



U.S. DEPARTMENT OF COMMERCE
U.S. CENSUS BUREAU

FORM
QSS-1A (12-01-2019)

QUARTERLY SERVICES SURVEY

Due Date	
<p>Need help or have questions? Call 1-800-772-7851 (8:30 a.m. - 5:00 p.m. ET, M-F) or Visit https://www.census.gov/services/qss/respondent-information.html</p>	
<p>Title 13 United States Code (U.S.C.), Sections 131 and 182, authorizes the Census Bureau to conduct this collection. The U.S. Census Bureau is required by Section 9 of the same law to keep your information confidential and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0907 and appears at the upper right of this page. Without this approval, we could not conduct this survey.</p>	

(Please correct any errors in name, address, and ZIP Code.)

INTERNET REPORTING OPTION AVAILABLE - We encourage you to complete this survey online at: <https://portal.census.gov>

Authentication Code:

To view Survey Results:
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GENERAL INSTRUCTIONS

- Any significant change in this firm's operations should be noted in ③
- For establishments sold or acquired during the quarter(s), report data only for the period the establishments were operated by this firm
- Estimates are acceptable if book figures are not available
- Enter "0" where applicable
- Report data on an accrual basis
- Dollars should be rounded to the nearest dollar
- If a figure is \$1,030,280,456 it should be reported as →

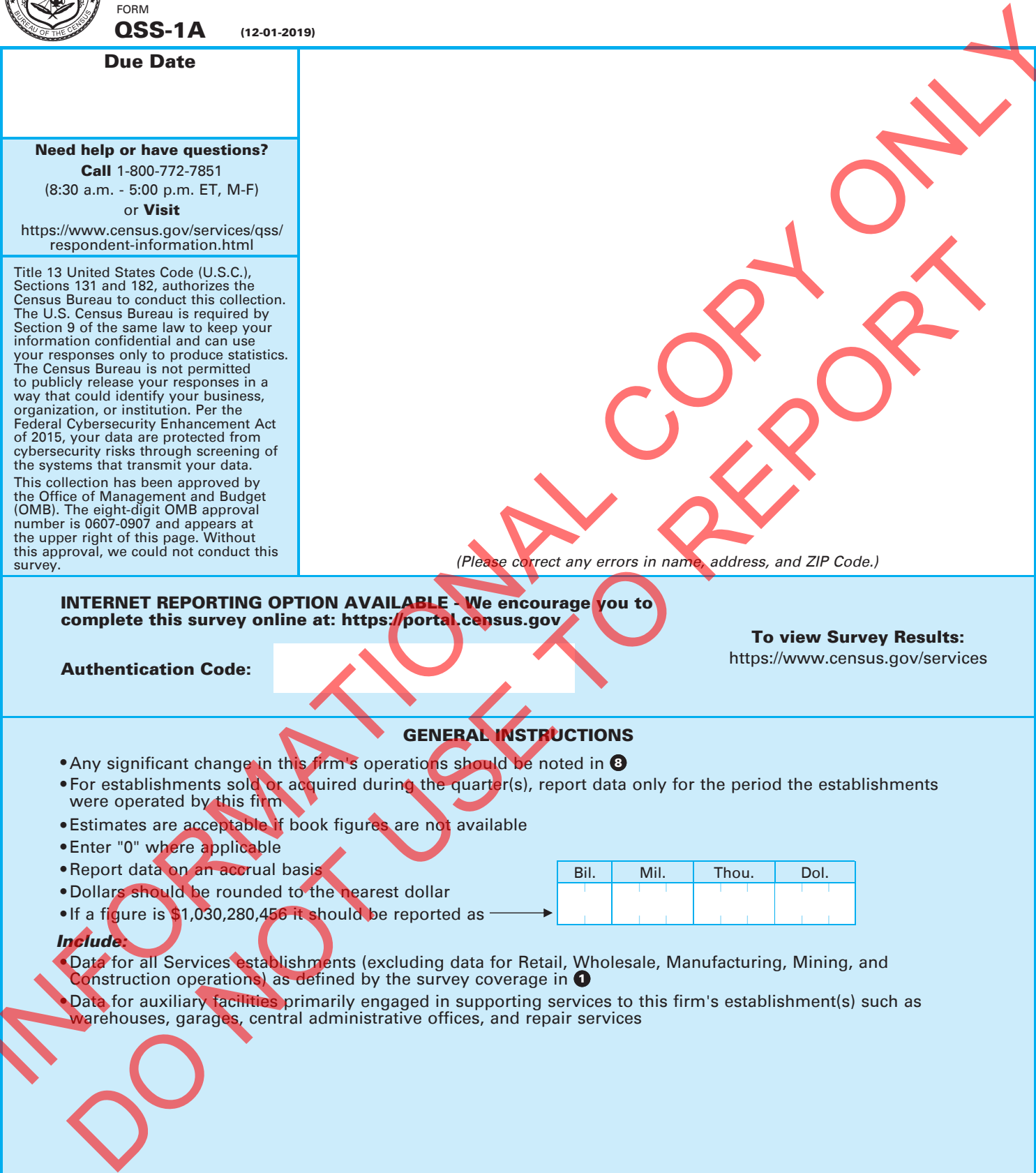
Bil.	Mil.	Thou.	DoI.

Include:

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

We estimate this survey will take an average of 15 minutes to complete. More information about this estimate and an address where you may write with comments is on the back of this form.

21953013



1 SURVEY COVERAGE

Did this firm provide the business activities described below?

Yes

No - Specify this firm's business activity ↴

2 Not Applicable.

3 ORGANIZATIONAL CHANGE

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

Yes

No - Go to **4**

B. Which of the following organizational changes occurred in the

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

Acquisition

Merger

Sale

Divestiture

Date of organizational change

AND

Enter detailed information below ↴

Month	Day	Year

Name of company	EIN (9 digits)
	-

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

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

4 REPORTING PERIOD

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

Calendar quarter

Other - Report beginning and ending dates

Beginning Date		
Month	Day	Year
End Date		
Month	Day	Year

21953021

5 SALES, RECEIPTS, OR REVENUE

Firms operating on a commission basis should report commissions, fees, and other operating revenue income, not gross billings or sales.

Taxable Firms

Include:

- Total value of service contracts
- Amounts received for work subcontracted to others
- Revenue from services performed by domestic locations for foreign parent firms, subsidiaries, branches, etc.
- Market value of compensation in lieu of cash
- Franchise sales, fees, and royalties
- Sale or licensing of rights to intellectual property protected by copyright or as industrial property (e.g., patents, trademarks)
- Allowances for cash and other discounts

Exclude:

- Taxes (sales, amusement, occupancy, use, or other) collected directly from customers or clients and paid directly to a local, state, or Federal tax agency
- Revenue from a domestic parent organization, or from franchise locations owned by others
- Rents from and 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)
- Nonoperating 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
- Installment payments from leasing under capital, finance, or full-payout leases
- Intracompany transfers
- Interest income
- Gross contributions, gifts, and grants (whether or not restricted for use in operations)

Tax-exempt Firms

Include:

- Program service revenue
- 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
- Net gains (losses) from the sale of real estate (land and buildings), investments, or other assets (except inventory held for resale)
- Gross contributions, gifts, and grants (whether or not restricted for use in operations)
- Dues and assessments from members and affiliates
- Commissions earned from the sale of merchandise owned by others (including commissions from vending machine operators)
- Gross receipts from fundraising activities

Exclude:

- Taxes (sales, amusement, occupancy, use, or other) 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

\$ Bil.	Mil.	Thou.	Dol.

What was this firm's revenue in the

6 CLASS OF CUSTOMER

What percentage of revenue reported in 5 was received from the following classes of customer in the

- 1. Household consumers and individual users
- 2. Business firms and not-for-profit organizations
- 3. Government (Federal, state, and local) +

Percent	
	%
	%
	%
100	%

7 Not Applicable.

21953039

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

(This area is mostly obscured by a large red watermark: "INFORMATIONAL COPY ONLY - DO NOT USE TO REPORT")

9 CONTACT INFORMATION

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

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for completing your QUARTERLY SERVICES SURVEY.
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21953047





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FORM
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- Enter "0" where applicable
- Report data on an accrual basis
- Dollars should be rounded to the nearest dollar
- If a figure is \$1,030,280,456 it should be reported as →

Bil.	Mil.	Thou.	DoI.

Include:

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operated by this firm
- Data for auxiliary facilities primarily engaged in supporting services to this firm's establishment(s) such as warehouses, garages, central administrative offices, and repair services

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21952015

1 SURVEY COVERAGE

Did this firm provide the business activities described below?

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

--

2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)

Does this firm report payroll under EIN

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

EIN (9 digits)		
-		
Month	Day	Year

3 ORGANIZATIONAL CHANGE

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

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

B. Which of the following organizational changes occurred in the

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

- Acquisition
- Merger
- Sale
- Divestiture

Date of organizational change

AND

Enter detailed information below ↴

Month	Day	Year

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

21952023

4 REPORTING PERIOD

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

Calendar quarter

Other - Report beginning and ending dates

Beginning Date		
Month	Day	Year
End Date		
Month	Day	Year

5 SALES, RECEIPTS, OR REVENUE

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Taxable Firms

Include:

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- Sale or licensing of rights to intellectual property protected by copyright or as industrial property (e.g., patents, trademarks)
- Allowances for cash and other discounts

Exclude:

- Taxes (sales, amusement, occupancy, use, or other) collected directly from customers or clients and paid directly to a local, state, or Federal tax agency
- Revenue from a domestic parent organization, or from franchise locations owned by others
- Rents from and 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)
- Nonoperating 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
- Installment payments from leasing under capital, finance, or full-payout leases
- Intracompany transfers
- Interest income
- Gross contributions, gifts, and grants (whether or not restricted for use in operations)

Tax-exempt Firms

Include:

- Program service revenue
- 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
- Net gains (losses) from the sale of real estate (land and buildings), investments, or other assets (except inventory held for resale)
- Gross contributions, gifts, and grants (whether or not restricted for use in operations)
- Dues and assessments from members and affiliates
- Commissions earned from the sale of merchandise owned by others (including commissions from vending machine operators)
- Gross receipts from fundraising activities

Exclude:

- Taxes (sales, amusement, occupancy, use, or other) 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

\$ Bil.	Mil.	Thou.	Dol.

What was this firm's revenue in the

21952031

6 CLASS OF CUSTOMER

What percentage of revenue reported in **5** was received from the following classes of customer in the

- 1. Household consumers and individual users
- 2. Business firms and not-for-profit organizations
- 3. Government (Federal, state, and local)

Percent
100

7 Not Applicable.

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

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9 CONTACT INFORMATION

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Website									

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21952049





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Bil.	Mil.	Thou.	DoI.

Include:

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CONTINUE ON PAGE 2

21955018



1 SURVEY COVERAGE

Did this firm provide the business activities described below?

Yes

No - Specify this firm's business activity ↴

2 Not Applicable.

3 ORGANIZATIONAL CHANGE

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

Yes

No - Go to **4**

B. Which of the following organizational changes occurred in the

Check all that apply. If more than one organizational change occurred during the reporting period, explain in **3**.

