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



FORM

QSS-1E-PEO

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

or **Call** 1–800–772–7851 between 8:30 a.m. and 5:00 p.m. EST, Monday through Friday.

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

INTERNET REPORTING

You may complete this survey online at:

Username: Password:

http://www.census.gov/econhelp/qss

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

Year

05

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1 SURVEY COVERAGE
Does this firm have domestic locations providing the business activities described in the above survey coverage statement?
01 1 Yes – Continue with ②
$_2\square$ No – Specify your business activity and continue with $oldsymbol{2}_{ec{ec{ec{ec{ec{ec{v}}}}}}$
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)?
03 1 ☐ Yes – Go to Item ③
$_2\square$ No – Enter current EIN and date you started reporting payroll under this EIN.

Federal Employer Identification Number (EIN)

3 REVENUE							
		06 \$ Bil.	Mil.	Thou.	Dol.		
A. Gross billings/professional serv	ice fees – Report the professional service fee, or						
g							
B. Direct costs of worksite employ benefit premiums, and worker's compe	es - Report salaries, wages, employment-related taxes, sation insurance costs, for PEO worksite employees						
C. NET REVENUE - Difference between	en lines A and B.						
	above book figures or estimates?	07 1 Book figures 2 Estimates					
4 REPORT PERIODS							
1 ☐ Yes – Continue with 5							
2 ☐ No − Provide beginning and ending dates for the most recent and prior quarters.				Most recent quarter			
the most recent and prior quarters.		Month Day Year			ar		
	Beginning date	08					
		09					
	Ending date						
	Ending date						
5 SOURCE OF REVENUE	Ending date		!				
5 SOURCE OF REVENUE What percentage of revenue (reports received from each of the follows of customers?	rted in ᢒ)		-				
What percentage of revenue (reports received from each of the follow	rted in ③) ring types						
What percentage of revenue (reports received from each of the follow of customers? Estimates are acceptable if actual data is	rted in ③) ring types	10			%		
What percentage of revenue (reports received from each of the follows of customers? Estimates are acceptable if actual data is 1. Government (local, State, and Federal)	rted in ③) ring types not available.	11			%		
What percentage of revenue (reports received from each of the follows of customers? Estimates are acceptable if actual data is 1. Government (local, State, and Federal) 2. Business firms and not-for-profit organic	rted in ③) ring types not available.	11 12					
What percentage of revenue (reports received from each of the follows of customers? Estimates are acceptable if actual data is 1. Government (local, State, and Federal) 2. Business firms and not-for-profit organical. Household consumers and individual units.	rted in ③) ring types not available. zations	11 12	10	0%	%		

6	ACQUISITIONS OR MERGERS	14 Name of company acquired or merged with			
		Number and street			
	13 1 Ves				
	13 1 Yes — • • • • • • • • • • • • • • • • • •	City, State, and ZIP Code			
	2 □ No	Oity, State, and Zir Gode			
		Date of acquisition 15 Month Year	16		
		Date of acquisition or merger EIN	I →	-	
	DELIA DIVO DI				
7	KEMAKKS – Please use this space to current and prior quarte	or comments or to explain any significant d er revenue.	ifferenc	e between your	
	Carrons and prior quant				
8	CONTACT INFORMATION				
	Name of person to contact regarding this rep	port	18 Telephone		
' '	name of person to contact regarding this rep	Joil	Area code	· · · · · · · · · · · · · · · · · · ·	Extension
			71100 0000	Trainibol .	Exteriorer
20	E-mail address				
			19	Fax	
21	Company website				
	-				

THANK YOU 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.

QSS-3 (4-21-2004)