

Due Date

Need help or have questions?

Call 1-800-772-7851 (8:30 a.m. - 5:00 p.m. ET, M-F)

https://www.census.gov/services/qss/respondent-information.html

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

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

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Authentication Code:

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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 -

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Include

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) as defined by the survey coverage in ①
- 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



					Page
SURVEY COVERAGE					
Did this firm provide the business activities described below?					4
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	4				
Yes					
☐ No - Specify this firm's business activity ¬					
				X	
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Not Applicable.					
ORGANIZATIONAL CHANGE		\longleftrightarrow			
A. Did this firm experience any acquisitions, sales, mergers, and/or di	ivostituro	nin the			
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□ No - Go to 4		•			
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Form QSS-1A (12-01-2019) Page 3



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

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2.	Business	firms and	l not-for-profit	organizations

3. Government (Federal, state, and local)

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	CONTACT INFORMATION
V	Name of person to contact regarding this report (Please print) Title

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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 3
- 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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Include:

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operated by this firm
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Form QSS-1E Page 2 (12-01-2019) **SURVEY COVERAGE** Did this firm provide the business activities described below? Yes No - Specify this firm's business activity FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes EIN (9 digits) No - Enter current 9-digit EIN **AND** date payroll was first reported for this EIN Month Day Year **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. Month Day Year Acquisition Date of organizational change Merger AND 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 Code

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4	REPOR	TING PERIOD				
	What ti	me period is covered by the data provided in this report?				4
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		Calendar quarter	Month	Day	Year	7
		Other - Report beginning and ending dates				
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What was this firm's revenue in the

What percentage of revenue reported in ③ 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). 7. Not Applicable. 7. REMARKS - Please use this space to explain any significant quarter-to-quarter changes, to slarify responses or indicate where data were estimated.		CLASS OF CUSTOMER	
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Name of person to contact regarding this report (Please print) Title			

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Form QSS-1pA (12-01-2019)				Page 2
1 SURVEY COVERAGE				
Did this firm provide the business activities described below?				1
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Yes	1			
No - Specify this firm's business activity			K	
2 Not Applicable.				
3 ORGANIZATIONAL CHANGE	V	,		
A. Did this firm experience any acquisitions, sales, mergers, and/or divestiture	s in th	е		
☐ Yes				
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B. Which of the following organizational changes occurred in the	aartina	pariad	ovoloim	in 🙆
Check all that apply. If more than one organizational change occurred during the rep	Jorung	Month	Day	Year
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Date of organizational change				
☐ Sale Enter detailed information below 7				
Divestiture				
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Address (Number and street, P.O. Box, etc.)				
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4 REPORTING PERIOD				
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Other - Report beginning and ending dates			F	Data
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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 QA minus QB. CLASS OF CUSTOMER What percentage of gross billings/professional service fees reported in QA 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) Not Applicable. REMARKS - Please use this space to explain any significant quarter-to-quarter changes, to clarify responses, or indica where data were estimated.	VALLO, ILCULI IO, OII IIL VLIVOL				
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Name of person to contact regarding this report (Please print) Title					

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Website

THANK YOU for completing your QUARTERLY SERVICES SURVEY.

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Due Date

Need help or have questions?

Call 1-800-772-7851 (8:30 a.m. - 5:00 p.m. ET, M-F)

https://www.census.gov/services/qss/respondent-information.html

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- 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.	Dol.
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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



Form QSS-1pE Page 2 (12-01-2019) **SURVEY COVERAGE** Did this firm provide the business activities described below? Yes No - Specify this firm's business activity FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes EIN (9 digits) No - Enter current 9-digit EIN AND date payroll was first reported for this EIN Month Day Year **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. Month Day Year Acquisition Date of organizational change Merger AND 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 Code