Acquisition

Merger

Sale

Divestiture

Date of organizational change

AND

Enter detailed information below ↴

Month	Day	Year

Name of company	EIN (9 digits)
	-

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

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

4 REPORTING PERIOD

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

Calendar quarter

Other - Report beginning and ending dates

Beginning Date		
Month	Day	Year
End Date		
Month	Day	Year

21955026

5 SALES, RECEIPTS, OR REVENUE

\$ Bil.	Mil.	Thous.	Dol.

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

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

Report salaries, wages, employment-related taxes, benefit premiums, worker's compensation insurance costs for PEO worksite employees.

C. What was this firm's net revenue in

5A minus **5B**.

6 CLASS OF CUSTOMER

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

A. Household consumers and individual users

B. Business firms and not-for-profit organizations

C. Government (Federal, state, and local)

	Percent
	%
	%
	%
100	%

7 Not Applicable.

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

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21955034





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

Bil.	Mil.	Thou.	DoI.

Include:

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operated by this firm
- Data for auxiliary facilities primarily engaged in supporting services to this firm's establishment(s) such as warehouses, garages, central administrative offices, and repair services

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21954011

1 SURVEY COVERAGE

Did this firm provide the business activities described below?

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

--

2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)

Does this firm report payroll under EIN

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

EIN (9 digits)		
-		
Month	Day	Year

3 ORGANIZATIONAL CHANGE

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

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

B. Which of the following organizational changes occurred in the

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

- Acquisition
- Merger
- Sale
- Divestiture

Date of organizational change

AND

Enter detailed information below ↴

Month	Day	Year

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

21954029

4 REPORTING PERIOD

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

Calendar quarter

Other - Report beginning and ending dates

Beginning Date		
Month	Day	Year
End Date		
Month	Day	Year

5 SALES, RECEIPTS, OR REVENUE

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

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

Report salaries, wages, employment-related taxes, benefit premiums, worker's compensation insurance costs for PEO worksite employees.

C. What was this firm's net revenue in

5A minus **5B**.

\$ Bil.	Mil.	Thou.	Dol.

6 CLASS OF CUSTOMER

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

A. Household consumers and individual users

B. Business firms and not-for-profit organizations

C. Government (Federal, state, and local)

Percent	
	%
	%
	%
100	%

7 Not Applicable.

21954037



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21954045





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21957014

1 SURVEY COVERAGE

Did this firm provide the business activities described below?

Yes

No - Specify this firm's business activity ↴

2 Not Applicable.

3 ORGANIZATIONAL CHANGE

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

Yes

No - Go to **4**

B. Which of the following organizational changes occurred in the

Check all that apply. If more than one organizational change occurred during the reporting period, explain in **3**.

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Merger

Sale

Divestiture

Date of organizational change

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Month	Day	Year

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

City, town, village, etc.	State	ZIP Code
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Other - Report beginning and ending dates

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End Date		
Month	Day	Year

21957022

5 SALES, RECEIPTS, OR REVENUE

Taxable Firms

Include:

- Operating revenue
- Total value of service contracts
- Amounts received for work subcontracted to others
- Revenue from services performed by domestic locations for foreign parent firms, subsidiaries, branches, etc.
- Market value of compensation in lieu of cash
- Dues and assessments from members and affiliates

Exclude:

- Taxes (sales, amusement, occupancy, use, or other) collected directly from customers or clients and paid directly to a local, state, or Federal tax agency
- Revenue from a domestic parent organization, or from franchise locations owned by others
- Rents from and 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)
- Nonoperating 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
- Installment payments from leasing under capital, finance, or full-payout leases
- Intracompany transfers
- Interest income

Tax-exempt Firms

Include:

- Operating and nonoperating revenue
- Program service revenue
- 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
- Net gains (losses) from the sale of real estate (land and buildings), investments, or other assets (except inventory held for resale)
- Gross contributions, gifts, and grants (whether or not restricted for use in operations)
- Dues and assessments from members and affiliates
- Commissions earned from the sale of merchandise owned by others (including commissions from vending machine operators)
- Gross receipts from fundraising activities

Exclude:

- Taxes (sales, amusement, occupancy, use, or other) 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

What was this firm's revenue in the

.....

\$ Bil.	Mil.	Thou.	Dol.

21957030

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6 INPATIENT DAYS AND DISCHARGES

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. For inpatient admissions occurring before the current quarter or extending after the current quarter, record only those days that occur during the second quarter and exclude days occurring before or after the quarter. Do not include nursery discharges 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

Exclude:

- Nursery days
- Newborn days

Discharges - The termination of the granting of lodging in the hospital and the formal release of the patient (including patients admitted and discharged on the same day).

- If a patient is discharged from an acute care unit and transferred to a swing bed or distinct part unit, one discharge would be recorded when the patient is discharged from the acute care unit and a second discharge recorded when the patient is discharged from the swing bed or distinct part unit. Do not include nursery discharges unless they are related to neonatal intermediate or intensive care units.

Include:

- Inpatient acute and sub-acute discharges
- Swing bed discharges
- Distinct part unit discharges
- Skilled nursing facility discharges
- Long term care discharges

A. What were this firm's inpatient days in the

B. What were this firm's discharges in the

7 OPERATING EXPENSES

Include:

- Payroll and employee benefits
- Supplies used for operating your business, cost of merchandise sold, and other expenses allocated to operations during the year
- Contracted or purchased services
- Fees paid to other organizations for fundraising
- Depreciation expenses
- Expenses of locations providing support services (e.g., repair services, administrative services, etc.) for your service establishments

Exclude:

- Taxes (sales, amusement, occupancy, use, or other) collected directly from customers or clients and paid directly to a local, state, or Federal tax agency
- Outlays for the purchase of real estate (land and buildings); for construction; for additions, major alterations, and improvements to existing facilities; and all other capital expenditures
- Funds invested
- Interest expense
- Bad debt
- Impairment
- Income taxes
- Assessments (dues) paid to the parent or other chapters of the same organization
- For establishments engaged in raising funds - funds transferred to charities or other organizations

What were this firm's expenses in the

\$ Bil.	Mil.	Thou.	DoI.

21957048

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

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9 CONTACT INFORMATION

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

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21957055





U.S. DEPARTMENT OF COMMERCE
U.S. CENSUS BUREAU

FORM
QSS-2E (12-01-2019)

QUARTERLY SERVICES SURVEY

Due Date	
<p>Need help or have questions? Call 1-800-772-7851 (8:30 a.m. - 5:00 p.m. ET, M-F) or Visit https://www.census.gov/services/qss/respondent-information.html</p>	
<p>Title 13 United States Code (U.S.C.), Sections 131 and 182, authorizes the Census Bureau to conduct this collection. The U.S. Census Bureau is required by Section 9 of the same law to keep your information confidential and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0907 and appears at the upper right of this page. Without this approval, we could not conduct this survey.</p>	

(Please correct any errors in name, address, and ZIP Code.)

INTERNET REPORTING OPTION AVAILABLE - We encourage you to complete this survey online at: <https://portal.census.gov>

Authentication Code:

To view Survey Results:
<https://www.census.gov/services>

GENERAL INSTRUCTIONS

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

- Any significant change in this firm's operations should be noted in ③
- For establishments sold or acquired during the quarter(s), report data only for the period the establishments were operated by this firm
- Estimates are acceptable if book figures are not available
- Enter "0" where applicable
- Report data on an accrual basis
- Dollars should be rounded to the nearest dollar
- If a figure is \$1,030,280,456 it should be reported as →

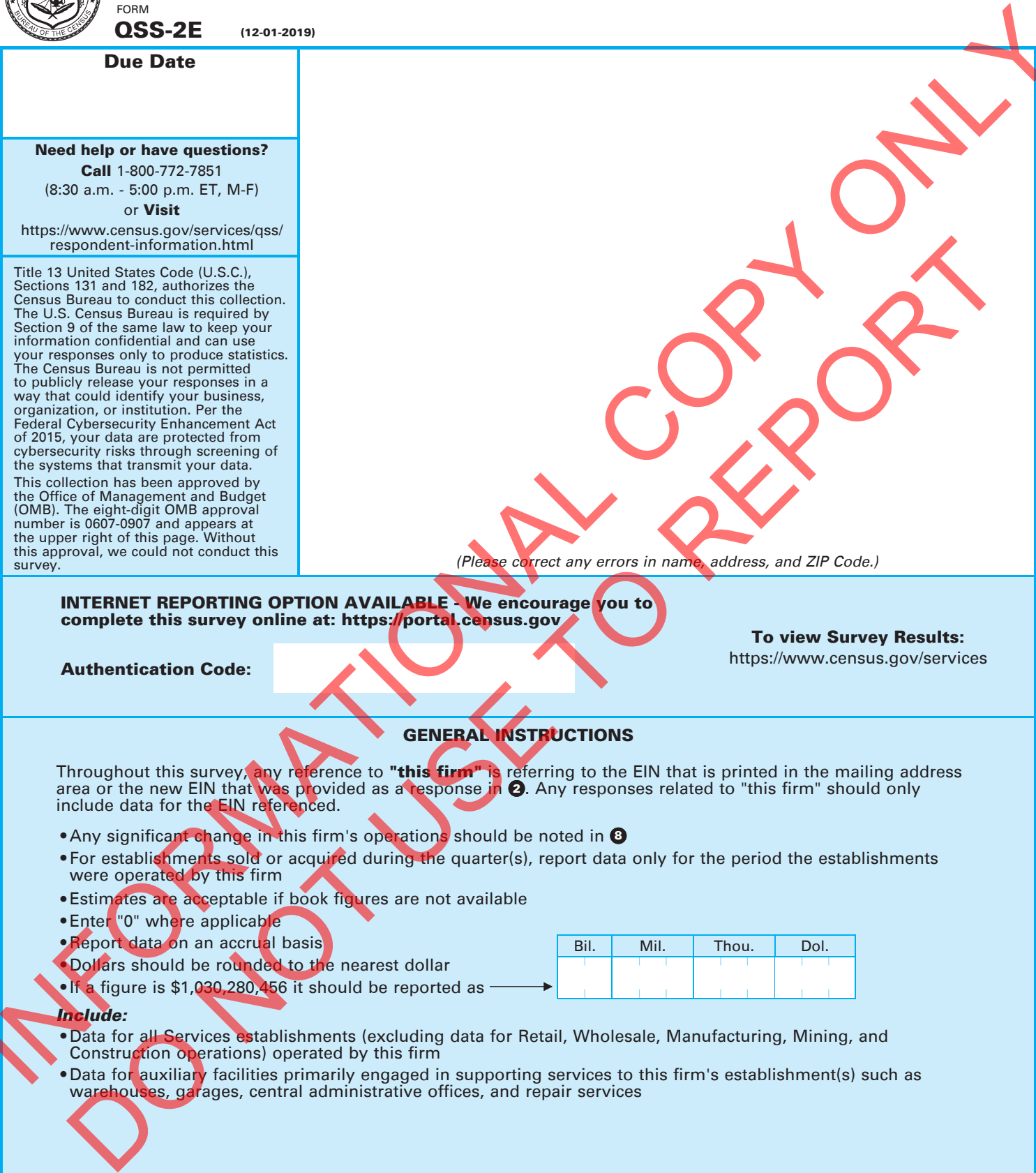
Bil.	Mil.	Thou.	DoI.

