary staff and leased employee expense</b> - Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. <b>Include</b> all charges for payroll, benefits, and services . . . . .	1823	<input type="checkbox"/>					
<b>2. Expensed equipment, materials, parts, and supplies (not for resale)</b> - <b>Include</b> expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). <b>Include</b> 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 <b>3</b> and leased and rented equipment in line <b>4c</b> . . . . .							
	1860	<input type="checkbox"/>					
<b>3. Expensed purchases of software</b> - Purchases of prepackaged, custom coded, or vendor customized software. <b>Include</b> software developed or customized by others, web-design services and purchases, licensing agreements, upgrades of software, and maintenance fees related to software upgrades and alterations . . . . .							
	1826	<input type="checkbox"/>					
<b>4. Other Operating Expenses</b>							
<b>a. Access charges</b> - Payment for access to the local loop. Firms providing cellular phone service, report interconnection fees here. <b>Include</b> fees for leased facilities access charges paid to foreign companies for international calls originating in the United States . . . . .	6025	<input type="checkbox"/>					
<b>b. Depreciation and amortization charges</b> - <b>Include</b> 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). <b>Exclude</b> impairment . . . . .	1831	<input type="checkbox"/>					
<b>c. All other operating expenses</b> - All other operating expenses not reported above, unless specifically excluded in the general instructions. <b>Include</b> office postage paid and package delivery. <b>Exclude</b> purchases of merchandise for resale and non-operating expenses. <b>If this item is greater than 20% of the total operating expenses, specify the primary source of the expenses below</b> ↴		<input type="checkbox"/>					
	1879	<input type="checkbox"/>					
<b>5. TOTAL OPERATING EXPENSES</b>							
<i>Sum of lines 1a through 4c</i> . . . . .	1900						

**15 and 16** Not Applicable.

51790053



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51790061







# 2018 ANNUAL SERVICES REPORT

FORM  
**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/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

- 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	030	280	456

### 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. 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

51830016



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

0001  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?**

0016  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 **17**.

- Acquisition
- Sale
- Merger
- Divestiture

0091

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-

Address (Number and street, P.O. Box, etc.)

City, town, village, etc.	State	ZIP Code
		-

51830024



**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?**

- Calendar year 0006
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. 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 . . . . . 6364

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**2. Other Operating Revenue**

**a. Information technology (IT) design and development services** - Providing technical expertise to design and develop an IT solution (e.g., custom applications, networks, computer systems) . . . . . 6032

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**b. Information technology (IT) technical support services** - Providing technical expertise to solve software, hardware, or computer system problems for others . . . . . 6035

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**c. Information technology (IT) technical consulting 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

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**d. Information and document transformation services** - Imaging or other data capture services (e.g., data conversion, data migration services) . . . . . 6365

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51830032



CONTINUE WITH 6 ON PAGE 4

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**2. Other Operating Revenue - Continued**

- e. **Software publishing** - Developing software for wide distribution, mass production, or licensing . . . . . 6036
- f. **Resale of computer hardware and software** - Retailing of computer hardware and software . . . . . 6006
- 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 ↴


1799

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**3. TOTAL OPERATING REVENUE**  
Sum of lines 1a through 2g . . . . . 1800

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**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?**

- 0040  Yes
- No

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

- 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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2018
Percent

2501 %

**9-13** Not Applicable.

51830040



**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

2018			
\$ 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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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CONTINUE WITH 14 ON PAGE 6

CONTINUE ON PAGE 6

51830057



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**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.

51830065



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51830073





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-51820E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**1 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

51820017





**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)		-		
Address (Number and street, P.O. Box, etc.)							
City, town, village, etc.					State	ZIP Code	
						-	

51820025





**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**2. Other Operating Revenue - Continued**

**e. Software publishing** - Developing software for wide distribution, mass production, or licensing . . . . . 6036

**f. Resale of computer hardware and software** - Retailing of computer hardware and software . . . . . 6006

**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 ↴

1799

**3. TOTAL OPERATING REVENUE**

Sum of lines 1a through 2g . . . . . 1800

**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2018	
Percent	%

**9-13** Not Applicable.

51820041



**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

2018			
\$ 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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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CONTINUE WITH 14 ON PAGE 6

51820058



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**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.

51820066



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51820074





# 2018 ANNUAL SERVICES REPORT

FORM  
**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 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	030	280	456

**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. 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

51921013



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

51921021





**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?

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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

2018			
\$ 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 ↴

\_\_\_\_\_

1799

**3. TOTAL OPERATING REVENUE**

Sum of lines 1 and 2 . . . . . 1800

**7** Not Applicable.

51921039



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

51921047



**14 OPERATING EXPENSES** - Continued

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4b** . . . . . 1900

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**15 and 16** Not Applicable.

51921054



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51921062





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-51911E** (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 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.	Thou.	Dol.
1	030	280	456

### Include:

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

## 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

51911014



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017 Name of company	0019 EIN (9 digits)
<input style="width: 100%;" type="text"/>	-
Address (Number and street, P.O. Box, etc.)	
<input style="width: 100%;" type="text"/>	
City, town, village, etc.	State ZIP Code
<input style="width: 60%;" type="text"/>	-

51911022



**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?

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.
- 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).

**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

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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 ↴

\_\_\_\_\_ 1799

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**3. TOTAL OPERATING REVENUE**

Sum of lines 1 and 2 . . . . . 1800

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**7** Not Applicable.

51911030



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

51911048





**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ 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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4b** . . . . . 1900

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**15 and 16** Not Applicable.

51911055



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51911063





# 2018 ANNUAL SERVICES REPORT

FORM  
**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 **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	030	280	456

**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. 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

51922011



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

51922029



**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?**

- 0006  Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

0008

**5 TAX STATUS**

**A. Is this firm or organization operated on a not-for-profit basis?**

- 0031  Yes
- 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
- 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.

51922037



**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Non-Operating Revenue** (Lines 1a through 1d to be completed by tax-exempt firms only)

**a. Contributions, gifts, and grants received** . . . . . 1741

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

**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 . . . . . 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** ↴

1809

**2. TOTAL REVENUE** (To be completed by tax-exempt and taxable firms)

*For tax-exempt firms this is the sum of lines 1a through 1d* . . . . . 1800

**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?**

0040  Yes

No

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

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.** . . . . . 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OR

2018
Percent
<input type="text"/> %

**9 - 13** Not Applicable.

51922045

**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

2018			
\$ 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

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**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

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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 . . . . . 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

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CONTINUE WITH 14 ON PAGE 6

51922052



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ 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.

51922060





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

*(This area is intentionally left blank for providing remarks.)*

**18 CONTACT INFORMATION**

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

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

51922078





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-51912E** (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 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**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

51912012



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

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

Month	Day	Year

0017 Name of company	0019 EIN (9 digits)
	-
Address (Number and street, P.O. Box, etc.)	
City, town, village, etc.	State ZIP Code
	-

51912020



**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?**

- 0006  Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

0008

**5 TAX STATUS**

**A. Is this firm or organization operated on a not-for-profit basis?**

- 0031  Yes
- 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
- 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.

51912038



**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Non-Operating Revenue** (Lines 1a through 1d to be completed by tax-exempt firms only)

- a. Contributions, gifts, and grants received** . . . . . 1741
- b. Investment and property income - Include** interest and dividends. **Exclude** gains (losses) from assets sold . . . . . 1742
- 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 . . . . . 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** ↴

<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

**2. TOTAL REVENUE** (To be completed by tax-exempt and taxable firms)

For tax-exempt firms this is the sum of lines 1a through 1d . . . . . 1800

<input type="checkbox"/>				

**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?**

- 0040  Yes
- No

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

- 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.** . . . . . 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2018
Percent

**9 - 13** Not Applicable.

51912046

**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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

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

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

<input type="checkbox"/>									
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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 . . . . . 1823

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**4. Other Operating Expenses**

**a. Depreciation and amortization charges** - **Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831

<input type="checkbox"/>									
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51912053



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**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.

51912061



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51912079







# 2018 ANNUAL SERVICES REPORT

FORM  
**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/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

- 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	030	280	456

### 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. 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

51923019



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

51923027



**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.
- 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

2018			
\$ Bil.	Mil.	Thou.	Dol.

- 1. 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 . . . . . 6271
- 2. 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) 6014
- 3. 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 . . . . . 6272
- 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 ↴

<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

**5. TOTAL OPERATING REVENUE**  
Sum of lines 1 through 4 . . . . . 1800

**7** Not Applicable.

51923035



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9 and 10** Not Applicable.

**11 CLASS OF CUSTOMER**

**What percentage of sales, receipts, or revenue reported in 6 was received from the following classes of customers in 2018 and 2017?**

**1. Household consumers and individual users . . . . . 1763**

**2. Business firms, not-for-profit organizations, and Government (Federal, state, and local) . 1760 +**

2018	
Percent	%
	%
	%
100	%

**12 and 13** Not Applicable.

51923043



**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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

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

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

<input type="checkbox"/>									
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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 . . . . . 1823

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**4. Other Operating Expenses**

**a. Depreciation and amortization charges** - **Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831

<input type="checkbox"/>									
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51923050



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ 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.

51923068



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

51923076



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



# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-51913E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**1 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

51913010





**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)		
			-		
Address (Number and street, P.O. Box, etc.)					
City, town, village, etc.				State	ZIP Code
					-

51913028



**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.
- 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

2018			
\$ Bil.	Mil.	Thou.	Dol.

- 1. 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 . . . . . 6271
- 2. 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) 6014
- 3. 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 . . . . . 6272
- 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 ↴

<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

**5. TOTAL OPERATING REVENUE**  
Sum of lines 1 through 4 . . . . . 1800

**7** Not Applicable.

51913036



**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?**

0040  Yes

No

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

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.** . . . . . 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9 and 10** Not Applicable.

**11 CLASS OF CUSTOMER**

**What percentage of sales, receipts, or revenue reported in 6 was received from the following classes of customers in 2018 and 2017?**

**1. Household consumers and individual users** . . . . . 1763

**2. Business firms, not-for-profit organizations, and Government (Federal, state, and local)** . 1760 +

2018	
Percent	%
	%
	%
100	%

**12 and 13** Not Applicable.

51913044



**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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

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

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

<input type="checkbox"/>									
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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 . . . . . 1823

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**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

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**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

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**4. Other Operating Expenses**

**a. Depreciation and amortization charges** - **Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831

<input type="checkbox"/>									
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51913051



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ 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.

51913069



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

**18 CONTACT INFORMATION**

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

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

51913077





# 2018 ANNUAL SERVICES REPORT

FORM  
**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/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**

- 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	030	280	456

**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. 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

51929016



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

51929024





**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.
- 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).

**1. 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

**2. Information services** - Storing collections of information for dissemination or other access. **Include** stock photo services, telephone based recordings, provision of real time financial market data, bulletin broadcasting . . . . . 6392

**3. All other operating revenue** - Revenue not reported in lines 1 and 2. **Include** media monitoring and analysis and advertising. **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 . . . . . 1800

Mark "X" if None	2018			
	\$ Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

**7** Not Applicable.

51929032



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR** 2501

2018	
Percent	%

**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.

51929040



**14 OPERATING EXPENSES** - Continued

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4b** . . . . . 1900

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**15 and 16** Not Applicable.

51929057



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51929065





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-51919E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**① 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

51919017



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

51919025



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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).

**1. 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

**2. Information services** - Storing collections of information for dissemination or other access. **Include** stock photo services, telephone based recordings, provision of real time financial market data, bulletin broadcasting . . . . . 6392

**3. All other operating revenue** - Revenue not reported in lines 1 and 2. **Include** media monitoring and analysis and advertising. **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 . . . . . 1800

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**7** Not Applicable.

51919033



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

51919041





**14 OPERATING EXPENSES - Continued**

Mark "X" if None

				2018			
				\$ Bil.	Mil.	Thou.	Dol.
<b>1. Personnel Costs</b>							
<b>a. Gross annual payroll</b> - 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). <b>Include</b> the spread on stock options that are taxable to employees as wages . . . . . 1821	<input type="checkbox"/>						
<b>b. Employer's cost for fringe benefits</b> - Employer's cost for legally required programs and programs not required by law. <b>Include</b> 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). <b>Exclude</b> employee contributions. . . . . 1822	<input type="checkbox"/>						
<b>c. Temporary staff and leased employee expense</b> - Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. <b>Include</b> all charges for payroll, benefits, and services . . . . . 1823	<input type="checkbox"/>						
<b>2. Expensed equipment, materials, parts, and supplies (not for resale)</b> - <b>Include</b> expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). <b>Include</b> 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 <b>3</b> and leased and rented equipment in line <b>4b</b> . . . . . 1860							
<b>3. Expensed purchases of software</b> - Purchases of prepackaged, custom coded, or vendor customized software. <b>Include</b> software developed or customized by others, web-design services and purchases, licensing agreements, upgrades of software, and maintenance fees related to software upgrades and alterations . . . . . 1826	<input type="checkbox"/>						
<b>4. Other Operating Expenses</b>							
<b>a. Depreciation and amortization charges</b> - <b>Include</b> 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). <b>Exclude</b> impairment . . . . . 1831	<input type="checkbox"/>						
<b>b. All other operating expenses</b> - All other operating expenses not reported above, unless specifically excluded in the general instructions. <b>Include</b> office postage paid and package delivery. <b>Exclude</b> purchases of merchandise for resale and non-operating expenses. <b>If this item is greater than 20% of the total operating expenses, specify the primary source of the expenses below</b> ↴							
<input type="text"/>							
<b>5. TOTAL OPERATING EXPENSES</b>							
<i>Sum of lines 1a through 4b</i> . . . . . 1900							

**15 and 16** Not Applicable.

51919058



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

51919066





# 2018 ANNUAL SERVICES REPORT

FORM  
**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/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

- 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	030	280	456

### 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. 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

52001013



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

AND

Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

52001021



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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.
- 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.

**1. TOTAL OPERATING REVENUE** . . . . . 1800

**7** Not Applicable.

52001039



**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?**

0040  Yes

No

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

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.** . . . . . 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR 2501

2018	
Percent	%

**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., 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.

**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

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CONTINUE WITH 14 ON PAGE 5

52001047



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**b. Operating interest expense** . . . . . 2110

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**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

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**5. TOTAL OPERATING EXPENSES**  
Sum of lines **1a through 4c** . . . . . 1900

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**15 and 16** Not Applicable.

52001054



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

52001062







# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-52000E** (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 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**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

52000015



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)		
			-		
Address (Number and street, P.O. Box, etc.)					
City, town, village, etc.				State	ZIP Code
					-

52000023



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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.
- 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.

**1. TOTAL OPERATING REVENUE** . . . . . 1800

**7** Not Applicable.

52000031



**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?**

0040  Yes

No

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

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.** . . . . . 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR 2501

2018	
Percent	%

**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., 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.

**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

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CONTINUE WITH 14 ON PAGE 5

52000049



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**b. Operating interest expense** . . . . . 2110

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**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4c** . . . . . 1900

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**15 and 16** Not Applicable.

52000056



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

52000064



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



# 2018 ANNUAL SERVICES REPORT

FORM  
**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.

**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	030	280	456

**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. 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

52210010



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

52210028





**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.

- 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, other) and unsecured loans . . . . . 2120
- 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 foreign governments . . . . . 2121
- 3. Credit card income from consumers - Include** interest, fees, processing, insurance, and services . . . . . 2122
- 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** ↴
- 
- 6. TOTAL OPERATING REVENUE**  
Sum of lines 1 through 5 . . . . . 1800

Mark "X" if None	2018			
	\$ Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

52210036



**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?**

0040  Yes  
 No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018
Percent
%

**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., 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.

52210044



**14 OPERATING EXPENSES** - Continued

Mark "X" if None

2018

\$ Bil.	Mil.	Thou.	Dol.
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**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 **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

**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. 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** 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

**15 and 16** Not Applicable.

52210051



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

52210069





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-52200E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**1 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

52200011



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)
		-	
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

52200029



**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?

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.

- 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, other) and unsecured loans . . . . . 2120
- 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 foreign governments . . . . . 2121
- 3. Credit card income from consumers - Include** interest, fees, processing, insurance, and services . . . . . 2122
- 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** ↴
- 
- 6. TOTAL OPERATING REVENUE**  
Sum of lines 1 through 5 . . . . . 1800

Mark "X" if None	2018			
	\$ Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

52200037



**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?**

- 0040  Yes  
 No

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

- 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.** . . . . . 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018	
Percent	%

**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., 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.

52200045





**14 OPERATING EXPENSES** - Continued

Mark "X" if None

**2018**

\$ 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 **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

**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. 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** 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	<input type="checkbox"/>					
--	------	--------------------------	--	--	--	--	--

**5. TOTAL OPERATING EXPENSES**  
Sum of lines **1a through 4c** . . . . . 1900

**15 and 16** Not Applicable.

52200052



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

52200060





# 2018 ANNUAL SERVICES REPORT

FORM  
**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/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**

- 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	030	280	456

**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. 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

52321015



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

52321023



**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.

Mark "X" if None	2018			
	\$ Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

- 1. 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
- 2. 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) . . . . . 2162
- 3. 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) . . . . . 2101
- 4. 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) . . . . . 2102
- 5. Brokering and dealing investment company securities** - Brokering and dealing investment company securities (e.g., mutual funds, closed-end funds, unit investment trusts) . . . . . 2163

52321031



CONTINUE WITH **6** ON PAGE 4

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

				2018			
				\$ Bil.	Mil.	Thou.	Dol.
<b>6. Repurchase agreements - net gains (losses)</b> - 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 . . . . .	2164	<input type="checkbox"/>					
<b>7. Trading debt instruments on own account - net gains (losses)</b> - Gains made from buying and selling debt securities on own account . . . . .	2165	<input type="checkbox"/>					
<b>8. Trading equities on own account - net gains (losses)</b> - Gains made from buying and selling equity securities on own account . . . . .	2166	<input type="checkbox"/>					
<b>9. Trading derivative contracts on own account - net gains (losses)</b> - Gains made from buying and selling derivative contracts on own account . . . . .	2103	<input type="checkbox"/>					
<b>10. Financial Planning and Investment Management Products</b>							
<b>a. Financial planning and investment management services for individuals</b> - Providing financial planning, advisory, and investment management services for private individuals . . . . .	2104	<input type="checkbox"/>					
<b>b. Financial planning and investment management services for businesses and governments</b> - Providing financial planning, advisory, and investment management services for businesses and governments . . . . .	2124	<input type="checkbox"/>					
<b>11. All other operating revenue</b> - 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 ↴							
<input type="text"/>	1799	<input type="checkbox"/>					
<b>12. TOTAL OPERATING REVENUE</b> <i>Sum of lines 1 through 11</i> . . . . .	1800						

**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?**

0040  Yes

No

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

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.** . . . . . 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR** 2501

2018	
Percent	%

52321049



**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?**

- 0009  Yes
- No - Go to 14

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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.
- 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.

**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

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**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

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52321056



**14 OPERATING EXPENSES - Continued**

Mark "X"  
if None

**2018**

\$ 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

**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

**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. 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** 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

**15 and 16** Not Applicable.

52321064





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

**18 CONTACT INFORMATION**

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

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

52321072





# 2018 ANNUAL SERVICES REPORT

FORM

**SA-52311E**

(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 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**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

52311016



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)		-		
Address (Number and street, P.O. Box, etc.)							
City, town, village, etc.					State	ZIP Code	
						-	

52311024



**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.

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

- 1. 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
- 2. 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) . . . . . 2162
- 3. 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) . . . . . 2101
- 4. 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) . . . . . 2102
- 5. Brokering and dealing investment company securities** - Brokering and dealing investment company securities (e.g., mutual funds, closed-end funds, unit investment trusts) . . . . . 2163


52311032



CONTINUE WITH **6** ON PAGE 4

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

				2018			
				\$ Bil.	Mil.	Thou.	Dol.
<b>6. Repurchase agreements - net gains (losses)</b> - 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 . . . . .	2164	<input type="checkbox"/>					
<b>7. Trading debt instruments on own account - net gains (losses)</b> - Gains made from buying and selling debt securities on own account . . . . .	2165	<input type="checkbox"/>					
<b>8. Trading equities on own account - net gains (losses)</b> - Gains made from buying and selling equity securities on own account . . . . .	2166	<input type="checkbox"/>					
<b>9. Trading derivative contracts on own account - net gains (losses)</b> - Gains made from buying and selling derivative contracts on own account . . . . .	2103	<input type="checkbox"/>					
<b>10. Financial Planning and Investment Management Products</b>							
<b>a. Financial planning and investment management services for individuals</b> - Providing financial planning, advisory, and investment management services for private individuals . . . . .	2104	<input type="checkbox"/>					
<b>b. Financial planning and investment management services for businesses and governments</b> - Providing financial planning, advisory, and investment management services for businesses and governments . . . . .	2124	<input type="checkbox"/>					
<b>11. All other operating revenue</b> - 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 ↴							
<input type="text"/>	1799	<input type="checkbox"/>					
<b>12. TOTAL OPERATING REVENUE</b> <i>Sum of lines 1 through 11</i> . . . . .	1800						

**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?**

0040  Yes

No

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

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. . . . .** 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR 2501

2018	
Percent	%

52311040



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?**

- 0009  Yes
- No - Go to 14

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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.
- 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.

**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

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**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

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CONTINUE WITH 14 ON PAGE 6

52311057



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

**2018**

\$ 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

**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

**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. 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** 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

**15 and 16** Not Applicable.

52311065



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

52311073







# 2018 ANNUAL SERVICES REPORT

FORM  
**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/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

- 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	030	280	456

#### 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. 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

52322013



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

52322021



**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.

- 1. 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) . . . . . 2102
- 2. 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) . . . . . 2101
- 3. Brokering and dealing foreign currency fees - wholesale -**  
Brokering and dealing foreign currencies, on a wholesale basis, for a fee. **Exclude** retail buying and selling of currencies . . . . . 6401
- 4. Brokering and dealing other financial instruments -** Brokering and dealing financial instruments, not elsewhere specified. **Include** commodity pools and face-amount certificates . . . . . 6402
- 5. Trading derivative contracts on own account - net gains (losses) -** Gains made from buying and selling derivative contracts on own account . . . . . 2103
- 6. Trading foreign currency on own account - net gains (losses) -**  
Gains made from buying and selling foreign currencies on own account . . . . . 6403

Mark "X" if None	2018			
	\$ Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

52322039



CONTINUE WITH **6** ON PAGE 4

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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 . . . . . 6404

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**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 ↴

1799

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**9. TOTAL OPERATING REVENUE**

Sum of lines 1 through 8 . . . . . 1800

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**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9-12** Not Applicable.

52322047



**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?**

0009  Yes  
 No - Go to 14

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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.
- 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.

**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

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**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

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52322054



CONTINUE WITH 14 ON PAGE 6

**14 OPERATING EXPENSES - Continued**

Mark "X"  
if None

**2018**

\$ 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

**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

**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. 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** 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

**15 and 16** Not Applicable.

52322062



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

52322070





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-52312E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**1 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

52312014





**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

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

Month	Day	Year

0017 Name of company	0019 EIN (9 digits)
<input style="width: 100%;" type="text"/>	- <input style="width: 50px;" type="text"/>
Address (Number and street, P.O. Box, etc.)	
<input style="width: 100%;" type="text"/>	
City, town, village, etc.	State ZIP Code
<input style="width: 60%;" type="text"/>	- <input style="width: 30px;" type="text"/>

52312022



**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.

Mark "X" if None

	2018			
	\$ Bil.	Mil.	Thou.	Dol.
<b>1. Brokering and dealing products - derivative contracts -</b> Brokering and dealing derivative contracts (e.g., forward, swap, option, credit derivative contracts, all other derivative contracts traded over-the-counter or on exchanges) . . . . . 2102	<input type="checkbox"/>			
<b>2. Brokering and dealing products - equities -</b> 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) . . . . . 2101	<input type="checkbox"/>			
<b>3. Brokering and dealing foreign currency fees - wholesale -</b> Brokering and dealing foreign currencies, on a wholesale basis, for a fee. <b>Exclude</b> retail buying and selling of currencies . . . . . 6401	<input type="checkbox"/>			
<b>4. Brokering and dealing other financial instruments -</b> Brokering and dealing financial instruments, not elsewhere specified. <b>Include</b> commodity pools and face-amount certificates . . . . . 6402	<input type="checkbox"/>			
<b>5. Trading derivative contracts on own account - net gains (losses) -</b> Gains made from buying and selling derivative contracts on own account . . . . . 2103	<input type="checkbox"/>			
<b>6. Trading foreign currency on own account - net gains (losses) -</b> Gains made from buying and selling foreign currencies on own account . . . . . 6403	<input type="checkbox"/>			

52312030

CONTINUE WITH **6** ON PAGE 4

CONTINUE ON PAGE 4

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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 . . . . . 6404

<input type="checkbox"/>				
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**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 ↴

	1799	<input type="checkbox"/>				
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**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 entering orders directly on the firm's websites or mobile applications in 2018?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9-12** Not Applicable.

52312048



**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?**

- 0009  Yes
- No - Go to 14

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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.
- 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.

**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

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**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

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CONTINUE WITH 14 ON PAGE 6

52312055



**14 OPERATING EXPENSES - Continued**

Mark "X"  
if None

**2018**

\$ 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

**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

**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. 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** 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

**15 and 16** Not Applicable.

52312063



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

52312071





# 2018 ANNUAL SERVICES REPORT

FORM

**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/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**

- 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	030	280	456

**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. 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

52391018



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

52391026





**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?**

- Calendar year 0006
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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.
- 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.

Mark "X" if None

2018			
\$ 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 investment management services for private individuals. Report corresponding services for trust accounts in line 3 . . . . . 2104

<input type="checkbox"/>					
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**b. Financial planning and investment management services for businesses and governments** - Providing financial planning, advisory, and investment management services for businesses and governments . . . . . 2124

<input type="checkbox"/>					
--------------------------	--	--	--	--	--

**2. 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) . . . . . 2101

<input type="checkbox"/>					
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**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

<input type="checkbox"/>					
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52391034



CONTINUE WITH **6** ON PAGE 4

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

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 ↴

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 entering orders directly on the firm's websites or mobile applications in 2018?

0040  Yes

No

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

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. . . . . 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018	
Percent	%

**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?

0009  Yes

No - Go to 14

2018			
\$ Bil.	Mil.	Thou.	Dol.