QSS-1pE (12-01-2019)		Page 3
REPORTING PERIOD		
What time period is covered by the data provided in this report?	Begir	nning Date
☐ Calendar quarter	Month Day	
Other Beneat having in and adding dates		
Other - Report beginning and ending dates	Er	nd Date
	Month Day	
SALES, RECEIPTS, OR REVENUE		
	\$ Bil. Mil. Th	ou. Dol.
A. What were this firm's gross billings/professional service fees in the		
D. William and the Court of the		
B. What were this firm's direct costs of worksite employees in the		
Report salaries, wages, employment-related taxes, benefit premiums, worker compensation insurance costs for PEO worksite employees	s	
C. What was this firm's net revenue in		
5 A minus 6 B		
CLASS OF CUSTOMER		
What percentage of gross billings/professional service fees reported in 6	A was received from	_
the following classes of customer in the	•	Percent
A. Household consumers and individual users		%
B. Business firms and not-for-profit organizations		%
		%
C. Government (Federal, state, and local)		+ /0
		100%
Not Applicable.		
The Cripping Bio.		

orm QS		Page 4
8 REN whe	ARKS - Please use this space to explain any significant quarter-to-quarter changes, to clarify respectate data were estimated.	oonses, or indicate
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9	CONT	ACT IN	FORMATI	N

Name of person to contact regarding this report (Please print)				Title												
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Telephon	е				-						Fax			-		
Website																

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	Bil.	Mil.	Thou.	Dol.			
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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



Form	QSS-2A (12-01-2019)	Page 2
	SURVEY COVERAGE	1 490 2
	Did this firm provide the business activities described below?	4
	Yes	
	No. Coosify this firm's hydrogo activity.	
	No - Specify this firm's business activity	
2	Not Applicable.	
	ORGANIZATIONAL CHANGE	
	A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in the	<u>.</u>
	Yes	
	□ No - Go to ②	
	B. Which of the following organizational changes occurred in the	
	Check all that apply. If more than one organizational change occurred during the reporting process.	
	Acquisition	Month Day Year
	Date of organizational change	
	Merger AND	
	Sale Enter detailed information below?	
	Divestiture	
	N. C	P. 24 A
	Name of company EIN (9 o	aigits)
		-
	Address (Number and street, P.O. Box, etc.)	
	City, town, village, etc. State ZIP Cod	de
		-
4	REPORTING PERIOD	
	What time period is covered by the data provided in this report?	
	Calendar quarter	Beginning Date
	Colonial quartor	Month Day Year
	Other - Report beginning and ending dates	
		End Date Month Day Year
		20, 100.

Form QSS-2A (12-01-2019) Page 3

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 capita finance, or full-payout leases
- Intracompany transfers
- Interest income

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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

				- 4		X	_
What	1	4hia	firm's	NO.	onuo	lle.	tho
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\$ Bil.	Mil.	Thou.	Dol.



Form QSS-2A

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.

- Inpatient acute and sub-acute days
- Swing bed days
- Distinct part unit days
- Skilled nursing facilities days
- Long term care days

Exclude:

- Nurserv davs
- 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.

- 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
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- Bad debt
- Impairment
- Income taxes
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- For establishments engaged in raising funds funds transferred to charities or other organizations

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

m QSS-2A REMARKS - P	(12-01-2019) lease use this space to explain any significant quarter-to-quarter changes, to expenditure estimated.	Pag- clarify responses, or indicate
where data we	re estimated.	
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9	CONT	ACT IN	FORM	ATION

Name of person to contact regarding this report (Please print)				Title				
	Area code	١	Number	Extension		Area code	Num	ber
Telephone			-		Fax		_	
\A/- I II-								

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	Bil.	Mil.	Thou.	Dol.			
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Include

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operated by this firm
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Form QSS-2E Page 2 (12-01-2019) **SURVEY COVERAGE** Did this firm provide the business activities described below? Yes No - Specify this firm's business activity FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes EIN (9 digits) No - Enter current 9-digit EIN AND date payroll was first reported for this EIN Month Day Year **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. Month Day Year Acquisition Date of organizational change Merger AND 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 Code

4	REPO	RTING PERIOD				
	What	time period is covered by the data provided in this report?				
			E	Beginni	ing Date	
		Calendar quarter	Month	Day	Year	1
		Other - Report beginning and ending dates				
				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
- Revenue from customers for carrying or other credit
- 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.
		1 1	1 1

Form QSS-2E

(12-01-2019)

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.