Include:

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operated by this firm
- Data for auxiliary facilities primarily engaged in supporting services to this firm's establishment(s) such as warehouses, garages, central administrative offices, and repair services

We estimate this survey will take an average of 15 minutes to complete. More information about this estimate and an address where you may write with comments is on the back of this form.

21956016



1 SURVEY COVERAGE

Did this firm provide the business activities described below?

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

--

2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)

Does this firm report payroll under EIN

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

EIN (9 digits)		
-		
Month	Day	Year

3 ORGANIZATIONAL CHANGE

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

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

B. Which of the following organizational changes occurred in the

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

- Acquisition
- Merger
- Sale
- Divestiture

Date of organizational change

AND

Enter detailed information below ↴

Month	Day	Year

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

21956024

4 REPORTING PERIOD

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

Calendar quarter

Other - Report beginning and ending dates

Beginning Date		
Month	Day	Year
End Date		
Month	Day	Year

5 SALES, RECEIPTS, OR REVENUE

Taxable Firms

Include:

- Operating revenue
- Total value of service contracts
- Amounts received for work subcontracted to others
- Revenue from services performed by domestic locations for foreign parent firms, subsidiaries, branches, etc.
- Market value of compensation in lieu of cash
- Dues and assessments from members and affiliates

Exclude:

- Taxes (sales, amusement, occupancy, use, or other) collected directly from customers or clients and paid directly to a local, state, or Federal tax agency
- Revenue from a domestic parent organization, or from franchise locations owned by others
- Rents from and 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)
- Nonoperating 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
- Installment payments from leasing under capital, finance, or full-payout leases
- Intracompany transfers
- Interest income

Tax-exempt Firms

Include:

- Operating and nonoperating revenue
- Program service revenue
- 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
- Net gains (losses) from the sale of real estate (land and buildings), investments, or other assets (except inventory held for resale)
- Gross contributions, gifts, and grants (whether or not restricted for use in operations)
- Dues and assessments from members and affiliates
- Commissions earned from the sale of merchandise owned by others (including commissions from vending machine operators)
- Gross receipts from fundraising activities

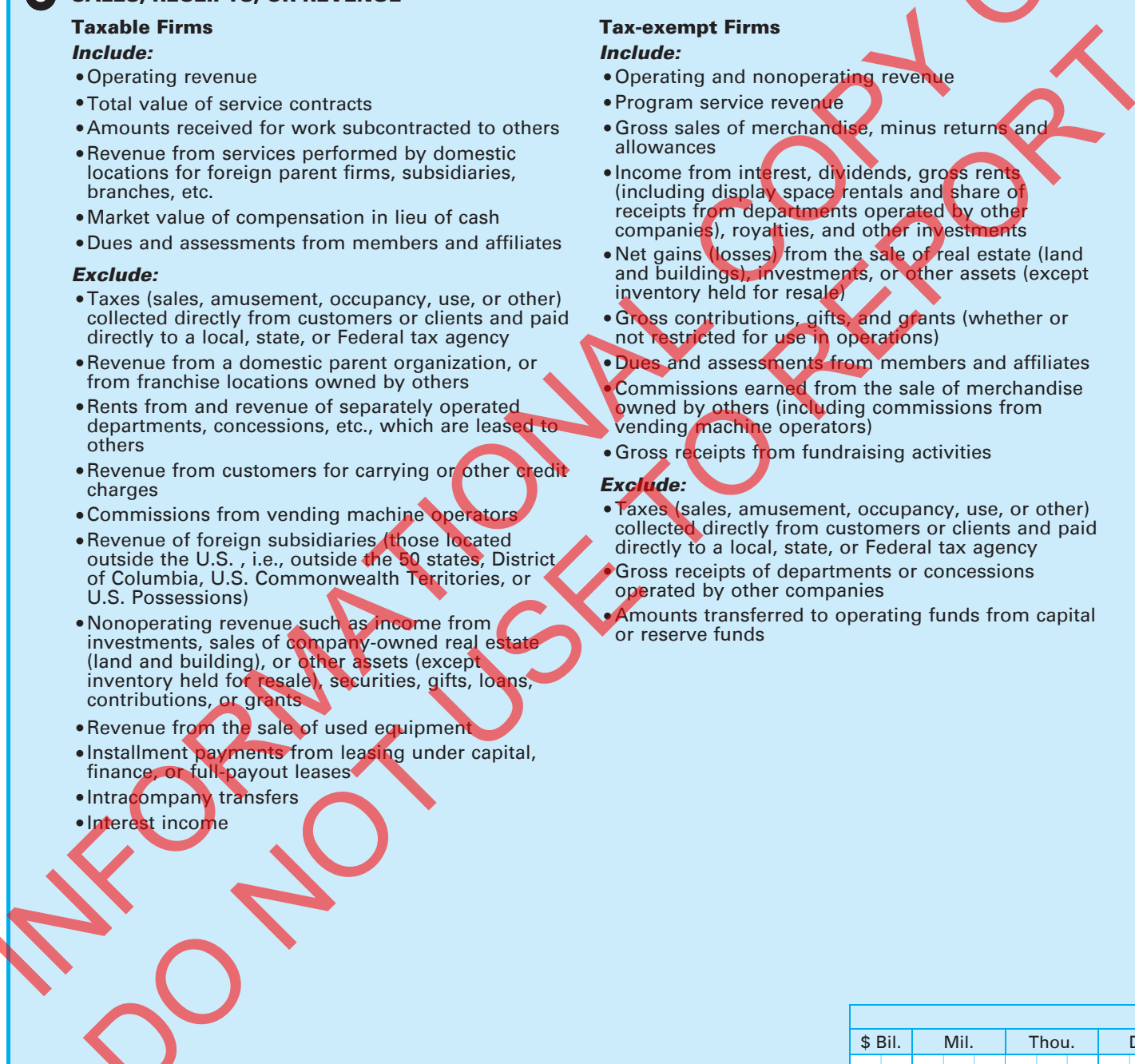
Exclude:

- Taxes (sales, amusement, occupancy, use, or other) 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

What was this firm's revenue in the

\$ Bil.	Mil.	Thou.	Dol.

21956032



6 INPATIENT DAYS AND DISCHARGES

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. For inpatient admissions occurring before the current quarter or extending after the current quarter, record only those days that occur during the second quarter and exclude days occurring before or after the quarter. Do not include nursery discharges 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

Exclude:

- Nursery days
- Newborn days

Discharges - The termination of the granting of lodging in the hospital and the formal release of the patient (including patients admitted and discharged on the same day).

- If a patient is discharged from an acute care unit and transferred to a swing bed or distinct part unit, one discharge would be recorded when the patient is discharged from the acute care unit and a second discharge recorded when the patient is discharged from the swing bed or distinct part unit. Do not include nursery discharges unless they are related to neonatal intermediate or intensive care units.

Include:

- Inpatient acute and sub-acute discharges
- Swing bed discharges
- Distinct part unit discharges
- Skilled nursing facility discharges
- Long term care discharges

A. What were this firm's inpatient days in the

B. What were this firm's discharges in the

7 OPERATING EXPENSES

Include:

- Payroll and employee benefits
- Supplies used for operating your business, cost of merchandise sold, and other expenses allocated to operations during the year
- Contracted or purchased services
- Fees paid to other organizations for fundraising
- Depreciation expenses
- Expenses of locations providing support services (e.g., repair services, administrative services, etc.) for your service establishments

Exclude:

- Taxes (sales, amusement, occupancy, use, or other) collected directly from customers or clients and paid directly to a local, state, or Federal tax agency
- Outlays for the purchase of real estate (land and buildings); for construction; for additions, major alterations, and improvements to existing facilities; and all other capital expenditures
- Funds invested
- Interest expense
- Bad debt
- Impairment
- Income taxes
- Assessments (dues) paid to the parent or other chapters of the same organization
- For establishments engaged in raising funds - funds transferred to charities or other organizations

What were this firm's expenses in the

\$ Bil.	Mil.	Thou.	DoI.

21956040

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9 CONTACT INFORMATION

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Telephone	Area code	Number		Extension	Fax	Area code	Number		
		-					-		
Website									

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21956057





U.S. DEPARTMENT OF COMMERCE
U.S. CENSUS BUREAU

FORM
QSS-3A (12-01-2019)

QUARTERLY SERVICES SURVEY

Due Date	
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<p>Title 13 United States Code (U.S.C.), Sections 131 and 182, authorizes the Census Bureau to conduct this collection. The U.S. Census Bureau is required by Section 9 of the same law to keep your information confidential and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0907 and appears at the upper right of this page. Without this approval, we could not conduct this survey.</p>	

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Authentication Code:

To view Survey Results:
<https://www.census.gov/services>

GENERAL INSTRUCTIONS

- Any significant change in this firm's operations should be noted in ③
- For establishments sold or acquired during the quarter(s), report data only for the period the establishments were operated by this firm
- Estimates are acceptable if book figures are not available
- Enter "0" where applicable
- Report data on an accrual basis
- Dollars should be rounded to the nearest dollar
- If a figure is \$1,030,280,456 it should be reported as →

Bil.	Mil.	Thou.	DoI.

Include:

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

21959010

We estimate this survey will take an average of 15 minutes to complete. More information about this estimate and an address where you may write with comments is on the back of this form.

1 SURVEY COVERAGE

Did this firm provide the business activities described below?

Yes

No - Specify this firm's business activity ↴

2 Not Applicable.

3 ORGANIZATIONAL CHANGE

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

Yes

No - Go to **4**

B. Which of the following organizational changes occurred in the

Check all that apply. If more than one organizational change occurred during the reporting period, explain in **3**.

Acquisition

Merger

Sale

Divestiture

Date of organizational change

AND

Enter detailed information below ↴

Month	Day	Year

Name of company	EIN (9 digits)
	-

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

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

4 REPORTING PERIOD

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

Calendar quarter

Other - Report beginning and ending dates

Beginning Date		
Month	Day	Year
End Date		
Month	Day	Year

21959028

5 SALES, RECEIPTS, OR REVENUE

Taxable Firms

Include:

- Operating revenue
- Total value of service contracts
- Amounts received for work subcontracted to others
- Revenue from services performed by domestic locations for foreign parent firms, subsidiaries, branches, etc.
- Market value of compensation in lieu of cash
- Dues and assessments from members and affiliates
- Revenue from admission, use of facilities, instructional services

Exclude:

- Taxes (sales, amusement, occupancy, use, or other) collected directly from customers or clients and paid directly to a local, state, or Federal tax agency
- Revenue from a domestic parent organization, or from franchise locations owned by others
- Rents from and 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)
- Nonoperating 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
- Installment payments from leasing under capital, finance, or full-payout leases
- Intracompany transfers
- Interest income

Tax-exempt Firms

Include:

- Operating and nonoperating revenue
- Program service revenue
- 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
- Net gains (losses) from the sale of real estate (land and buildings), investments, or other assets (except inventory held for resale)
- Gross contributions, gifts, and grants (whether or not restricted for use in operations)
- Dues and assessments from members and affiliates
- Commissions earned from the sale of merchandise owned by others (including commissions from vending machine operators)
- Gross receipts from fundraising activities

Exclude:

- Taxes (sales, amusement, occupancy, use, or other) 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

\$ Bil.	Mil.	Thou.	DoI.