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

52391042



**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	2018			
	\$ 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 **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

**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

CONTINUE WITH 14 ON PAGE 6

CONTINUE ON PAGE 6

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**14 OPERATING EXPENSES - Continued**

Mark "X"  
if None

**2018**

	\$ Bil.	Mil.	Thou.	DoI.
<b>4. Other Operating Expenses - Continued</b>				
<b>b. Operating interest expense</b> . . . . . 2110				
<b>c. All other operating expenses</b> - All other operating expenses not reported above, unless specifically excluded in the general instructions. <b>Include</b> office postage paid and package delivery. <b>Exclude</b> purchases of merchandise for resale and non-operating expenses. <b>If this item is greater than 20% of the total operating expenses, specify the primary source of the expenses below</b> ↴				
<input type="text"/>				
<b>5. TOTAL OPERATING EXPENSES</b>				
<i>Sum of lines 1a through 4c</i> . . . . . 1900				

**15 and 16** Not Applicable.

52391067



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

52391075





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-52390E** (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 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.	Thou.	Dol.
1	030	280	456

### Include:

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

## 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

52390010



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

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

Month	Day	Year

0017 Name of company	0019 EIN (9 digits)
<input style="width: 100%;" type="text"/>	- <input style="width: 50px;" type="text"/>
Address (Number and street, P.O. Box, etc.)	
<input style="width: 100%;" type="text"/>	
City, town, village, etc.	State ZIP Code
<input style="width: 60%;" type="text"/>	- <input style="width: 30px;" type="text"/>

52390028







**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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 ↴

	1799	<input type="checkbox"/>				
--	------	--------------------------	--	--	--	--

**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 entering orders directly on the firm's websites or mobile applications in 2018?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018	
Percent	%

**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?**

0009  Yes

No - Go to 14

2018			
\$ Bil.	Mil.	Thou.	Dol.

**B. What was this firm's revenue from exports in 2018? . . . . . 2100**

52390044



**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

**2018**

\$ 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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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CONTINUE WITH **14** ON PAGE 6

52390051



**14 OPERATING EXPENSES - Continued**

Mark "X"  
if None

				2018			
				\$ Bil.	Mil.	Thou.	DoI.
<b>4. Other Operating Expenses - Continued</b>							
<b>b. Operating interest expense</b> . . . . . 2110				<input type="checkbox"/>			
<b>c. All other operating expenses</b> - All other operating expenses not reported above, unless specifically excluded in the general instructions. <b>Include</b> office postage paid and package delivery. <b>Exclude</b> purchases of merchandise for resale and non-operating expenses. <b>If this item is greater than 20% of the total operating expenses, specify the primary source of the expenses below</b> ↴							
<input type="text"/>				<input type="checkbox"/>			
<b>5. TOTAL OPERATING EXPENSES</b>							
<i>Sum of lines 1a through 4c</i> . . . . . 1900							

**15 and 16** Not Applicable.

52390069



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

52390077





# 2018 ANNUAL SERVICES REPORT

FORM  
**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.

**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	030	280	456

### 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. 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

52401015



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

52401023



**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?

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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.
- 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.

**1. Health and medical insurance products - net premiums earned - Include** comprehensive medical service plans, individual service medical coverage plans (e.g., supplemental Medicare, CHAMPUS, other), and other health and medical insurance products

Mark "X" if None	2018			
	\$ Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				

**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**

	1799	<input type="checkbox"/>				
--	------	--------------------------	--	--	--	--

**3. TOTAL OPERATING REVENUE**

Sum of lines 1 and 2 . . . . . 1800

**7** Not Applicable.

52401031



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9-12** Not Applicable.

**13 BENEFITS PAID (LOSSES)**

**What were the benefits paid to policyholders (losses) for this firm as defined in 1B?**

Mark "X" if None

**Benefits paid (losses) - Benefits paid to policyholders (losses) for health insurance and hospital and medical service plans . . . . . 2185**

2018			
\$ Bil.	Mil.	Thou.	Dol.

52401049





**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" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

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

<input type="checkbox"/>				
--------------------------	--	--	--	--

**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

<input type="checkbox"/>				
--------------------------	--	--	--	--

**c. Temporary staff and leased employee expense** - Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. **Include** all charges for payroll, benefits, and services . . . . . 1823

<input type="checkbox"/>				
--------------------------	--	--	--	--

**2. Expensed 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

<input type="checkbox"/>				
--------------------------	--	--	--	--

**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

<input type="checkbox"/>				
--------------------------	--	--	--	--

52401056



CONTINUE WITH 14 ON PAGE 6

**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**4. Other Operating Expenses**

**a. Depreciation and amortization charges - Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831

<input type="checkbox"/>				
--------------------------	--	--	--	--

**b. Operating interest expense** . . . . . 2110

<input type="checkbox"/>				
--------------------------	--	--	--	--

**c. All other operating expenses** - All other operating expenses not reported above, unless specifically excluded in the general instructions. **Include** office postage paid and package delivery. **Exclude** benefits paid to policyholders (losses), report these in **15**. **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

<input type="checkbox"/>				
--------------------------	--	--	--	--

**5. TOTAL OPERATING EXPENSES**

*Sum of lines 1a through 4c* . . . . . 1900

--	--	--	--	--

**15 and 16** Not Applicable.

52401064



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

52401072





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-52400E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**① 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

52400017



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
<input style="width: 100%;" type="text"/>			
City, town, village, etc.		State	ZIP Code
			-

52400025



**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.

- 1. Health and medical insurance products - net premiums earned - Include** comprehensive medical service plans, individual service medical coverage plans (e.g., supplemental Medicare, CHAMPUS, other), and other health and medical insurance products
- 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**

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**3. TOTAL OPERATING REVENUE**

Sum of lines 1 and 2 . . . . . 1800

**7** Not Applicable.

52400033



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9-12** Not Applicable.

**13 BENEFITS PAID (LOSSES)**

**What were the benefits paid to policyholders (losses) for this firm as defined in 1B?**

Mark "X" if None

**Benefits paid (losses)** - Benefits paid to policyholders (losses) for health insurance and hospital and medical service plans . . . . . 2185

2018			
\$ Bil.	Mil.	Thou.	Dol.

52400041



**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" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

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

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

<input type="checkbox"/>				
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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 . . . . . 1823

<input type="checkbox"/>				
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**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

<input type="checkbox"/>				
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**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

<input type="checkbox"/>				
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52400058



CONTINUE WITH 14 ON PAGE 6



**14 OPERATING EXPENSES - Continued**

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**4. Other Operating Expenses**

**a. Depreciation and amortization charges - Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831

<input type="checkbox"/>				
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**b. Operating interest expense** . . . . . 2110

<input type="checkbox"/>				
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**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 **15**. **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	<input type="checkbox"/>				
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**5. TOTAL OPERATING EXPENSES**

*Sum of lines 1a through 4c* . . . . . 1900

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**15 and 16** Not Applicable.

52400066



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

52400074





# 2018 ANNUAL SERVICES REPORT

FORM  
**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 **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	030	280	456

**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. 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

52411014



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

52411022



**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?

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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.
- 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.

**1. Life insurance underwriting services - net premiums earned . . . 2190**

**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 ↴**

1799

**4. TOTAL OPERATING REVENUE**  
Sum of lines 1 through 3 . . . . . 1800

Mark "X" if None	2018			
	\$ Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

**7** Not Applicable.

52411030



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9-12** Not Applicable.

**13 BENEFITS PAID (LOSSES)**

**What were the benefits paid to policyholders (losses) for this firm as defined in 1B?**

Mark "X" if None

**Benefits paid (losses)** - Benefits paid to policyholders (losses) for life, pension, and annuity insurance plans . . . . . 2195

2018			
\$ Bil.	Mil.	Thou.	Dol.

52411048



**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" if None	2018			
	\$ 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

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**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

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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 . . . . . 1823

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**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

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**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

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52411055



CONTINUE WITH 14 ON PAGE 6

**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**4. Other Operating Expenses**

**a. Depreciation and amortization charges - Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831

<input type="checkbox"/>				
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**b. Operating interest expense** . . . . . 2110

<input type="checkbox"/>				
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**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 **15**. **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

<input type="checkbox"/>				
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**5. TOTAL OPERATING EXPENSES**

*Sum of lines 1a through 4c* . . . . . 1900

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**15 and 16** Not Applicable.

52411063





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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

52411071





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-52410E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**1 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

52410016



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)		-		
Address (Number and street, P.O. Box, etc.)							
City, town, village, etc.					State	ZIP Code	
						-	

52410024



**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?

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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.
- 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.

Mark "X" if None

- 1. Life insurance underwriting services - net premiums earned . . . 2190**
- 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 ↴**

1799

**4. TOTAL OPERATING REVENUE**  
Sum of lines 1 through 3 . . . . . 1800

2018			
\$ Bil.	Mil.	Thou.	Dol.

**7** Not Applicable.

52410032



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9-12** Not Applicable.

**13 BENEFITS PAID (LOSSES)**

**What were the benefits paid to policyholders (losses) for this firm as defined in 1B?**

Mark "X" if None

**Benefits paid (losses)** - Benefits paid to policyholders (losses) for life, pension, and annuity insurance plans . . . . . 2195

2018			
\$ Bil.	Mil.	Thou.	Dol.

52410040



**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" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

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

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

<input type="checkbox"/>				
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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 . . . . . 1823

<input type="checkbox"/>				
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**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

<input type="checkbox"/>				
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**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

<input type="checkbox"/>				
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52410057



CONTINUE WITH 14 ON PAGE 6

**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**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

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**b. Operating interest expense** . . . . . 2110

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**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 **15**. **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

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**5. TOTAL OPERATING EXPENSES**

*Sum of lines 1a through 4c* . . . . . 1900

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**15 and 16** Not Applicable.

52410065



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

*(This area is intentionally left blank for providing remarks.)*

**18 CONTACT INFORMATION**

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

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

52410073







# 2018 ANNUAL SERVICES REPORT

FORM  
**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.

**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	030	280	456

**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. 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

52421013



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

52421021



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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.
- 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.

**1. TOTAL OPERATING REVENUE** . . . . . 1800

**7** Not Applicable.

52421039



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9-12** Not Applicable.

**13 DIRECT LOSSES INCURRED**

**What were the direct losses incurred for this firm as defined in 1B?**

**Direct losses incurred** - Direct losses incurred for property and casualty, title, and other insurance plans (except, life, health, and medical) . . . . . 2186

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

52421047



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

**1. Personnel Costs**

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

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

<input type="checkbox"/>				
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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 . . . . . 1823

<input type="checkbox"/>				
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**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

<input type="checkbox"/>				
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**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

<input type="checkbox"/>				
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52421054



CONTINUE WITH 14 ON PAGE 6

**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**4. Other Operating Expenses**

**a. Depreciation and amortization charges - Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831

<input type="checkbox"/>				
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**b. Operating interest expense** . . . . . 2110

<input type="checkbox"/>				
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**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 13. **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	<input type="checkbox"/>				
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**5. TOTAL OPERATING EXPENSES**

*Sum of lines 1a through 4c* . . . . . 1900

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**15 and 16** Not Applicable.

52421062



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

*(This area is intentionally left blank for providing remarks.)*

**18 CONTACT INFORMATION**

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

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

52421070





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-52412E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**1 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

52412012





**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)		-		
Address (Number and street, P.O. Box, etc.)							
City, town, village, etc.					State	ZIP Code	
						-	

52412020



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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.
- 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.

**1. TOTAL OPERATING REVENUE** . . . . . 1800

**7** Not Applicable.

52412038



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9-12** Not Applicable.

**13 DIRECT LOSSES INCURRED**

**What were the direct losses incurred for this firm as defined in 1B?**

**Direct losses incurred** - Direct losses incurred for property and casualty, title, and other insurance plans (except, life, health, and medical) . . . . . 2186

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

52412046



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

**1. Personnel Costs**

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

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

<input type="checkbox"/>				
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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 . . . . . 1823

<input type="checkbox"/>				
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**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

<input type="checkbox"/>				
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**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

<input type="checkbox"/>				
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52412053



CONTINUE WITH 14 ON PAGE 6

**14 OPERATING EXPENSES - Continued**

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**4. Other Operating Expenses**

**a. Depreciation and amortization charges - Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831

<input type="checkbox"/>				
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**b. Operating interest expense** . . . . . 2110

<input type="checkbox"/>				
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**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 13. **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	<input type="checkbox"/>				
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**5. TOTAL OPERATING EXPENSES**

*Sum of lines 1a through 4c* . . . . . 1900

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**15 and 16** Not Applicable.

52412061



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

52412079





# 2018 ANNUAL SERVICES REPORT

FORM  
**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/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**

- 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	030	280	456

**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. 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

52431012



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

52431020





**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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.
- 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.

**1. TOTAL OPERATING REVENUE** . . . . . 1800

**7** Not Applicable.

52431038



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9-12** Not Applicable.

**13 DIRECT LOSSES INCURRED**

**What were the direct losses incurred for this firm as defined in 1B?**

**Direct losses incurred** - Direct losses incurred for property and casualty, title, life, health, medical, and other insurance plans . . . . . 2187

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

52431046



**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

2018			
\$ 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

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**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

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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 . . . . . 1823

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**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

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**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

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52431053



CONTINUE WITH 14 ON PAGE 6

**14 OPERATING EXPENSES - Continued**

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**4. Other Operating Expenses**

**a. Depreciation and amortization charges - Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831

<input type="checkbox"/>				
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**b. Operating interest expense** . . . . . 2110

<input type="checkbox"/>				
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**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 13. **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

<input type="checkbox"/>				
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**5. TOTAL OPERATING EXPENSES**

*Sum of lines 1a through 4c* . . . . . 1900

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**15 and 16** Not Applicable.

52431061



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

52431079





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-52413E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**1 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

52413010



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)
		-	
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

52413028



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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.
- 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.

**1. TOTAL OPERATING REVENUE** . . . . . 1800

**7** Not Applicable.

52413036





**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9-12** Not Applicable.

**13 DIRECT LOSSES INCURRED**

**What were the direct losses incurred for this firm as defined in 1B?**

**Direct losses incurred** - Direct losses incurred for property and casualty, title, life, health, medical, and other insurance plans . . . . . 2187

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

52413044



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

**1. Personnel Costs**

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

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

<input type="checkbox"/>				
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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 . . . . . 1823

<input type="checkbox"/>				
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**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

<input type="checkbox"/>				
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**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

<input type="checkbox"/>				
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52413051



CONTINUE WITH 14 ON PAGE 6

**14 OPERATING EXPENSES - Continued**

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**4. Other Operating Expenses**

**a. Depreciation and amortization charges - Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831

<input type="checkbox"/>				
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**b. Operating interest expense** . . . . . 2110

<input type="checkbox"/>				
--------------------------	--	--	--	--

**c. All other operating expenses - All other operating expenses** not reported above, unless specifically excluded in the general instructions. **Include** office postage paid and package delivery. **Exclude** direct losses incurred, report these in 13. **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

<input type="checkbox"/>				
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**5. TOTAL OPERATING EXPENSES**

*Sum of lines 1a through 4c* . . . . . 1900

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**15 and 16** Not Applicable.

52413069



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

52413077





# 2018 ANNUAL SERVICES REPORT

FORM

**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)  
 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**

- 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	030	280	456

**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. 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

53001012



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

53001020



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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.

**1. TOTAL OPERATING REVENUE** . . . . . 1800

**7** Not Applicable.

53001038



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR** 2501

2018	
Percent	%

**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.

53001046





**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4b** . . . . . 1900

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**15 and 16** Not Applicable.

53001053



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

*(This area is intentionally left blank for providing remarks.)*

**18 CONTACT INFORMATION**

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

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

53001061





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-53000E** (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 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.	Thou.	Dol.
1	030	280	456

### Include:

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

## 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

53000014

**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)																	
			-																	
Address (Number and street, P.O. Box, etc.)																				
City, town, village, etc.												State		ZIP Code						
														-						

53000022



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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.

**1. TOTAL OPERATING REVENUE** . . . . . 1800

**7** Not Applicable.

53000030



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR** 2501

2018	
Percent	%

**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.

53000048



**14 OPERATING EXPENSES** - Continued

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4b** . . . . . 1900

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**15 and 16** Not Applicable.

53000055



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

53000063







# 2018 ANNUAL SERVICES REPORT

FORM  
**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.

**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	030	280	456

### 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. 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

53111019



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

53111027



**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?

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.
- 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).

- 1. Home, apartment, rooming house, and other residential space rental and leasing** . . . . . 2170
- 2. Rental and leasing of land for nonresidential use** . . . . . 2171
- 3. Rental and leasing of office and professional space** . . . . . 2172
- 4. Rental and leasing of commercial space** . . . . . 2173
- 5. Rental and leasing of industrial and manufacturing space** . . . . 2174
- 6. Rental of mini-warehouses and self-storage units space** . . . . . 2175
- 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** ↴
- 
- 8. TOTAL OPERATING REVENUE**  
*Sum of lines 1 through 7* . . . . . 1800

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**7** Not Applicable.

53111035



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR** 2501

2018	
Percent	%

**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.

53111043



**14 OPERATING EXPENSES** - Continued

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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 . . . . 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** ↴

1879

**5. TOTAL OPERATING EXPENSES**  
Sum of lines **1a through 4b** . . . . . 1900

**15 and 16** Not Applicable.

53111050



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

53111068





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-53110E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**1 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

53110011



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)		
			-		
Address (Number and street, P.O. Box, etc.)					
City, town, village, etc.				State	ZIP Code
					-

53110029





**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?

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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).

- 1. Home, apartment, rooming house, and other residential space rental and leasing** . . . . . 2170
- 2. Rental and leasing of land for nonresidential use** . . . . . 2171
- 3. Rental and leasing of office and professional space** . . . . . 2172
- 4. Rental and leasing of commercial space** . . . . . 2173
- 5. Rental and leasing of industrial and manufacturing space** . . . . 2174
- 6. Rental of mini-warehouses and self-storage units space** . . . . . 2175
- 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** ↴
- 
- 8. TOTAL OPERATING REVENUE**  
*Sum of lines 1 through 7* . . . . . 1800

Mark "X" if None

	2018			
	\$ Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

**7** Not Applicable.

53110037



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

53110045



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ 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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4b** . . . . . 1900

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**15 and 16** Not Applicable.

53110052



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

53110060





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-53120A** (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 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	030	280	456

### 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. 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

53121018



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

AND

Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)
			-

Address (Number and street, P.O. Box, etc.)

City, town, village, etc.	State	ZIP Code
		-

53121026



**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?

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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).

- 1. Agent and brokerage services for the sale and rental of residential real estate - Include** real estate auction and relocation services . . . . . 2150
- 2. Agent and brokerage services for the sale and rental of nonresidential real estate - Include** real estate auction services . . . 2151
- 3. Residential building property management** . . . . . 2153
- 4. Nonresidential building property management** . . . . . 2154
- 5. Real estate appraisal services** . . . . . 2155
- 6. Real estate consulting services** . . . . . 2156
- 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 ↴
- 
- 8. TOTAL OPERATING REVENUE**  
Sum of lines 1 through 7 . . . . . 1800

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

**7** Not Applicable.

53121034



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

53121042





**14 OPERATING EXPENSES** - Continued

Mark "X" if None

2018			
\$ 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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4b** . . . . . 1900

--	--	--	--	--

**15 and 16** Not Applicable.

53121059



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

53121067





# 2018 ANNUAL SERVICES REPORT

FORM  
**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/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 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	030	280	456

**Include:**

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

**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

53120010



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)		
			-		
Address (Number and street, P.O. Box, etc.)					
City, town, village, etc.				State	ZIP Code
					-

53120028



**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?

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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).

- 1. Agent and brokerage services for the sale and rental of residential real estate - Include** real estate auction and relocation services . . . . . 2150
- 2. Agent and brokerage services for the sale and rental of nonresidential real estate - Include** real estate auction services . . . 2151
- 3. Residential building property management** . . . . . 2153
- 4. Nonresidential building property management** . . . . . 2154
- 5. Real estate appraisal services** . . . . . 2155
- 6. Real estate consulting services** . . . . . 2156
- 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** ↴
- 
- 8. TOTAL OPERATING REVENUE**  
*Sum of lines 1 through 7* . . . . . 1800

Mark "X" if None

	2018			
	\$ Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

**7** Not Applicable.

53120036



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

53120044



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4b** . . . . . 1900

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**15 and 16** Not Applicable.

53120051



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

53120069







# 2018 ANNUAL SERVICES REPORT

FORM  
**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 - 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	030	280	456

### 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. 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

54001011



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

54001029



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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.

**1. TOTAL OPERATING REVENUE** . . . . . 1800

**7** Not Applicable.

54001037



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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?**

0009  Yes

No - Go to 14

**B. What was this firm's revenue from exports in 2018? . . . . . 2100**

2018			
\$ Bil.	Mil.	Thou.	Dol.

54001045



**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

2018			
\$ 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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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CONTINUE WITH 14 ON PAGE 6

54001052



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ 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.

54001060



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

*(This area is intentionally left blank for providing remarks.)*

**18 CONTACT INFORMATION**

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

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

54001078





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-54000E** (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 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.	Thou.	Dol.
1	030	280	456

### Include:

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

## 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

54000013





**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017 Name of company	0019 EIN (9 digits)
<input style="width: 100%;" type="text"/>	-
Address (Number and street, P.O. Box, etc.)	
<input style="width: 100%;" type="text"/>	
City, town, village, etc.	State ZIP Code
<input style="width: 60%;" type="text"/>	-

54000021



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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.

**1. TOTAL OPERATING REVENUE** . . . . . 1800

**7** Not Applicable.

54000039



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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?**

0009  Yes

No - Go to 14

**B. What was this firm's revenue from exports in 2018? . . . . . 2100**

2018			
\$ Bil.	Mil.	Thou.	Dol.

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.

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

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

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

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**c. Temporary staff and leased employee expense** - Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. **Include** all charges for payroll, benefits, and services . . . . . 1823

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**2. Expensed 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

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**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

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**4. Other Operating Expenses**

**a. Depreciation and amortization charges** - **Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

54000054



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ 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.

54000062



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

**18 CONTACT INFORMATION**

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

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

54000070





# 2018 ANNUAL SERVICES REPORT

FORM  
**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/programs-surveys/sas/information.html>

### YOUR RESPONSE IS REQUIRED BY LAW.

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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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## 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	030	280	456

### 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. 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

54003017



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

0001  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?**

0016  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 **17**.

- Acquisition
- Sale
- Merger
- Divestiture

0091

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-

Address (Number and street, P.O. Box, etc.)

City, town, village, etc.	State	ZIP Code
		-

54003025





**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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.

**1. TOTAL OPERATING REVENUE** . . . . . 1800

**7** Not Applicable.

54003033



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

54003041



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

2018			
\$ 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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4b** . . . . . 1900

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**15 and 16** Not Applicable.

54003058



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

54003066





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-54002E** (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 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**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

54002019



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- } Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017 Name of company	0019	EIN (9 digits)
	-	
Address (Number and street, P.O. Box, etc.)		
City, town, village, etc.	State	ZIP Code
		-

54002027



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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.

**1. TOTAL OPERATING REVENUE** . . . . . 1800

**7** Not Applicable.

54002035



**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

54002043





**14 OPERATING EXPENSES** - Continued

Mark "X" if None

2018			
\$ 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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4b** . . . . . 1900

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**15 and 16** Not Applicable.

54002050



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

54002068





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-54011AT** (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 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	030	280	456

**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. 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

54012018



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

0001  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?**

0016  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 **17**.

- Acquisition
- Sale
- Merger
- Divestiture

0091

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-

Address (Number and street, P.O. Box, etc.)

City, town, village, etc.	State	ZIP Code
		-

54012026



**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?

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

**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 income taxes under section 501 of the Internal Revenue Code?**

- 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.

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**1. Operating Revenue**

- a. 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 . . . . . 3050
- 
- b. Legal services, criminal law** - Providing legal advice, representation, and drafting of documents and related services (defense, search for evidence, witnesses, experts, etc.) concerning criminal law. Criminal law may include all legal services related to criminal charges . . . . . 3051
- 


CONTINUE WITH **6** ON PAGE 4

54012034

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Operating Revenue - Continued**

**c. Legal research and document services** - Providing document filing and search services, including title, abstract and settlement services; process server services; and notarization and certification services . . . . . 3052

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**d. All other operating revenue** - Revenue not reported in lines 1a through 1c. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue here ↴

1799

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**2. TOTAL OPERATING REVENUE**

Sum of lines 1a through 1d . . . . . 1800

--	--	--	--

**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018	
Percent	%

**9-12** Not Applicable.

54012042



**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?**

- 0009  Yes
- No - Go to 14

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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.

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

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

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

<input type="checkbox"/>				
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CONTINUE WITH 14 ON PAGE 6

54012059



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ 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

**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** ↴

1879

**5. TOTAL OPERATING EXPENSES**

*Sum of lines 1a through 4b* . . . . . 1900

**15 and 16** Not Applicable.

54012067





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

**18 CONTACT INFORMATION**

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

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

54012075





# 2018 ANNUAL SERVICES REPORT

FORM

**SA-54011ATE** (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 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	030	280	456

**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. 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

54014014



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

54014022



**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?

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

**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 income taxes under section 501 of the Internal Revenue Code?**

- 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 TAX-EXEMPT FIRMS**

**Include:**

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

**Exclude:**

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

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Non-Operating Revenue**

**a. Contributions, gifts, and grants received** . . . . . 1741

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


CONTINUE WITH **6** ON PAGE 4

54014030



**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

				2018			
				\$ Bil.	Mil.	Thou.	Dol.
<b>1. Non-Operating Revenue - Continued</b>							
<b>c. Program service - Include</b> revenue from classes and instructional services; registration fees received in connection with a meeting or convention; government contracts; and other fees received for providing a service . . . . . 1743	<input type="checkbox"/>						
<b>d. All other non-operating revenue - Revenue not reported in lines 1a through 1c. Include</b> capital gains and losses. <b>If this item is greater than 20% of the total revenue, specify the primary source of revenue below</b> ↴							
<input type="text" value=""/>							
		1809	<input type="checkbox"/>				
<b>2. TOTAL REVENUE</b>							
<i>Sum of lines 1a through 1d</i> . . . . . 1800							

**7** Not Applicable.

**8 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?**

- 0040  Yes
- No

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

- 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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018	
Percent	%

**9-12** Not Applicable.

54014048



**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?**

0009  Yes  
 No - Go to 14

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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.

Mark "X" if None

2018			
\$ 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

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**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

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54014055



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

**2018**

\$ Bil.	Mil.	Thou.	DoI.
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**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

**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** ↴

1879

**5. TOTAL OPERATING EXPENSES**

*Sum of lines 1a through 4b* . . . . . 1900

**15 and 16** Not Applicable.

54014063



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

*(This area is intentionally left blank for providing remarks.)*

**18 CONTACT INFORMATION**

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

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

54014071







# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-54011ET** (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 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**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

54011010



**1 B. SURVEY COVERAGE**

**Did this firm provide the business activities described below?**

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

0001

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

**Does this firm report payroll under EIN**

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

0013

0015

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

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

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 **17**.

- Acquisition
- Sale
- Merger
- Divestiture

0091

Date of organizational change . . . . .

0018

Month	Day	Year

AND

Enter detailed information below ↴

0017 Name of company	0019	EIN (9 digits)
		-
Address (Number and street, P.O. Box, etc.)		
City, town, village, etc.	State	ZIP Code
		-

54011028



**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?

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

**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 income taxes under section 501 of the Internal Revenue Code?**

- 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.

Mark "X" if None	2018			
	\$ Bil.	Mil.	Thou.	DoI.

