

2011 ANNUAL SERVICES REPORT

OF THE	3A-400 IUE	(11-22-201	1)	
Due	e Date			
Need help or	r have questions?			
(8:30 a.m 5	800-772-7851 :00 p.m. ET, M-F) or gov/econhelp/sas			
organizations to this question as the questions are report to the U Bureau. By the YOUR CENSU CONFIDENTIAL only by person the confidential Bureau informal used only for surther, copies	r LAW. Title les Code, lesses and other hat receive aire to answer and return the lesses. Census lesses ame law, lesses ame la		(Please correct any errors in nam	ne, address, and ZIP Code.)
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census.gov/e	conhelp/sas		U.S. Census Bureau 1201 East 10th Street	census.gov/services
Username:			Jeffersonville, IN 47134-0001	
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GENERAL INSTRUCTIONS

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

- Any significant change in this firm's operations should be noted in **①**.
- For establishments sold or acquired in 2011 or 2010, report data only for the period the establishments were operated by this firm.
- Estimates are acceptable if book figures are not available.
- Enter "0" where applicable.
- Do not combine data for two or more detailed lines.
- Report data on an accrual basis, except for payroll.
- Dollars should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

	В	il.		Mil.		1	hοι	ı.		Dol.	
•		1	0	3	0	2	8	0	4	5	6

Include:

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



Form SA-48610E (11-22-2011)

0	SUR	VEY	COV	/ERAGE				
	Did 1	this	firm	provide the business activities described below?				
			Yes					
			No -	Specify this firm's business activity				
				,				
2	FEDI	ERA	L EM	PLOYER IDENTIFICATION NUMBER (EIN)				
	Does	s thi	s firr	n report payroll under EIN				
			Yes					
					EIN (S	digits)		
			No -	Enter current 9-digit EIN AND date payroll was first reported for this EIN	1	-		
						Month	Dav	Year
							,	

Form SA-48610E (11-22-2011)

A.	GANIZATIONAL CHANGE							
	Did this firm experience any acquisitions, sales, merg	gers, and/	or div	estitures	in 20)11 or :	2010?	
	Yes							
	□ No - Go to 4							
В.	Which of the following organizational changes occur	red in 20 1	l 1 or 2	2010?				
	Check all that apply. If more than one organizational change				orting	period,	explai	n in 🕡.
	Acquisition					Month	Day	Year
	Date of organizational change . Sale							
	> AND							
	Merger Enter detailed information below	v 7						
	Divestiture							
	Name of company				EIN (9	digits)		
					,	_		
	Address (Number and street, P.O. Box, etc.)							
	City, town, village, etc.			State	ZIP Co	ode		
							_	
				11			20	
			20					10
	☐ Calendar year		eginni	ng Date			Beginni	ng Date
	☐ Calendar year ☐ Fiscal or partial year - Report beginning and ending	Month				Month	Beginni	ng Date
			Beginni Day	ng Date Year			Beginni Day	ng Date Year
	Fiscal or partial year - Report beginning and ending		Day Ending	ng Date			Day Ending	yea
	Fiscal or partial year - Report beginning and ending	Month	Day Ending	year Year Date		Month	Day Ending	ng Date Year

6 SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2011 and 2010?

Include:

- Report gross billings, **except** where noted elsewhere on the form.
- Dues and assessments from members and affiliates.
- Amounts received for work subcontracted to others.
- For locations that were sold or acquired during a year, only report for the periods that this firm operated the
- Revenue from services performed by domestic locations of foreign parent firms, subsidiaries, branches, etc.
- E-commerce revenue.

Exclude:

- Transfers made within the company.
- Taxes collected directly from customers or clients and paid directly to a local, state, or federal tax agency.
- Rents from and revenue of separately operated departments, concessions, etc., which are leased to others.
- Commissions from vending machine operators.
- Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, District of Columbia, U.S. Commonwealth Territories, or U.S. Possessions).

			:	2011			2	2010	
		\$ Bil.	Mil.	Thou.	Dol.	\$ Bil.	Mil.	Thou.	Dol.
1.	Pipeline Transportation Revenue								
	a. Transportation of bulk natural gas and liquified natural gas by pipeline								
	b. Transportation of bulk crude oil by pipeline								
	c. Transportation of refined petroleum products by pipeline								
	d. Transportation of other bulk liquid gases by pipeline								
2.	All other operating revenue - Revenue not reported in lines 1a through 1d. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below								
3.	TOTAL OPERATING REVENUE								
	Sum of lines 1a through 2								

7	S
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ALES TAX

A. Did this firm collect any sales taxes in 2011 or 2010?

	Vo

No - Go to 8

B. What were the total sales taxes

col	lected	in	201	1 a	nd	20	1(9?	
Fxc	lude e	xcis	e ta:	xes					

	2	2011				2010	
\$ Bil.	Mil.	Thou.	Dol.	\$ Bil.	Mil.	Thou.	Dol.