What was this firm's revenue in the

.....

6 Not Applicable.

21959036



7 OPERATING EXPENSES

Include:

- Payroll and employee benefits
- Supplies used for operating your business, cost of merchandise sold, and other expenses allocated to operations during the year
- Contracted or purchased services
- Fees paid to other organizations for fundraising
- Depreciation expenses
- Expenses of locations providing support services (e.g., repair services, administrative services, etc.) for your service establishments

Exclude:

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- Funds invested
- Interest expense
- Bad debt
- Impairment
- Income taxes
- Assessments (dues) paid to the parent or other chapters of the same organization
- For establishments engaged in raising funds - funds transferred to charities or other organizations

	\$ Bil.	Mil.	Thou.	DoL.
What were this firm's expenses in the				

What were this firm's expenses in the

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

REMARKS AREA

9 CONTACT INFORMATION

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

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21959044





U.S. DEPARTMENT OF COMMERCE
U.S. CENSUS BUREAU

FORM
QSS-3E (12-01-2019)

QUARTERLY SERVICES SURVEY

Due Date	
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- Enter "0" where applicable
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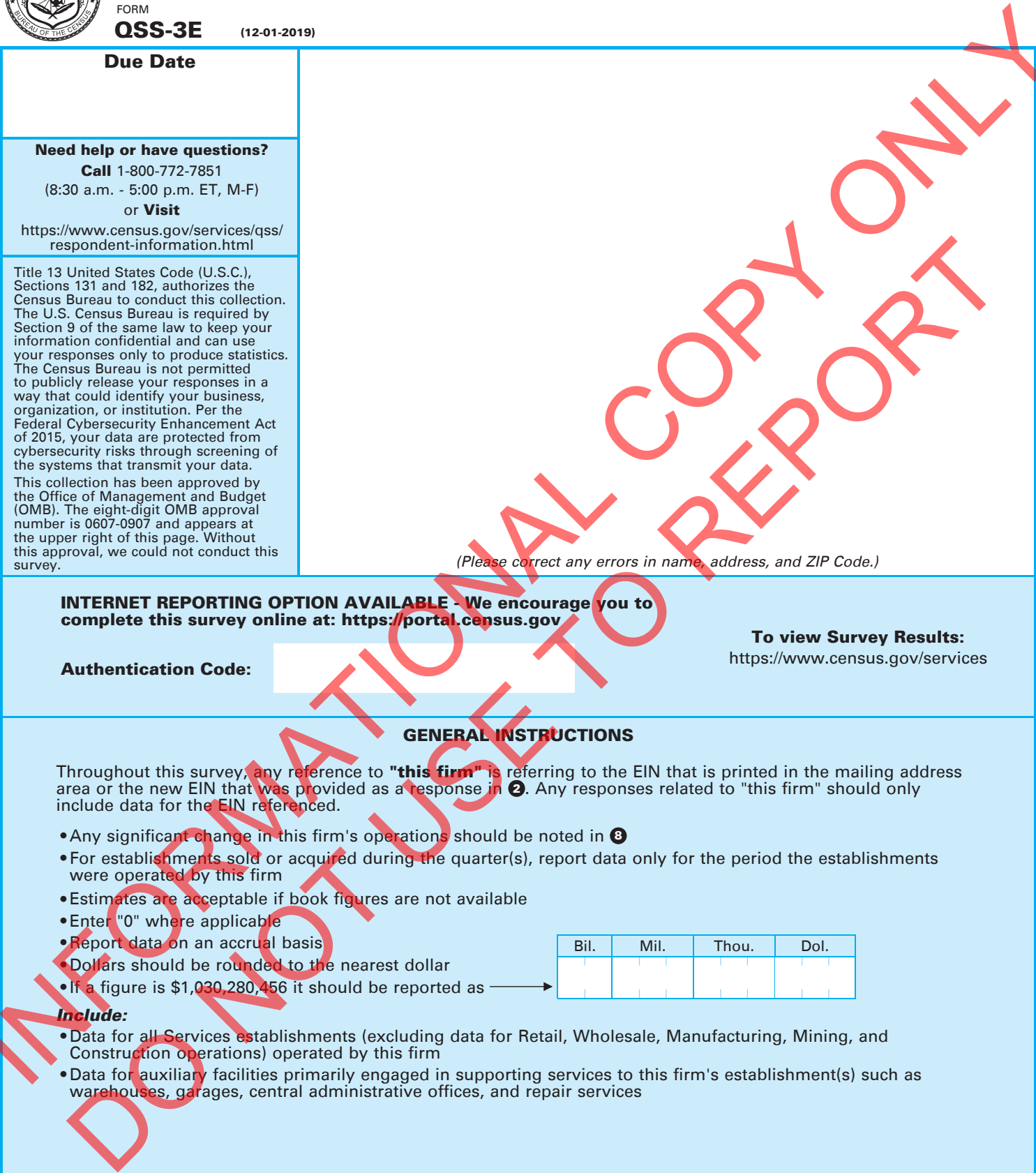
Bil.	Mil.	Thou.	DoI.

Include:

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operated by this firm
- Data for auxiliary facilities primarily engaged in supporting services to this firm's establishment(s) such as warehouses, garages, central administrative offices, and repair services

We estimate this survey will take an average of 15 minutes to complete. More information about this estimate and an address where you may write with comments is on the back of this form.

21958012



1 SURVEY COVERAGE

Did this firm provide the business activities described below?

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

--

2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)

Does this firm report payroll under EIN

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

EIN (9 digits)		
-		
Month	Day	Year

3 ORGANIZATIONAL CHANGE

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

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

B. Which of the following organizational changes occurred in the

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

- Acquisition
- Merger
- Sale
- Divestiture

Date of organizational change

AND

Enter detailed information below ↴

Month	Day	Year

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

21958020

4 REPORTING PERIOD

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

Calendar quarter

Other - Report beginning and ending dates

Beginning Date		
Month	Day	Year
End Date		
Month	Day	Year

5 SALES, RECEIPTS, OR REVENUE

Taxable Firms

Include:

- Operating revenue
- Total value of service contracts
- Amounts received for work subcontracted to others
- Revenue from services performed by domestic locations for foreign parent firms, subsidiaries, branches, etc.
- Market value of compensation in lieu of cash
- Dues and assessments from members and affiliates
- Revenue from admission, use of facilities, instructional services

Exclude:

- Taxes (sales, amusement, occupancy, use, or other) collected directly from customers or clients and paid directly to a local, state, or Federal tax agency
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- Rents from and 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)
- Nonoperating 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
- Installment payments from leasing under capital, finance, or full-payout leases
- Intracompany transfers
- Interest income

Tax-exempt Firms

Include:

- Operating and nonoperating revenue
- Program service revenue
- 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
- Net gains (losses) from the sale of real estate (land and buildings), investments, or other assets (except inventory held for resale)
- Gross contributions, gifts, and grants (whether or not restricted for use in operations)
- Dues and assessments from members and affiliates
- Commissions earned from the sale of merchandise owned by others (including commissions from vending machine operators)
- Gross receipts from fundraising activities

Exclude:

- Taxes (sales, amusement, occupancy, use, or other) 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

What was this firm's revenue in the

\$ Bil.	Mil.	Thou.	Dol.

6 Not Applicable.

21958038



7 OPERATING EXPENSES

Include:

- Payroll and employee benefits
- Supplies used for operating your business, cost of merchandise sold, and other expenses allocated to operations during the year
- Contracted or purchased services
- Fees paid to other organizations for fundraising
- Depreciation expenses
- Expenses of locations providing support services (e.g., repair services, administrative services, etc.) for your service establishments

Exclude:

- Taxes (sales, amusement, occupancy, use, or other) collected directly from customers or clients and paid directly to a local, state, or Federal tax agency
- Outlays for the purchase of real estate (land and buildings); for construction; for additions, major alterations, and improvements to existing facilities; and all other capital expenditures
- Funds invested
- Interest expense
- Bad debt
- Impairment
- Income taxes
- Assessments (dues) paid to the parent or other chapters of the same organization
- For establishments engaged in raising funds - funds transferred to charities or other organizations

	\$ Bil.	Mil.	Thou.	DoL.
What were this firm's expenses in the				

What were this firm's expenses in the

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

REMARKS

9 CONTACT INFORMATION

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

THANK YOU
for completing your QUARTERLY SERVICES SURVEY.

We suggest you keep a copy for your records.

We estimate this survey will take an average of 15 minutes to complete, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this voluntary collection of information, including suggestions for reducing this burden, to: EID Survey Comments 0607-0907, U.S. Census Bureau, 4600 Silver Hill Road, Room EID-8K175, Washington, DC 20233. You may email comments to sssd.qss@census.gov. Be sure to use "EID Survey Comments 0607-0907" as the subject.

21958046





U.S. DEPARTMENT OF COMMERCE
U.S. CENSUS BUREAU

FORM
QSS-4A (12-01-2019)

QUARTERLY SERVICES SURVEY

Due Date	
<p>Need help or have questions? Call 1-800-772-7851 (8:30 a.m. - 5:00 p.m. ET, M-F) or Visit https://www.census.gov/services/qss/respondent-information.html</p>	
<p>Title 13 United States Code (U.S.C.), Sections 131 and 182, authorizes the Census Bureau to conduct this collection. The U.S. Census Bureau is required by Section 9 of the same law to keep your information confidential and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0907 and appears at the upper right of this page. Without this approval, we could not conduct this survey.</p>	<p><i>(Please correct any errors in name, address, and ZIP Code.)</i></p>

INTERNET REPORTING OPTION AVAILABLE - We encourage you to complete this survey online at: <https://portal.census.gov>

Authentication Code:

To view Survey Results:
<https://www.census.gov/services>

GENERAL INSTRUCTIONS

- Any significant change in this firm's operations should be noted in **3**
- For establishments sold or acquired during the quarter(s), report data only for the period the establishments were operated by this firm
- Estimates are acceptable if book figures are not available
- Enter "0" where applicable
- Report data on an accrual basis
- Dollars should be rounded to the nearest dollar
- If a figure is \$1,030,280,456 it should be reported as \rightarrow

Bil.	Mil.	Thou.	DoI.
_	_	_	_

Include:

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

We estimate this survey will take an average of 10 minutes to complete. More information about this estimate and an address where you may write with comments is on the back of this form.

21963012



1 SURVEY COVERAGE

Did this firm provide the business activities described below?

Yes

No - Specify this firm's business activity ↴

2 Not Applicable.

3 ORGANIZATIONAL CHANGE

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

Yes

No - Go to **4**

B. Which of the following organizational changes occurred in the

Check all that apply. If more than one organizational change occurred during the reporting period, explain in **3**.

Acquisition

Merger

Sale

Divestiture

Date of organizational change

AND

Enter detailed information below ↴

Month	Day	Year

Name of company	EIN (9 digits)
	-

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

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

4 REPORTING PERIOD

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

Calendar quarter

Other - Report beginning and ending dates

Beginning Date		
Month	Day	Year
End Date		
Month	Day	Year

21963020

5 SALES, RECEIPTS, OR REVENUE

Firms operating on a commission basis should report commissions, fees, and other operating revenue income, not gross billings or sales.