**1. Operating Revenue**

- a. 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 . . . . . 3050
- [Table with 4 columns: \$ Bil., Mil., Thou., DoI.]
- b. Legal services, criminal law** - Providing legal advice, representation, and drafting of documents and related services (defense, search for evidence, witnesses, experts, etc.) concerning criminal law. Criminal law may include all legal services related to criminal charges . . . . . 3051
- [Table with 4 columns: \$ Bil., Mil., Thou., DoI.]

CONTINUE WITH **6** ON PAGE 4

54011036

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Operating Revenue - Continued**

**c. Legal research and document services** - Providing document filing and search services, including title, abstract and settlement services; process server services; and notarization and certification services . . . . . 3052

**d. All other operating revenue** - Revenue not reported in lines 1a through 1c. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue here ↴

1799

**2. TOTAL OPERATING REVENUE**

Sum of lines 1a through 1d . . . . . 1800

**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OR

2501

2018	
Percent	%
<input type="text"/>	<input type="text"/>

**9-12** Not Applicable.

54011044



**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?**

- 0009  Yes
- No - Go to 14

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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.

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

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

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

<input type="checkbox"/>				
--------------------------	--	--	--	--

54011051



**14 OPERATING EXPENSES - Continued**

Mark "X"  
if None

**2018**

\$ 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

**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** ↴

1879

**5. TOTAL OPERATING EXPENSES**

*Sum of lines 1a through 4b* . . . . . 1900

**15 and 16** Not Applicable.

54011069



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

**18 CONTACT INFORMATION**

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

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

54011077





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-54011ETE** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**1 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

54013016





**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017 Name of company	0019 EIN (9 digits)
<input style="width: 100%;" type="text"/>	- <input style="width: 50px;" type="text"/>
Address (Number and street, P.O. Box, etc.)	
<input style="width: 100%;" type="text"/>	
City, town, village, etc.	State ZIP Code
<input style="width: 60%;" type="text"/>	- <input style="width: 40%;" type="text"/>

54013024



**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

**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 income taxes under section 501 of the Internal Revenue Code?**

- 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 TAX-EXEMPT FIRMS**

**Include:**

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

**Exclude:**

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

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Non-Operating Revenue**

- a. Contributions, gifts, and grants received . . . . . 1741
- b. Investment and property income - Include interest and dividends. Exclude gains (losses) from assets sold . . . . . 1742


CONTINUE WITH **6** ON PAGE 4

54013032



6 SALES, RECEIPTS, OR REVENUE - Continued

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

1. Non-Operating Revenue - Continued

c. **Program service - Include** revenue from classes and instructional services; registration fees received in connection with a meeting or convention; 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** ↴

. . . . . 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 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?

0040  Yes

No

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

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. . . . . 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018	
Percent	%

9-12 Not Applicable.

54013040



**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?**

- 0009  Yes
- No - Go to 14

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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.

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

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

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

<input type="checkbox"/>				
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CONTINUE WITH 14 ON PAGE 6

54013057



**14 OPERATING EXPENSES - Continued**

Mark "X"  
if None

**2018**

\$ 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

**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** ↴

1879

**5. TOTAL OPERATING EXPENSES**

*Sum of lines 1a through 4b* . . . . . 1900

**15 and 16** Not Applicable.

54013065



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

*(This area is intentionally left blank for providing remarks.)*

**18 CONTACT INFORMATION**

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

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

54013073





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-54131A** (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 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	030	280	456

**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. 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

54132014



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

0001  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?**

0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

AND

Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)
			-

Address (Number and street, P.O. Box, etc.)

City, town, village, etc.	State	ZIP Code
		-

54132022





**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. 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 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 projects above)**

- a. Landscape architectural services** - Providing architectural 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




54132030

CONTINUE WITH **6** ON PAGE 4

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**3. All other operating revenue** - Revenue not reported in lines **1a through 2b**. **Include** historical restoration projects, architectural advisory services, urban planning services, peer review services, project site master planning services, construction management services, facility management, drafting services, training services, engineering 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 here** ↴

1799

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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 entering orders directly on the firm's websites or mobile applications in 2018?**

0040  Yes

No

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

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.** . . . . . 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018	
Percent	
	%

**9-12** Not Applicable.

54132048



**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?**

0009  Yes  
 No - Go to 14

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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.

Mark "X" if None

2018			
\$ 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

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**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

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54132055



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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

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**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

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**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

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**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

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**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** ↴

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1879

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**5. TOTAL OPERATING EXPENSES**

*Sum of lines 1a through 4b* . . . . . 1900

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**15 and 16** Not Applicable.

54132063



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

54132071





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-54131E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**1 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

54131016



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

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

Month	Day	Year

0017 Name of company	0019	EIN (9 digits)
<input style="width: 100%;" type="text"/>	-	<input style="width: 100%;" type="text"/>
Address (Number and street, P.O. Box, etc.)		
<input style="width: 100%;" type="text"/>		
City, town, village, etc.	State	ZIP Code
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

54131024



**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.
- 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).

**1. 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 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 projects above)**

- a. Landscape architectural services** - Providing architectural 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

Mark "X" if None

	2018			
	\$ Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

54131032



CONTINUE WITH **6** ON PAGE 4



**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**3. All other operating revenue** - Revenue not reported in lines **1a through 2b**. **Include** historical restoration projects, architectural advisory services, urban planning services, peer review services, project site master planning services, construction management services, facility management, drafting services, training services, engineering 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 here** ↴

1799

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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 entering orders directly on the firm's websites or mobile applications in 2018?**

0040  Yes

No

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

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.** . . . . . 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018	
Percent	
	%

**9-12** Not Applicable.

54131040



**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?**

- 0009  Yes
- No - Go to 14

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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.

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

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

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

<input type="checkbox"/>				
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CONTINUE WITH 14 ON PAGE 6

54131057



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ 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

**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** ↴

1879

**5. TOTAL OPERATING EXPENSES**

*Sum of lines 1a through 4b* . . . . . 1900

**15 and 16** Not Applicable.

54131065



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

54131073





# 2018 ANNUAL SERVICES REPORT

FORM  
**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 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	030	280	456

**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. 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

54134010



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
		-	
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
		-	

54134028



**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

0006

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 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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Engineering Services**

- a. Residential engineering projects (excludes apartment building projects)** - Engineering services related to new and existing homes, town homes, etc., and mixed-use buildings that are predominately used for residential housing. **Include** residential renovation projects. **Exclude** engineering services for apartment building projects . . . . . 3126
- b. Commercial, public, and institutional engineering projects (includes apartment building projects)** - Engineering services related to new and existing commercial, public, and institutional buildings, **including** mixed-use buildings that are predominantly used for commercial, public, or institutional purposes, such as office buildings, shopping centers, hotels, restaurants, warehouses, bus and truck terminals, hospitals, schools, churches, prisons, stadiums, libraries, and museums. **Include** commercial, public, and institutional building renovation projects as well as apartment building projects . . . . . 3127
- c. Industrial and manufacturing engineering projects** - Engineering services related to industrial and manufacturing plants and processes such as mining and metallurgical facilities, petroleum and petrochemical plants, (e.g., oil and gas platforms, refineries, pipelines), microelectrical facilities, textile and clothing facilities, iron and steel plants, and pharmaceutical facilities . . . . 3113
- d. Transportation infrastructure engineering projects** - Engineering services related to highways, roads, streets, bridges, tunnels, railways, subways, airports, harbors, canals and locks, and other transportation infrastructure . . . . . 3114
- e. Municipal utility engineering projects** - Engineering services related to municipal utilities, such as water collection, distribution, treatment, and disposal projects, municipal waste collection and disposal projects; and natural gas and steam distribution systems . . . . 3115

<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

54134036



CONTINUE WITH **6** ON PAGE 4

CONTINUE ON PAGE 4

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ 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 . . . 3116
- 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 . . . . . 3117
- 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 . . . . . 3118
- i. Other engineering projects -** All other engineering projects related to systems, processes, facilities, or products . . . . . 3119

**2. 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) . . . . . 3121
- 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 . . . . . 3125
- 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 3123

**3. 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 ↴**

1799

**4. TOTAL OPERATING REVENUE**

*Sum of lines 1a through 3* . . . . . 1800

**7** Not Applicable.

54134044





**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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?**

0009  Yes

No - Go to 14

**B. What was this firm's revenue from exports in 2018? . . . . . 2100**

2018			
\$ Bil.	Mil.	Thou.	Dol.

54134051



**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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

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

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

<input type="checkbox"/>									
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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 . . . . . 1823

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**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

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**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

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**4. Other Operating Expenses**

**a. Depreciation and amortization charges** - **Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831

<input type="checkbox"/>									
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CONTINUE WITH 14 ON PAGE 7

54134069



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**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.

54134077



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

54134085





# 2018 ANNUAL SERVICES REPORT

FORM

**SA-54133E**

(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 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**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

54133012



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)		-		
Address (Number and street, P.O. Box, etc.)							
City, town, village, etc.					State	ZIP Code	
						-	

54133020



**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.
- 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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Engineering Services**

- a. Residential engineering projects (excludes apartment building projects)** - Engineering services related to new and existing homes, town homes, etc., and mixed-use buildings that are predominately used for residential housing. **Include** residential renovation projects. **Exclude** engineering services for apartment building projects . . . . . 3126
- b. Commercial, public, and institutional engineering projects (includes apartment building projects)** - Engineering services related to new and existing commercial, public, and institutional buildings, **including** mixed-use buildings that are predominantly used for commercial, public, or institutional purposes, such as office buildings, shopping centers, hotels, restaurants, warehouses, bus and truck terminals, hospitals, schools, churches, prisons, stadiums, libraries, and museums. **Include** commercial, public, and institutional building renovation projects as well as apartment building projects . . . . . 3127
- c. Industrial and manufacturing engineering projects** - Engineering services related to industrial and manufacturing plants and processes such as mining and metallurgical facilities, petroleum and petrochemical plants, (e.g., oil and gas platforms, refineries, pipelines), microelectrical facilities, textile and clothing facilities, iron and steel plants, and pharmaceutical facilities . . . . . 3113
- d. Transportation infrastructure engineering projects** - Engineering services related to highways, roads, streets, bridges, tunnels, railways, subways, airports, harbors, canals and locks, and other transportation infrastructure . . . . . 3114
- e. Municipal utility engineering projects** - Engineering services related to municipal utilities, such as water collection, distribution, treatment, and disposal projects, municipal waste collection and disposal projects; and natural gas and steam distribution systems . . . . . 3115

<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

54133038



CONTINUE WITH **6** ON PAGE 4

CONTINUE ON PAGE 4

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X"  
if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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 . . . 3116
- 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 . . . . . 3117
- 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 . . . . . 3118
- i. Other engineering projects -** All other engineering projects related to systems, processes, facilities, or products . . . . . 3119

<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

**2. 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) . . . . . 3121
- 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 . . . . . 3125
- 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 3123

<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

**3. 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 ↴**

1799

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**4. TOTAL OPERATING REVENUE**

*Sum of lines 1a through 3* . . . . . 1800

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**7** Not Applicable.

54133046





**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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?**

0009  Yes

No - Go to 14

**B. What was this firm's revenue from exports in 2018? . . . . . 2100**

2018			
\$ Bil.	Mil.	Thou.	Dol.

54133053



**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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

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

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

<input type="checkbox"/>									
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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 . . . . . 1823

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**4. Other Operating Expenses**

**a. Depreciation and amortization charges** - **Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831

<input type="checkbox"/>									
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CONTINUE WITH 14 ON PAGE 7

54133061



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**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.

54133079



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

54133087





# 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 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	030	280	456

**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. 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

54151014



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

AND

Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

54151022



**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?

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.
- 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

2018			
\$ 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** . . . . . 3131

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**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 . . . . . 3132

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**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 services, report this in line **2a** . . . . . 3133

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**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 and computer systems management services . . . . . 3134

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**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 . . . . . 3135

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

54151030



CONTINUE WITH 6 ON PAGE 4

CONTINUE ON PAGE 4

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

				2018			
				\$ Bil.	Mil.	Thou.	Dol.
<b>2. Other Services - Continued</b>							
<b>c. IT technical consulting</b> - Providing advice or expert opinion on technical matters related to the use of information technology. <b>Exclude</b> 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	<input type="checkbox"/>					
<b>d. IT related training services</b> - Providing training in the use of computer hardware, software, networks, or other IT-related topics . . . . .	3137	<input type="checkbox"/>					
<b>e. Hosting and IT infrastructure provisioning services</b> - Providing IT infrastructure (hardware, software, and networks) to process data, host applications, and host processes for a client. <b>Include</b> data storage, website hosting, data management, application service provisioning, and business process management . . . . .	3138	<input type="checkbox"/>					
<b>f. Rental and leasing of computer hardware</b> . . . . .	3139	<input type="checkbox"/>					
<b>3. All other operating revenue</b> - 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 ↴							
<input type="text"/>	1799	<input type="checkbox"/>					
<b>4. TOTAL OPERATING REVENUE</b>							
<i>Sum of lines 1a through 3</i> . . . . .	1800						

**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?**

- 0040  Yes
- No

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

- 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. . . . .**

				2018				2018	
				\$ Bil.	Mil.	Thou.	Dol.	Percent	%
	2500								

**OR** 2501

**9-12** Not Applicable.

54151048





**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?**

0009  Yes  
 No - Go to 14

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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.

Mark "X" if None

2018			
\$ 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

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54151055



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ 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

**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** ↴

1879

**5. TOTAL OPERATING EXPENSES**

*Sum of lines 1a through 4b* . . . . . 1900

**15 and 16** Not Applicable.

54151063



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

54151071





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-54150E** (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 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**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

54150016



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)
		-	
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

54150024



**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?**

- 0006  Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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

2018			
\$ 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** . . . . . 3131

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**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 . . . . . 3132

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**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 services, report this in line **2a** . . . . . 3133

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**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 and computer systems management services . . . . . 3134

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**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 . . . . . 3135

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CONTINUE WITH **6** ON PAGE 4

54150032



**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**2. 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

<input type="checkbox"/>				
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**d. IT related training services** - Providing training in the use of computer hardware, software, networks, or other IT-related topics 3137

<input type="checkbox"/>				
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**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

<input type="checkbox"/>				
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**f. Rental and leasing of computer hardware** . . . . . 3139

<input type="checkbox"/>				
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**3. 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 ↴

	1799	<input type="checkbox"/>				
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**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 entering orders directly on the firm's websites or mobile applications in 2018?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR 2501

2018
Percent
%

**9-12** Not Applicable.

54150040



**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?**

0009  Yes  
 No - Go to 14

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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.

Mark "X" if None

2018			
\$ 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

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**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

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54150057





**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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

**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** ↴

1879

**5. TOTAL OPERATING EXPENSES**

*Sum of lines 1a through 4b* . . . . . 1900

**15 and 16** Not Applicable.

54150065



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

54150073





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-54160A** (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 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	030	280	456

**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. 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

54161013



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

54161021



**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?

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.
- 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

2018			
\$ 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
- b. Financial management consulting, and consulting combined with implementation** - Providing advice, guidance, and implementation concerning management accounting and controllership, and other financial management consulting services . . . . . 3162
- 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 . . . . . 3163
- 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 . . . 3164
- 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 . . . . . 3165


54161039



CONTINUE WITH 6 ON PAGE 4

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

				2018			
				\$ Bil.	Mil.	Thou.	Dol.
<b>1. Management Consulting Services - Continued</b>							
<b>f. Actuarial consulting (except for employee pensions and other benefits) -</b> Providing advice and guidance concerning actuarial matters such as life insurance. <b>Exclude</b> actuarial consulting services related to employee pensions and other benefits . . . . .	3166	<input type="checkbox"/>					
<b>g. IT technical design, consulting, and development services -</b> 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). <b>Exclude</b> advice on issues related to business strategy such as e-commerce strategy . . . . .	3167	<input type="checkbox"/>					
<b>h. All other consulting revenue -</b> Revenue from all other services related to consulting . . . . .	3168	<input type="checkbox"/>					
<b>2. All other operating revenue -</b> Revenue not reported in lines 1a through 1h. <b>Include</b> revenue from implementation services not combined with consulting services, rental or leasing of equipment, and sale or licensing of merchandise. <b>If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below</b> ↴							
		<input type="checkbox"/>					
<b>3. TOTAL OPERATING REVENUE</b>							
<i>Sum of lines 1a through 2</i> . . . . .	1800						

**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?**

0040  Yes

No

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

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.** . . . . . 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018
Percent



**9-12** Not Applicable.

54161047

**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?**

0009  Yes  
 No - Go to 14

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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.

Mark "X" if None

2018			
\$ 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

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**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

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54161054



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ 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

**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** ↴

1879

**5. TOTAL OPERATING EXPENSES**

*Sum of lines 1a through 4b* . . . . . 1900

**15 and 16** Not Applicable.

54161062





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

*(This area is intentionally left blank for providing remarks.)*

**18 CONTACT INFORMATION**

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

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

54161070





# 2018 ANNUAL SERVICES REPORT

FORM

**SA-54160E**

(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 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**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

54160015



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017 Name of company	0019 EIN (9 digits)
	-
Address (Number and street, P.O. Box, etc.)	
City, town, village, etc.	State ZIP Code
	-

54160023



**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.
- 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

2018			
\$ 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
- b. Financial management consulting, and consulting combined with implementation** - Providing advice, guidance, and implementation concerning management accounting and controllership, and other financial management consulting services . . . . . 3162
- 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 . . . . . 3163
- 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 . . . 3164
- 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 . . . . . 3165


54160031



CONTINUE WITH **6** ON PAGE 4

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

				2018			
				\$ Bil.	Mil.	Thou.	Dol.
<b>1. Management Consulting Services - Continued</b>							
<b>f. Actuarial consulting (except for employee pensions and other benefits) -</b> Providing advice and guidance concerning actuarial matters such as life insurance. <b>Exclude</b> actuarial consulting services related to employee pensions and other benefits . . . . .	3166	<input type="checkbox"/>					
<b>g. IT technical design, consulting, and development services -</b> 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). <b>Exclude</b> advice on issues related to business strategy such as e-commerce strategy . . . . .	3167	<input type="checkbox"/>					
<b>h. All other consulting revenue -</b> Revenue from all other services related to consulting . . . . .	3168	<input type="checkbox"/>					
<b>2. All other operating revenue -</b> Revenue not reported in lines 1a through 1h. <b>Include</b> revenue from implementation services not combined with consulting services, rental or leasing of equipment, and sale or licensing of merchandise. <b>If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below</b> ↴							
		<input type="checkbox"/>					
<b>3. TOTAL OPERATING REVENUE</b>							
<i>Sum of lines 1a through 2</i> . . . . .	1800						

**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?**

0040  Yes

No

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

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.** . . . . . 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018
Percent



**9-12** Not Applicable.

54160049

**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?**

0009  Yes  
 No - Go to 14

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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.

Mark "X" if None

2018			
\$ 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

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**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

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54160056



**14 OPERATING EXPENSES - Continued**

Mark "X"  
if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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

**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** ↴

1879

**5. TOTAL OPERATING EXPENSES**

*Sum of lines 1a through 4b* . . . . . 1900

**15 and 16** Not Applicable.

54160064



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

54160072







# 2018 ANNUAL SERVICES REPORT

FORM  
**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/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**

- 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	030	280	456

**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. 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

54171012



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

0091 <input type="checkbox"/> Acquisition <input type="checkbox"/> Sale <input type="checkbox"/> Merger <input type="checkbox"/> Divestiture	}	Date of organizational change . . . . . 0018	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Month</th> <th style="width: 25%;">Day</th> <th style="width: 50%;">Year</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>	Month	Day	Year			
		Month	Day	Year					
		AND Enter detailed information below ↴							

0017 Name of company	0019 EIN (9 digits)
	-
Address (Number and street, P.O. Box, etc.)	
City, town, village, etc.	State ZIP Code
	-

54171020



**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?

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

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

**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 income taxes under section 501 of the Internal Revenue Code?**

- 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.
- 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 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.

Mark "X" if None	2018			
	\$ Bil.	Mil.	Thou.	DoI.

**1. 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 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 classified . . . . .

<input type="checkbox"/>				
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CONTINUE WITH **6** ON PAGE 4

54171038

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ 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 . . . . . 3203

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**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 . . . . . 3216

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**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 . . . . . 3206

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**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 . . . . . 3207

--	--	--	--	--

**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

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**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 . . . . . 3209

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54171046



CONTINUE WITH 6 ON PAGE 5

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**3. Other Operating Revenue - Continued**

**c. All other operating revenue** - Operating revenue not reported in lines **1a through 3b**. Include sale or licensing of merchandise and rental or leasing of equipment. **If this item is greater than 20% of total operating revenue, specify the primary source of the revenue here** ↴

	1799	<input type="checkbox"/>							
--	------	--------------------------	--	--	--	--	--	--	--

**4. TOTAL OPERATING REVENUE**

Sum of lines **1a through 3c** . . . . . 1800

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**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?**

0040  Yes

No

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

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.** . . . . . 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2018	
Percent	%

**9-12** Not Applicable.

54171053



**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?**

0009  Yes

No - Go to 14

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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.

Mark "X" if None

2018			
\$ 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

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**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

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CONTINUE WITH 14 ON PAGE 7

54171061



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

**2018**

\$ Bil.	Mil.	Thou.	DoI.
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**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

**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** ↴

1879

**5. TOTAL OPERATING EXPENSES**

*Sum of lines 1a through 4b* . . . . . 1900

**15 and 16** Not Applicable.

54171079



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

**18 CONTACT INFORMATION**

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

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

54171087







# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-54170ATE** (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 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	030	280	456

### 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. 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

54173018



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

0001  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?**

0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

AND

Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)
			-

Address (Number and street, P.O. Box, etc.)

City, town, village, etc.	State	ZIP Code
		-

54173026



**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?

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

**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 income taxes under section 501 of the Internal Revenue Code?**

- 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.
- 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 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 TAX-EXEMPT FIRMS**

**Include:**

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

**Exclude:**

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

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Non-Operating Revenue**

- a. Contributions, gifts, and grants received . . . . . 1741
- b. Investment and property income - Include interest and dividends. Exclude gains (losses) from assets sold . . . . . 1742


CONTINUE WITH **6** ON PAGE 4

54173034



**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Non-Operating Revenue - Continued**

**c. All other non-operating revenue - Include** philanthropy, cafeteria sales, parking lot receipts, etc. - *Specify the primary source of revenue below* ↴

1809

**2. TOTAL REVENUE**

Sum of lines 1a through 1c . . . . . 1800

**7** Not Applicable.

**8 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?**

0040  Yes

No

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

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.** . . . . . 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018	
Percent	
	%

**9 - 12** Not Applicable.

54173042



**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?**

- 0009  Yes
- No - Go to 14

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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.

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

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

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

<input type="checkbox"/>				
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54173059



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ 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

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**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

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**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

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**

*Sum of lines 1a through 4b* . . . . . 1900

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**15 and 16** Not Applicable.

54173067



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

54173075





# 2018 ANNUAL SERVICES REPORT

FORM  
**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/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 **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	030	280	456

### Include:

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

## 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

54170014





**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)		-		
Address (Number and street, P.O. Box, etc.)							
City, town, village, etc.					State	ZIP Code	
						-	

54170022



**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?

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

0006

0008

**5 TAX STATUS**

**A. Is this firm or organization operated on a not-for-profit basis?**

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

0031

**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
- No

0030

**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.

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**1. 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 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 classified . . . . . 3215

<input type="checkbox"/>				
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54170030

CONTINUE WITH **6** ON PAGE 4

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ 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 . . . . . 3203

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**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 . . . . . 3216

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**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 . . . . . 3206

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**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 . . . . . 3207

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**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

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**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 . . . . . 3209

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54170048



CONTINUE WITH 6 ON PAGE 5

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**3. Other Operating Revenue - Continued**

**c. All other operating revenue** - Operating revenue not reported in lines **1a through 3b**. Include sale or licensing of merchandise and rental or leasing of equipment. **If this item is greater than 20% of total operating revenue, specify the primary source of the revenue here** ↴

	1799	<input type="checkbox"/>							
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**4. TOTAL OPERATING REVENUE**

Sum of lines **1a through 3c** . . . . . 1800

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**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?**

0040  Yes

No

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

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.** . . . . . 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9-12** Not Applicable.

54170055



**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?**

- 0009  Yes
- No - Go to 14

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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.

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

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

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

<input type="checkbox"/>				
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CONTINUE WITH 14 ON PAGE 7

54170063

**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

**2018**

\$ 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

**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** ↴

1879

**5. TOTAL OPERATING EXPENSES**

*Sum of lines 1a through 4b* . . . . . 1900

**15 and 16** Not Applicable.

54170071



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

*(This area is intentionally left blank for providing remarks.)*

**18 CONTACT INFORMATION**

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

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

54170089





# 2018 ANNUAL SERVICES REPORT

FORM

**SA-54170ETE** (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 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**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

54172010





**1 B. SURVEY COVERAGE**

**Did this firm provide the business activities described below?**

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

0001

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

**Does this firm report payroll under EIN**

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

0013

0015

EIN (9 digits)		
	-	
	Month	Day
		Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

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

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 **17**.

- Acquisition
- Sale
- Merger
- Divestiture

0091

Date of organizational change . . . . .

0018

Month	Day	Year

AND

Enter detailed information below ↴

0017 Name of company	0019	EIN (9 digits)
	-	
Address (Number and street, P.O. Box, etc.)		
City, town, village, etc.	State	ZIP Code
		-

54172028



**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?

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

**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 income taxes under section 501 of the Internal Revenue Code?**

- 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 TAX-EXEMPT FIRMS**

**Include:**

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

**Exclude:**

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

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Non-Operating Revenue**

- a. Contributions, gifts, and grants received . . . . . 1741
- b. Investment and property income - Include interest and dividends. Exclude gains (losses) from assets sold . . . . . 1742


CONTINUE WITH **6** ON PAGE 4

54172036



**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Non-Operating Revenue - Continued**

**c. All other non-operating revenue - Include** philanthropy, cafeteria sales, parking lot receipts, etc. - *Specify the primary source of revenue below* ↴

1809

**2. TOTAL REVENUE**

Sum of lines 1a through 1c . . . . . 1800

**7** Not Applicable.

**8 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?**

0040  Yes

No

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

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.** . . . . . 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018	
Percent	%

**9 - 12** Not Applicable.

54172044



**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?**

0009  Yes  
 No - Go to 14

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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.