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- Swing bed days
- Distinct part unit days
- Skilled nursing facilities days
- Long term care days

Exclude:

- Nurserv davs
- 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.

- 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

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- 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.	
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What were this firm's expenses in the

REMARKS -	(12-01-2019) Please use this space to explain any signif	Pag ficant quarter-to-quarter changes, to clarify responses, or indicat
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9 CONTACT INFORMATION

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Telephon	e			-							Fax				-		
Website																	

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	Bil.	Mil.	Thou.	Dol.
▶		1 1	1 1	1 1

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Form QSS-3A (12-01-2019)					Page 2
1 SURVEY COVERAGE					
Did this firm provide the business activities described below?					1
□ W	4	1	C		7
Yes				$\hat{}$	
☐ No - Specify this firm's business activity ¬	V	,			
2 Not Applicable.					
3 ORGANIZATIONAL CHANGE		\longleftrightarrow			
A. Did this firm experience any acquisitions, sales, mergers, and/or divest	titure	in th	е		
Yes	X		-		
□ No - <i>Go to</i> 4					
B. Which of the following organizational changes occurred in the					
Check all that apply. If more than one organizational change occurred during t	he rep	orting	period, (explaii	n in 🛭 .
Acquisition			Month	Day	Year
Date of organizational change					
Merger AND					
Sale Enter detailed information below 7					
Divestiture					
Name of company		EIN (9	digits)		
			_		
Address (Number and street, P.O. Box, etc.)					
City, town, village, etc.	State	ZIP Co	de		
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4 REPORTING PERIOD					
What time period is covered by the data provided in this report?			D	leginni	ng Date
Calendar quarter			Month	Day	Year
Other Percet beginning and and dates					
Other - Report beginning and ending dates				End	Date
			Month	Day	Year

Form QSS-3A (12-01-2019) Page 3

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).
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Exclude:

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- 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 Not Applicable.

Page 4

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

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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

J	\$ Bil.	Mil.	7	Thou.	Dol.
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What were this firm's expenses in the

9 CONTACT INFORMATION

Area code Number Extension Area code Number Telephone Fax	A	ame of pers	on to	contact	rega	raing	tnis	repor	t (Plea	ase p	orint)			Litle							
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1. Cooperson 1	-	Telephone					-			T					Fax				-		

Website

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Due Date

Need help or have questions?

Call 1-800-772-7851 (8:30 a.m. - 5:00 p.m. ET, M-F)

https://www.census.gov/services/qss/respondent-information.html

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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.
▶	ı			

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



Form QSS-3E Page 2 (12-01-2019) **SURVEY COVERAGE** Did this firm provide the business activities described below? Yes No - Specify this firm's business activity FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes EIN (9 digits) No - Enter current 9-digit EIN AND date payroll was first reported for this EIN Month Day Year **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. Month Day Year Acquisition Date of organizational change Merger AND 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 Code

4	REPOR	TING PERIOD				
	What ti			4		
			ı	Beginni	ing Date	
		Calendar quarter	Month	Day	Year	
		Other - Report beginning and ending dates				
				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
- 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
- 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

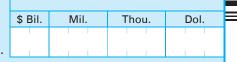
Include:

- 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

- 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

Not Applicable.



