

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

**QSS-3sA** (DRAFT)

#### **Due Date**

FORM

**QUARTERLY SERVICES SURVEY** 

Need help or have questions?
Call 1-800-772-7851
(8:30 a.m 5:00 p.m. ET, M-F)
or
Visit econhelp.census.gov/qss
YOUR CENSUS REPORT

#### IS CONFIDENTIAL. This report is authorized by law (Title 13, United States Code, Sections 131 and 182). Under Section 9 of the same law, your report to the Census Bureau is confidential. It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. The law also provides that information that you report cannot be used for taxation, regulation, or investigation and are exempt from release under the Freedom of Information Act. Further, copies of your response retained in your files are immune from legal process.

Return via Internet:

econhelp.census.gov/qss

**Return via Fax:** 1-800-447-4613

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

Mil.

Thou.

030280456

Dol.

Bil.

To view Survey Results: census.gov/services

Username:

Password:

## **GENERAL INSTRUCTIONS**

- Any significant change in this firm's operations should be noted in 8
- 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 -

#### Include:

21961016

- 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



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SURVEY COVERAGE					
Did this firm provide the business activities described below?					
Yes					
□ No - Specify this firm's business activity					
Not Applicable.					
ORGANIZATIONAL CHANGE					
A. Did this firm experience any acquisitions, sales, mergers, and/or div	estiture	s in th	e		
☐ Yes					
No - <i>Go to</i>					
B. Which of the following organizational changes occurred in the					
Check all that apply. If more than one organizational change occurred durin	g the rep	oorting			in in 🖲.
Acquisition			Month	Day	Year
Date of organizational change					
Merger > AND					
Sale Enter detailed information below					
Divestiture					
Name of company		EIN (9	digits)		
			-		
Address (Number and street, P.O. Box, etc.)					
	-				
City, town, village, etc.	State	ZIP Co	ode	1	
				-	
REPORTING PERIOD					
What time period is covered by the data provided in this report?					ing Date
	Calendar quarter				
Calendar quarter				Day	Year
Calendar quarter			Month		
<ul> <li>Calendar quarter</li> <li>Other - <i>Report beginning and ending dates</i></li></ul>			WORth		
				End	Date
			Month	End	
				End	Date

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**CONTINUE ON PAGE 3** 

# **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

	\$ Bil.	Mil.	Thou.	Dol.
What was this firm's revenue in the				

### Form QSS-3sA (DRAFT)

# **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					
8	<b>REMARKS -</b> Please use this space to explain any significant guarter-to-guarter	r chan	ges, to	clarify res	ponses, or	indicate

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

# **CONTACT INFORMATION**

Name of perso	n to contact	regarding this r	Title							
	Area code	Num	nber	Extension		Area code	Nu	Number		
Telephone					Fax					
Website										
website										

### THANK YOU

for completing your QUARTERLY SERVICES SURVEY.

We suggest you keep a copy for your records.

Public reporting burden for this collection of voluntary information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: ECON Survey Comments 0607-0907, U.S. Census Bureau, 4600 Silver Hill Road, Room EMD-8K122, Washington, DC 20233. You may e-mail comments to ECON. Survey. Comments@census.gov; use "ECON Survey Comments 0607-0907" as the subject. PLEASE INCLUDE FORM NAME AND NUMBER IN ALL CORRESPONDENCE.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the top right corner on the front of this form.

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