## QUARTERLY SERVICES SURVEY

NOTICE - Your report to the Census Bureau is confidential by law (Title 13, U.S. Code). 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 copies retained in your files are immune
from legal process.
RETURN COMPLETED FORM TO:
U.S. CENSUS BUREAU

1201 East 10th Street
Jeffersonville, IN 47132-0001
OR
Fax: 1-800-447-4613
NEED HELP?
Visit our web site:
http://www.census.gov/econhelp/qss

## INTERNET REPORTING

You may complete this survey online at:
Username:

Password:

## http://wwww.census.gov/econhelp/qss

using your firm's unique username and original password. If you change your password, please keep a record for reference.

SURVEY COVERAGE

Does this firm have domestic locations providing the business activities described in the above survey coverage statement?
$01 \quad 1 \square$ $\square$ Yes - Continue with $\mathbf{2}^{2}$No - Specify your business activity and continue with Z 02

FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)
Is the Federal Employer Identification Number (EIN) printed in the upper left of the address label the same as that used for this firm on its latest Employer's Quarterly Federal Tax Return (Treasury Form 941)?

03Yes - Go to Item(3)No - Enter current EIN and date you started reporting payroll under this EIN.

A. Gross billings/professional service fees - Report the professional service fee, or gross billings, for the company
B. Direct costs of worksite employees - Report salaries, wages, employment-related taxes, benefit premiums, and worker's compensation insurance costs, for PEO worksite employees
C. NET REVENUE - Difference between lines $\mathbf{A}$ and $\mathbf{B}$.

D. Are the revenues reported in C above book figures or estimates?Book figuresEstimates

REPORT PERIODSYes - Continue with 5$\square$ No - Provide beginning and ending dates for the most recent and prior quarters.

| Most recent quarter |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Month |  |  |  | Day |  |
| 08 | $\mid$ | $\mid$ | Year |  |  |
|  | $\mid$ | $\mid$ | $\mid$ | $\mid$ |  |
| 09 |  |  | $\mid$ | $\mid$ |  |
|  | $\mid$ |  | $\mid$ | $\mid$ |  |

## 5 SOURCE OF REVENUE

## What percentage of revenue (reported in (3) is received from each of the following types

 of customers?Estimates are acceptable if actual data is not available.

1. Government (local, State, and Federal)
2. Business firms and not-for-profit organizations

|  |  |
| :--- | ---: |
| 10 | $\%$ |
| 11 | $\%$ |
| 12 |  |
|  | $\mathbf{1 0 0 \%}$ |

Number and street

13


7 REMARKS - Please use this space for comments or to explain any significant difference between your current and prior quarter revenue.

## CONTACT INFORMATION

| 17 Name of person to contact regarding this report | 18 |  | Telephone |
| :---: | :---: | :---: | :---: |
|  | Area code | Number | Extension |
| 20 E-mail address |  |  |  |
|  | 19 |  | Fax |
|  | Area code | Number |  |
| 21 Company website |  |  |  |

## THANK YOU <br> for completing your Quarterly Services Survey.

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: Paperwork Project 0607-0907, U.S. Census Bureau, 4700 Silver Hill Road, Stop 1500,Washington, DC 20233-1500. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 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.