Form QSS-3E	(12-01-2019)	Pag	e 4

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.	N	⁄IiI.	7	Thou.	Dol.
		5				

What were this firm's expenses in the

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

9 CONTACT INFORMATION

ame of person to contact regarding this report (Please print)											Title									
Area	code			Nun	nber			Ext	ension				Area	code			Num	ber		
												Fax								
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	1	Area code	N	N	N	N	N	N					Area code Number Extension	Area code Number Extension Area	Area code Number Extension Area code Num Fax	Area code Number Extension Area code Number Fax	Area code Number Extension Fax			

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- Report data on an accrual basis
- Dollars should be rounded to the nearest dollar
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	Bil.	Mil.	Thou.	Dol.
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Include

- •Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) as defined by the survey coverage in •
- 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



					Page 2
1 SURVEY COVERAGE					
Did this firm provide the business activities described below?					1
				•	
				7	7
		4		"	•
Yes	Ó	7			
□ No - Specify this firm's business activity 7		, v	•	0	
2 Not Applicable.					
3 ORGANIZATIONAL CHANGE		V			
A. Did this firm experience any acquisitions, sales, mergers, and/or div	vestiture	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	ing the rer	ortina n	period	ovnlai	n in 🔞
check all that apply. If more than one diganizational change occurred during	ng the rep	orting p	errou,	CAPIUII	11 111 U .
		l l	Month	Day	Year
Acquisition Date of organizational change		[Month	Day	Year
Date of organizational change			Month		Year
Date of organizational change			Month		Year
Date of organizational change			Month		Year
☐ Merger ☐ Sale Date of organizational change		EIN (9 d			Year
□ Merger □ Sale □ Divestiture □ Date of organizational change					Year
□ Merger □ Sale □ Divestiture □ Date of organizational change					Year
Date of organizational change					Year
□ Merger □ Sale □ Divestiture Name of company □ Date of organizational change	State		ligits)		Year
Date of organizational change	State	EIN (9 d	ligits)		Year
Date of organizational change	State	EIN (9 d	ligits)		Year
Date of organizational change	State	EIN (9 d	ligits)		Year
Merger AND Sale Divestiture Name of company Address (Number and street, P.O. Box, etc.) City, town, village, etc. 4) REPORTING PERIOD What time period is covered by the data provided in this report?	State	EIN (9 d	e	- Beginni	ng Date
Date of organizational change	State	EIN (9 d	ligits)	- Beginni	
Merger AND Sale Divestiture Name of company Address (Number and street, P.O. Box, etc.) City, town, village, etc. 4) REPORTING PERIOD What time period is covered by the data provided in this report?		EIN (9 d	e	- Beginni Day	ng Date Year
Merger		ZIP Cod	e E Month	- Beginni Day	ng Date Year
Merger AND Enter detailed information below AND Name of company Address (Number and street, P.O. Box, etc.) City, town, village, etc. Calendar quarter Calendar		ZIP Cod	e	- Beginni Day	ng Date Year

Form QSS-4A (12-01-2019) Page 3



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
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- 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)
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- Commissions earned from the sale of merchandise owned by others (including commissions from vending machine operators)
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\$ Bil.	Mil.	Thou.	Dol.						
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What was this firm's revenue in the

6 and 7

Not Applicable.

m QSS-4A	(12-01-2019)	Page
where data w	Please use this space to explain any significant quarter-to-quarter changes, to clarify response vere estimated.	es, or indicate
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9	CONT	ACT IN	FORM	IATI	N

Name of p	Name of person to contact regarding this report (Please print)											Title												
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	Bil.	Mil.	Thou.	Dol.					
→		1 1	1 1						

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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.



4	REPOF	TING PERIOD				
	What t	ime period is covered by the data provided in this report?			4	4
			ı	Beginni	ing Date	
		Calendar quarter	Month	Day	Year	
		Other - Report beginning and ending dates				
				End	Date	·
			Month	Day	Year	
				1		

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- · Gross sales of merchandise, minus returns and allowances
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\$ Bil.	Mil.	Thou.	Dol.

What was this firm's revenue in the



6 and 7

Not Applicable.