Mark "X" if None

2018			
\$ 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

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**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

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CONTINUE WITH 14 ON PAGE 6

54172051



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

				2018			
				\$ Bil.	Mil.	Thou.	Dol.
<b>1. Personnel Costs</b> - Continued							
<b>c. Temporary staff and leased employee expense</b> - Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. <b>Include</b> all charges for payroll, benefits, and services . . . . .	1823	<input type="checkbox"/>					
<b>2. Expensed equipment, materials, parts, and supplies (not for resale)</b> - <b>Include</b> expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). <b>Include</b> 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 <b>3</b> and leased and rented equipment in line <b>4b</b> . . . . .	1860	<input type="checkbox"/>					
<b>3. Expensed purchases of software</b> - Purchases of prepackaged, custom coded, or vendor customized software. <b>Include</b> software developed or customized by others, web-design services and purchases, licensing agreements, upgrades of software, and maintenance fees related to software upgrades and alterations . . . . .	1826	<input type="checkbox"/>					
<b>4. Other Operating Expenses</b>							
<b>a. Depreciation and amortization charges</b> - <b>Include</b> 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). <b>Exclude</b> impairment . . . . .	1831	<input type="checkbox"/>					
<b>b. All other operating expenses</b> - All other operating expenses not reported above, unless specifically excluded in the general instructions. <b>Include</b> office postage paid and package delivery. <b>Exclude</b> purchases of merchandise for resale and non-operating expenses. <b>If this item is greater than 20% of the total operating expenses, specify the primary source of the expenses below</b> ↴							
<input type="text"/>	1879	<input type="checkbox"/>					
<b>5. TOTAL OPERATING EXPENSES</b>							
<i>Sum of lines 1a through 4b</i> . . . . .	1900						

**15 and 16** Not Applicable.

54172069



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

*(This area is intentionally left blank for providing remarks.)*

**18 CONTACT INFORMATION**

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

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

54172077





# 2018 ANNUAL SERVICES REPORT

FORM  
**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.

**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	030	280	456

### 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. 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

54281019



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
		-	
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
		-	

54281027





**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

**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 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

2018			
\$ Bil.	Mil.	Thou.	Dol.

- 1. 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) . . . . . 3221
- 2. 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 . . . . . 3222
- 3. Media buying** - Buying space or time from the media on behalf of the advertisers or advertising agencies . . . . . 3223
- 4. Sales promotion** - Developing plans for specific promotional activities or campaigns that stimulate consumer purchasing and improve distribution efficiency for a specific product. **Include** providing support services for implementing the campaign, such as coordinating the logistical and personnel requirements . . . . . 3224
- 5. Direct marketing** - Developing a strategy to send promotional messages directly to consumers, rather than via mass media . . . . . 3225
- 6. Marketing research** - Investigating all elements of the marketing mix, which includes product, place, price, and promotion . . . . . 3226
- 7. Other advertising services** - Other services related to advertising, such as full public relation services, developing ad campaigns that use interactive media, conducting media verification, preparing competitive advertising reports, and producing advertisements for print, radio, or television . . . . . 3227


54281035



CONTINUE WITH 6 ON PAGE 4

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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 ↴

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 entering orders directly on the firm's websites or mobile applications in 2018?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2018	
Percent	%

**9 - 13** Not Applicable.

54281043



**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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

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

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

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**c. Temporary staff and leased employee expense** - Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. **Include** all charges for payroll, benefits, and services . . . . . 1823

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**2. Expensed 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

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**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

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**4. Other Operating Expenses**

**a. Depreciation and amortization charges** - **Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831

<input type="checkbox"/>									
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CONTINUE WITH 14 ON PAGE 6

CONTINUE ON PAGE 6

54281050



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ 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.

54281068



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

54281076





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-54181E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**1 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

54181011



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017 Name of company	0019	EIN (9 digits)
<input style="width: 100%;" type="text"/>	-	<input style="width: 100%;" type="text"/>
Address (Number and street, P.O. Box, etc.)		
<input style="width: 100%;" type="text"/>		
City, town, village, etc.	State	ZIP Code
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

54181029



**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

**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 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

2018			
\$ Bil.	Mil.	Thou.	Dol.

- 1. 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) . . . . . 3221
- 2. 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 . . . . . 3222
- 3. Media buying** - Buying space or time from the media on behalf of the advertisers or advertising agencies . . . . . 3223
- 4. Sales promotion** - Developing plans for specific promotional activities or campaigns that stimulate consumer purchasing and improve distribution efficiency for a specific product. **Include** providing support services for implementing the campaign, such as coordinating the logistical and personnel requirements . . . . . 3224
- 5. Direct marketing** - Developing a strategy to send promotional messages directly to consumers, rather than via mass media . . . . . 3225
- 6. Marketing research** - Investigating all elements of the marketing mix, which includes product, place, price, and promotion . . . . . 3226
- 7. Other advertising services** - Other services related to advertising, such as full public relation services, developing ad campaigns that use interactive media, conducting media verification, preparing competitive advertising reports, and producing advertisements for print, radio, or television . . . . . 3227


54181037



CONTINUE WITH 6 ON PAGE 4



**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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** ↴

1799

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**9. TOTAL OPERATING REVENUE**

Sum of lines 1 through 8 . . . . . 1800

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**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?**

0040  Yes

No

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

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.** . . . . . 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018	
Percent	
	%

**9 - 13** Not Applicable.

54181045



**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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

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

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

<input type="checkbox"/>									
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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 . . . . . 1823

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**4. Other Operating Expenses**

**a. Depreciation and amortization charges** - **Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831

<input type="checkbox"/>									
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CONTINUE WITH 14 ON PAGE 6

CONTINUE ON PAGE 6

54181052



**14 OPERATING EXPENSES - Continued**

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**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.

54181060



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

*(This area is intentionally left blank for providing remarks.)*

**18 CONTACT INFORMATION**

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

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

54181078





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-54182A** (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 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	030	280	456

### 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. 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

54282017



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
		-	
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
		-	

54282025



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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

2018			
\$ 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, investors, etc . . . . . 3001
- 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 organization's interest, product, service, cause, or event . . . . . 3231
- 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 governmental affairs . . . . . 3233
- 4. Event management** - Developing and implementing a communication strategy through the use of special events or event sponsorships . . . . . 3234
- 5. Media monitoring and analysis** - Collecting and recording editorial coverage published in various mass media about the client or its competition (clipping service) and preparing analysis of the coverage 3235




54282033

CONTINUE WITH **6** ON PAGE 4

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**6. All other operating revenue** - Revenue not reported in lines 1 through 5. Include crisis management, sale or licensing of merchandise, rental or leasing of equipment, and fundraising development services. **If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below** ↴

1799

**7. TOTAL OPERATING REVENUE**

Sum of lines 1 through 6 . . . . . 1800

**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?**

0040  Yes

No

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

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.** . . . . . 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018	
Percent	%

**9-13** Not Applicable.

54282041





**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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

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

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

<input type="checkbox"/>									
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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 . . . . . 1823

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**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

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**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

<input type="checkbox"/>									
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**4. Other Operating Expenses**

**a. Depreciation and amortization charges** - **Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831

<input type="checkbox"/>									
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CONTINUE WITH 14 ON PAGE 6

CONTINUE ON PAGE 6

54282058



**14 OPERATING EXPENSES - Continued**

Mark "X"  
if None

2018			
\$ 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.

54282066



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

54282074





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-54182E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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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**GENERAL INSTRUCTIONS**

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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.
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- 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	030	280	456

**Include:**

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

**1 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

54182019



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- } Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017 Name of company	0019 EIN (9 digits)
<input style="width: 100%;" type="text"/>	-
Address (Number and street, P.O. Box, etc.)	
<input style="width: 100%;" type="text"/>	
City, town, village, etc.	State ZIP Code
<input style="width: 60%;" type="text"/>	-

54182027



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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

2018			
\$ 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, investors, etc . . . . . 3001
- 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 organization's interest, product, service, cause, or event . . . . . 3231
- 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 governmental affairs . . . . . 3233
- 4. Event management** - Developing and implementing a communication strategy through the use of special events or event sponsorships . . . . . 3234
- 5. Media monitoring and analysis** - Collecting and recording editorial coverage published in various mass media about the client or its competition (clipping service) and preparing analysis of the coverage . . . . . 3235

<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

54182035



CONTINUE WITH **6** ON PAGE 4

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**6. All other operating revenue** - Revenue not reported in lines 1 through 5. Include crisis management, sale or licensing of merchandise, rental or leasing of equipment, and fundraising development services. **If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below** ↴

1799

**7. TOTAL OPERATING REVENUE**

Sum of lines 1 through 6 . . . . . 1800

**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?**

0040  Yes

No

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

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.** . . . . . 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018
Percent
%

**9-13** Not Applicable.

54182043



**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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

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

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**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

<input type="checkbox"/>									
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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 . . . . . 1823

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**4. Other Operating Expenses**

**a. Depreciation and amortization charges** - **Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831

<input type="checkbox"/>									
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CONTINUE WITH 14 ON PAGE 6

54182050





**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ 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.

54182068



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

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

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

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

54182076





# 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 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	030	280	456

### 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. 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

54286018



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

AND

Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

54286026



**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.
- 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

2018			
\$ Bil.	Mil.	Thou.	Dol.

- 1. 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
- 2. 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 . . . 3252
- 3. 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 . . . 3253
- 4. 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
- 5. Letter shop services** - Preparing the mailout packages and delivering them to a mail or other distribution center. **Include** folding, addressing and personalizing, inserting, and affixing postage 3255
- 6. Fulfillment services** - Picking, packaging, and mailing merchandise ordered through response to a direct mail advertising campaign . . . 3256
- 7. Other direct mail advertising services** - All other direct mail advertising services. **Include** design of the mailing package materials, proofreading the mailing package materials, selling mailing lists and databases for direct mail use, and receiving and making telephone calls related to a direct mail campaign . . . . . 3257


54286034



**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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 ↴**

	1799	<input type="checkbox"/>				
--	------	--------------------------	--	--	--	--

**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 entering orders directly on the firm's websites or mobile applications in 2018?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2018	
Percent	%

**9-13** Not Applicable.

54286042



**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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

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

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

<input type="checkbox"/>									
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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 . . . . . 1823

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**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

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**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

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**4. Other Operating Expenses**

**a. Depreciation and amortization charges** - **Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831

<input type="checkbox"/>									
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CONTINUE WITH 14 ON PAGE 6

CONTINUE ON PAGE 6

54286059



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ 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.

54286067





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

*(This area is intentionally left blank for providing remarks.)*

**18 CONTACT INFORMATION**

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

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

54286075





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-54186E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

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

**1 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

54186010



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

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

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

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

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

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

Month	Day	Year

0017 Name of company	0019 EIN (9 digits)
<input style="width: 100%;" type="text"/>	- <input style="width: 50px;" type="text"/>
Address (Number and street, P.O. Box, etc.)	
<input style="width: 100%;" type="text"/>	
City, town, village, etc.	State ZIP Code
<input style="width: 60%;" type="text"/>	- <input style="width: 30px;" type="text"/>

54186028



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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

2018			
\$ Bil.	Mil.	Thou.	Dol.

- 1. 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
- 2. 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 . . . 3252
- 3. 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 . . . 3253
- 4. 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
- 5. Letter shop services** - Preparing the mailout packages and delivering them to a mail or other distribution center. **Include** folding, addressing and personalizing, inserting, and affixing postage 3255
- 6. Fulfillment services** - Picking, packaging, and mailing merchandise ordered through response to a direct mail advertising campaign . . . 3256
- 7. Other direct mail advertising services** - All other direct mail advertising services. **Include** design of the mailing package materials, proofreading the mailing package materials, selling mailing lists and databases for direct mail use, and receiving and making telephone calls related to a direct mail campaign . . . . . 3257

<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

54186036

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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 ↴

1799

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**9. TOTAL OPERATING REVENUE**

Sum of lines 1 through 8 . . . . . 1800

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**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?**

0040  Yes

No

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

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018	
Percent	%

**9-13** Not Applicable.

54186044



**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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

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

<input type="checkbox"/>									
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**b. Employer's cost for fringe benefits** - Employer's cost for legally required programs and programs not required by law. **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

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**c. Temporary staff and leased employee expense** - Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. **Include** all charges for payroll, benefits, and services . . . . . 1823

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**2. Expensed 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

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**4. Other Operating Expenses**

**a. Depreciation and amortization charges** - **Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831

<input type="checkbox"/>									
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CONTINUE WITH 14 ON PAGE 6

54186051



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**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.

54186069



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

54186077







# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-54210A** (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 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	030	280	456

### 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. 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

54221015



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

54221023



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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).

- 1. Assurance and Related Services - Include** financial auditing services, financial statement review, and other assurance and financial auditing services . . . . . 3075
- 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 . . . . . 3064
  - b. 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 . . . . . 3065
  - c. Payroll services -** Processing of payroll, withholding deductions, remitting deductions and employer's contributions to government-mandated and other plans, and filing reports . . . . . 3066
  - d. Taxation planning and consulting services -** Planning and consulting in order to minimize the impact of taxation, and interpreting tax law . . . . . 3067
  - 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 . . . . . 3068
  - 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 . . . . . 3069

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

54221031



CONTINUE WITH 6 ON PAGE 4

CONTINUE ON PAGE 4

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ 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

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**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

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**5. TOTAL OPERATING REVENUE**  
Sum of lines 1 through 4 . . . . . 1800

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**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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.** . . . . . 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018	
Percent	%

**9-13** Not Applicable.

54221049



**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

2018			
\$ 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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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CONTINUE WITH 14 ON PAGE 6

CONTINUE ON PAGE 6

54221056



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ 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.

54221064



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

54221072





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-54210E** (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 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.	Thou.	Dol.
1	030	280	456

**Include:**

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

**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

54210018





**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  Yes
- No - Specify this firm's business activity ↴

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

- 0013  Yes
- No - Enter current 9-digit EIN **AND** date payroll was first reported for this EIN . . . . . 0015

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- } Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017 Name of company	0019 EIN (9 digits)
<input style="width: 100%;" type="text"/>	- <input style="width: 50px;" type="text"/>
Address (Number and street, P.O. Box, etc.)	
<input style="width: 100%;" type="text"/>	
City, town, village, etc.	State ZIP Code
<input style="width: 60%;" type="text"/>	- <input style="width: 40%;" type="text"/>

54210026



**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?

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.
- 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).

- 1. Assurance and Related Services - Include** financial auditing services, financial statement review, and other assurance and financial auditing services . . . . . 3075
- 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 . . . . . 3064
  - b. 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 . . . . . 3065
  - c. Payroll services -** Processing of payroll, withholding deductions, remitting deductions and employer's contributions to government-mandated and other plans, and filing reports . . . . . 3066
  - d. Taxation planning and consulting services -** Planning and consulting in order to minimize the impact of taxation, and interpreting tax law . . . . . 3067
  - 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 . . . . . 3068
  - 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 . . . . . 3069

Mark "X" if None	2018			
	\$ Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
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<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

54210034



CONTINUE WITH **6** ON PAGE 4

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ 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

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**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

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**5. TOTAL OPERATING REVENUE**  
Sum of lines 1 through 4 . . . . . 1800

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**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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.** . . . . . 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018	
Percent	%

**9-13** Not Applicable.

54210042



**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

2018			
\$ 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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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CONTINUE WITH 14 ON PAGE 6

CONTINUE ON PAGE 6

54210059



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ 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.

54210067



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

54210075





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-56000A** (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 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	030	280	456

**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. 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

56001019



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
		-	

Address (Number and street, P.O. Box, etc.)

City, town, village, etc.	State	ZIP Code
		-

56001027





**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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.

**1. TOTAL OPERATING REVENUE** . . . . . 1800

**7** Not Applicable.

56001035



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR** 2501

2018	
Percent	%

**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.

56001043



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4b** . . . . . 1900

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**15 and 16** Not Applicable.

56001050



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
We suggest you keep a copy for your records.

56001068





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-56000E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

**1 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

56000011



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  Yes
- No - Specify this firm's business activity ↴

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

- 0013  Yes
- No - Enter current 9-digit EIN **AND** date payroll was first reported for this EIN . . . . . 0015

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)		
			-		
Address (Number and street, P.O. Box, etc.)					
City, town, village, etc.				State	ZIP Code
					-

56000029



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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.

**1. TOTAL OPERATING REVENUE** . . . . . 1800

**7** Not Applicable.

56000037



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

56000045





**14 OPERATING EXPENSES** - Continued

Mark "X" if None

2018

\$ Bil.	Mil.	Thou.	Dol.
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**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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4b** . . . . . 1900

--	--	--	--	--

**15 and 16** Not Applicable.

56000052



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

56000060





# 2018 ANNUAL SERVICES REPORT

FORM  
**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 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	030	280	456

**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. 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

56131014



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

56131022



**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?

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.
- 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).

- 1. Temporary staffing services** - Supplying personnel for temporary 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 . . . . . 3263
- 2. 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 . . . . . 3264
- 3. 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
- 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 ↴

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**5. TOTAL OPERATING REVENUE**  
Sum of lines 1 through 4 . . . . . 1800

**7** Not Applicable.

56131030



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

56131048



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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

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**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

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**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

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**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

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**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

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4b** . . . . . 1900

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**15 and 16** Not Applicable.

56131055



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

56131063







# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-56130E** (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 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.	Thou.	Dol.
1	030	280	456

**Include:**

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

**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

56130016



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  Yes
- No - Specify this firm's business activity ↴

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

- 0013  Yes
- No - Enter current 9-digit EIN **AND** date payroll was first reported for this EIN . . . . . 0015

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- |  |   |  |
|--|---|--|
| <p>0091 <input type="checkbox"/> Acquisition</p> <p><input type="checkbox"/> Sale</p> <p><input type="checkbox"/> Merger</p> <p><input type="checkbox"/> Divestiture</p> | } | <p>Date of organizational change . . . . . 0018</p> <p>AND</p> <p>Enter detailed information below ↴</p> |
|--|---|--|

Month	Day	Year

0017 Name of company	0019 EIN (9 digits)
<input style="width: 100%;" type="text"/>	- <input style="width: 50px;" type="text"/>
Address (Number and street, P.O. Box, etc.)	
<input style="width: 100%;" type="text"/>	
City, town, village, etc.	State ZIP Code
<input style="width: 60%;" type="text"/>	- <input style="width: 30px;" type="text"/>

56130024



**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?

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.
- 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).

- 1. Temporary staffing services** - Supplying personnel for temporary 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 . . . . . 3263
- 2. 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 . . . . . 3264
- 3. 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
- 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 ↴

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**5. TOTAL OPERATING REVENUE**

Sum of lines 1 through 4 . . . . . 1800

**7** Not Applicable.

56130032



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

56130040



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ 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 other 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** ↴

1879

--	--	--	--	--

**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4b** . . . . . 1900

--	--	--	--	--

**15 and 16** Not Applicable.

56130057



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

56130065





# 2018 ANNUAL SERVICES REPORT

FORM  
**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/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

- 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	030	280	456

### 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. 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

56133010



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

AND

Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

56133028





**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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).

**1. Executive placement services** - Recruiting, selecting and referring managers, administrators, directors, and other executives . . . . . 3268

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**2. Executive/retained search services** - Providing specialized search and recruitment services limited to filling highly paid executive, senior manager, and professional positions, according to client specifications. May include conducting detailed interviews with the client organization's management team; developing job profiles; conducting original research and advertising to locate potential job candidates; screening possible candidates; preparing, presenting and discussing a confidential list of highly qualified applicants with the client; making interview arrangements; negotiating compensation; and providing post-hire follow-up. The search firm typically provides two assurances to the client: (1) repeat the search at no extra charge (out-of-pocket expenses only) should a placed candidate subsequently fail for reasons attributed to lack of due diligence by the search firm and (2) not to recruit from the the client firm for a stated period of time. The client makes the decision as to which candidate to hire. The search agency's fee is charged whether or not the candidate is hired. This product is also known as a retained search . . . . . 3269

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**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

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**4. TOTAL OPERATING REVENUE**  
Sum of lines 1 through 3 . . . . . 1800

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**7** Not Applicable.

56133036



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

56133044



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4b** . . . . . 1900

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**15 and 16** Not Applicable.

56133051



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

56133069





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-56132E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

**1 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

56132012



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  Yes
- No - Specify this firm's business activity ↴

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

- 0013  Yes
- No - Enter current 9-digit EIN **AND** date payroll was first reported for this EIN . . . . . 0015

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- |  |   |  |
|--|---|--|
| <p>0091 <input type="checkbox"/> Acquisition</p> <p><input type="checkbox"/> Sale</p> <p><input type="checkbox"/> Merger</p> <p><input type="checkbox"/> Divestiture</p> | } | <p>Date of organizational change . . . . . 0018</p> <p>AND</p> <p>Enter detailed information below ↴</p> |
|--|---|--|

Month	Day	Year

0017 Name of company	0019 EIN (9 digits)
<input style="width: 100%;" type="text"/>	- <input style="width: 50px;" type="text"/>
Address (Number and street, P.O. Box, etc.)	
<input style="width: 100%;" type="text"/>	
City, town, village, etc.	State ZIP Code
<input style="width: 60%;" type="text"/>	- <input style="width: 30px;" type="text"/>

56132020



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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).

**1. Executive placement services** - Recruiting, selecting and referring managers, administrators, directors, and other executives . . . . . 3268

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**2. Executive/retained search services** - Providing specialized search and recruitment services limited to filling highly paid executive, senior manager, and professional positions, according to client specifications. May include conducting detailed interviews with the client organization's management team; developing job profiles; conducting original research and advertising to locate potential job candidates; screening possible candidates; preparing, presenting and discussing a confidential list of highly qualified applicants with the client; making interview arrangements; negotiating compensation; and providing post-hire follow-up. The search firm typically provides two assurances to the client: (1) repeat the search at no extra charge (out-of-pocket expenses only) should a placed candidate subsequently fail for reasons attributed to lack of due diligence by the search firm and (2) not to recruit from the the client firm for a stated period of time. The client makes the decision as to which candidate to hire. The search agency's fee is charged whether or not the candidate is hired. This product is also known as a retained search . . . . . 3269

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**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

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**4. TOTAL OPERATING REVENUE**  
Sum of lines 1 through 3 . . . . . 1800

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**7** Not Applicable.

56132038



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

56132046





**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4b** . . . . . 1900

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**15 and 16** Not Applicable.

56132053



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title		
Telephone	Area code	Number	Extension		Fax	Area code	Number
		-					-
E-mail address					Website address		

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
We suggest you keep a copy for your records.

56132061





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-56134A** (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 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	030	280	456

### 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. 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

56135015



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

AND

Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)
			-

Address (Number and street, P.O. Box, etc.)

City, town, village, etc.	State	ZIP Code
		-

56135023



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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).

- 1. Gross billings/professional service fees** - Report the professional service fee or gross billings for this firm . . . . . 3271
- 2. Direct costs of worksite employees** - Report salaries, wages, employment-related taxes, benefit premiums, and worker's compensation insurance costs for PEO worksite employees . . . . . 3272
- 3. NET REVENUE**  
Difference between lines **1 and 2** . . . . . 1800

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**7** Not Applicable.

56135031



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9 SOURCE OF REVENUE**

**How much of the gross billings revenue reported in 6, line 1, is received from the following categories?**

**1. Payroll services, payroll and benefit services, payroll and human resource services -**

Report revenue where your firm assumes responsibility for payroll-related activities (e.g., payment of employee wages, maintenance of pay records, filing of government payroll forms, filing of government accounts, withholding of taxes and depositing of funds into government accounts, garnishing wages, paying unemployment insurance premiums, administering worker's compensation); the administration of benefits (e.g., health, retirement, life, dental, supplementary health, disability); human resource functions (e.g., counseling, personnel document preparation, employee assessment, training, regulatory compliance, risk management) . . . . . 3278

2018	
Percent	%

**2. All other operating revenue -** Revenue not reported in line 1. **Include** revenue from co-employment services where your firm assumes responsibility for payroll-related activities, the administration of benefits, and human resource functions . . . . . 3277 +

	%
100	%

**10-13** Not Applicable.

56135049



**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

2018			
\$ 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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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CONTINUE WITH 14 ON PAGE 6

56135056



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ 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.

56135064





**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

56135072





# 2018 ANNUAL SERVICES REPORT

FORM

**SA-56134E**

(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 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.	Thou.	Dol.
1	030	280	456

**Include:**

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

**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

56134018



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  Yes
- No - Specify this firm's business activity ↴

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

- 0013  Yes
- No - Enter current 9-digit EIN **AND** date payroll was first reported for this EIN . . . . . 0015

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017 Name of company	0019	EIN (9 digits)
<input style="width: 100%;" type="text"/>	-	<input style="width: 100%;" type="text"/>
Address (Number and street, P.O. Box, etc.)		
<input style="width: 100%;" type="text"/>		
City, town, village, etc.	State	ZIP Code
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

56134026



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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).

- 1. Gross billings/professional service fees** - Report the professional service fee or gross billings for this firm . . . . . 3271
- 2. Direct costs of worksite employees** - Report salaries, wages, employment-related taxes, benefit premiums, and worker's compensation insurance costs for PEO worksite employees . . . . . 3272
- 3. NET REVENUE**  
Difference between lines **1 and 2** . . . . . 1800

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**7** Not Applicable.

56134034



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018	
Percent	%

**9 SOURCE OF REVENUE**

**How much of the gross billings revenue reported in 6, line 1, is received from the following categories?**

**1. Payroll services, payroll and benefit services, payroll and human resource services -**

Report revenue where your firm assumes responsibility for payroll-related activities (e.g., payment of employee wages, maintenance of pay records, filing of government payroll forms, filing of government accounts, withholding of taxes and depositing of funds into government accounts, garnishing wages, paying unemployment insurance premiums, administering worker's compensation); the administration of benefits (e.g., health, retirement, life, dental, supplementary health, disability); human resource functions (e.g., counseling, personnel document preparation, employee assessment, training, regulatory compliance, risk management) . . . . . 3278

2018	
Percent	%

**2. All other operating revenue -** Revenue not reported in line 1. **Include** revenue from co-employment services where your firm assumes responsibility for payroll-related activities, the administration of benefits, and human resource functions . . . . . 3277 +

	%
100	%

**10-13** Not Applicable.

56134042



**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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

**a. Gross annual payroll** - Total annual Medicare salaries and wages for all employees as reported on this firm's IRS Form 941, Employer's Quarterly Federal Tax Return, line 5(c) for the four quarters that correspond to the survey period or IRS Form 944 Employer's Annual Federal Tax Return, line 4(c). **Include** the spread on stock options that are taxable to employees as wages . . . . . 1821

<input type="checkbox"/>									
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**b. Employer's cost for fringe benefits** - Employer's cost for legally required programs and programs not required by law. **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

<input type="checkbox"/>									
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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 . . . . . 1823

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**4. Other Operating Expenses**

**a. Depreciation and amortization charges** - **Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831

<input type="checkbox"/>									
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56134059



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ 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.