Taxable Firms

Include:

- Total value of service contracts
- Amounts received for work subcontracted to others
- Revenue from services performed by domestic locations for foreign parent firms, subsidiaries, branches, etc.
- Market value of compensation in lieu of cash
- Franchise sales, fees, and royalties
- Sale or licensing of rights to intellectual property protected by copyright or as industrial property (e.g., patents, trademarks)

Exclude:

- Taxes (sales, amusement, occupancy, use, or other) collected directly from customers or clients and paid directly to a local, state, or Federal tax agency
- Revenue from a domestic parent organization, or from franchise locations owned by others
- Rents from and 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)
- Nonoperating 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
- Installment payments from leasing under capital, finance, or full-payout leases
- Intracompany transfers
- Interest income
- Gross contributions, gifts, and grants (whether or not restricted for use in operations)

Tax-exempt firms

Include:

- Program service revenue
- 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
- Net gains (losses) from the sale of real estate (land and buildings), investments, or other assets (except inventory held for resale)
- Gross contributions, gifts, and grants (whether or not restricted for use in operations)
- Dues and assessments from members and affiliates
- Commissions earned from the sale of merchandise owned by others (including commissions from vending machine operators)
- Gross receipts from fundraising activities

Exclude:

- Taxes (sales, amusement, occupancy, use, or other) 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

\$ Bil.	Mil.	Thou.	Dol.

What was this firm's revenue in the

.....

6 and 7 Not Applicable.

21963038

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

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9 CONTACT INFORMATION

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

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21963046





U.S. DEPARTMENT OF COMMERCE
U.S. CENSUS BUREAU

FORM
QSS-4E (12-01-2019)

QUARTERLY SERVICES SURVEY

Due Date	
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Authentication Code:

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GENERAL INSTRUCTIONS

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- Any significant change in this firm's operations should be noted in **3**
- For establishments sold or acquired during the quarter(s), report data only for the period the establishments were operated by this firm
- Estimates are acceptable if book figures are not available
- Enter "0" where applicable
- Report data on an accrual basis
- Dollars should be rounded to the nearest dollar
- If a figure is \$1,030,280,456 it should be reported as →

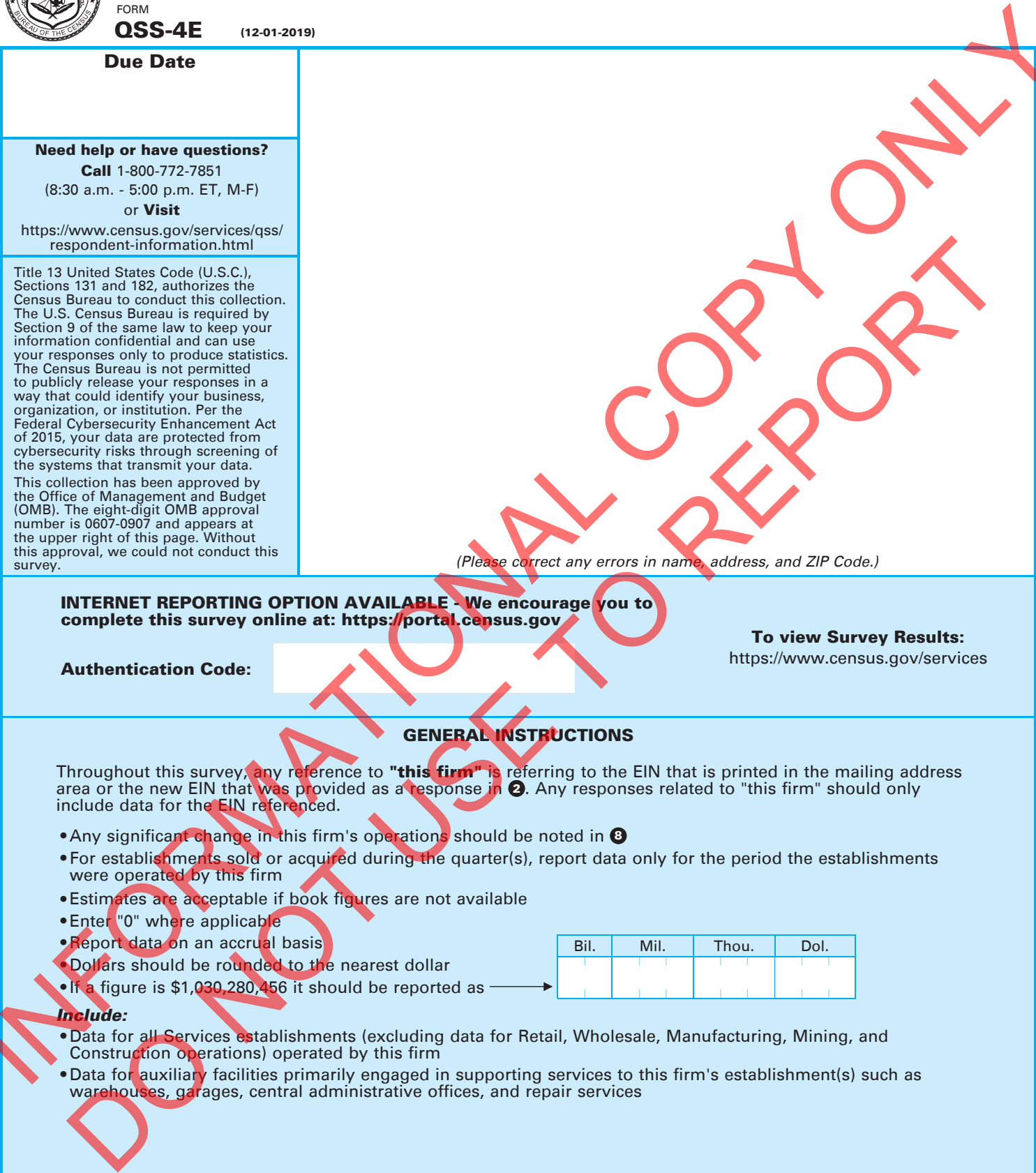
Bil.	Mil.	Thou.	DoI.

Include:

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operated by this firm
- Data for auxiliary facilities primarily engaged in supporting services to this firm's establishment(s) such as warehouses, garages, central administrative offices, and repair services

We estimate this survey will take an average of 10 minutes to complete. More information about this estimate and an address where you may write with comments is on the back of this form.

21962014



1 SURVEY COVERAGE

Did this firm provide the business activities described below?

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

--

2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)

Does this firm report payroll under EIN

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

EIN (9 digits)		
-		
Month	Day	Year

3 ORGANIZATIONAL CHANGE

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

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

B. Which of the following organizational changes occurred in the

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

- Acquisition
- Merger
- Sale
- Divestiture

Date of organizational change

AND

Enter detailed information below ↴

Month	Day	Year

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

21962022

4 REPORTING PERIOD

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

Calendar quarter

Other - Report beginning and ending dates

Beginning Date		
Month	Day	Year
End Date		
Month	Day	Year

5 SALES, RECEIPTS, OR REVENUE

Firms operating on a commission basis should report commissions, fees, and other operating revenue income, not gross billings or sales.

Taxable Firms

Include:

- Total value of service contracts
- Amounts received for work subcontracted to others
- Revenue from services performed by domestic locations for foreign parent firms, subsidiaries, branches, etc.
- Market value of compensation in lieu of cash
- Franchise sales, fees, and royalties
- Sale or licensing of rights to intellectual property protected by copyright or as industrial property (e.g., patents, trademarks)

Exclude:

- Taxes (sales, amusement, occupancy, use, or other) collected directly from customers or clients and paid directly to a local, state, or Federal tax agency
- Revenue from a domestic parent organization, or from franchise locations owned by others
- Rents from and 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)
- Nonoperating 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
- Installment payments from leasing under capital, finance, or full-payout leases
- Intracompany transfers
- Interest income
- Gross contributions, gifts, and grants (whether or not restricted for use in operations)

Tax-exempt firms

Include:

- Program service revenue
- 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
- Net gains (losses) from the sale of real estate (land and buildings), investments, or other assets (except inventory held for resale)
- Gross contributions, gifts, and grants (whether or not restricted for use in operations)
- Dues and assessments from members and affiliates
- Commissions earned from the sale of merchandise owned by others (including commissions from vending machine operators)
- Gross receipts from fundraising activities

Exclude:

- Taxes (sales, amusement, occupancy, use, or other) 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

\$ Bil.	Mil.	Thou.	Dol.

What was this firm's revenue in the

6 and 7 Not Applicable.

21962030

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

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9 CONTACT INFORMATION

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

THANK YOU
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21962048





U.S. DEPARTMENT OF COMMERCE
U.S. CENSUS BUREAU

FORM
QSS-4fA (01-30-2020)

QUARTERLY SERVICES SURVEY

Due Date	<p>(Please correct any errors in name, address, and ZIP Code.)</p>
<p>Need help or have questions? Call 1-800-772-7851 (8:30 a.m. - 5:00 p.m. ET, M-F) or Visit https://www.census.gov/services/qss/respondent-information.html</p>	
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Authentication Code:

To view Survey Results:
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GENERAL INSTRUCTIONS

- Any significant change in this firm's operations should be noted in **3**
- For establishments sold or acquired during the quarter(s), report data only for the period the establishments were operated by this firm
- Estimates are acceptable if book figures are not available
- Enter "0" where applicable
- Report data on an accrual basis
- Dollars should be rounded to the nearest dollar
- If a figure is \$1,030,280,456 it should be reported as →

Bil.	Mil.	Thou.	DoI.

Include:

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

We estimate this survey will take an average of 10 minutes to complete. More information about this estimate and an address where you may write with comments is on the back of this form.

21965017



1 SURVEY COVERAGE

Did this firm provide the business activities described below?

Yes

No - Specify this firm's business activity ↴

2 Not Applicable.

3 ORGANIZATIONAL CHANGE

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

Yes

No - Go to **4**

B. Which of the following organizational changes occurred in the

Check all that apply. If more than one organizational change occurred during the reporting period, explain in **3**.

Acquisition

Merger

Sale

Divestiture

Date of organizational change

AND

Enter detailed information below ↴

Month	Day	Year

Name of company	EIN (9 digits)
	-

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

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

4 REPORTING PERIOD

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

Calendar quarter

Other - Report beginning and ending dates

Beginning Date		
Month	Day	Year
End Date		
Month	Day	Year

21965025

5 SALES, RECEIPTS, OR REVENUE

Firms operating on a commission basis should report commissions, fees, and other operating revenue income, not gross billings or sales.