	SS-4E (12-01-2019) Pag
RE wh	EMARKS - Please use this space to explain any significant quarter-to-quarter changes, to clarify responses, or indicat here data were estimated.
	ONTACT INFORMATION

9	CONT	ACT IN	FORMA	TION
9	GOIVI	70111	Ollivia	11014

Name of person to contact regarding this report (Please print)														
	Ar	ea code		Num	ıber		Ext	ension			Area code	Num	ıber	
Telephone										Fax		-		
		_												

Website

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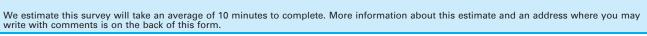
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Form QSS-4fA (01-30-2020) Page 3



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 <u>realized</u> 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
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- Intracompany transfers
- Commissions from vending machine operators
- Revenue from the sale of used equipment

\$ Bil.	Mil.	Thou.	Dol.
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Λ	What	 414:0	£:	 	in Alban

B. I	Does the	revenue	reportedin	5 A	rep	esent	book	figure(s) or	estimate(s)?
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Book figures

Estimates	3





m QSS-4fA REMARKS - where data v	• Please use this space to explain any significant quarter-to-quarter changes, to clarify rewere estimated.	Page esponses, or indicate
where data v	were estimated.	

9	CONTACT	INFORMATI	ON						
	Name of pe	erson to contact	regarding	this report <i>(Please p</i>	orint)	Title			
W.		Area code		Number	Extension		Area code	Num	ber
	Telephone					Fax			

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REPORTING PERIOD	
What time period is covered by the data provided	in this report?
provide a provid	Beginning Date
Calendar quarter	Month Day Year
Other - Report beginning and ending dates .	
	End Date
	Month Day Year
SALES, RECEIPTS, OR REVENUE	
	ommissions, fees, and other operating revenue income,
not gross billings or sales.	offilmssions, fees, and other operating revenue income,
NCLUDE	EXCLUDE
• Net <u>realized</u> gains as well as losses within	• Taxes (sales, amusement, occupancy, use, or other)
specified area(s) of activity • Earned interest	collected directly from customers or clients and paid directly to a local, state, or Federal tax agency
 Commissions and fees received from all sources, 	 Revenue from a domestic parent organization, or
including fees earned for exchanging currencies,	from franchise locations owned by others
selling money orders, and cashing checks Net gains (losses) from the sale of real property	 Revenue of departments or concessions operated by other companies at this establishment
owned by this establishment for investment, rent, or	 Revenue of foreign subsidiaries (those located
lease (NOT gross sales)	outside the U.S. , i.e., outside the 50 states, District of Columbia, U.S. Commonwealth Territories, or
 Gross sales (NOT net gains (losses)) of real property developed or buildings built by this establishment 	U.S. Possessions)
for sale	•Intracompany transfers
Gross rents from real property leased by this establishment to others	Commissions from vending machine operators
Total value of service contracts	Revenue from the sale of used equipment
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 	
	\$ Bil. Mil. Thou. Dol.
	<u> </u>
A. What was this firm's revenue in the	
B. Does the revenue reported in 9 A represent boo	ok figure(s) or estimate(s)?
	on rigurolat or earminings):
Book figures	
Estimates	
nd 7 Not Applicable.	

m QSS-4fE REMARKS - P where data we	(01-30-2020) lease use this space to explain any significant quarter-to-quarter changes, to clare estimated.	Pag arify responses, or indicat
where data we	re estimated.	
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9	CONTACT	NFORMATI	ON							
	Name of person	on to contact i	regarding this	report <i>(Please p</i>	rint)	Title				
		Area code	Nur	nber	Extension		Area code	1	Number	
7	Telephone					Fax			-	
	Website									

THANK YOU for completing your QUARTERLY SERVICES SURVEY.

We suggest you keep a copy for your records.

Due Date

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

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Authentication Code:

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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 -

	Bil.	Mil.	Thou.	Dol.
▶	ı	1 1	1 1	1 1

Include

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) as defined by the survey coverage in •
- Data for auxiliary facilities primarily engaged in supporting services to 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.