56134067



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

56134075







# 2018 ANNUAL SERVICES REPORT

FORM  
**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/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

- 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	030	280	456

### 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. 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

56151012



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

<p>0091 <input type="checkbox"/> Acquisition</p> <p><input type="checkbox"/> Sale</p> <p><input type="checkbox"/> Merger</p> <p><input type="checkbox"/> Divestiture</p>	}	<p>Date of organizational change . . . . . 0018</p> <p>AND</p> <p>Enter detailed information below ↴</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Month</th> <th style="width: 25%;">Day</th> <th style="width: 50%;">Year</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>	Month	Day	Year			
Month	Day	Year							

0017 Name of company	0019 EIN (9 digits)
	-
Address (Number and street, P.O. Box, etc.)	
City, town, village, etc.	State ZIP Code
	-

56151020



**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

**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 include commissions or fees, not gross 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 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

2018			
\$ 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, line **2a** . . . . . 3282
- 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** . . . . . 3285
- d. Commissions or fees from lodging** - Arranging and reserving lodging. **Exclude** fees paid directly to this agency by travelers. These should be included in trip planning, line **2a** . . . . . 3286
- 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** . . . . . 3287
- 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 . . . . . 3288

<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

56151038



CONTINUE WITH **6** ON PAGE 4

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

				2018			
				\$ Bil.	Mil.	Thou.	Dol.
<b>1. Reservation Services (Include commissions or fees, not gross sales) - Continued</b>							
<b>g. Commissions or fees from packaged tours -</b> Reserving prepackaged and customized tours. <b>Exclude</b> fees paid directly to this agency by event attendees. These should be included in trip planning, line <b>2a</b> . . . . .	3289	<input type="checkbox"/>					
<b>h. Commissions or fees from other reservation services -</b> Commissions and fees received from all other travel service providers (e.g., ferry, bus, airport shuttle providers) for arranging and reserving service. <b>Exclude</b> fees paid directly to this agency by travelers. These should be included in trip planning, line <b>2a</b> . . . . .	3290	<input type="checkbox"/>					
<b>2. Other Travel Arrangement Services (Include commissions or fees, not gross sales)</b>							
<b>a. Commissions or fees from trip planning -</b> Assembling travel information, advising on alternatives, and arranging and reserving travel services. <b>Include</b> 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 . . . . .	3291	<input type="checkbox"/>					
<b>b. Commissions or fees from automobile clubs and road and travel service -</b> 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	<input type="checkbox"/>					
<b>c. Commissions or fees from other travel arrangement services revenue -</b> All other travel services rendered. <b>Include</b> 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 . . . . .	3294	<input type="checkbox"/>					
<b>3. All other operating revenue -</b> Revenue not reported in lines <b>1a through 2c</b> . If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below ↴							
<input type="text"/>	1799	<input type="checkbox"/>					
<b>4. TOTAL OPERATING REVENUE</b>							
<i>Sum of lines 1a through 3</i> . . . . .	1800						

**7** Not Applicable.

56151046



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018	
Percent	%

**9 SOURCE OF REVENUE**

**How much of the revenue reported in 6, line 4, is received from the following categories?**

- 1. Business . . . . . 3295
- 2. Leisure . . . . . 3296 +

2018	
Percent	%
100	%

**10-12** 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?**

0009  Yes

No - Go to 14

2018			
\$ Bil.	Mil.	Thou.	Dol.

**B. What was this firm's revenue from exports in 2018? . . . . . 2100**

56151053



**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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

**a. Gross annual payroll** - Total annual Medicare salaries and wages for all employees as reported on this firm's IRS Form 941, Employer's Quarterly Federal Tax Return, line 5(c) for the four quarters that correspond to the survey period or IRS Form 944 Employer's Annual Federal Tax Return, line 4(c). **Include** the spread on stock options that are taxable to employees as wages . . . . . 1821

<input type="checkbox"/>									
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**b. Employer's cost for fringe benefits** - Employer's cost for legally required programs and programs not required by law. **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

<input type="checkbox"/>									
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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 . . . . . 1823

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**4. Other Operating Expenses**

**a. Depreciation and amortization charges** - **Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831

<input type="checkbox"/>									
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56151061



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ 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.

56151079



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

56151087







# 2018 ANNUAL SERVICES REPORT

FORM

**SA-56150E**

(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 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.	Thou.	Dol.
1	030	280	456

**Include:**

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

**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

56150014



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  Yes
- No - Specify this firm's business activity ↴

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

- 0013  Yes
- No - Enter current 9-digit EIN **AND** date payroll was first reported for this EIN . . . . . 0015

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- |  |   |  |
|--|---|--|
| <p>0091 <input type="checkbox"/> Acquisition</p> <p><input type="checkbox"/> Sale</p> <p><input type="checkbox"/> Merger</p> <p><input type="checkbox"/> Divestiture</p> | } | <p>Date of organizational change . . . . . 0018</p> <p>AND</p> <p>Enter detailed information below ↴</p> |
|--|---|--|

Month	Day	Year

0017 Name of company	0019 EIN (9 digits)
<input style="width: 100%;" type="text"/>	- <input style="width: 50px;" type="text"/>
Address (Number and street, P.O. Box, etc.)	
<input style="width: 100%;" type="text"/>	
City, town, village, etc.	State ZIP Code
<input style="width: 60%;" type="text"/>	- <input style="width: 30px;" type="text"/>

56150022



**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

**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 include commissions or fees, not gross 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 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).

**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, line **2a** . . . . . 3282
- 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** . . . . . 3285
- d. Commissions or fees from lodging** - Arranging and reserving lodging. **Exclude** fees paid directly to this agency by travelers. These should be included in trip planning, line **2a** . . . . . 3286
- 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** . . . . . 3287
- 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 . . . . . 3288

Mark "X" if None	2018			
	\$ Bil.	Mil.	Thou.	Dol.

<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

56150030



CONTINUE WITH **6** ON PAGE 4

CONTINUE ON PAGE 4

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ 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 planning, line **2a** . . . . . 3289

**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

**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 . . . . . 3291

**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

**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 . . . . . 3294

**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 ↴

1799

**4. TOTAL OPERATING REVENUE**

Sum of lines 1a through 3 . . . . . 1800

**7** Not Applicable.

56150048



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018	
Percent	%

**9 SOURCE OF REVENUE**

**How much of the revenue reported in 6, line 4, is received from the following categories?**

**1. Business . . . . . 3295**

**2. Leisure . . . . . 3296 +**

2018	
Percent	%
100	%

**10-12** 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?**

0009  Yes

No - Go to 14

2018			
\$ Bil.	Mil.	Thou.	Dol.

**B. What was this firm's revenue from exports in 2018? . . . . . 2100**

56150055



**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

2018			
\$ 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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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56150063



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**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.

56150071



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

56150089







# 2018 ANNUAL SERVICES REPORT

FORM

**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.

**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	030	280	456

**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. 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

56153018



**1 B. SURVEY COVERAGE**

**Did this firm provide the business activities described below?**

0001  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?**

0016  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 **17**.

- Acquisition
- Sale
- Merger
- Divestiture

0091

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-

Address (Number and street, P.O. Box, etc.)

City, town, village, etc.	State	ZIP Code
		-

56153026



**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?

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

**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 include commissions or fees, not gross 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 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).

**1. Pre-packaged Tours**

- a. Domestic travel** - Arranging, assembling, and marketing tour packages for domestic travel . . . . . 3301
- b. International travel** - Arranging, assembling, and marketing tour packages for international travel . . . . . 3302

**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) . . . . . 3303
- 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) . . . . . 3304

**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 . . . . . 1800

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**7** Not Applicable.

56153034



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR** 2501

2018	
Percent	%

**9 SOURCE OF REVENUE**

**How much of the revenue reported in 6, line 4, is received from the following categories?**

**1. Business . . . . . 3306**

**2. Leisure . . . . . 3307 +**

2018	
Percent	%
100	%

**10-12** 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?**

0009  Yes

No - Go to 14

**B. What was this firm's revenue from exports in 2018? . . . . . 2100**

2018			
\$ Bil.	Mil.	Thou.	Dol.

56153042



**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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

**a. Gross annual payroll** - Total annual Medicare salaries and wages for all employees as reported on this firm's IRS Form 941, Employer's Quarterly Federal Tax Return, line 5(c) for the four quarters that correspond to the survey period or IRS Form 944 Employer's Annual Federal Tax Return, line 4(c). **Include** the spread on stock options that are taxable to employees as wages . 1821

<input type="checkbox"/>									
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**b. Employer's cost for fringe benefits** - Employer's cost for legally required programs and programs not required by law. **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

<input type="checkbox"/>									
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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 . . . . . 1823

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**4. Other Operating Expenses**

**a. Depreciation and amortization charges** - **Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831

<input type="checkbox"/>									
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CONTINUE WITH 14 ON PAGE 6

56153059



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ 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.

56153067



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

56153075





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-56152E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

**1 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

56152010





**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  Yes
- No - Specify this firm's business activity ↴

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

- 0013  Yes
- No - Enter current 9-digit EIN **AND** date payroll was first reported for this EIN . . . . . 0015

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- |  |   |  |
|--|---|--|
| <p>0091 <input type="checkbox"/> Acquisition</p> <p><input type="checkbox"/> Sale</p> <p><input type="checkbox"/> Merger</p> <p><input type="checkbox"/> Divestiture</p> | } | <p>Date of organizational change . . . . . 0018</p> <p>AND</p> <p>Enter detailed information below ↴</p> |
|--|---|--|

Month	Day	Year

0017 Name of company	0019	EIN (9 digits)
<input style="width: 100%;" type="text"/>	-	<input style="width: 100%;" type="text"/>
Address (Number and street, P.O. Box, etc.)		
<input style="width: 100%;" type="text"/>		
City, town, village, etc.	State	ZIP Code
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

56152028



**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?

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

**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 include commissions or fees, not gross 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 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).

**1. Pre-packaged Tours**

- a. Domestic travel** - Arranging, assembling, and marketing tour packages for domestic travel . . . . . 3301
- b. International travel** - Arranging, assembling, and marketing tour packages for international travel . . . . . 3302

**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) . . . . . 3303
- 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) . . . . . 3304

**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 . . . . . 1800

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**7** Not Applicable.

56152036



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR** 2501

2018	
Percent	%

**9 SOURCE OF REVENUE**

**How much of the revenue reported in 6, line 4, is received from the following categories?**

**1. Business . . . . . 3306**

**2. Leisure . . . . . 3307 +**

2018	
Percent	%
100	%

**10-12** 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?**

0009  Yes

No - Go to 14

2018			
\$ Bil.	Mil.	Thou.	Dol.

**B. What was this firm's revenue from exports in 2018? . . . . . 2100**

56152044



**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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

**a. Gross annual payroll** - Total annual Medicare salaries and wages for all employees as reported on this firm's IRS Form 941, Employer's Quarterly Federal Tax Return, line 5(c) for the four quarters that correspond to the survey period or IRS Form 944 Employer's Annual Federal Tax Return, line 4(c). **Include** the spread on stock options that are taxable to employees as wages . . . . . 1821

<input type="checkbox"/>									
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**b. Employer's cost for fringe benefits** - Employer's cost for legally required programs and programs not required by law. **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

<input type="checkbox"/>									
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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 . . . . . 1823

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**4. Other Operating Expenses**

**a. Depreciation and amortization charges** - **Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831

<input type="checkbox"/>									
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CONTINUE WITH 14 ON PAGE 6

56152051



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ 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.

56152069



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title		
Telephone	Area code	Number	Extension		Fax	Area code	Number
		-					-
E-mail address					Website address		

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
We suggest you keep a copy for your records.

56152077





# 2018 ANNUAL SERVICES REPORT

FORM

**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/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**

- 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	030	280	456

**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. 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

56211014



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

AND

Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)
			-

Address (Number and street, P.O. Box, etc.)

City, town, village, etc.	State	ZIP Code
		-

56211022





**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.
- 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.
- E-commerce revenue.

**Exclude:**

- Transfers made within the company.
- Taxes collected directly from customers or clients and paid directly to a local, state, or federal tax agency.
- 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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. 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 dwellings, including apartment buildings and condominiums . . . . . 3401

<input type="checkbox"/>				
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**2. 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 service facilities . . . . . 3402

<input type="checkbox"/>				
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**3. Hazardous Waste Management Collection Services - Include** hazardous waste collection and hazardous waste transportation services . . . . . 3403

<input type="checkbox"/>				
--------------------------	--	--	--	--

**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 ↴**

	1799	<input type="checkbox"/>				
--	------	--------------------------	--	--	--	--

**5. TOTAL OPERATING REVENUE**  
Sum of lines 1 through 4 . . . . . 1800

<input type="checkbox"/>				
--------------------------	--	--	--	--

**7** Not Applicable.

56211030



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

56211048



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ 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 . . . . 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** ↴

1879

**5. TOTAL OPERATING EXPENSES**  
Sum of lines **1a through 4b** . . . . . 1900

**15 and 16** Not Applicable.

56211055



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

56211063





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-56210E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

**1 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

56210016



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  Yes
- No - Specify this firm's business activity ↴

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

- 0013  Yes
- No - Enter current 9-digit EIN **AND** date payroll was first reported for this EIN . . . . . 0015

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)		
			-		
Address (Number and street, P.O. Box, etc.)					
City, town, village, etc.				State	ZIP Code
					-

56210024



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. 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 dwellings, including apartment buildings and condominiums . . . . . 3401

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**2. 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 service facilities . . . . . 3402

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**3. Hazardous Waste Management Collection Services - Include** hazardous waste collection and hazardous waste transportation services . . . . . 3403

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**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 ↴**

1799

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**5. TOTAL OPERATING REVENUE**  
Sum of lines 1 through 4 . . . . . 1800

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**7** Not Applicable.

56210032



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

56210040





**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4b** . . . . . 1900

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**15 and 16** Not Applicable.

56210057



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for providing remarks.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

56210065





# 2018 ANNUAL SERVICES REPORT

FORM

**SA-56220A**

(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 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	030	280	456

**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. 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

56221013



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

56221021



**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?

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.
- 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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Nonhazardous Waste Disposal Services - Include** nonhazardous waste landfill disposal services, nonhazardous waste incineration disposal services, and other nonhazardous waste disposal services such as disposal of nonhazardous waste by methods other than landfill, sanitary landfill, or incineration (e.g., injection wells, spreading of municipal sludge on land, disposal maintenance and closure services) . . . . . 3404

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**2. Hazardous Waste Treatment and Disposal Services - Include** hazardous waste treatment of biological infectious waste, radioactive waste, and other hazardous waste (e.g., organic solvents, oil grease, inorganic sludges, heavy metal solutions, pesticides, PCB wastes, and used tires and batteries). **Include** disposal services of hazardous waste (e.g., by controlled confinement, landfilling, and other methods). **Include** disposal facilities and maintenance and closure services . . . . . 3405

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**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

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**4. TOTAL OPERATING REVENUE**  
Sum of lines 1 through 3 . . . . . 1800

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**7** Not Applicable.

56221039



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

56221047



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4b** . . . . . 1900

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**15 and 16** Not Applicable.

56221054



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for providing remarks.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

56221062







# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-56220E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

**1 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

56220015



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  Yes
- No - Specify this firm's business activity ↴

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

- 0013  Yes
- No - Enter current 9-digit EIN **AND** date payroll was first reported for this EIN . . . . . 0015

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)		
			-		
Address (Number and street, P.O. Box, etc.)					
City, town, village, etc.				State	ZIP Code
					-

56220023



**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.
- 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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Nonhazardous Waste Disposal Services - Include** nonhazardous waste landfill disposal services, nonhazardous waste incineration disposal services, and other nonhazardous waste disposal services such as disposal of nonhazardous waste by methods other than landfill, sanitary landfill, or incineration (e.g., injection wells, spreading of municipal sludge on land, disposal maintenance and closure services) . . . . . 3404

[Table columns: \$ Bil., Mil., Thou., Dol.]

**2. Hazardous Waste Treatment and Disposal Services - Include** hazardous waste treatment of biological infectious waste, radioactive waste, and other hazardous waste (e.g., organic solvents, oil grease, inorganic sludges, heavy metal solutions, pesticides, PCB wastes, and used tires and batteries). **Include** disposal services of hazardous waste (e.g., by controlled confinement, landfilling, and other methods). **Include** disposal facilities and maintenance and closure services . . . . . 3405

[Table columns: \$ Bil., Mil., Thou., Dol.]

**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** ↴

[Text input box] 1799  [Table columns: \$ Bil., Mil., Thou., Dol.]

**4. TOTAL OPERATING REVENUE**  
Sum of lines 1 through 3 . . . . . 1800

[Table columns: \$ Bil., Mil., Thou., Dol.]

**7** Not Applicable.

56220031



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

56220049



**14 OPERATING EXPENSES** - Continued

Mark "X" if None

				2018				
				\$ Bil.	Mil.	Thou.	Dol.	
<b>1. Personnel Costs</b>								
<b>a. Gross annual payroll</b> - 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). <b>Include</b> the spread on stock options that are taxable to employees as wages . . . . .	1821	<input type="checkbox"/>						
<b>b. Employer's cost for fringe benefits</b> - Employer's cost for legally required programs and programs not required by law. <b>Include</b> 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). <b>Exclude</b> employee contributions. . . . .	1822	<input type="checkbox"/>						
<b>c. Temporary staff and leased employee expense</b> - Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. <b>Include</b> all charges for payroll, benefits, and services . . . . .	1823	<input type="checkbox"/>						
<b>2. Expensed equipment, materials, parts, and supplies (not for resale)</b> - <b>Include</b> expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). <b>Include</b> 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 <b>3</b> and leased and rented equipment in line <b>4b</b> . . . . .				1860	<input type="checkbox"/>			
<b>3. Expensed purchases of software</b> - Purchases of prepackaged, custom coded, or vendor customized software. <b>Include</b> software developed or customized by others, web-design services and purchases, licensing agreements, upgrades of software, and maintenance fees related to software upgrades and alterations . . . . .				1826	<input type="checkbox"/>			
<b>4. Other Operating Expenses</b>								
<b>a. Depreciation and amortization charges</b> - <b>Include</b> 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). <b>Exclude</b> impairment . . . . .	1831	<input type="checkbox"/>						
<b>b. All other operating expenses</b> - All other operating expenses not reported above, unless specifically excluded in the general instructions. <b>Include</b> office postage paid and package delivery. <b>Exclude</b> purchases of merchandise for resale and non-operating expenses. <b>If this item is greater than 20% of the total operating expenses, specify the primary source of the expenses below</b> ↴								
	1879	<input type="checkbox"/>						
<b>5. TOTAL OPERATING EXPENSES</b>								
<i>Sum of lines 1a through 4b</i> . . . . .				1900				

**15 and 16** Not Applicable.

56220056



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for providing remarks.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

56220064





# 2018 ANNUAL SERVICES REPORT

FORM

**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/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**

- 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	030	280	456

**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. 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

56292014



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

56292022





**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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).

- 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 . . . . . 3407
- 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 . . . . . 3363
- 3. Other Waste Management Services - Include** septic tank services; cleaning and maintenance for nonhazardous waste holding and drain facilities; and portable toilet rental services . . . . . 3408
- 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 ↴

Mark "X" if None

	2018			
	\$ Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

**5. TOTAL OPERATING REVENUE**  
Sum of lines 1 through 4 . . . . . 1800

**7** Not Applicable.

56292030



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

56292048



**14 OPERATING EXPENSES** - Continued

Mark "X" if None

2018			
\$ 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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4b** . . . . . 1900

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**15 and 16** Not Applicable.

56292055



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

56292063





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-56291E** (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 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.	Thou.	Dol.
1	030	280	456

### Include:

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

## 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

56291016



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  Yes
- No - Specify this firm's business activity ↴

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

- 0013  Yes
- No - Enter current 9-digit EIN **AND** date payroll was first reported for this EIN . . . . . 0015

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)		-		
Address (Number and street, P.O. Box, etc.)							
City, town, village, etc.					State	ZIP Code	
						-	

56291024



**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.
- 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).

- 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 . . . . . 3407
- 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 . . . . . 3363
- 3. Other Waste Management Services - Include** septic tank services; cleaning and maintenance for nonhazardous waste holding and drain facilities; and portable toilet rental services . . . . . 3408
- 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 ↴

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**5. TOTAL OPERATING REVENUE**  
Sum of lines 1 through 4 . . . . . 1800

**7** Not Applicable.

56291032



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

56291040





**14 OPERATING EXPENSES** - Continued

Mark "X" if None

2018			
\$ 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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4b** . . . . . 1900

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**15 and 16** Not Applicable.

56291057



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

56291065





# 2018 ANNUAL SERVICES REPORT

FORM  
**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.

**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	030	280	456

**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. 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

61001012



**1 B. SURVEY COVERAGE**

**Did this firm provide the business activities described below?**

0001  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?**

0016  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 **17**.

- Acquisition
- Sale
- Merger
- Divestiture

0091

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-

Address (Number and street, P.O. Box, etc.)

City, town, village, etc.	State	ZIP Code
		-

61001020



**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?**

- 0006  Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

0008

**5 TAX STATUS**

**A. Is this firm or organization operated on a not-for-profit basis?**

- 0031  Yes
- 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
- 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.

61001038



**6 SALES, RECEIPTS, OR REVENUE - Continued**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. TOTAL OPERATING REVENUE** . . . . . 1800

**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?**

- 0040  Yes  
 No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

- 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.** . . . . . 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

61001046



**14 OPERATING EXPENSES** - Continued

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4b** . . . . . 1900

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**15 and 16** Not Applicable.

61001053



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

61001061







# 2018 ANNUAL SERVICES REPORT

FORM  
**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/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 **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	030	280	456

### Include:

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

## 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

61000014



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  Yes
- No - Specify this firm's business activity ↴

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

- 0013  Yes
- No - Enter current 9-digit EIN **AND** date payroll was first reported for this EIN . . . . . 0015

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

61000022



**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?**

- 0006  Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

0008

**5 TAX STATUS**

**A. Is this firm or organization operated on a not-for-profit basis?**

- 0031  Yes
- 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
- 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.

61000030



**6 SALES, RECEIPTS, OR REVENUE - Continued**

2018			
\$ Bil.	Mil.	Thou.	Dol.

1. **TOTAL OPERATING REVENUE** . . . . . 1800

**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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.** . . . . . 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR 2501

2018	
Percent	%

**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.

61000048



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

**a. Gross annual payroll** - Total annual Medicare salaries and wages for all employees as reported on this firm's IRS Form 941, Employer's Quarterly Federal Tax Return, line 5(c) for the four quarters that correspond to the survey period or IRS Form 944 Employer's Annual Federal Tax Return, line 4(c). **Include** the spread on stock options that are taxable to employees as wages . 1821

<input type="checkbox"/>									
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**b. Employer's cost for fringe benefits** - Employer's cost for legally required programs and programs not required by law. **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

<input type="checkbox"/>									
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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 . . . . . 1823

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**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

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**4. Other Operating Expenses**

**a. Depreciation and amortization charges** - **Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**b. 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** ↴

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**5. TOTAL OPERATING EXPENSES**  
Sum of lines **1a through 4b** . . . . . 1900

<input type="checkbox"/>									
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**15 and 16** Not Applicable.

61000055



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

61000063





# 2018 ANNUAL SERVICES REPORT

FORM  
**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/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

- 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	030	280	456

### 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. 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

62001011



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

62001029





**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 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  Fiscal year - Report beginning and ending dates

Partial year - Report beginning and ending dates

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

0007

0008

**5 TAX STATUS**

**A. Is this firm or organization operated on a not-for-profit basis?**

0031  Yes

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

No

62001037



**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.

Mark "X" if None

2018			
\$ 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 (exclude part C) . . . . . 4106
- 2. Medicaid** - Fee for service only . . . . . 4107
- 3. Workers' compensation** . . . . . 4108
- 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) . . . . . 4109


**b. Revenue from health care providers** - **Include** revenue from hospitals, health practitioners, outpatient care facilities, etc. . . . . 9129

CONTINUE WITH 6 ON PAGE 5

62001045

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ 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 Federal, State, and Local government health insurance . . . . . 4111

<input type="checkbox"/>									
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**2. Property and casualty insurance** - **Include** revenue from auto and homeowners insurance and other accident/liability insurance. **Exclude** workers' compensation insurance . . . . . 4112

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**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* ↴

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**2. Non-Patient Care Revenue**

**a. Contributions, gifts, and grants received** . . . . . 1741

<input type="checkbox"/>									
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**b. Investment and property income** - **Include** interest and dividends. **Exclude** gains (losses) from assets sold . . . . . 1742

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**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* ↴

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**3. TOTAL REVENUE**

*Sum of lines 1a1 through 2d* . . . . . 1800

<input type="checkbox"/>									
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**7 Not Applicable.**

62001052



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9** Not Applicable.

**10 PATIENT VISITS**

**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**

2018	
Number	

**11** Not Applicable.

**12 ELECTRONIC HEALTH 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**

**B. What were the total expenses for electronic health record systems in 2018? . . . . . 4014**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**13** Not Applicable.

62001060



**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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

**a. Gross annual payroll** - Total annual Medicare salaries and wages for all employees as reported on this firm's IRS Form 941, Employer's Quarterly Federal Tax Return, line 5(c) for the four quarters that correspond to the survey period or IRS Form 944 Employer's Annual Federal Tax Return, line 4(c). **Include** the spread on stock options that are taxable to employees as wages . 1821

<input type="checkbox"/>									
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**b. Employer's cost for fringe benefits** - Employer's cost for legally required programs and programs not required by law. **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

<input type="checkbox"/>									
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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 . . . . . 1823

<input type="checkbox"/>									
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**2. Expensed Materials, Parts, and Supplies (not for resale)**

**a. Medical supplies** - Materials and supplies used in providing medical services to others. Report medical equipment in line **2b**. 4011

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**3. Expensed Purchased Services**

**a. Expensed purchases of software** - Purchases of prepackaged, custom coded, or vendor customized software. **Include** software developed or customized by others, web-design services and purchases, licensing agreements, upgrades of software, and maintenance fees related to software upgrades and alterations . . . 1826

<input type="checkbox"/>									
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62001078



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

2018			
\$ 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

<input type="checkbox"/>				
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**4. Other Operating Expenses**

**a. Depreciation and amortization charges - Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831

<input type="checkbox"/>				
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**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	<input type="checkbox"/>				
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**5. TOTAL OPERATING EXPENSES**

*Sum of lines 1a through 4b* . . . . . 1900

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**15 and 16** Not Applicable.