INCLUDE

- Net **realized** gains as well as losses within specified area(s) of activity
- Earned interest
- Commissions and fees received from all sources, including fees earned for exchanging currencies, selling money orders, and cashing checks
- Net gains (losses) from the sale of real property owned by this establishment for investment, rent, or lease (NOT gross sales)
- Gross sales (NOT net gains (losses)) of real property developed or buildings built by this establishment for sale
- Gross rents from real property leased by this establishment to others
- Total value of service contracts
- Amounts received for work subcontracted to others
- Revenue from services performed by domestic locations for foreign parent firms, subsidiaries, branches, etc.
- Rents from departments or concessions operated by other companies at this establishment
- Franchise sales, fees, and royalties
- Sale or licensing of rights to intellectual property protected by copyright or as industrial property (e.g., patents, trademarks)
- Dues and assessments from members and affiliates

EXCLUDE

- Taxes (sales, amusement, occupancy, use, or other) collected directly from customers or clients and paid directly to a local, state, or Federal tax agency
- Revenue from a domestic parent organization, or from franchise locations owned by others
- Revenue of departments or concessions operated by other companies at this establishment
- 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)
- Intracompany transfers
- Commissions from vending machine operators
- Revenue from the sale of used equipment

\$ Bil.	Mil.	Thou.	DoI.

A. What was this firm's revenue in the

B. Does the revenue reported in 5A represent book figure(s) or estimate(s)?

- Book figures
- Estimates

6 and 7 Not Applicable.

21965033



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

(This area is currently blank and contains a large red watermark: "DO NOT USE TO REPORT INFORMATIONAL COPY ONLY")

9 CONTACT INFORMATION

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

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21965041





U.S. DEPARTMENT OF COMMERCE
U.S. CENSUS BUREAU

FORM
QSS-4fE (01-30-2020)

QUARTERLY SERVICES SURVEY

Due Date

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(8:30 a.m. - 5:00 p.m. ET, M-F)

or **Visit**

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

Bil.	Mil.	Thou.	Dol.

Include:

- Data for all **Services** establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operated by this firm
- Data for **auxiliary** facilities primarily engaged in supporting services to this firm's establishment(s) such as warehouses, garages, central administrative offices, and repair services

We estimate this survey will take an average of 10 minutes to complete. More information about this estimate and an address where you may write with comments is on the back of this form.

21964010



1 SURVEY COVERAGE

Did this firm provide the business activities described below?

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

--

2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)

Does this firm report payroll under EIN

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

EIN (9 digits)		
-		
Month	Day	Year

3 ORGANIZATIONAL CHANGE

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

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

B. Which of the following organizational changes occurred in the

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

- Acquisition
- Merger
- Sale
- Divestiture

Date of organizational change

AND

Enter detailed information below ↴

Month	Day	Year

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

21964028



4 REPORTING PERIOD

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

Calendar quarter

Other - Report beginning and ending dates

Beginning Date		
Month	Day	Year
End Date		
Month	Day	Year

5 SALES, RECEIPTS, OR REVENUE

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INCLUDE

- Net **realized** gains as well as losses within specified area(s) of activity
- Earned interest
- Commissions and fees received from all sources, including fees earned for exchanging currencies, selling money orders, and cashing checks
- Net gains (losses) from the sale of real property owned by this establishment for investment, rent, or lease (NOT gross sales)
- Gross sales (NOT net gains (losses)) of real property developed or buildings built by this establishment for sale
- Gross rents from real property leased by this establishment to others
- Total value of service contracts
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- Rents from departments or concessions operated by other companies at this establishment
- Franchise sales, fees, and royalties
- Sale or licensing of rights to intellectual property protected by copyright or as industrial property (e.g., patents, trademarks)
- Dues and assessments from members and affiliates

EXCLUDE

- Taxes (sales, amusement, occupancy, use, or other) collected directly from customers or clients and paid directly to a local, state, or Federal tax agency
- Revenue from a domestic parent organization, or from franchise locations owned by others
- Revenue of departments or concessions operated by other companies at this establishment
- 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)
- Intracompany transfers
- Commissions from vending machine operators
- Revenue from the sale of used equipment

\$ Bil.	Mil.	Thou.	DoI.

A. What was this firm's revenue in the

B. Does the revenue reported in 5A represent book figure(s) or estimate(s)?

Book figures

Estimates

6 and 7 Not Applicable.

21964036



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

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9 CONTACT INFORMATION

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

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21964044





U.S. DEPARTMENT OF COMMERCE
U.S. CENSUS BUREAU

FORM
QSS-5A (12-01-2019)

QUARTERLY SERVICES SURVEY

Due Date	
<p>Need help or have questions? Call 1-800-772-7851 (8:30 a.m. - 5:00 p.m. ET, M-F) or Visit https://www.census.gov/services/qss/respondent-information.html</p>	
<p>Title 13 United States Code (U.S.C.), Sections 131 and 182, authorizes the Census Bureau to conduct this collection. The U.S. Census Bureau is required by Section 9 of the same law to keep your information confidential and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0907 and appears at the upper right of this page. Without this approval, we could not conduct this survey.</p>	

(Please correct any errors in name, address, and ZIP Code.)

INTERNET REPORTING OPTION AVAILABLE - We encourage you to complete this survey online at: <https://portal.census.gov>

Authentication Code:

To view Survey Results:
<https://www.census.gov/services>

GENERAL INSTRUCTIONS

- Any significant change in this firm's operations should be noted in ③
- For establishments sold or acquired during the quarter(s), report data only for the period the establishments were operated by this firm
- Estimates are acceptable if book figures are not available
- Enter "0" where applicable
- Report data on an accrual basis
- Dollars should be rounded to the nearest dollar
- If a figure is \$1,030,280,456 it should be reported as →

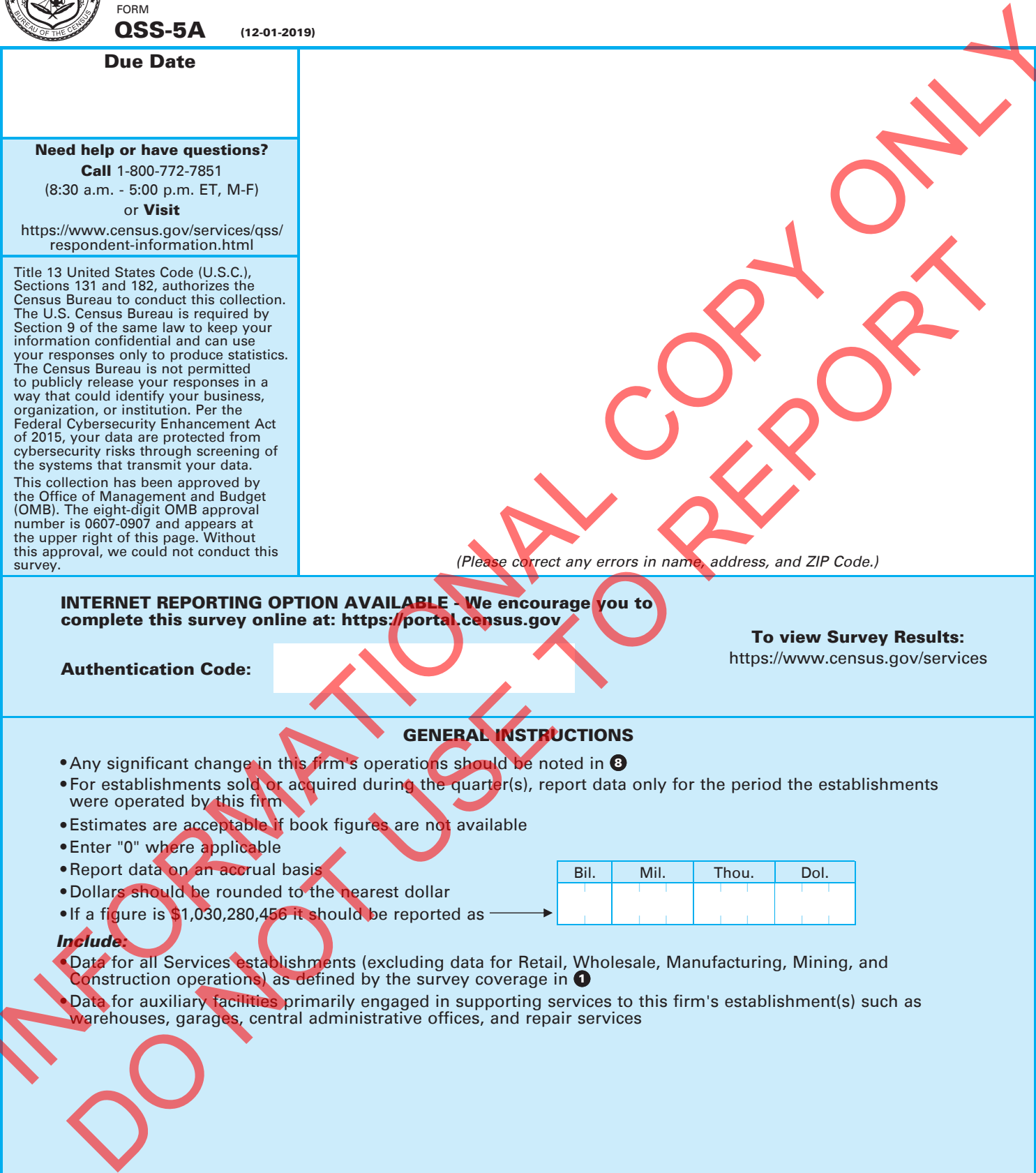
Bil.	Mil.	Thou.	DoI.

Include:

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

We estimate this survey will take an average of 15 minutes to complete. More information about this estimate and an address where you may write with comments is on the back of this form.

21969019



1 SURVEY COVERAGE

Did this firm provide the business activities described below?

Yes

No - Specify this firm's business activity ↴

2 Not Applicable.

3 ORGANIZATIONAL CHANGE

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

Yes

No - Go to **4**

B. Which of the following organizational changes occurred in the

Check all that apply. If more than one organizational change occurred during the reporting period, explain in **3**.

Acquisition

Merger

Sale

Divestiture

Date of organizational change

AND

Enter detailed information below ↴

Month	Day	Year

Name of company	EIN (9 digits)
	-

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

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

4 REPORTING PERIOD

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

Calendar quarter

Other - Report beginning and ending dates

Beginning Date		
Month	Day	Year
End Date		
Month	Day	Year

21969027

5 SALES, RECEIPTS, OR REVENUE

Firms operating on a commission basis should report commissions, fees, and other operating revenue income, not gross billings or sales.

Taxable Firms

Include:

- Total value of service contracts
- Amounts received for work subcontracted to others
- Revenue from services performed by domestic locations for foreign parent firms, subsidiaries, branches, etc.
- Market value of compensation in lieu of cash
- Franchise sales, fees, and royalties
- Sale or licensing of rights to intellectual property protected by copyright or as industrial property (e.g., patents, trademarks)
- Gross billing, with the exception of racetracks

Exclude:

- Taxes (sales, amusement, occupancy, use, or other) collected directly from customers or clients and paid directly to a local, state, or Federal tax agency
- Revenue from a domestic parent organization, or from franchise locations owned by others
- Rents from and 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)
- Nonoperating 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
- Installment payments from leasing under capital, finance, or full-payout leases
- Intracompany transfers
- Interest income
- Gross contributions, gifts, and grants (whether or not restricted for use in operations)

Tax-exempt Firms

Include:

- Program service revenue
- 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
- Net gains (losses) from the sale of real estate (land and buildings), investments, or other assets (except inventory held for resale)
- Gross contributions, gifts, and grants (whether or not restricted for use in operations)
- Dues and assessments from members and affiliates
- Commissions earned from the sale of merchandise owned by others (including commissions from vending machine operators)
- Gross receipts from fundraising activities

Exclude:

- Taxes (sales, amusement, occupancy, use, or other) 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

What was this firm's revenue in the

\$ Bil.	Mil.	Thou.	Dol.