Form	QSS-5A (12-01-2019)				Pag	e 2
0	SURVEY COVERAGE				J	
	Did this firm provide the business activities described below?				4	
						V
				•		
			4			
			1		X	
	Yes	7				
	□ No - Specify this firm's business activity ¬					
				$\left(\longrightarrow \right)$		
2	Not Applicable.	4				
3	ORGANIZATIONAL CHANGE		V			
	A. Did this firm experience any acquisitions, sales, mergers, and/or divestitu	ures	in th	9		
	☐ Yes	V				
	□ 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	repo	rting	period, expla	ain in 8 .	
	Acquisition			Month Day	Year	
	Date of organizational change					
	Merger AND					
	Sale Enter detailed information below 7					
	Divestiture					
	Name of company	l r	-INI /O	dicita)		
	Name of company		e) vii	digits)		
	Address (Number and street, P.O. Box, etc.)			_		
	Address (Number and street, P.O. Box, etc.)					
	City and the second of the sec	-4	ZIP Co	J -		
	City, town, village, etc.	ate 2	ZIP CO	ae		
4	REPORTING PERIOD					
	What time period is covered by the data provided in this report?			D .		
	Calendar quarter			Month Day	ning Date Year	
	Other - Report beginning and ending dates			En	d Date	_
				Month Day		

Form QSS-5A (12-01-2019) Page 3



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

\$ Bil. Mil. Thou. Dol.

What was this firm's revenue in the

Form	1 QSS-5A (12-01-2019) Page 4
6	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 form admissions to their home games, including visiting teams' share (both league and nonleague). Exclude admissions taxes.
	How much of the revenue reported in 3 was received from the following sources of revenue in the
	A. Admissions revenue
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.
9	CONTACT INFORMATION

Name of pe	me of person to contact regarding this report (Please print)						Title													
		Area	code			Nur	nber		Ext	ensi	on			Are	a cod	е		Num	ber	
Telephone						-							Fax					-		
Website																				

THANK YOU for completing your QUARTERLY SERVICES SURVEY.

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Due Date

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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.	Dol.			
>		1 1	1 1				

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.



Form QSS-5E Page 2 (12-01-2019) **SURVEY COVERAGE** Did this firm provide the business activities described below? Yes No - Specify this firm's business activity FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes EIN (9 digits) No - Enter current 9-digit EIN AND date payroll was first reported for this EIN Month Day Year **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. Month Day Year Acquisition Date of organizational change Merger AND 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 Code

1 0111	1 433-31				ιας	gc J
4	REPORT	ING PERIOD				
	What tir	ne period is covered by the data provided in this report?				
				Beginni	ng Date	
		Calendar quarter	Month	Day	Year	
		Other - Report beginning and ending dates				
				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)
- · 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

\$ Bil.	Mil.	Thou.	Dol.

What was this firm's revenue in the

Forn	n QSS-5E (12-01-2019) Page 4
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 form admissions to their home games, including visiting teams' share (both league and nonleague). Exclude admissions taxes.
	How much of the revenue reported in 9 was received from the following sources of revenue in the
	A. Admissions revenue
	COO %
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.
9	COÑTACT INFORMATION

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

traine of pe	or person to contact regarding this report (Flease philit)											Title									
		•		7																	
		Are	ea code			Nun	nber			Ex	ctens	ion			Area	code	:	Nu	ımbe	er	
Telephone						-								Fax				-			
W/obeito																					

THANK YOU for completing your QUARTERLY SERVICES SURVEY.

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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.	Dol.			
>		1 1	1 1				

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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Form QSS-3sE Page 2 (12-01-2019) **SURVEY COVERAGE** Did this firm provide the business activities described below? Yes No - Specify this firm's business activity FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes EIN (9 digits) No - Enter current 9-digit EIN AND date payroll was first reported for this EIN Month Day Year **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. Month Day Year Acquisition Date of organizational change Merger AND 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 Code

4	REPORT	TING PERIOD				
	What ti	me period is covered by the data provided in this report?				4
				Beginni	ing Date	
		Calendar quarter	Month	Day	Year	
		Other - Report beginning and ending dates				
				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
- 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
- Gross receipts from fundraising activities

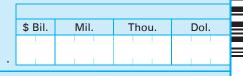
vending machine operators)

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

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Mhat	1-1-0-0	4hio	firms 'o	revenue	in the

Not Applicable.