**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

62001086



**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title				
Telephone	Area code	Number		Extension	Fax	Area code	Number		
			-					-	
E-mail address					Website address				

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

62001094





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-62000E** (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 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.	Thou.	Dol.
1	030	280	456

**Include:**

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

**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

62000013





**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  Yes
- No - Specify this firm's business activity ↴

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

- 0013  Yes
- No - Enter current 9-digit EIN **AND** date payroll was first reported for this EIN . . . . . 0015

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)		
			-		
Address (Number and street, P.O. Box, etc.)					
City, town, village, etc.				State	ZIP Code
					-

62000021



**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 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  Fiscal year - *Report beginning and ending dates*

Partial year - *Report beginning and ending dates*

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

0007

0008

**5 TAX STATUS**

**A. Is this firm or organization operated on a not-for-profit basis?**

0031  Yes

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

No

62000039



**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.

Mark "X" if None

2018			
\$ 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 (exclude part C) . . . . . 4106
- 2. Medicaid** - Fee for service only . . . . . 4107
- 3. Workers' compensation** . . . . . 4108
- 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) . . . . . 4109

<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

**b. Revenue from health care providers** - **Include** revenue from hospitals, health practitioners, outpatient care facilities, etc. . . . . 9129

CONTINUE WITH 6 ON PAGE 5

62000047

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

				2018							
				\$ Bil.	Mil.	Thou.	Dol.				
<b>1. Net Patient Care Revenue</b> - Using net patient revenues, report your sources of revenue in each of the below categories. <b>Include</b> 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. <b>Exclude</b> non-patient care revenue such as grants, subsidies, contributions, philanthropy, and sales from gift shops, cafeteria and parking lot receipts - Continued											
<b>c. Private insurance</b>											
<b>1. Private health insurance, including Medicare and Medicaid managed care plans</b> - <b>Include</b> 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				<input type="checkbox"/>							
<b>2. Property and casualty insurance</b> - <b>Include</b> revenue from auto and homeowners insurance and other accident/liability insurance. <b>Exclude</b> workers' compensation insurance . . . . . 4112				<input type="checkbox"/>							
<b>d. Patient out-of-pocket from patients and their families</b> - <b>Include</b> 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				<input type="checkbox"/>							
<b>e. All other sources of revenue for patient care</b> - <b>Include</b> all other sources of revenue for patient care not included in lines <b>1a1 through 1d</b> - <i>Specify</i> ↴											
<input type="text"/>				<input type="checkbox"/>							
<b>2. Non-Patient Care Revenue</b>											
<b>a. Contributions, gifts, and grants received</b> . . . . . 1741				<input type="checkbox"/>							
<b>b. Investment and property income</b> - <b>Include</b> interest and dividends. <b>Exclude</b> gains (losses) from assets sold . . . . . 1742				<input type="checkbox"/>							
<b>c. Revenue from health care providers for non-patient care</b> - <b>Include</b> revenue from health practitioners, hospitals, outpatient care facilities, and all other health care practitioners for non-patient care services provided. <b>Include</b> revenue for medical administration and other administrative services, incentive payments, management fees, medical director fees, etc. . . . . 4113				<input type="checkbox"/>							
<b>d. All other non-patient care revenue</b> - <b>Include</b> other operating and non-operating revenue (e.g., gift shop sales, cafeteria sales, parking lot receipts, florist receipts) - <i>Specify the primary source of revenue below</i> ↴											
<input type="text"/>				<input type="checkbox"/>							
<b>3. TOTAL REVENUE</b>											
<i>Sum of lines 1a1 through 2d</i> . . . . . 1800											

**7** Not Applicable.

62000054



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9** Not Applicable.

**10 PATIENT VISITS**

**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**

2018	
Number	

**11** Not Applicable.

**12 ELECTRONIC HEALTH 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**

**B. What were the total expenses for electronic health record systems in 2018? . . . . . 4014**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**13** Not Applicable.

62000062



**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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

**a. Gross annual payroll** - Total annual Medicare salaries and wages for all employees as reported on this firm's IRS Form 941, Employer's Quarterly Federal Tax Return, line 5(c) for the four quarters that correspond to the survey period or IRS Form 944 Employer's Annual Federal Tax Return, line 4(c). **Include** the spread on stock options that are taxable to employees as wages . 1821

<input type="checkbox"/>									
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**b. Employer's cost for fringe benefits** - Employer's cost for legally required programs and programs not required by law. **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

<input type="checkbox"/>									
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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 . . . . . 1823

<input type="checkbox"/>									
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**2. Expensed Materials, Parts, and Supplies (not for resale)**

**a. Medical supplies** - Materials and supplies used in providing medical services to others. Report medical equipment in line **2b**. 4011

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**3. Expensed Purchased Services**

**a. Expensed purchases of software** - Purchases of prepackaged, custom coded, or vendor customized software. **Include** software developed or customized by others, web-design services and purchases, licensing agreements, upgrades of software, and maintenance fees related to software upgrades and alterations . . . 1826

<input type="checkbox"/>									
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62000070



**14 OPERATING EXPENSES** - Continued

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	DoL.
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**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

<input type="checkbox"/>				
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**4. Other Operating Expenses**

**a. Depreciation and amortization charges** - **Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831

<input type="checkbox"/>				
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**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
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**5. TOTAL OPERATING EXPENSES**

*Sum of lines 1a through 4b* . . . . . 1900

<input type="checkbox"/>				
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**15 and 16** Not Applicable.

**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

62000088



**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title					
Telephone	Area code	Number			Extension	Fax	Area code	Number		
			-						-	
E-mail address					Website address					

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

62000096







# 2018 ANNUAL SERVICES REPORT

FORM  
**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 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	030	280	456

**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. 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

62151014



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

62151022



**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 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  Fiscal year - Report beginning and ending dates

Partial year - Report beginning and ending dates

2018		
Beginning Date		
Month	Day	Year
Ending 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.
- 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

2018			
\$ 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 (exclude part C) . . . . . 4106

**2. Medicaid** - Fee for service only . . . . . 4107

**3. Workers' compensation** . . . . . 4108

**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) . . . . . 4109

**b. Revenue from health care providers** - **Include** revenue from hospitals, health practitioners, outpatient care facilities, etc. . . . . 9129

<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

62151030



CONTINUE WITH **6** ON PAGE 4

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ 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 Federal, State, and Local government health insurance . . . . . 4111

<input type="checkbox"/>									
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**2. Property and casualty insurance** - **Include** revenue from auto and homeowners insurance and other accident/liability insurance. **Exclude** workers' compensation insurance . . . . . 4112

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**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* ↴

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**2. Non-Patient Care Revenue**

**a. Contributions, gifts, and grants received** . . . . . 1741

<input type="checkbox"/>									
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**b. Investment and property income** - **Include** interest and dividends. **Exclude** gains (losses) from assets sold . . . . . 1742

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**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* ↴

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**3. TOTAL REVENUE**

*Sum of lines 1a1 through 2d* . . . . . 1800

<input type="checkbox"/>									
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**7 Not Applicable.**

62151048



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9-11** Not Applicable.

**12 ELECTRONIC HEALTH 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

**B. What were the total expenses for electronic health record systems in 2018? . . . . . 4014**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**13** Not Applicable.

62151055



**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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

**a. Gross annual payroll** - Total annual Medicare salaries and wages for all employees as reported on this firm's IRS Form 941, Employer's Quarterly Federal Tax Return, line 5(c) for the four quarters that correspond to the survey period or IRS Form 944 Employer's Annual Federal Tax Return, line 4(c). **Include** the spread on stock options that are taxable to employees as wages . 1821

<input type="checkbox"/>									
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**b. Employer's cost for fringe benefits** - Employer's cost for legally required programs and programs not required by law. **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

<input type="checkbox"/>									
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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 . . . . . 1823

<input type="checkbox"/>									
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**2. Expensed Materials, Parts, and Supplies (not for resale)**

**a. Medical supplies** - Materials and supplies used in providing medical services to others. Report medical equipment in line **2b**. 4011

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**3. Expensed Purchased Services**

**a. Expensed purchases of software** - Purchases of prepackaged, custom coded, or vendor customized software. **Include** software developed or customized by others, web-design services and purchases, licensing agreements, upgrades of software, and maintenance fees related to software upgrades and alterations . . . 1826

<input type="checkbox"/>									
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62151063



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

				2018			
				\$ Bil.	Mil.	Thou.	DoI.
<b>3. Expensed Purchased Services - Continued</b>							
<b>b. Professional liability insurance</b> - The cost of professional liability insurance. <b>Include</b> professional liability insurance premiums and amounts set aside for self-insurance . . . . . 4010	<input type="checkbox"/>						
<b>4. Other Operating Expenses</b>							
<b>a. Depreciation and amortization charges</b> - <b>Include</b> 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). <b>Exclude</b> impairment . . . . . 1831	<input type="checkbox"/>						
<b>b. All other operating expenses</b> - All other operating expenses not reported above, unless specifically excluded in the general instructions. <b>Include</b> office postage paid and package delivery. <b>Exclude</b> purchases of merchandise for resale and non-operating expenses. <b>If this item is greater than 20% of the total operating expenses, specify the primary source of the expenses below</b> ↴							
<input type="text"/>							
<b>5. TOTAL OPERATING EXPENSES</b>							
<i>Sum of lines 1a through 4b</i> . . . . . 1900							

**15 and 16** Not Applicable.

62151071



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title				
Telephone	Area code	Number	-	Extension	Fax	Area code	Number	-	
E-mail address					Website address				

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
We suggest you keep a copy for your records.

62151089







# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-62150E** (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 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.	Thou.	Dol.
1	030	280	456

**Include:**

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

**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

62150016



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  Yes
- No - Specify this firm's business activity ↴

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

- 0013  Yes
- No - Enter current 9-digit EIN **AND** date payroll was first reported for this EIN . . . . . 0015

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- |  |   |  |
|--|---|--|
| <p>0091 <input type="checkbox"/> Acquisition</p> <p><input type="checkbox"/> Sale</p> <p><input type="checkbox"/> Merger</p> <p><input type="checkbox"/> Divestiture</p> | } | <p>Date of organizational change . . . . . 0018</p> <p>AND</p> <p>Enter detailed information below ↴</p> |
|--|---|--|

Month	Day	Year

0017 Name of company	0019	EIN (9 digits)
<input style="width: 100%;" type="text"/>	-	<input style="width: 100%;" type="text"/>
Address (Number and street, P.O. Box, etc.)		
<input style="width: 100%;" type="text"/>		
City, town, village, etc.	State	ZIP Code
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

62150024



**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 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  Fiscal year - Report beginning and ending dates

Partial year - Report beginning and ending dates

2018		
Beginning Date		
Month	Day	Year
Ending 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.
- 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

2018			
\$ 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 (exclude part C) . . . . . 4106

**2. Medicaid** - Fee for service only . . . . . 4107

**3. Workers' compensation** . . . . . 4108

**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) . . . . . 4109

**b. Revenue from health care providers** - **Include** revenue from hospitals, health practitioners, outpatient care facilities, etc. . . . . 9129


62150032



CONTINUE WITH **6** ON PAGE 4

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ 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 Federal, State, and Local government health insurance . . . . . 4111

<input type="checkbox"/>									
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**2. Property and casualty insurance - Include** revenue from auto and homeowners insurance and other accident/liability insurance. **Exclude** workers' compensation insurance . . . . . 4112

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**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* ↴

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**2. Non-Patient Care Revenue**

**a. Contributions, gifts, and grants received** . . . . . 1741

<input type="checkbox"/>									
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**b. Investment and property income - Include** interest and dividends. **Exclude** gains (losses) from assets sold . . . . . 1742

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**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* ↴

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**3. TOTAL REVENUE**

*Sum of lines 1a1 through 2d* . . . . . 1800

<input type="checkbox"/>									
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**7** Not Applicable.

62150040



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9-11** Not Applicable.

**12 ELECTRONIC HEALTH 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

**B. What were the total expenses for electronic health record systems in 2018? . . . . . 4014**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**13** Not Applicable.

62150057



**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

2018			
\$ 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

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**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

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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 . . . . . 1823

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**2. Expensed Materials, Parts, and Supplies (not for resale)**

**a. Medical supplies** - Materials and supplies used in providing medical services to others. Report medical equipment in line **2b**. 4011

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**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

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**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

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62150065



CONTINUE WITH 14 ON PAGE 7

**14 OPERATING EXPENSES - Continued**

Mark "X" if None

				2018			
				\$ Bil.	Mil.	Thou.	DoI.
<b>3. Expensed Purchased Services - Continued</b>							
<b>b. Professional liability insurance</b> - The cost of professional liability insurance. <b>Include</b> professional liability insurance premiums and amounts set aside for self-insurance . . . . . 4010				<input type="checkbox"/>			
<b>4. Other Operating Expenses</b>							
<b>a. Depreciation and amortization charges</b> - <b>Include</b> 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). <b>Exclude</b> impairment . . . . . 1831				<input type="checkbox"/>			
<b>b. All other operating expenses</b> - All other operating expenses not reported above, unless specifically excluded in the general instructions. <b>Include</b> office postage paid and package delivery. <b>Exclude</b> purchases of merchandise for resale and non-operating expenses. <b>If this item is greater than 20% of the total operating expenses, specify the primary source of the expenses below</b> ↴							
<input type="text"/>				<input type="checkbox"/>			
<b>5. TOTAL OPERATING EXPENSES</b>							
<i>Sum of lines 1a through 4b</i> . . . . . 1900							

**15 and 16** Not Applicable.

62150073



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

62150081







# 2018 ANNUAL SERVICES REPORT

FORM  
**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.

**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	030	280	456

### 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. 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

62193016



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

AND

Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)
			-

Address (Number and street, P.O. Box, etc.)

City, town, village, etc.	State	ZIP Code
		-

62193024



**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 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  Fiscal year - *Report beginning and ending dates*

Partial year - *Report beginning and ending dates*

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

0007

0008

**5 TAX STATUS**

**A. Is this firm or organization operated on a not-for-profit basis?**

0031  Yes

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

No

62193032



**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.

Mark "X" if None

2018			
\$ 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 (exclude part C) . . . . . 4106
- 2. Medicaid** - Fee for service only . . . . . 4107
- 3. Workers' compensation** . . . . . 4108
- 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) . . . . . 4109


**b. Revenue from health care providers** - **Include** revenue from hospitals, health practitioners, outpatient care facilities, etc. . . . . 9129

CONTINUE WITH 6 ON PAGE 5

62193040

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ 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 Federal, State, and Local government health insurance . . . . . 4111

<input type="checkbox"/>									
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**2. Property and casualty insurance - Include** revenue from auto and homeowners insurance and other accident/liability insurance. **Exclude** workers' compensation insurance . . . . . 4112

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**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* ↴

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**2. Non-Patient Care Revenue**

**a. Contributions, gifts, and grants received** . . . . . 1741

<input type="checkbox"/>									
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**b. Investment and property income - Include** interest and dividends. **Exclude** gains (losses) from assets sold . . . . . 1742

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
--------------------------	--	--	--	--	--	--	--	--	--

**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* ↴

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**3. TOTAL REVENUE**

*Sum of lines 1a1 through 2d* . . . . . 1800

<input type="checkbox"/>									
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**7** Not Applicable.

62193057



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9-11** Not Applicable.

**12 ELECTRONIC HEALTH 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

**B. What were the total expenses for electronic health record systems in 2018? . . . . . 4014**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**13** Not Applicable.

62193065



**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

2018			
\$ 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

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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 . . . . . 1823

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**2. Expensed Materials, Parts, and Supplies (not for resale)**

**a. Medical supplies** - Materials and supplies used in providing medical services to others. Report medical equipment in line **2b**. 4011

--	--	--	--	--

**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

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**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

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CONTINUE WITH 14 ON PAGE 8

62193073

**14 OPERATING EXPENSES** - Continued

Mark "X" if None

				2018			
				\$ Bil.	Mil.	Thou.	DoI.
<b>3. Expensed Purchased Services</b> - Continued							
<b>b. Professional liability insurance</b> - The cost of professional liability insurance. <b>Include</b> professional liability insurance premiums and amounts set aside for self-insurance . . . . . 4010	<input type="checkbox"/>						
<b>4. Other Operating Expenses</b>							
<b>a. Depreciation and amortization charges</b> - <b>Include</b> 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). <b>Exclude</b> impairment . . . . . 1831	<input type="checkbox"/>						
<b>b. All other operating expenses</b> - All other operating expenses not reported above, unless specifically excluded in the general instructions. <b>Include</b> office postage paid and package delivery. <b>Exclude</b> purchases of merchandise for resale and non-operating expenses. <b>If this item is greater than 20% of the total operating expenses, specify the primary source of the expenses below</b> ↴							
<input type="text"/>							
<b>5. TOTAL OPERATING EXPENSES</b>							
<i>Sum of lines 1a through 4b</i> . . . . . 1900	<input type="checkbox"/>						

**15 and 16** Not Applicable.

62193081





**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title		
Telephone	Area code	Number	Extension		Fax	Area code	Number
		-					-
E-mail address					Website address		

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
We suggest you keep a copy for your records.

62193099





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-62190E** (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 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.	Thou.	Dol.
1	030	280	456

**Include:**

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

**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

62192018



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  Yes
- No - Specify this firm's business activity ↴

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

- 0013  Yes
- No - Enter current 9-digit EIN **AND** date payroll was first reported for this EIN . . . . . 0015

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)		-		
Address (Number and street, P.O. Box, etc.)							
City, town, village, etc.					State	ZIP Code	
						-	

62192026



**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 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  Fiscal year - *Report beginning and ending dates*

Partial year - *Report beginning and ending dates*

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

0007

0008

**5 TAX STATUS**

**A. Is this firm or organization operated on a not-for-profit basis?**

0031  Yes

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

No

62192034



**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.

Mark "X" if None

2018			
\$ 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 (exclude part C) . . . . . 4106
- 2. Medicaid** - Fee for service only . . . . . 4107
- 3. Workers' compensation** . . . . . 4108
- 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) . . . . . 4109


**b. Revenue from health care providers** - **Include** revenue from hospitals, health practitioners, outpatient care facilities, etc. . . . . 9129


CONTINUE WITH 6 ON PAGE 5

62192042



**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ 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 Federal, State, and Local government health insurance . . . . . 4111

<input type="checkbox"/>									
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**2. Property and casualty insurance - Include** revenue from auto and homeowners insurance and other accident/liability insurance. **Exclude** workers' compensation insurance . . . . . 4112

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**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* ↴

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**2. Non-Patient Care Revenue**

**a. Contributions, gifts, and grants received** . . . . . 1741

<input type="checkbox"/>									
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**b. Investment and property income - Include** interest and dividends. **Exclude** gains (losses) from assets sold . . . . . 1742

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**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* ↴

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**3. TOTAL REVENUE**

*Sum of lines 1a1 through 2d* . . . . . 1800

<input type="checkbox"/>									
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**7 Not Applicable.**

62192059



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9-11** Not Applicable.

**12 ELECTRONIC HEALTH 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

**B. What were the total expenses for electronic health record systems in 2018? . . . . . 4014**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**13** Not Applicable.

62192067



**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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

**a. Gross annual payroll** - Total annual Medicare salaries and wages for all employees as reported on this firm's IRS Form 941, Employer's Quarterly Federal Tax Return, line 5(c) for the four quarters that correspond to the survey period or IRS Form 944 Employer's Annual Federal Tax Return, line 4(c). **Include** the spread on stock options that are taxable to employees as wages . 1821

<input type="checkbox"/>									
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**b. Employer's cost for fringe benefits** - Employer's cost for legally required programs and programs not required by law. **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

<input type="checkbox"/>									
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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 . . . . . 1823

<input type="checkbox"/>									
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**2. Expensed Materials, Parts, and Supplies (not for resale)**

**a. Medical supplies** - Materials and supplies used in providing medical services to others. Report medical equipment in line **2b**. 4011

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**3. Expensed Purchased Services**

**a. Expensed purchases of software** - Purchases of prepackaged, custom coded, or vendor customized software. **Include** software developed or customized by others, web-design services and purchases, licensing agreements, upgrades of software, and maintenance fees related to software upgrades and alterations . . . 1826

<input type="checkbox"/>									
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62192075





**14 OPERATING EXPENSES - Continued**

Mark "X" if None

				2018			
				\$ Bil.	Mil.	Thou.	DoI.
<b>3. Expensed Purchased Services - Continued</b>							
<b>b. Professional liability insurance</b> - The cost of professional liability insurance. <b>Include</b> professional liability insurance premiums and amounts set aside for self-insurance . . . . . 4010	<input type="checkbox"/>						
<b>4. Other Operating Expenses</b>							
<b>a. Depreciation and amortization charges</b> - <b>Include</b> 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). <b>Exclude</b> impairment . . . . . 1831	<input type="checkbox"/>						
<b>b. All other operating expenses</b> - All other operating expenses not reported above, unless specifically excluded in the general instructions. <b>Include</b> office postage paid and package delivery. <b>Exclude</b> purchases of merchandise for resale and non-operating expenses. <b>If this item is greater than 20% of the total operating expenses, specify the primary source of the expenses below</b> ↴							
<input type="text"/>							
<b>5. TOTAL OPERATING EXPENSES</b>							
<i>Sum of lines 1a through 4b</i> . . . . . 1900	<input type="checkbox"/>						

**15 and 16** Not Applicable.

62192083



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

62192091





# 2018 ANNUAL SERVICES REPORT

FORM  
**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/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

- 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	030	280	456

### 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. 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

62201017



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

62201025



**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 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  Fiscal year - *Report beginning and ending dates*

Partial year - *Report beginning and ending dates*

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

0007

0008

**5 TAX STATUS**

**A. Is this firm or organization operated on a not-for-profit basis?**

0031  Yes

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

No

62201033



**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.

<i>Mark "X" if None</i>	2018			
	\$ 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 (exclude part C) . . . . . 4106
- 2. Medicaid** - Fee for service only . . . . . 4107
- 3. Workers' compensation** . . . . . 4108
- 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) . . . . . 4109

**b. Revenue from health care providers** - **Include** revenue from hospitals, health practitioners, outpatient care facilities, etc. . . . . 9129


62201041

CONTINUE WITH **6** ON PAGE 5

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ 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 Federal, State, and Local government health insurance . . . . . 4111

<input type="checkbox"/>									
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**2. Property and casualty insurance - Include** revenue from auto and homeowners insurance and other accident/liability insurance. **Exclude** workers' compensation insurance . . . . . 4112

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**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* ↴

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**2. Non-Patient Care Revenue**

**a. Contributions, gifts, and grants received** . . . . . 1741

<input type="checkbox"/>									
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**b. Investment and property income - Include** interest and dividends. **Exclude** gains (losses) from assets sold . . . . . 1742

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**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* ↴

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**3. TOTAL REVENUE**

*Sum of lines 1a1 through 2d* . . . . . 1800

<input type="checkbox"/>									
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**7** Not Applicable.

62201058



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9 and 10** Not Applicable.

62201066





**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.

**Include:**

- Observation services
- Emergency department visits
- Outpatient surgeries

		2018			
		Number			
1. What were this firm's inpatient days in 2018? . . . . .	4180				
2. What were this firm's outpatient visits in 2018? . . . . .	4181				

**B. 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 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.

		2018	
		Number	
1. Inpatient care services . . . . .	4192		%
2. Outpatient care services . . . . .	4193 +		%
		100	%

**12 ELECTRONIC HEALTH 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

**B. What were the total expenses for electronic health record systems in 2018? . . . . . 4014**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**13 Not Applicable.**

62201074



**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

2018			
\$ 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

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**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

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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 . . . . . 1823

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**2. Expensed Materials, Parts, and Supplies (not for resale)**

**a. Medical supplies** - Materials and supplies used in providing medical services to others. Report medical equipment in line **2b**. 4011

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**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

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**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

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62201082



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

				2018			
				\$ Bil.	Mil.	Thou.	DoI.
<b>3. Expensed Purchased Services - Continued</b>							
<b>b. Professional liability insurance</b> - The cost of professional liability insurance. <b>Include</b> professional liability insurance premiums and amounts set aside for self-insurance . . . . . 4010				<input type="checkbox"/>			
<b>4. Other Operating Expenses</b>							
<b>a. Depreciation and amortization charges - Include</b> 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). <b>Exclude</b> impairment . . . . . 1831				<input type="checkbox"/>			
<b>b. All other operating expenses</b> - All other operating expenses not reported above, unless specifically excluded in the general instructions. <b>Include</b> office postage paid and package delivery. <b>Exclude</b> purchases of merchandise for resale and non-operating expenses. <b>If this item is greater than 20% of the total operating expenses, specify the primary source of the expenses below</b> ↴							
<input type="text"/>				<input type="checkbox"/>			
<b>5. TOTAL OPERATING EXPENSES</b>							
<i>Sum of lines 1a through 4b</i> . . . . . 1900							

**15 and 16** Not Applicable.

62201090



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title		
Telephone	Area code	Number	Extension		Fax	Area code	Number
		-					-
E-mail address					Website address		

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
We suggest you keep a copy for your records.

62201108





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-62200E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

**1 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

62200019



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  Yes
- No - Specify this firm's business activity ↴

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

- 0013  Yes
- No - Enter current 9-digit EIN **AND** date payroll was first reported for this EIN . . . . . 0015

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- |  |   |  |
|--|---|--|
| <p>0091 <input type="checkbox"/> Acquisition</p> <p><input type="checkbox"/> Sale</p> <p><input type="checkbox"/> Merger</p> <p><input type="checkbox"/> Divestiture</p> | } | <p>Date of organizational change . . . . . 0018</p> <p>AND</p> <p>Enter detailed information below ↴</p> |
|--|---|--|

Month	Day	Year

0017 Name of company	0019 EIN (9 digits)
<input style="width: 100%;" type="text"/>	- <input style="width: 50px;" type="text"/>
Address (Number and street, P.O. Box, etc.)	
<input style="width: 100%;" type="text"/>	
City, town, village, etc.	State ZIP Code
<input style="width: 60%;" type="text"/>	- <input style="width: 30px;" type="text"/>

62200027



**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 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  Fiscal year - *Report beginning and ending dates*

Partial year - *Report beginning and ending dates*

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

0007

0008

**5 TAX STATUS**

**A. Is this firm or organization operated on a not-for-profit basis?**

0031  Yes

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

No

62200035



**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.

Mark "X" if None

2018			
\$ 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 (exclude part C) . . . . . 4106
- 2. Medicaid** - Fee for service only . . . . . 4107
- 3. Workers' compensation** . . . . . 4108
- 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) . . . . . 4109


**b. Revenue from health care providers** - **Include** revenue from hospitals, health practitioners, outpatient care facilities, etc. . . . . 9129

CONTINUE WITH 6 ON PAGE 5

62200043



**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

				2018							
				\$ Bil.	Mil.	Thou.	Dol.				
<b>1. Net Patient Care Revenue</b> - Using net patient revenues, report your sources of revenue in each of the below categories. <b>Include</b> 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. <b>Exclude</b> non-patient care revenue such as grants, subsidies, contributions, philanthropy, and sales from gift shops, cafeteria and parking lot receipts - Continued											
<b>c. Private insurance</b>											
<b>1. Private health insurance, including Medicare and Medicaid managed care plans</b> - <b>Include</b> 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				<input type="checkbox"/>							
<b>2. Property and casualty insurance</b> - <b>Include</b> revenue from auto and homeowners insurance and other accident/liability insurance. <b>Exclude</b> workers' compensation insurance . . . . . 4112				<input type="checkbox"/>							
<b>d. Patient out-of-pocket from patients and their families</b> - <b>Include</b> 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				<input type="checkbox"/>							
<b>e. All other sources of revenue for patient care</b> - <b>Include</b> all other sources of revenue for patient care not included in lines <b>1a1 through 1d</b> - <i>Specify</i> ↴											
<input type="text"/>				<input type="checkbox"/>							
<b>2. Non-Patient Care Revenue</b>											
<b>a. Contributions, gifts, and grants received</b> . . . . . 1741				<input type="checkbox"/>							
<b>b. Investment and property income</b> - <b>Include</b> interest and dividends. <b>Exclude</b> gains (losses) from assets sold . . . . . 1742				<input type="checkbox"/>							
<b>c. Revenue from health care providers for non-patient care</b> - <b>Include</b> revenue from health practitioners, hospitals, outpatient care facilities, and all other health care practitioners for non-patient care services provided. <b>Include</b> revenue for medical administration and other administrative services, incentive payments, management fees, medical director fees, etc. . . . . 4113				<input type="checkbox"/>							
<b>d. All other non-patient care revenue</b> - <b>Include</b> other operating and non-operating revenue (e.g., gift shop sales, cafeteria sales, parking lot receipts, florist receipts) - <i>Specify the primary source of revenue below</i> ↴											
<input type="text"/>				<input type="checkbox"/>							
<b>3. TOTAL REVENUE</b>											
<i>Sum of lines 1a1 through 2d</i> . . . . . 1800											

**7** Not Applicable.

62200050



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9 and 10** Not Applicable.