21969035

6 SOURCE OF REVENUE

Admissions - Gross receipts from the sale of general or specific event 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 minimum guarantee and percentage arrangements. Dinner theatres should include all combined admission/dinner receipts. Professional athletic clubs should report total receipts from admissions to their home games, including visiting teams' share (both league and nonleague). Exclude admissions taxes.

How much of the revenue reported in 5 was received from the following sources of revenue in the

	Percent
A. Admissions revenue	%
B. All other operating revenue +	%
	100 %

7 Not Applicable.

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

(This area is mostly obscured by a large red watermark reading "INFORMATIONAL COPY ONLY - DO NOT USE TO REPORT")

9 CONTACT INFORMATION

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

THANK YOU
for completing your **QUARTERLY SERVICES SURVEY.**

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21969043





U.S. DEPARTMENT OF COMMERCE
U.S. CENSUS BUREAU

FORM
QSS-5E (12-01-2019)

QUARTERLY SERVICES SURVEY

Due Date	
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- For establishments sold or acquired during the quarter(s), report data only for the period the establishments were operated by this firm
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- Enter "0" where applicable
- Report data on an accrual basis
- Dollars should be rounded to the nearest dollar
- If a figure is \$1,030,280,456 it should be reported as →

Bil.	Mil.	Thou.	DoI.

Include:

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operated by this firm
- Data for auxiliary facilities primarily engaged in supporting services to this firm's establishment(s) such as warehouses, garages, central administrative offices, and repair services

We estimate this survey will take an average of 15 minutes to complete. More information about this estimate and an address where you may write with comments is on the back of this form.

21968011

1 SURVEY COVERAGE

Did this firm provide the business activities described below?

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

--

2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)

Does this firm report payroll under EIN

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

EIN (9 digits)		
-		
Month	Day	Year

3 ORGANIZATIONAL CHANGE

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

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

B. Which of the following organizational changes occurred in the

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

- Acquisition
- Merger
- Sale
- Divestiture

Date of organizational change

AND

Enter detailed information below ↴

Month	Day	Year

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

21968029

4 REPORTING PERIOD

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

Calendar quarter

Other - Report beginning and ending dates

Beginning Date		
Month	Day	Year
End Date		
Month	Day	Year

5 SALES, RECEIPTS, OR REVENUE

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Taxable Firms

Include:

- Total value of service contracts
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- Gross billing, with the exception of racetracks

Exclude:

- Taxes (sales, amusement, occupancy, use, or other) collected directly from customers or clients and paid directly to a local, state, or Federal tax agency
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- 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)
- Nonoperating 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
- Installment payments from leasing under capital, finance, or full-payout leases
- Intracompany transfers
- Interest income
- Gross contributions, gifts, and grants (whether or not restricted for use in operations)

Tax-exempt Firms

Include:

- Program service revenue
- 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
- Net gains (losses) from the sale of real estate (land and buildings), investments, or other assets (except inventory held for resale)
- Gross contributions, gifts, and grants (whether or not restricted for use in operations)
- Dues and assessments from members and affiliates
- Commissions earned from the sale of merchandise owned by others (including commissions from vending machine operators)
- Gross receipts from fundraising activities

Exclude:

- Taxes (sales, amusement, occupancy, use, or other) 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

What was this firm's revenue in the

\$ Bil.	Mil.	Thou.	Dol.

21968037

6 SOURCE OF REVENUE

Admissions - Gross receipts from the sale of general or specific event 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 minimum guarantee and percentage arrangements. Dinner theatres should include all combined admission/dinner receipts. Professional athletic clubs should report total receipts from admissions to their home games, including visiting teams' share (both league and nonleague). Exclude admissions taxes.

How much of the revenue reported in 5 was received from the following sources of revenue in the

	Percent
A. Admissions revenue	%
B. All other operating revenue	%
	100 %

7 Not Applicable.

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REMARKS SECTION (Contains large red watermark: INFORMATIONAL COPY ONLY - DO NOT USE TO REPORT)

9 CONTACT INFORMATION

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

THANK YOU
for completing your QUARTERLY SERVICES SURVEY.

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21968045





U.S. DEPARTMENT OF COMMERCE
U.S. CENSUS BUREAU

FORM
QSS-3sE (12-01-2019)

QUARTERLY SERVICES SURVEY

Due Date	
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- Report data on an accrual basis
- Dollars should be rounded to the nearest dollar
- If a figure is \$1,030,280,456 it should be reported as →

Bil.	Mil.	Thou.	DoI.

Include:

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operated by this firm
- Data for auxiliary facilities primarily engaged in supporting services to this firm's establishment(s) such as warehouses, garages, central administrative offices, and repair services

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21960018

1 SURVEY COVERAGE

Did this firm provide the business activities described below?

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

--

2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)

Does this firm report payroll under EIN

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

EIN (9 digits)		
-		
Month	Day	Year

3 ORGANIZATIONAL CHANGE

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

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

B. Which of the following organizational changes occurred in the

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

- Acquisition
- Merger
- Sale
- Divestiture

Date of organizational change

AND

Enter detailed information below ↴

Month	Day	Year

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

21960026

4 REPORTING PERIOD

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

Calendar quarter

Other - Report beginning and ending dates

Beginning Date		
Month	Day	Year
End Date		
Month	Day	Year

5 SALES, RECEIPTS, OR REVENUE

Taxable Firms

Include:

- Operating revenue
- Total value of service contracts
- Amounts received for work subcontracted to others
- Revenue from services performed by domestic locations for foreign parent firms, subsidiaries, branches, etc.
- Market value of compensation in lieu of cash
- Dues and assessments from members and affiliates

Exclude:

- Taxes (sales, amusement, occupancy, use, or other) collected directly from customers or clients and paid directly to a local, state, or Federal tax agency
- Revenue from a domestic parent organization, or from franchise locations owned by others
- Rents from and 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)
- Nonoperating 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
- Installment payments from leasing under capital, finance, or full-payout leases
- Intracompany transfers
- Interest income

Tax-exempt Firms

Include:

- Operating and nonoperating revenue
- Program service revenue
- 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
- Net gains (losses) from the sale of real estate (land and buildings), investments, or other assets (except inventory held for resale)
- Gross contributions, gifts, and grants (whether or not restricted for use in operations)
- Dues and assessments from members and affiliates
- Commissions earned from the sale of merchandise owned by others (including commissions from vending machine operators)
- Gross receipts from fundraising activities

Exclude:

- Taxes (sales, amusement, occupancy, use, or other) 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

What was this firm's revenue in the

\$ Bil.	Mil.	Thou.	Dol.

6 Not Applicable.

21960034



7 OPERATING EXPENSES

Include:

- Payroll and employee benefits
- Supplies used for operating your business, cost of merchandise sold, and other expenses allocated to operations during the year
- Contracted or purchased services
- Fees paid to other organizations for fundraising
- Depreciation expenses
- Expenses of locations providing support services (e.g., repair services, administrative services, etc.) for your service establishments

Exclude:

- Taxes (sales, amusement, occupancy, use, or other) collected directly from customers or clients and paid directly to a local, state, or Federal tax agency
- Outlays for the purchase of real estate (land and buildings); for construction; for additions, major alterations, and improvements to existing facilities; and all other capital expenditures
- Funds invested
- Interest expense
- Bad debt
- Impairment
- Income taxes
- Assessments (dues) paid to the parent or other chapters of the same organization
- For establishments engaged in raising funds - funds transferred to charities or other organizations

	\$ Bil.	Mil.	Thou.	DoL.
What were this firm's expenses in the				

What were this firm's expenses in the

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

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9 CONTACT INFORMATION

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

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21960042





U.S. DEPARTMENT OF COMMERCE
U.S. CENSUS BUREAU

FORM
QSS-3sA (12-01-2019)

QUARTERLY SERVICES SURVEY

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- Enter "0" where applicable
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- Dollars should be rounded to the nearest dollar
- If a figure is \$1,030,280,456 it should be reported as →

Bil.	Mil.	Thou.	DoI.

Include:

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- Data for auxiliary facilities primarily engaged in supporting services to this firm's establishment(s) such as warehouses, garages, central administrative offices, and repair services

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21961016

1 SURVEY COVERAGE

Did this firm provide the business activities described below?

Yes

No - Specify this firm's business activity ↴

2 Not Applicable.

3 ORGANIZATIONAL CHANGE

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

Yes

No - Go to **4**

B. Which of the following organizational changes occurred in the

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

Acquisition

Merger

Sale

Divestiture

Date of organizational change

AND

Enter detailed information below ↴

Month	Day	Year

Name of company	EIN (9 digits)
	-

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

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

4 REPORTING PERIOD

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

Calendar quarter

Other - Report beginning and ending dates

Beginning Date		
Month	Day	Year
End Date		
Month	Day	Year

21961024

5 SALES, RECEIPTS, OR REVENUE

Taxable Firms

Include:

- Operating revenue
- Total value of service contracts
- Amounts received for work subcontracted to others
- Revenue from services performed by domestic locations for foreign parent firms, subsidiaries, branches, etc.
- Market value of compensation in lieu of cash
- Dues and assessments from members and affiliates

Exclude:

- Taxes (sales, amusement, occupancy, use, or other) collected directly from customers or clients and paid directly to a local, state, or Federal tax agency
- Revenue from a domestic parent organization, or from franchise locations owned by others
- Rents from and 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)
- Nonoperating 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
- Installment payments from leasing under capital, finance, or full-payout leases
- Intracompany transfers
- Interest income

Tax-exempt Firms

Include:

- Operating and nonoperating revenue
- Program service revenue
- 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
- Net gains (losses) from the sale of real estate (land and buildings), investments, or other assets (except inventory held for resale)
- Gross contributions, gifts, and grants (whether or not restricted for use in operations)
- Dues and assessments from members and affiliates
- Commissions earned from the sale of merchandise owned by others (including commissions from vending machine operators)
- Gross receipts from fundraising activities

Exclude:

- Taxes (sales, amusement, occupancy, use, or other) 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

What was this firm's revenue in the

\$ Bil.	Mil.	Thou.	Dol.

6 Not Applicable.

21961032



7 OPERATING EXPENSES

Include:

- Payroll and employee benefits
- Supplies used for operating your business, cost of merchandise sold, and other expenses allocated to operations during the year
- Contracted or purchased services
- Fees paid to other organizations for fundraising
- Depreciation expenses
- Expenses of locations providing support services (e.g., repair services, administrative services, etc.) for your service establishments

Exclude:

- Taxes (sales, amusement, occupancy, use, or other) collected directly from customers or clients and paid directly to a local, state, or Federal tax agency
- Outlays for the purchase of real estate (land and buildings); for construction; for additions, major alterations, and improvements to existing facilities; and all other capital expenditures
- Funds invested
- Interest expense
- Bad debt
- Impairment
- Income taxes
- Assessments (dues) paid to the parent or other chapters of the same organization
- For establishments engaged in raising funds - funds transferred to charities or other organizations

	\$ Bil.	Mil.	Thou.	DoL.
What were this firm's expenses in the				

What were this firm's expenses in the

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

REMARKS AREA

9 CONTACT INFORMATION

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

THANK YOU
for completing your QUARTERLY SERVICES SURVEY.