Form QSS-3sE	(12-01-2019)	Page 4
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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

J	\$ Bil.	Mil.	7	Thou.	Dol.
		7			

What were this firm's expenses in the

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

9 CONTACT INFORMATION

Name of pers	on to contact	regarding this repo	rt (<i>Please pr</i>	rint)	Title			
	-	7						
	Area code	Number		Extension		Area code	N	lumber
Telephone		-			Fax			_

Website

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- If a figure is \$1,030,280,456 it should be reported as -

	Bil.	Mil.	Thou.	Dol.
>	1	1 1	1 1	1 1

Include

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Form QSS-3sA (12-01-2019) Page 3

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
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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
- Revenue from the sale of used equipment
- Installment payments from leasing under capita 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

Not Applicable.

Form QSS-3sA	(12-01-2019)	Pa	age 4	Ĺ
1 01111 400-33A	(12-01-2013)		290 T	ø

Include:

- Payroll and employee benefits
- Supplies used for operating your business, cost of merchandise sold, and other expenses allocated to operations during the year
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- 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

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- 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

J	\$ Bil.	Mil.	Thou.	Dol.
		7		

What were this firm's expenses in the

9 CONTACT INFORMATION

Name of person t	o contact re	egarding th	nis report <i>(Please p</i>	Title				
	-							
Д	Area code	1	Number	Extension		Area code	Nur	mber
Telephone			-		Fax		_	

Website

THANK YOU for completing your QUARTERLY SERVICES SURVEY.

We suggest you keep a copy for your records.

Due Date

Need help or have questions?

Call 1-800-772-7851 (8:30 a.m. - 5:00 p.m. ET, M-F)

https://www.census.gov/services/qss/respondent-information.html

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

(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 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 -

	Bil.	Mil.	Thou.	Dol.
>	1	1 1	1 1	1 1

Include

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) as defined by the survey coverage in •
- Data for auxiliary facilities primarily engaged in supporting services to 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.

Form QSS-4sA (12-01-2019) Page 3



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.
	1 1	1 1	1 1

What was this firm's revenue in the





Not Applicable.

_	QSS-4sA (12-01-2019) Page 4 REMARKS - Please use this space to explain any significant quarter-to-quarter changes to clarify responses or indicate
V	REMARKS - Please use this space to explain any significant quarter-to-quarter changes, to clarify responses, or indicate where data were estimated.
•	CONTACT INFORMATION

9	CONT	ACT IN	FORMATI	N						
•	Name	of person	to contact r	egarding	this report (Please p	rint)	Title			
			-							
			Area code		Number	Extension		Area code	Number	
	Telepl	none					Fax		-	
	Websit	e								

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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.

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	Bil.	Mil.	Thou.	Dol.
-		1 1	1 1	

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- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operated by this firm
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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.



Form QSS-4sE Page 2 (12-01-2019) **SURVEY COVERAGE** Did this firm provide the business activities described below? Yes No - Specify this firm's business activity FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) Does this firm report payroll under EIN Yes EIN (9 digits) No - Enter current 9-digit EIN AND date payroll was first reported for this EIN Month Day Year **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. Month Day Year Acquisition Date of organizational change Merger AND 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 Code

4	REPO	RTING PERIOD				
	What				١	
			ı	3eginni	ing Date	
		Calendar quarter	Month	Day	Year	
		Other - Report beginning and ending dates				
				End	Date	
			Month	Day	Year	

5

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- Amounts transferred to operating funds from capital or reserve funds

\$ Bil.	Mil.	Thou.	Dol.

What was this firm's revenue in th	What	was thi	s firm's	revenue	in 1	the
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Not Applicable.

orm QSS-4sE	(12-01-2019)	Page 4
	 Please use this space to explain any significant quarter-to-quarter changes, to clarify responses were estimated. 	
		4

	CONT	ACT	INIEC		
9		ALC:	IMIL	JNIVI <i>P</i> A I	

Name of person to contact regarding this report (Please print)											Title												
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Telephon	е														Fax					-			
Waheita																							

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