62200068



**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.

**Include:**

- Observation services
- Emergency department visits
- Outpatient surgeries

		2018			
		Number			
1. What were this firm's inpatient days in 2018? . . . . .	4180				
2. What were this firm's outpatient visits in 2018? . . . . .	4181				

**B. 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 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.

		2018	
		Number	
1. Inpatient care services . . . . .	4192		%
2. Outpatient care services . . . . .	4193 +		%
		100	%

**12 ELECTRONIC HEALTH 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

**B. What were the total expenses for electronic health record systems in 2018? . . . . . 4014**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**13 Not Applicable.**

62200076



**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

2018			
\$ 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

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**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

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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 . . . . . 1823

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**2. Expensed Materials, Parts, and Supplies (not for resale)**

**a. Medical supplies** - Materials and supplies used in providing medical services to others. Report medical equipment in line **2b**. 4011

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**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

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**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

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62200084



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

**2018**

\$ Bil.	Mil.	Thou.	DoI.
---------	------	-------	------

**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

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a** through **4b** . . . . . 1900

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**15 and 16** Not Applicable.

62200092



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

62200100





# 2018 ANNUAL SERVICES REPORT

FORM  
**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 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	030	280	456

**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. 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

62303011



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

0001  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?**

0016  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 **17**.

- Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-

Address (Number and street, P.O. Box, etc.)

City, town, village, etc.	State	ZIP Code
		-

62303029





**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 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  Fiscal year - *Report beginning and ending dates*

Partial year - *Report beginning and ending dates*

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

0007

0008

**5 TAX STATUS**

**A. Is this firm or organization operated on a not-for-profit basis?**

0031  Yes

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

No

62303037



**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:**

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- 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" if None

2018			
\$ 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:

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- 2. Medicaid** - Fee for service only . . . . . 4107
- 3. Workers' compensation** . . . . . 4108
- 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) . . . . . 4109

<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

62303045

CONTINUE WITH 6 ON PAGE 5

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

				2018							
				\$ Bil.	Mil.	Thou.	Dol.				
<b>1. Net Patient Care Revenue</b> - Using net patient revenues, report your sources of revenue in each of the below categories. <b>Include</b> 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. <b>Exclude</b> non-patient care revenue such as grants, subsidies, contributions, philanthropy, and sales from gift shops, cafeteria and parking lot receipts - Continued											
<b>b. Private insurance</b>											
<b>1. Private health insurance, including Medicare and Medicaid managed care plans</b> - <b>Include</b> 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				<input type="checkbox"/>							
<b>2. Property and casualty insurance</b> - <b>Include</b> revenue from auto and homeowners insurance and other accident/liability insurance. <b>Exclude</b> workers' compensation insurance . . . . . 4112				<input type="checkbox"/>							
<b>c. Social security benefits</b> - Report direct payment of social security benefits on behalf of patients . . . . . 4172				<input type="checkbox"/>							
<b>d. Patient out-of-pocket from patients and their families</b> - <b>Include</b> 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				<input type="checkbox"/>							
<b>e. All other sources of revenue for patient care</b> - <b>Include</b> all other sources of revenue for patient care not included in lines <b>1a1 through 1d</b> - <i>Specify</i> ↴											
<input type="text"/>				<input type="checkbox"/>							
<b>2. Non-Patient Care Revenue</b>											
<b>a. Contributions, gifts, and grants received</b> . . . . . 1741				<input type="checkbox"/>							
<b>b. Investment and property income</b> - <b>Include</b> interest and dividends. <b>Exclude</b> gains (losses) from assets sold . . . . . 1742				<input type="checkbox"/>							
<b>c. All other non-patient care revenue</b> - <b>Include</b> other operating and non-operating revenue (e.g., gift shop sales, cafeteria sales, parking lot receipts, florist receipts) - <i>Specify the primary source of revenue below</i> ↴											
<input type="text"/>				<input type="checkbox"/>							
<b>3. TOTAL REVENUE</b>											
<i>Sum of lines 1a1 through 2c</i> . . . . . 1800											

**7** Not Applicable.

62303052



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9-11** Not Applicable.

**12 ELECTRONIC HEALTH 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

**B. What were the total expenses for electronic health record systems in 2018? . . . . . 4014**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**13** Not Applicable.

62303060



**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

2018			
\$ 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

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**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

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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 . . . . . 1823

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**2. Expensed Materials, Parts, and Supplies (not for resale)**

**a. Medical supplies** - Materials and supplies used in providing medical services to others. Report medical equipment in line **2b**. 4011

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**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

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**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

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62303078



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

**2018**

\$ Bil.	Mil.	Thou.	DoI.
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**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

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a** through **4b** . . . . . 1900

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**15 and 16** Not Applicable.

62303086



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

62303094





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-62300E** (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 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.	Thou.	Dol.
1	030	280	456

**Include:**

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

**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

62302013





**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  Yes
- No - Specify this firm's business activity ↴

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

- 0013  Yes
- No - Enter current 9-digit EIN **AND** date payroll was first reported for this EIN . . . . . 0015

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)		
			-		
Address (Number and street, P.O. Box, etc.)					
City, town, village, etc.				State	ZIP Code
					-

62302021



**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 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  Fiscal year - *Report beginning and ending dates*

Partial year - *Report beginning and ending dates*

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

0007

0008

**5 TAX STATUS**

**A. Is this firm or organization operated on a not-for-profit basis?**

0031  Yes

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

No

62302039



**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.

Mark "X" if None

2018			
\$ 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 (exclude part C) . . . . . 4106
- 2. Medicaid** - Fee for service only . . . . . 4107
- 3. Workers' compensation** . . . . . 4108
- 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) . . . . . 4109

<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

62302047



CONTINUE WITH 6 ON PAGE 5

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

				2018							
				\$ Bil.	Mil.	Thou.	Dol.				
<b>1. Net Patient Care Revenue</b> - Using net patient revenues, report your sources of revenue in each of the below categories. <b>Include</b> 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. <b>Exclude</b> non-patient care revenue such as grants, subsidies, contributions, philanthropy, and sales from gift shops, cafeteria and parking lot receipts - Continued											
<b>b. Private insurance</b>											
<b>1. Private health insurance, including Medicare and Medicaid managed care plans</b> - <b>Include</b> 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				<input type="checkbox"/>							
<b>2. Property and casualty insurance</b> - <b>Include</b> revenue from auto and homeowners insurance and other accident/liability insurance. <b>Exclude</b> workers' compensation insurance . . . . . 4112				<input type="checkbox"/>							
<b>c. Social security benefits</b> - Report direct payment of social security benefits on behalf of patients . . . . . 4172				<input type="checkbox"/>							
<b>d. Patient out-of-pocket from patients and their families</b> - <b>Include</b> 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				<input type="checkbox"/>							
<b>e. All other sources of revenue for patient care</b> - <b>Include</b> all other sources of revenue for patient care not included in lines <b>1a1 through 1d</b> - <i>Specify</i> ↴											
<input type="text"/>				<input type="checkbox"/>							
<b>2. Non-Patient Care Revenue</b>											
<b>a. Contributions, gifts, and grants received</b> . . . . . 1741				<input type="checkbox"/>							
<b>b. Investment and property income</b> - <b>Include</b> interest and dividends. <b>Exclude</b> gains (losses) from assets sold . . . . . 1742				<input type="checkbox"/>							
<b>c. All other non-patient care revenue</b> - <b>Include</b> other operating and non-operating revenue (e.g., gift shop sales, cafeteria sales, parking lot receipts, florist receipts) - <i>Specify the primary source of revenue below</i> ↴											
<input type="text"/>				<input type="checkbox"/>							
<b>3. TOTAL REVENUE</b>											
<i>Sum of lines 1a1 through 2c</i> . . . . . 1800											

**7** Not Applicable.

62302054



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**9-11** Not Applicable.

**12 ELECTRONIC HEALTH 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

**B. What were the total expenses for electronic health record systems in 2018? . . . . . 4014**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**13** Not Applicable.

62302062



**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

2018			
\$ 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

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**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

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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 . . . . . 1823

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**2. Expensed Materials, Parts, and Supplies (not for resale)**

**a. Medical supplies** - Materials and supplies used in providing medical services to others. Report medical equipment in line **2b**. 4011

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**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

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**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

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62302070



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

**2018**

\$ Bil.	Mil.	Thou.	DoI.
---------	------	-------	------

**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

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**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a** through **4b** . . . . . 1900

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**15 and 16** Not Applicable.

62302088



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title		
Telephone	Area code	Number	Extension		Fax	Area code	Number
		-					-
E-mail address					Website address		

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
We suggest you keep a copy for your records.

62302096







# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-62400AT** (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 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	030	280	456

**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. 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

62410014



**1 B. SURVEY COVERAGE**

**Did this firm provide the business activities described below?**

0001  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?**

0016  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 **17**.

- Acquisition
- Sale
- Merger
- Divestiture

0091

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-

Address (Number and street, P.O. Box, etc.)

City, town, village, etc.	State	ZIP Code
		-

62410022



**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

**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 income taxes under section 501 of the Internal Revenue Code?**

- 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.

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**1. TOTAL OPERATING REVENUE** . . . . . 1800

**7** Not Applicable.

62410030

**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

62410048



**14 OPERATING EXPENSES** - Continued

Mark "X" if None

**2018**

\$ 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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4b** . . . . . 1900

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**15 and 16** Not Applicable.

62410055



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

62410063





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-62400ATE** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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	030	280	456

**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. 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

62411012



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

0001  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?**

0016  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 **17**.

- Acquisition
- Sale
- Merger
- Divestiture

0091

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-

Address (Number and street, P.O. Box, etc.)

City, town, village, etc.	State	ZIP Code
		-

62411020





**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?

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

**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 income taxes under section 501 of the Internal Revenue Code?**

- 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 TAX-EXEMPT FIRMS**

**Include:**

- Program service revenue for services provided in the applicable period, whether or not payment was received in the applicable period.
- Gross sales of merchandise minus returns and allowances.
- Income from interest, dividends, gross rents (including display space rentals and share of receipts from departments operated by other companies), royalties, and other investments.
- Gross contributions, gifts, and grants (whether or not restricted for use in operations).
- Commissions earned from the sale of merchandise owned by others (including commissions from vending machine operators).
- Gross receipts from fundraising activities.

**Exclude:**

- Gross receipts of departments or concessions operated by other companies.
- Amounts transferred to operating funds from capital or reserve funds.

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Non-Operating Revenue** (Lines 1a through 1d to be completed by tax-exempt firms only)

- a. Contributions, gifts, and grants received - Include** in-kind (non-cash) contributions such as food items, clothing and other donations . . . . . 1741
- b. Investment and property income - Include** interest and dividends. **Exclude** gains (losses) from assets sold . . . . . 1742


CONTINUE WITH **6** ON PAGE 4

62411038



**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Non-Operating Revenue** (Lines 1a through 1d to be completed by tax-exempt firms only) - 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 . . . . . 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** ↴

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 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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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.** . . . . . 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018
Percent



**9-13** Not Applicable.

62411046

**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

2018			
\$ 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

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**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

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**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

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CONTINUE WITH 14 ON PAGE 6

62411053

**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ 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.

62411061



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for providing remarks.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

62411079





# 2018 ANNUAL SERVICES REPORT

FORM

**SA-62400ET**

(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 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.	Thou.	Dol.
1	030	280	456

**Include:**

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

**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

62400015



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  Yes
- No - Specify this firm's business activity ↴

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

- 0013  Yes
- No - Enter current 9-digit EIN **AND** date payroll was first reported for this EIN . . . . . 0015

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017 Name of company	0019 EIN (9 digits)
<input style="width: 100%;" type="text"/>	-
Address (Number and street, P.O. Box, etc.)	
<input style="width: 100%;" type="text"/>	
City, town, village, etc.	State ZIP Code
<input style="width: 60%;" type="text"/>	-

62400023



**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?

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

**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 income taxes under section 501 of the Internal Revenue Code?**

- 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.

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**1. TOTAL OPERATING REVENUE** . . . . . 1800

**7** Not Applicable.

62400031



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

62400049



**14 OPERATING EXPENSES** - Continued

Mark "X" if None

				2018				
				\$ Bil.	Mil.	Thou.	Dol.	
<b>1. Personnel Costs</b>								
<b>a. Gross annual payroll</b> - 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). <b>Include</b> the spread on stock options that are taxable to employees as wages . . . . .	1821	<input type="checkbox"/>						
<b>b. Employer's cost for fringe benefits</b> - Employer's cost for legally required programs and programs not required by law. <b>Include</b> 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). <b>Exclude</b> employee contributions. . . . .	1822	<input type="checkbox"/>						
<b>c. Temporary staff and leased employee expense</b> - Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. <b>Include</b> all charges for payroll, benefits, and services . . . . .	1823	<input type="checkbox"/>						
<b>2. Expensed equipment, materials, parts, and supplies (not for resale)</b> - <b>Include</b> expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). <b>Include</b> 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 <b>3</b> and leased and rented equipment in line <b>4b</b> . . . . .				1860	<input type="checkbox"/>			
<b>3. Expensed purchases of software</b> - Purchases of prepackaged, custom coded, or vendor customized software. <b>Include</b> software developed or customized by others, web-design services and purchases, licensing agreements, upgrades of software, and maintenance fees related to software upgrades and alterations . . . . .				1826	<input type="checkbox"/>			
<b>4. Other Operating Expenses</b>								
<b>a. Depreciation and amortization charges</b> - <b>Include</b> 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). <b>Exclude</b> impairment . . . . .	1831	<input type="checkbox"/>						
<b>b. All other operating expenses</b> - All other operating expenses not reported above, unless specifically excluded in the general instructions. <b>Include</b> office postage paid and package delivery. <b>Exclude</b> purchases of merchandise for resale and non-operating expenses. <b>If this item is greater than 20% of the total operating expenses, specify the primary source of the expenses below</b> ↴								
	1879	<input type="checkbox"/>						
<b>5. TOTAL OPERATING EXPENSES</b>								
<i>Sum of lines 1a through 4b</i> . . . . .				1900				

**15 and 16** Not Applicable.

62400056

**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for providing remarks.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

62400064





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-62400ETE** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

**1 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

62401013



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  Yes
- No - Specify this firm's business activity ↴

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

- 0013  Yes
- No - Enter current 9-digit EIN **AND** date payroll was first reported for this EIN . . . . . 0015

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)		
			-		
Address (Number and street, P.O. Box, etc.)					
City, town, village, etc.				State	ZIP Code
					-

62401021



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

0008

**5 TAX STATUS**

**A. Is this firm or organization operated on a not-for-profit basis?**

- 0031 Yes
- 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
- 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 TAX-EXEMPT FIRMS**

**Include:**

- Program service revenue for services provided in the applicable period, whether or not payment was received in the applicable period.
- Gross sales of merchandise minus returns and allowances.
- Income from interest, dividends, gross rents (including display space rentals and share of receipts from departments operated by other companies), royalties, and other investments.
- Gross contributions, gifts, and grants (whether or not restricted for use in operations).
- Commissions earned from the sale of merchandise owned by others (including commissions from vending machine operators).
- Gross receipts from fundraising activities.

**Exclude:**

- Gross receipts of departments or concessions operated by other companies.
- Amounts transferred to operating funds from capital or reserve funds.

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Non-Operating Revenue**

- a. Contributions, gifts, and grants received - Include** in-kind (non-cash) contributions such as food items, clothing and other donations . . . . . 1741
- b. Investment and property income - Include** interest and dividends. **Exclude** gains (losses) from assets sold . . . . . 1742


CONTINUE WITH **6** ON PAGE 4

62401039



**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

				2018			
				\$ Bil.	Mil.	Thou.	Dol.
<b>1. Non-Operating Revenue - Continued</b>							
<b>c. Program service - Include</b> 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 . . . . . 1743				<input type="checkbox"/>			
<b>d. All other non-operating revenue - Revenue not reported in lines 1a through 1c. Include</b> capital gains and losses. <b>If this item is greater than 20% of the total revenue, specify the primary source of revenue below</b> ↴							
<input type="text"/>				<input type="checkbox"/>			
<b>2. TOTAL REVENUE</b>							
<i>Sum of lines 1a through 1d</i> . . . . . 1800							

**7** Not Applicable.

**8 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?**

- 0040  Yes
- No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

- 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.** . . . . . 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018
Percent
%

**9-13** Not Applicable.

62401047



**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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

**a. Gross annual payroll** - Total annual Medicare salaries and wages for all employees as reported on this firm's IRS Form 941, Employer's Quarterly Federal Tax Return, line 5(c) for the four quarters that correspond to the survey period or IRS Form 944 Employer's Annual Federal Tax Return, line 4(c). **Include** the spread on stock options that are taxable to employees as wages . . . . . 1821

<input type="checkbox"/>									
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**b. Employer's cost for fringe benefits** - Employer's cost for legally required programs and programs not required by law. **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

<input type="checkbox"/>									
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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 . . . . . 1823

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**4. Other Operating Expenses**

**a. Depreciation and amortization charges** - **Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831

<input type="checkbox"/>									
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CONTINUE WITH 14 ON PAGE 6

62401054





**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ 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.

62401062



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for providing remarks.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

62401070





# 2018 ANNUAL SERVICES REPORT

FORM  
**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.

**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	030	280	456

**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. 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

71001010



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

71001028



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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.
- 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.	DoI.

**1. TOTAL OPERATING REVENUE** . . . . . 1800

**7** Not Applicable.

71001036



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

71001044



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4b** . . . . . 1900

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**15 and 16** Not Applicable.

71001051



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

71001069







# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-71000E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

**1 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

71000012



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  Yes
- No - Specify this firm's business activity ↴

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

- 0013  Yes
- No - Enter current 9-digit EIN **AND** date payroll was first reported for this EIN . . . . . 0015

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017 Name of company	0019 EIN (9 digits)
	-
Address (Number and street, P.O. Box, etc.)	
City, town, village, etc.	State ZIP Code
	-

71000020



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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.
- 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.	DoI.

**1. TOTAL OPERATING REVENUE** . . . . . 1800

**7** Not Applicable.

71000038



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

71000046



**14 OPERATING EXPENSES** - Continued

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4b** . . . . . 1900

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**15 and 16** Not Applicable.

71000053



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

71000061





# 2018 ANNUAL SERVICES REPORT

FORM  
**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 **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	030	280	456

**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. 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

71003016



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
		-	
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
		-	

71003024





**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?**

- 0006  Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

0008

**5 TAX STATUS**

**A. Is this firm or organization operated on a not-for-profit basis?**

- 0031  Yes
- 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
- 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 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.

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. TOTAL OPERATING REVENUE** . . . . . 1800

**7** Not Applicable.

71003032

**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR** 2501

2018	
Percent	%

**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.

71003040



**14 OPERATING EXPENSES** - Continued

Mark "X" if None

2018			
\$ 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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4b** . . . . . 1900

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**15 and 16** Not Applicable.

71003057



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title		
Telephone	Area code	Number	Extension		Fax	Area code	Number
		-					-
E-mail address					Website address		

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
We suggest you keep a copy for your records.

71003065





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-71002ATE** (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 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	030	280	456

**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. 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

71005011



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

71005029



**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

**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 income taxes under section 501 of the Internal Revenue Code?**

- 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.
- 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 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 TAX-EXEMPT FIRMS**

**Include:**

- Program service revenue for services provided in the applicable period, whether or not payment was received in the applicable period.
- Gross sales of merchandise minus returns and allowances.
- Income from interest, dividends, gross rents (including display space rentals and share of receipts from departments operated by other companies), royalties, and other investments.
- Gross contributions, gifts, and grants (whether or not restricted for use in operations).
- Commissions earned from the sale of merchandise owned by others (including commissions from vending machine operators).
- Gross receipts from fundraising activities.

**Exclude:**

- Gross receipts of departments or concessions operated by other companies.
- Amounts transferred to operating funds from capital or reserve funds.

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Non-Operating Revenue**

- a. Contributions, gifts, and grants received** . . . . . 1741
- b. Investment and property income - Include** interest and dividends. **Exclude** gains (losses) from assets sold . . . . . 1742

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTINUE WITH **6** ON PAGE 4

71005037



**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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 . . . . . 1743

<input type="checkbox"/>				
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**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** ↴

	1809	<input type="checkbox"/>				
--	------	--------------------------	--	--	--	--

**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 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?**

0040  Yes  
 No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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.** . . . . . 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018
Percent



**9-13** Not Applicable.

71005045



**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

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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CONTINUE WITH 14 ON PAGE 6

CONTINUE ON PAGE 6

71005052



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**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.

71005060



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title		
Telephone	Area code	Number		Extension	Fax	Area code	Number
		-					-
E-mail address					Website address		

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
We suggest you keep a copy for your records.

71005078





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-71002ET** (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 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.	Thou.	Dol.
1	030	280	456

### Include:

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

## 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

71002018



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  Yes
- No - Specify this firm's business activity ↴

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

- 0013  Yes
- No - Enter current 9-digit EIN **AND** date payroll was first reported for this EIN . . . . . 0015

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)		
			-		
Address (Number and street, P.O. Box, etc.)					
City, town, village, etc.				State	ZIP Code
					-

71002026



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

0008

**5 TAX STATUS**

**A. Is this firm or organization operated on a not-for-profit basis?**

- 0031 Yes
- 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
- 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 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.

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. TOTAL OPERATING REVENUE** . . . . . 1800

**7** Not Applicable.

71002034

**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

71002042



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4b** . . . . . 1900

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**15 and 16** Not Applicable.

71002059





**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for providing remarks.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

71002067





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-71002ETE** (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 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.	Thou.	Dol.
1	030	280	456

### Include:

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

## 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

71004014



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  Yes
- No - Specify this firm's business activity ↴

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

- 0013  Yes
- No - Enter current 9-digit EIN **AND** date payroll was first reported for this EIN . . . . . 0015

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)		
			-		
Address (Number and street, P.O. Box, etc.)					
City, town, village, etc.				State	ZIP Code
					-

71004022



**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

**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 income taxes under section 501 of the Internal Revenue Code?**

- 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.
- 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 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 TAX-EXEMPT FIRMS**

**Include:**

- Program service revenue for services provided in the applicable period, whether or not payment was received in the applicable period.
- Gross sales of merchandise minus returns and allowances.
- Income from interest, dividends, gross rents (including display space rentals and share of receipts from departments operated by other companies), royalties, and other investments.
- Gross contributions, gifts, and grants (whether or not restricted for use in operations).
- Commissions earned from the sale of merchandise owned by others (including commissions from vending machine operators).
- Gross receipts from fundraising activities.

**Exclude:**

- Gross receipts of departments or concessions operated by other companies.
- Amounts transferred to operating funds from capital or reserve funds.

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Non-Operating Revenue**

- a. Contributions, gifts, and grants received** . . . . . 1741
- b. Investment and property income - Include** interest and dividends. **Exclude** gains (losses) from assets sold . . . . . 1742


CONTINUE WITH **6** ON PAGE 4

71004030

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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 . . . . . 1743

<input type="checkbox"/>				
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**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** ↴

	1809	<input type="checkbox"/>				
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**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 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?**

0040  Yes  
 No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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.** . . . . . 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018
Percent



**9-13** Not Applicable.

71004048

**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

2018			
\$ 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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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CONTINUE WITH 14 ON PAGE 6

CONTINUE ON PAGE 6

71004055



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ 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.

71004063



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for providing remarks.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

71004071







# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-71110AT** (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 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	030	280	456

**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. 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

71111017



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
		-	
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
		-	

71111025



**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?

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

**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 income taxes under section 501 of the Internal Revenue Code?

- 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.

Mark "X" if None	2018			
	\$ Bil.	Mil.	Thou.	DoI.

**1. Operating Revenue**

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

<input type="checkbox"/>				
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CONTINUE WITH 6 ON PAGE 4

71111033

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	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** ↴

1799

2018			
\$ Bil.	Mil.	Thou.	Dol.

**2. TOTAL OPERATING REVENUE**

Sum of lines 1a and 1b . . . . . 1800

**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?**

- 0040  Yes  
 No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

- 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.** . . . . . 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018	
Percent	%

**9-12** Not Applicable.

71111041



**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?**

- 0009  Yes
- No - Go to 14

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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.

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

**a. Gross annual payroll** - Total annual Medicare salaries and wages for all employees as reported on this firm's IRS Form 941, Employer's Quarterly Federal Tax Return, line 5(c) for the four quarters that correspond to the survey period or IRS Form 944 Employer's Annual Federal Tax Return, line 4(c). **Include** the spread on stock options that are taxable to employees as wages . 1821

<input type="checkbox"/>				
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**b. Employer's cost for fringe benefits** - Employer's cost for legally required programs and programs not required by law. **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

<input type="checkbox"/>				
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CONTINUE WITH 14 ON PAGE 6

71111058



**14 OPERATING EXPENSES - Continued**

Mark "X"  
if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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

**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** ↴

1879

**5. TOTAL OPERATING EXPENSES**

*Sum of lines 1a through 4b* . . . . . 1900

**15 and 16** Not Applicable.

71111066



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for providing remarks.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

71111074





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-71110ATE** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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	030	280	456

**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. 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

71113013





**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

71113021



**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?

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

**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 income taxes under section 501 of the Internal Revenue Code?**

- 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 TAX-EXEMPT FIRMS**

**Include:**

- Program service revenue for services provided in the applicable period, whether or not payment was received in the applicable period.
- Gross sales of merchandise minus returns and allowances.
- Income from interest, dividends, gross rents (including display space rentals and share of receipts from departments operated by other companies), royalties, and other investments.
- Gross contributions, gifts, and grants (whether or not restricted for use in operations).
- Commissions earned from the sale of merchandise owned by others (including commissions from vending machine operators).
- Gross receipts from fundraising activities.

**Exclude:**

- Gross receipts of departments or concessions operated by other companies.
- Amounts transferred to operating funds from capital or reserve funds.

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Non-Operating Revenue**

- a. Contributions, gifts, and grants received . . . . . 1741
- b. Investment and property income - Include interest and dividends. Exclude gains (losses) from assets sold . . . . . 1742


CONTINUE WITH **6** ON PAGE 4

71113039



**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Non-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 ↴

1809

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**2. TOTAL REVENUE**

Sum of lines 1a through 1c . . . . . 1800

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**7** Not Applicable.

**8 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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018	
Percent	%

**9-12** Not Applicable.

71113047



**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?**

0009  Yes  
 No - Go to 14

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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.

Mark "X" if None

2018			
\$ 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

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**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

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71113054



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

**2018**

\$ 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

**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** ↴

1879

**5. TOTAL OPERATING EXPENSES**

*Sum of lines 1a through 4b* . . . . . 1900

**15 and 16** Not Applicable.

71113062



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for providing remarks.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

71113070





# 2018 ANNUAL SERVICES REPORT

FORM  
**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.