We suggest you keep a copy for your records.

We estimate this survey will take an average of 15 minutes to complete, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this voluntary collection of information, including suggestions for reducing this burden, to: EID Survey Comments 0607-0907, U.S. Census Bureau, 4600 Silver Hill Road, Room EID-8K175, Washington, DC 20233. You may email comments to sssd.qss@census.gov. Be sure to use "EID Survey Comments 0607-0907" as the subject.

21961040





U.S. DEPARTMENT OF COMMERCE
U.S. CENSUS BUREAU

FORM
QSS-4sA (12-01-2019)

QUARTERLY SERVICES SURVEY

Due Date	
<p>Need help or have questions? Call 1-800-772-7851 (8:30 a.m. - 5:00 p.m. ET, M-F) or Visit https://www.census.gov/services/qss/respondent-information.html</p>	
<p>Title 13 United States Code (U.S.C.), Sections 131 and 182, authorizes the Census Bureau to conduct this collection. The U.S. Census Bureau is required by Section 9 of the same law to keep your information confidential and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0907 and appears at the upper right of this page. Without this approval, we could not conduct this survey.</p>	

(Please correct any errors in name, address, and ZIP Code.)

INTERNET REPORTING OPTION AVAILABLE - We encourage you to complete this survey online at: <https://portal.census.gov>

Authentication Code:

To view Survey Results:
<https://www.census.gov/services>

GENERAL INSTRUCTIONS

- Any significant change in this firm's operations should be noted in ③
- For establishments sold or acquired during the quarter(s), report data only for the period the establishments were operated by this firm
- Estimates are acceptable if book figures are not available
- Enter "0" where applicable
- Report data on an accrual basis
- Dollars should be rounded to the nearest dollar
- If a figure is \$1,030,280,456 it should be reported as →

Bi.	Mil.	Thou.	Do.
_	_	_	_

Include:

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

21967013



We estimate this survey will take an average of 10 minutes to complete. More information about this estimate and an address where you may write with comments is on the back of this form.

1 SURVEY COVERAGE

Did this firm provide the business activities described below?

Yes

No - Specify this firm's business activity ↴

2 Not Applicable.

3 ORGANIZATIONAL CHANGE

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

Yes

No - Go to **4**

B. Which of the following organizational changes occurred in the

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

Acquisition

Merger

Sale

Divestiture

Date of organizational change

AND

Enter detailed information below ↴

Month	Day	Year

Name of company	EIN (9 digits)
	-

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

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

4 REPORTING PERIOD

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

Calendar quarter

Other - Report beginning and ending dates

Beginning Date		
Month	Day	Year
End Date		
Month	Day	Year

21967021

5 SALES, RECEIPTS, OR REVENUE

Firms operating on a commission basis should report commissions, fees, and other operating revenue income, not gross billings or sales.

Taxable Firms

Include:

- Total value of service contracts
- Amounts received for work subcontracted to others
- Revenue from services performed by domestic locations for foreign parent firms, subsidiaries, branches, etc.
- Market value of compensation in lieu of cash
- Franchise sales, fees, and royalties
- Sale or licensing of rights to intellectual property protected by copyright or as industrial property (e.g., patents, trademarks)

Exclude:

- Taxes (sales, amusement, occupancy, use, or other) collected directly from customers or clients and paid directly to a local, state, or Federal tax agency
- Revenue from a domestic parent organization, or from franchise locations owned by others
- Rents from and 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)
- Nonoperating 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
- Installment payments from leasing under capital, finance, or full-payout leases
- Intracompany transfers
- Interest income
- Gross contributions, gifts, and grants (whether or not restricted for use in operations)

Tax-exempt Firms

Include:

- Program service revenue
- 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
- Net gains (losses) from the sale of real estate (land and buildings), investments, or other assets (except inventory held for resale)
- Gross contributions, gifts, and grants (whether or not restricted for use in operations)
- Dues and assessments from members and affiliates
- Commissions earned from the sale of merchandise owned by others (including commissions from vending machine operators)
- Gross receipts from fundraising activities

Exclude:

- Taxes (sales, amusement, occupancy, use, or other) 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

\$ Bil.	Mil.	Thou.	Dol.

What was this firm's revenue in the

.....

6 and 7 Not Applicable.

21967039



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

INFORMATIONAL COPY ONLY
DO NOT USE TO REPORT

9 CONTACT INFORMATION

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

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21967047





U.S. DEPARTMENT OF COMMERCE
U.S. CENSUS BUREAU

FORM
QSS-4sE (12-01-2019)

QUARTERLY SERVICES SURVEY

Due Date	
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Authentication Code:

To view Survey Results:
<https://www.census.gov/services>

GENERAL INSTRUCTIONS

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

- Any significant change in this firm's operations should be noted in **3**
- For establishments sold or acquired during the quarter(s), report data only for the period the establishments were operated by this firm
- Estimates are acceptable if book figures are not available
- Enter "0" where applicable
- Report data on an accrual basis
- Dollars should be rounded to the nearest dollar
- If a figure is \$1,030,280,456 it should be reported as →

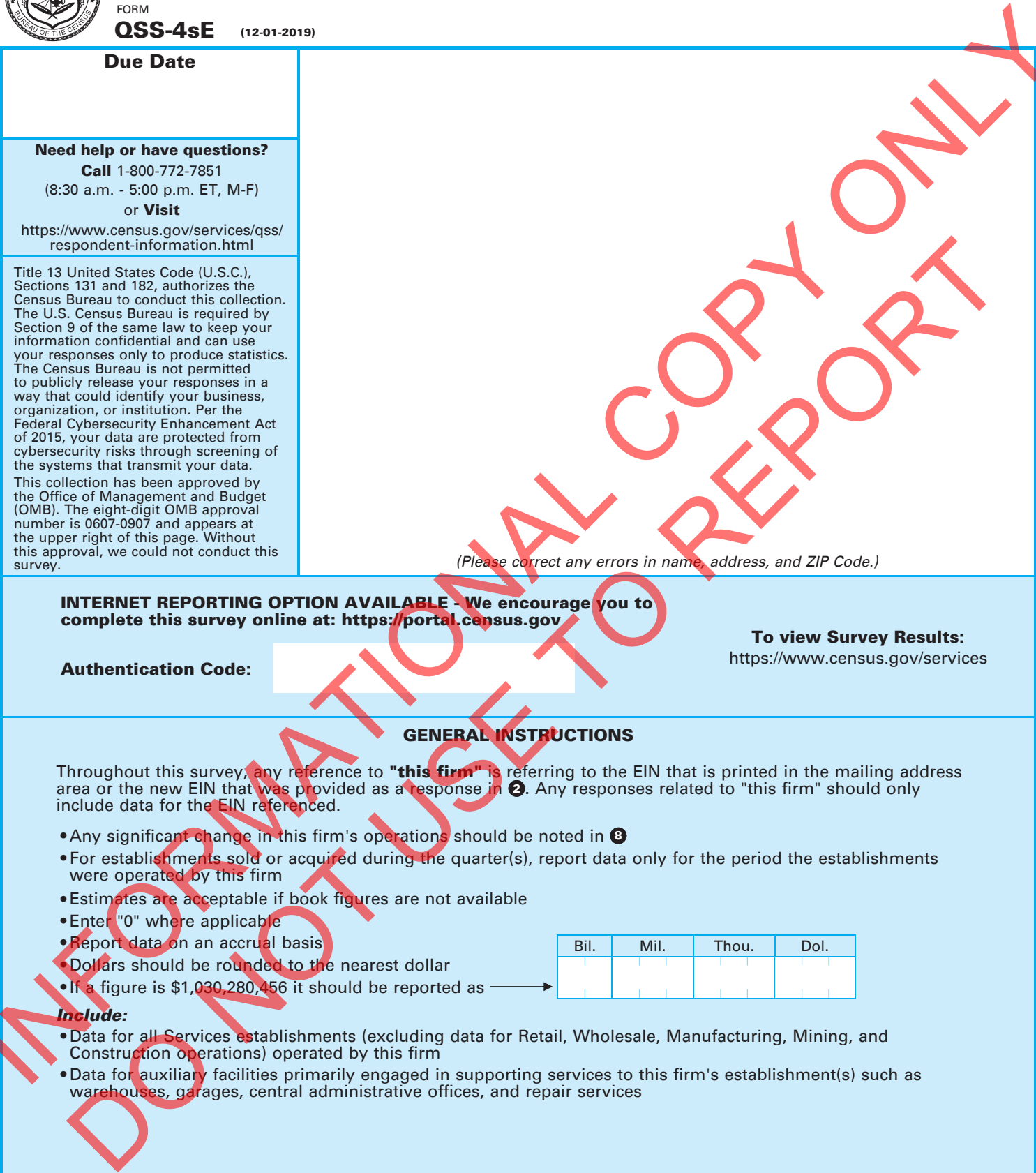
Bil.	Mil.	Thou.	DoI.

Include:

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operated by this firm
- Data for auxiliary facilities primarily engaged in supporting services to this firm's establishment(s) such as warehouses, garages, central administrative offices, and repair services

We estimate this survey will take an average of 10 minutes to complete. More information about this estimate and an address where you may write with comments is on the back of this form.

21966015



1 SURVEY COVERAGE

Did this firm provide the business activities described below?

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

--

2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)

Does this firm report payroll under EIN

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

EIN (9 digits)		
-		
Month	Day	Year

3 ORGANIZATIONAL CHANGE

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

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

B. Which of the following organizational changes occurred in the

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

- Acquisition
- Merger
- Sale
- Divestiture

Date of organizational change

AND

Enter detailed information below ↴

Month	Day	Year

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

21966023

4 REPORTING PERIOD

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

Calendar quarter

Other - Report beginning and ending dates

Beginning Date		
Month	Day	Year
End Date		
Month	Day	Year

5 SALES, RECEIPTS, OR REVENUE

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Taxable Firms

Include:

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- Amounts received for work subcontracted to others
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- Commissions from vending machine operators
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- Nonoperating 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
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- Interest income
- Gross contributions, gifts, and grants (whether or not restricted for use in operations)

Tax-exempt Firms

Include:

- Program service revenue
- Gross sales of merchandise, minus returns and allowances
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- Net gains (losses) from the sale of real estate (land and buildings), investments, or other assets (except inventory held for resale)
- Gross contributions, gifts, and grants (whether or not restricted for use in operations)
- Dues and assessments from members and affiliates
- Commissions earned from the sale of merchandise owned by others (including commissions from vending machine operators)
- Gross receipts from fundraising activities

Exclude:

- Taxes (sales, amusement, occupancy, use, or other) 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

What was this firm's revenue in the

\$ Bil.	Mil.	Thou.	Dol.

6 and 7 Not Applicable.

21966031



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

Large empty rectangular area for providing remarks.

9 CONTACT INFORMATION

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

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