E-COMMERCE

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

A. Did this firm have any e-commerce revenue in 2011 or 2010?

Yes

No - Go to 🔼

B. What was the total e-commerce revenue in 2011 and 2010?

	2	2011			2	2010	
\$ Bil.	Mil.	Thou.	Dol.	\$ Bil.	Mil.	Thou.	Dol.
1	1 1	1 1	1 1	1	1 1	1 1	1 1

9-13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2011 and 2010?

Exclude:

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

Gross annual payroll

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

All other operating expenses

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

1. Personnel Costs

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

	2	2011			2	2010	
\$ Bil.	Mil.	Thou.	Dol.	\$ Bil.	Mil.	Thou.	Dol.
'	' '	' '	' '	'	' '		' '

CONTINUE WITH 10 ON PAGE 6

	OPERATING EXPENSES - Continued			2011				2010	
		\$ Bil.	Mil.	Thou.	Dol.	\$ Bil.	Mil.	Thou.	Dol.
ι.	Personnel Costs - Continued								
	b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs,								
	life insurance benefits, Medicare). Exclude employee contributions	·							
	c. Temporary staff and leased employee expense - Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. Include all charges for payroll, benefits, and services								
2.	Expensed Materials, Parts, and Supplies								
	(not for resale) a. Expensed equipment - Expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Report packaged software in line 3a. Report leased and rented equipment in line 3c		1 1						1 1
	b. Expensed purchases of other materials, parts, and supplies - Materials and supplies used in providing services to others; materials and parts used in repairs; office and janitorial supplies; small tools; containers and other packaging materials. Report the cost of motor fuels in line 3f								1 1
3.	Expensed Purchased Services								
	a. Expensed purchases of software - Purchases of prepackaged, custom coded, or vendor customized software. Include software developed or customized by others, web-design services and purchases, licensing agreements, upgrades of software, and maintenance fees related to software upgrades and alterations		1 1						
	b. Purchased electricity and fuels								
	(except motor fuels) - If the cost of electricity and heating fuels (e.g., natural gas, propane, oil, coal) are included in lease or rental payments, report in line 3c						1 1		
	c. Lease and rental payments - For land, buildings, offices, structures, machinery, equipment, and other tangible items. Include lease and rental of transportation equipment without operators and penalties incurred for broken leases. Exclude capital and financing lease agreements and licensing/leasing of software								

		¢ D:I	N /1:1	2011	Dal	¢ D:I		2010	D-1
		\$ Bil.	Mil.	Thou.	Dol.	\$ Bil.	Mil.	Thou.	Dol
	d. Purchased freight transportation - Contract payments to railroads, airlines, waterborne, and other motor carriers. Report the cost of leased and rented transportation equipment without operators in line 3c. Report travel expenses in line 4d		1 1				1 1		
	e. Purchased repair and maintenance - Expensed repair and maintenance services to motor vehicles, vessels, aircraft and other transportation equipment; machinery, equipment, and computer hardware; integral parts of building (e.g., elevators, heating systems, etc.). Exclude materials, parts and supplies used for repairs and maintenance performed by this firm's employees. Report janitorial and grounds maintenance services in line 4d								
	f. Purchased fuels for transportation equipment - Gasoline and fuels purchased for trucks, truck-tractors, and								
	g. Purchased advertising and promotional services - Include marketing and public relations services .		1 1		1 1		1 1		
	Other Operating Expenses								
	a. Cost of Insurance - Premiums for bonding and insurance not included in line 1b		1 1		1 1		1 1		
	b. Depreciation and amortization charges - Include depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). Exclude impairment								
	c. Governmental taxes and license fees - Payments to government agencies for taxes and licenses. Include business and								
	property taxes. Exclude income taxes and sales and excise taxes collected from customers								
	d. All other operating expenses - All other operating expenses not reported above, unless specifically excluded in the general instructions. Include office postage paid and package delivery. Exclude purchases of merchandise for resale and non-operating expenses. If this item is greater than 20% of the total operating expenses, specify the primary source of the expenses below								
					1 1		1 1		
	TOTAL OPERATING EXPENSES Sum of lines 1a through 4d								
)	and 16 Not Applicable.								

)	REMARKS - I data were esti	Please use mated.	this space	to explain an	y significant yea	r-to-year changes	s, to o	clarify re	sponses	s, or indicate	wher
	CONTACT IN	FORMATI	ON								
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1	Telephone	Area code	I	Number	Extension		А	rea code		Number	
						Fax					

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