**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.	Thou.	Dol.
1	030	280	456

**Include:**

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

**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

71110019



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  Yes
- No - Specify this firm's business activity ↴

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

- 0013  Yes
- No - Enter current 9-digit EIN **AND** date payroll was first reported for this EIN . . . . . 0015

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- |  |   |  |
|--|---|--|
| <p>0091 <input type="checkbox"/> Acquisition</p> <p><input type="checkbox"/> Sale</p> <p><input type="checkbox"/> Merger</p> <p><input type="checkbox"/> Divestiture</p> | } | <p>Date of organizational change . . . . . 0018</p> <p>AND</p> <p>Enter detailed information below ↴</p> |
|--|---|--|

Month	Day	Year

0017 Name of company	0019 EIN (9 digits)
<input style="width: 100%;" type="text"/>	- <input style="width: 50px;" type="text"/>
Address (Number and street, P.O. Box, etc.)	
<input style="width: 100%;" type="text"/>	
City, town, village, etc.	State ZIP Code
<input style="width: 60%;" type="text"/>	- <input style="width: 40%;" type="text"/>

71110027





**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?

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . .

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

0006

0007

0008

**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 income taxes under section 501 of the Internal Revenue Code?

- Yes
- No

0031

0030

**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.

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**1. Operating Revenue**

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

<input type="checkbox"/>				
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71110035



CONTINUE WITH **6** ON PAGE 4

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	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** ↴

1799

2018			
\$ Bil.	Mil.	Thou.	Dol.

**2. TOTAL OPERATING REVENUE**

Sum of lines 1a and 1b . . . . . 1800

**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?**

- 0040  Yes  
 No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

- 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.** . . . . . 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018	
Percent	%

**9-12** Not Applicable.

71110043



**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?**

- 0009  Yes
- No - Go to 14

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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.

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

**a. Gross annual payroll** - Total annual Medicare salaries and wages for all employees as reported on this firm's IRS Form 941, Employer's Quarterly Federal Tax Return, line 5(c) for the four quarters that correspond to the survey period or IRS Form 944 Employer's Annual Federal Tax Return, line 4(c). **Include** the spread on stock options that are taxable to employees as wages . 1821

<input type="checkbox"/>				
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**b. Employer's cost for fringe benefits** - Employer's cost for legally required programs and programs not required by law. **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

<input type="checkbox"/>				
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71110050



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ 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

**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** ↴

1879

**5. TOTAL OPERATING EXPENSES**

*Sum of lines 1a through 4b* . . . . . 1900

**15 and 16** Not Applicable.

71110068



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title		
Telephone	Area code	Number	Extension		Fax	Area code	Number
		-					-
E-mail address					Website address		

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
We suggest you keep a copy for your records.

71110076





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-71110ETE** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

**1 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

71112015



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  Yes
- No - Specify this firm's business activity ↴

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

- 0013  Yes
- No - Enter current 9-digit EIN **AND** date payroll was first reported for this EIN . . . . . 0015

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017 Name of company	0019 EIN (9 digits)
<input style="width: 100%;" type="text"/>	-
Address (Number and street, P.O. Box, etc.)	
<input style="width: 100%;" type="text"/>	
City, town, village, etc.	State ZIP Code
<input style="width: 60%;" type="text"/>	-

71112023



**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

**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 income taxes under section 501 of the Internal Revenue Code?**

- 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 TAX-EXEMPT FIRMS**

**Include:**

- Program service revenue for services provided in the applicable period, whether or not payment was received in the applicable period.
- Gross sales of merchandise minus returns and allowances.
- Income from interest, dividends, gross rents (including display space rentals and share of receipts from departments operated by other companies), royalties, and other investments.
- Gross contributions, gifts, and grants (whether or not restricted for use in operations).
- Commissions earned from the sale of merchandise owned by others (including commissions from vending machine operators).
- Gross receipts from fundraising activities.

**Exclude:**

- Gross receipts of departments or concessions operated by other companies.
- Amounts transferred to operating funds from capital or reserve funds.

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Non-Operating Revenue**

- a. Contributions, gifts, and grants received . . . . . 1741
- b. Investment and property income - Include interest and dividends. Exclude gains (losses) from assets sold . . . . . 1742


CONTINUE WITH **6** ON PAGE 4

71112031





**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Non-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 ↴

1809

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**2. TOTAL REVENUE**

Sum of lines 1a through 1c . . . . . 1800

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**7** Not Applicable.

**8 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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018	
Percent	%

**9-12** Not Applicable.

71112049



**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?**

0009  Yes

No - Go to 14

2018			
\$ Bil.	Mil.	Thou.	Dol.

**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.

Mark "X" if None

2018			
\$ 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

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**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

--	--	--	--

CONTINUE WITH 14 ON PAGE 6

71112056



**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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

**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** ↴

1879

**5. TOTAL OPERATING EXPENSES**

*Sum of lines 1a through 4b* . . . . . 1900

**15 and 16** Not Applicable.

71112064



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for providing remarks.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

71112072





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-71120A** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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	030	280	456

**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. 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

71121016



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
		-	
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

71121024



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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.
- Report gross receipts for racetracks.
- 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 corporate sponsorships and event prize money.
- 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	2018			
	\$ Bil.	Mil.	Thou.	Dol.

**1. Admissions revenue (excluding admissions taxes)** - The sale of general or specific event admissions, **exclude** any state and local admission taxes. Baseball, football, and other professional athletic clubs should report total receipts from admissions to their home games, including visiting teams' share (both league and nonleague). Do not deduct any payments made to operators of the facilities used

3002

<input type="checkbox"/>				
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**2. 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; parking revenue; local market revenue from radio and television broadcasting; and your share of national broadcast revenue. Race tracks also **include** your share of revenue from pari-mutual betting. **Exclude** revenue from merchandise licensing, rental revenue and commissions from concessions and coin-operated machines operated by others, and sales and admissions taxes. Race tracks also **exclude** the state's share of revenue and return to bettors. **If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below** ↴

	1799	<input type="checkbox"/>				
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**3. TOTAL OPERATING REVENUE**

Sum of lines 1 and 2 . . . . . 1800

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**7** Not Applicable.

71121032



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

71121040





**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4b** . . . . . 1900

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**15 and 16** Not Applicable.

71121057



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

71121065





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-71120E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

**① 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

71120018



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  Yes
- No - Specify this firm's business activity ↴

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

- 0013  Yes
- No - Enter current 9-digit EIN **AND** date payroll was first reported for this EIN . . . . . 0015

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)		-		
Address (Number and street, P.O. Box, etc.)							
City, town, village, etc.					State	ZIP Code	
						-	

71120026



**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

0006

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.
- Report gross receipts for racetracks.
- 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 corporate sponsorships and event prize money.
- 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	2018			
	\$ Bil.	Mil.	Thou.	Dol.

**1. Admissions revenue (excluding admissions taxes)** - The sale of general or specific event admissions, **exclude** any state and local admission taxes. Baseball, football, and other professional athletic clubs should report total receipts from admissions to their home games, including visiting teams' share (both league and nonleague). Do not deduct any payments made to operators of the facilities used

3002

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**2. 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; parking revenue; local market revenue from radio and television broadcasting; and your share of national broadcast revenue. Race tracks also **include** your share of revenue from pari-mutual betting. **Exclude** revenue from merchandise licensing, rental revenue and commissions from concessions and coin-operated machines operated by others, and sales and admissions taxes. Race tracks also **exclude** the state's share of revenue and return to bettors. **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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**3. TOTAL OPERATING REVENUE**

Sum of lines 1 and 2 . . . . . 1800

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**7** Not Applicable.

71120034



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

71120042



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4b** . . . . . 1900

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**15 and 16** Not Applicable.

71120059



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

71120067







# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-71150A** (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 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	030	280	456

### 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. 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

71151013



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

71151021



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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.

**1. TOTAL OPERATING REVENUE** . . . . . 1800

**7** Not Applicable.

71151039



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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?**

0009  Yes

No - Go to 14

**B. What was this firm's revenue from exports in 2018? . . . . . 2100**

2018			
\$ Bil.	Mil.	Thou.	Dol.

71151047



**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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

**a. Gross annual payroll** - Total annual Medicare salaries and wages for all employees as reported on this firm's IRS Form 941, Employer's Quarterly Federal Tax Return, line 5(c) for the four quarters that correspond to the survey period or IRS Form 944 Employer's Annual Federal Tax Return, line 4(c). **Include** the spread on stock options that are taxable to employees as wages . . . . . 1821

<input type="checkbox"/>									
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**b. Employer's cost for fringe benefits** - Employer's cost for legally required programs and programs not required by law. **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

<input type="checkbox"/>									
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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 . . . . . 1823

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**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

<input type="checkbox"/>									
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**4. Other Operating Expenses**

**a. Depreciation and amortization charges** - **Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831

<input type="checkbox"/>									
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CONTINUE WITH 14 ON PAGE 6

71151054

**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ 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.

71151062



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

71151070





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-71150E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

**① 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

71150015





**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  Yes
- No - Specify this firm's business activity ↴

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

- 0013  Yes
- No - Enter current 9-digit EIN **AND** date payroll was first reported for this EIN . . . . . 0015

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)		
			-		
Address (Number and street, P.O. Box, etc.)					
City, town, village, etc.				State	ZIP Code
					-

71150023



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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.	DoI.

**1. TOTAL OPERATING REVENUE** . . . . . 1800

**7** Not Applicable.

71150031



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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?**

0009  Yes

No - Go to 14

**B. What was this firm's revenue from exports in 2018? . . . . . 2100**

2018			
\$ Bil.	Mil.	Thou.	Dol.

71150049



**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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. Personnel Costs**

**a. Gross annual payroll** - Total annual Medicare salaries and wages for all employees as reported on this firm's IRS Form 941, Employer's Quarterly Federal Tax Return, line 5(c) for the four quarters that correspond to the survey period or IRS Form 944 Employer's Annual Federal Tax Return, line 4(c). **Include** the spread on stock options that are taxable to employees as wages . . . . . 1821

<input type="checkbox"/>					
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**b. Employer's cost for fringe benefits** - Employer's cost for legally required programs and programs not required by law. **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

<input type="checkbox"/>					
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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 . . . . . 1823

<input type="checkbox"/>					
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**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

<input type="checkbox"/>					
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**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

<input type="checkbox"/>					
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**4. Other Operating Expenses**

**a. Depreciation and amortization charges** - **Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831

<input type="checkbox"/>					
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71150056



**14 OPERATING EXPENSES - Continued**

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**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.

71150064



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

71150072





# 2018 ANNUAL SERVICES REPORT

FORM  
**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.

**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	030	280	456

### 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. 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

71312011



**1 B. SURVEY COVERAGE**

**Did this firm provide the business activities described below?**

0001  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?**

0016  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 **17**.

- Acquisition
- Sale
- Merger
- Divestiture

0091

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-

Address (Number and street, P.O. Box, etc.)

City, town, village, etc.	State	ZIP Code
		-

71312029





**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending 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.
- 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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. 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

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**2. 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** ↴

	1799
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**3. TOTAL OPERATING REVENUE**  
Sum of lines 1 and 2 . . . . . 1800

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**7** Not Applicable.

71312037



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

71312045



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4b** . . . . . 1900

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**15 and 16** Not Applicable.

71312052



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

71312060





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-71311E** (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 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.	Thou.	Dol.
1	030	280	456

**Include:**

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

**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

71311013



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  Yes
- No - Specify this firm's business activity ↴

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

- 0013  Yes
- No - Enter current 9-digit EIN **AND** date payroll was first reported for this EIN . . . . . 0015

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- |  |   |  |
|--|---|--|
| <p>0091 <input type="checkbox"/> Acquisition</p> <p><input type="checkbox"/> Sale</p> <p><input type="checkbox"/> Merger</p> <p><input type="checkbox"/> Divestiture</p> | } | <p>Date of organizational change . . . . . 0018</p> <p>AND</p> <p>Enter detailed information below ↴</p> |
|--|---|--|

Month	Day	Year

0017 Name of company	0019 EIN (9 digits)
<input style="width: 100%;" type="text"/>	- <input style="width: 50px;" type="text"/>
Address (Number and street, P.O. Box, etc.)	
<input style="width: 100%;" type="text"/>	
City, town, village, etc.	State ZIP Code
<input style="width: 60%;" type="text"/>	- <input style="width: 30px;" type="text"/>

71311021



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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

2018			
\$ Bil.	Mil.	Thou.	Dol.

**1. 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

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**2. 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** ↴

1799

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**3. TOTAL OPERATING REVENUE**

Sum of lines 1 and 2 . . . . . 1800

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**7** Not Applicable.

71311039



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

71311047





**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ 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 . . . . 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** ↴

1879

**5. TOTAL OPERATING EXPENSES**  
Sum of lines **1a through 4b** . . . . . 1900

**15 and 16** Not Applicable.

71311054



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

71311062





# 2018 ANNUAL SERVICES REPORT

FORM  
**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.

**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	030	280	456

### 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. 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

72103013



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

72103021



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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.

2018			
\$ Bil.	Mil.	Thou.	DoI.

**1. TOTAL OPERATING REVENUE** . . . . . 1800

**7** Not Applicable.

72103039



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

72103047



**14 OPERATING EXPENSES** - Continued

Mark "X" if None

2018			
\$ 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

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**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

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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 . . . . . 1823

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**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** ↴

1879

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4b** . . . . . 1900

--	--	--	--	--

**15 and 16** Not Applicable.

72103054



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for providing remarks.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

72103062







# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-72000E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

**1 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

72102015



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  Yes
- No - Specify this firm's business activity ↴

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

- 0013  Yes
- No - Enter current 9-digit EIN **AND** date payroll was first reported for this EIN . . . . . 0015

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)		-		
Address (Number and street, P.O. Box, etc.)							
City, town, village, etc.					State	ZIP Code	
						-	

72102023



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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.

2018			
\$ Bil.	Mil.	Thou.	DoI.

**1. TOTAL OPERATING REVENUE** . . . . . 1800

**7** Not Applicable.

72102031



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

72102049



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4b** . . . . . 1900

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**15 and 16** Not Applicable.

72102056



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

72102064





# 2018 ANNUAL SERVICES REPORT

FORM  
**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 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	030	280	456

**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. 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

72101017



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

72101025





**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

**5 NUMBER OF ESTABLISHMENTS**

**How many establishments (hotels) did this firm have in the following categories in 2018?**

Mark "X" if None

2018			
Number			

- A. Owned or leased by THIS firm and managed by THIS firm . . . . . 8011
- B. Owned 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 reported in 5B?**

If more than one management company, continue in 17.

Name of Company	EIN (9 digits)
	-

**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.
- 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" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

- 1. Hotels that this firm owns or leases (include room revenue, meals, beverages, gaming, retail, guest services, etc.) . . . . . 8101

CONTINUE WITH 6 ON PAGE 4

CONTINUE ON PAGE 4

72101033



**6 SALES, RECEIPTS, OR REVENUE - Continued**

		Mark "X" if None	2018			
			\$ Bil.	Mil.	Thou.	Dol.
2. Franchise or royalty fees . . . . .	8102	<input type="checkbox"/>				
3. Hotel management fees . . . . .	8103	<input type="checkbox"/>				
4. Cost reimbursables from managed hotels . . . . .	8104	<input type="checkbox"/>				
5. <b>All other operating revenue</b> - 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 ↴						
<input type="text"/>	1799	<input type="checkbox"/>				
<b>6. TOTAL OPERATING REVENUE</b> Sum of lines 1 through 5 . . . . .	1800					

**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?**

- 0040  Yes  
 No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

- 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. . . . .** 2500

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2018
Percent

2501 %

**9 - 13** Not Applicable.

72101041



**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" if None

2018			
\$ 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

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**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

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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 . . . . . 1823

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**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

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**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

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72101058



CONTINUE WITH 14 ON PAGE 6



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

72101074





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-72100E** (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 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.	Thou.	Dol.
1	030	280	456

**Include:**

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

**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

72100019



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  Yes
- No - Specify this firm's business activity ↴

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

- 0013  Yes
- No - Enter current 9-digit EIN **AND** date payroll was first reported for this EIN . . . . . 0015

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

72100027



**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?

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

**5 NUMBER OF ESTABLISHMENTS**

How many establishments (hotels) did this firm have in the following categories in 2018?

Mark "X" if None

2018	
	Number

- A. Owned or leased by THIS firm and managed by THIS firm . . . . . 8011
- B. Owned 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 reported in 5B?**

If more than one management company, continue in 17.

Name of Company	EIN (9 digits)
	-

**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.
- 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" if None

2018			
\$ Bil.	Mil.	Thou.	Dol.

- 1. Hotels that this firm owns or leases (include room revenue, meals, beverages, gaming, retail, guest services, etc.) . . . . . 8101

CONTINUE WITH 6 ON PAGE 4

CONTINUE ON PAGE 4

72100035





**6 SALES, RECEIPTS, OR REVENUE - Continued**

		Mark "X" if None	2018			
			\$ Bil.	Mil.	Thou.	Dol.
2. Franchise or royalty fees . . . . .	8102	<input type="checkbox"/>				
3. Hotel management fees . . . . .	8103	<input type="checkbox"/>				
4. Cost reimbursables from managed hotels . . . . .	8104	<input type="checkbox"/>				
5. <b>All other operating revenue</b> - 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 ↴						
<input type="text"/>	1799	<input type="checkbox"/>				
<b>6. TOTAL OPERATING REVENUE</b> Sum of lines 1 through 5 . . . . .	1800					

**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?**

- 0040  Yes
- No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

- 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. . . . . 2500**

2018				OR	2018	
\$ Bil.	Mil.	Thou.	Dol.		Percent	%

**9 - 13** Not Applicable.

72100043



**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" if None

2018			
\$ 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

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**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

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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 . . . . . 1823

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**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

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**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

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72100050



CONTINUE WITH 14 ON PAGE 6

**14 OPERATING EXPENSES - Continued**

Mark "X" if None

2018			
\$ 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

**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 HOTEL MANAGEMENT**

A hotel management company is a firm that both manages and provides the operating staff for short-stay accommodation establishments (e.g., hotels and motels) on a contractual basis.

**A. Did this firm manage any hotels for another firm (a third party) in 2018?**

- Yes
- No - Go to **17**

**B. How many of the hotels managed by this firm were owned or leased by ANOTHER firm (a third party) in 2018?** . . . . . 8013

2018			
Number			

**C. What was the total value of the following for the hotels reported in 15B in 2018?**

- 1. Revenue**  
Refer to includes and excludes in **6**. . . . . 8201
- 2. Revenues from electronic sources**  
Include rooms booked online as described in **8A**, **8B**, and **8C**. . . . . 8203
- 3. Operating expenses**  
Refer to includes and excludes in **14**. . . . . 8204

2018			
\$ Bil.	Mil.	Thou.	Dol.

**16 Not Applicable.**

72100068



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
 We suggest you keep a copy for your records.

72100076





# 2018 ANNUAL SERVICES REPORT

FORM  
**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/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

- 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	030	280	456

### 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. 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

81001018



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

AND

Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)
			-

Address (Number and street, P.O. Box, etc.)

City, town, village, etc.	State	ZIP Code
		-

81001026



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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.

**1. TOTAL OPERATING REVENUE** . . . . . 1800

**7** Not Applicable.

81001034



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

81001042





**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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

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**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

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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 . . . . . 1823

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**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

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**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

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**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

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**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

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4b** . . . . . 1900

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**15 and 16** Not Applicable.

81001059



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for providing remarks.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
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81001067





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-81000E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

**1 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

81000010



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  Yes
- No - Specify this firm's business activity ↴

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

- 0013  Yes
- No - Enter current 9-digit EIN **AND** date payroll was first reported for this EIN . . . . . 0015

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
<input style="width: 100%;" type="text"/>			
City, town, village, etc.		State	ZIP Code
			-

81000028



**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?**

- 0006 Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
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 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.	DoI.

**1. TOTAL OPERATING REVENUE** . . . . . 1800

**7** Not Applicable.

81000036



**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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

**OR**

2501

2018	
Percent	%

**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.

81000044



**14 OPERATING EXPENSES - Continued**

Mark "X" if None

**2018**

\$ Bil.	Mil.	Thou.	Dol.
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**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

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**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

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**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** ↴

1879

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**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4b** . . . . . 1900

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**15 and 16** Not Applicable.

81000051



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title		
Telephone	Area code	Number	Extension		Fax	Area code	Number
		-					-
E-mail address					Website address		

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
We suggest you keep a copy for your records.

81000069







# 2018 ANNUAL SERVICES REPORT

FORM

**SA-81300A**

(DRAFT)

**Due Date**

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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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- 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	030	280	456

**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. 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

81310013



**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  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?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture

Date of organizational change . . . . . 0018

Month	Day	Year

AND

Enter detailed information below ↴

0017	Name of company	0019	EIN (9 digits)
			-
Address (Number and street, P.O. Box, etc.)			
City, town, village, etc.		State	ZIP Code
			-

81310021



**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?

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

**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 income taxes under section 501 of the Internal Revenue Code?

- 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.
- 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.
- 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.
- 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, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

- 1. **Contributions, gifts, and grants received** . . . . . 1741
- 2. **Investment and property income - Include** interest and dividends.  
**Exclude** gains (losses) from assets sold . . . . . 1742
- 3. **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 . . . . . 1743

	2018			
	\$ Bil.	Mil.	Thou.	Dol.
1. Contributions, gifts, and grants received				
2. Investment and property income - Include interest and dividends. Exclude gains (losses) from assets sold				
3. 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				

Mark "X" if None

81310039

CONTINUE WITH 6 ON PAGE 4

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	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 ↴

	1809	<input type="checkbox"/>					
--	------	--------------------------	--	--	--	--	--

**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 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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2018	
Percent	%

**9 - 13** Not Applicable.

81310047



**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

**2018**

\$ Bil.	Mil.	Thou.	DoI.
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**1. Personnel Costs**

**a. Gross annual payroll** - Total annual Medicare salaries and wages for all employees as reported on this firm's IRS Form 941, Employer's Quarterly Federal Tax Return, line 5(c) for the four quarters that correspond to the survey period or IRS Form 944 Employer's Annual Federal Tax Return, line 4(c). **Include** the spread on stock options that are taxable to employees as wages . . . . . 1821

<input type="checkbox"/>				
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**b. Employer's cost for fringe benefits** - Employer's cost for legally required programs and programs not required by law. **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

<input type="checkbox"/>				
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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 . . . . . 1823

<input type="checkbox"/>				
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**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

<input type="checkbox"/>				
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**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

<input type="checkbox"/>				
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**4. Other Operating Expenses**

**a. Contributions, gifts, and grants paid** . . . . . 1740

<input type="checkbox"/>				
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81310054



CONTINUE WITH 14 ON PAGE 6

**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**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 . . . . . 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

**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4c** . . . . . 1900

**15 and 16** Not Applicable.

81310062



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

*(This area is intentionally left blank for user input.)*

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title			
Telephone	Area code	Number		Extension	Fax	Area code	Number	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail address					Website address			

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
We suggest you keep a copy for your records.

81310070





# 2018 ANNUAL SERVICES REPORT

FORM  
**SA-81300E** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> <b>Call</b> 1-877-787-9860, option "1" (8:00 a.m. - 5:00 p.m. ET, M-F) or <b>Visit</b> <a href="https://www.census.gov/programs-surveys/sas/information.html">https://www.census.gov/programs-surveys/sas/information.html</a>	
<b>YOUR RESPONSE IS REQUIRED BY LAW.</b> 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 <b>CONFIDENTIAL</b> 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.	Thou.	Dol.
1	030	280	456

**Include:**

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

**1 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

81300014





**1 B. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- 0001  Yes
- No - Specify this firm's business activity ↴

0002

**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

- 0013  Yes
- No - Enter current 9-digit EIN **AND** date payroll was first reported for this EIN . . . . . 0015

EIN (9 digits)		
	-	
Month	Day	Year

0088

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

- 0016  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 **17**.

- 0091  Acquisition
- Sale
- Merger
- Divestiture
- Date of organizational change . . . . . 0018
- AND
- Enter detailed information below ↴

Month	Day	Year

0017 Name of company	0019 EIN (9 digits)		
<input style="width: 100%;" type="text"/>		-	
Address (Number and street, P.O. Box, etc.)			
<input style="width: 100%;" type="text"/>			
City, town, village, etc.	State	ZIP Code	
<input style="width: 100%;" type="text"/>			

81300022



**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?**

- Calendar year
- Fiscal or partial year - Report beginning and ending dates . . . . . 0007

2018		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

**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 income taxes under section 501 of the Internal Revenue Code?**

- 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.
- 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.
- 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.
- 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, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

- 1. **Contributions, gifts, and grants received** . . . . . 1741
- 2. **Investment and property income - Include** interest and dividends.  
**Exclude** gains (losses) from assets sold . . . . . 1742
- 3. **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 . . . . . 1743

Mark "X" if None	2018			
	\$ Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

81300030



CONTINUE WITH **6** ON PAGE 4

**6 SALES, RECEIPTS, OR REVENUE - Continued**

Mark "X" if None

2018			
\$ Bil.	Mil.	Thou.	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 ↴

1809

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**5. TOTAL REVENUE**

Sum of lines 1 through 4 . . . . . 1800

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**7** Not Applicable.

**8 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?**

0040  Yes

No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

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. . . . . 2500**

2018			
\$ Bil.	Mil.	Thou.	Dol.

OR

2501

2018	
Percent	%

**9 - 13** Not Applicable.

81300048



**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

2018			
\$ Bil.	Mil.	Thou.	DoI.

**1. Personnel Costs**

**a. Gross annual payroll** - Total annual Medicare salaries and wages for all employees as reported on this firm's IRS Form 941, Employer's Quarterly Federal Tax Return, line 5(c) for the four quarters that correspond to the survey period or IRS Form 944 Employer's Annual Federal Tax Return, line 4(c). **Include** the spread on stock options that are taxable to employees as wages . . . . . 1821

<input type="checkbox"/>					
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**b. Employer's cost for fringe benefits** - Employer's cost for legally required programs and programs not required by law. **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

<input type="checkbox"/>					
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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 . . . . . 1823

<input type="checkbox"/>					
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**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

<input type="checkbox"/>					
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**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

<input type="checkbox"/>					
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**4. Other Operating Expenses**

**a. Contributions, gifts, and grants paid** . . . . . 1740

<input type="checkbox"/>					
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81300055



CONTINUE WITH 14 ON PAGE 6

**14 OPERATING EXPENSES** - Continued

Mark "X"  
if None

2018			
\$ Bil.	Mil.	Thou.	DoI.

**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 . . . . . 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

**5. TOTAL OPERATING EXPENSES**

Sum of lines **1a through 4c** . . . . . 1900

**15 and 16** Not Applicable.

81300063



**17 REMARKS** - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

**18 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title		
Telephone	Area code	Number	Extension		Fax	Area code	Number
		-					-
E-mail address					Website address		

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**  
We suggest you keep a copy for your records.

81300071

