



# 2012 ECONOMIC CENSUS

## Ambulance Services

FORM  
**HC-62107** (11-16-2011)

OMB No. 0607-0934: Approval Expires 12/31/2013

**DUE DATE**  
**FEBRUARY 12, 2013**

(Please correct any errors in this mailing address.)

**Need help or have questions?**

- **Read** the accompanying information sheet(s) before answering the questions.
- **Visit** [econhelp.census.gov](http://econhelp.census.gov)
- **Call** 1-800-233-6136, between 8:00 a.m. and 6:00 p.m., Eastern time, Monday through Friday.

**HC-62107**

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**Report Online** - It's fast and secure!  
**Go to:** [econhelp.census.gov](http://econhelp.census.gov)

- **OR** -

**Mail** your completed form to:

**U.S. CENSUS BUREAU**  
**1201 East 10th Street**  
**Jeffersonville, IN 47134-0001**

**YOUR RESPONSE IS REQUIRED BY LAW.** Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the U.S. Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

- Use blue or black ballpoint pen.
- Do not use pencil or felt-tip pen.
- Do not put slashes through 0 or 7.
- Please center numbers in their respective boxes.
- Place an "X" inside the box.

Examples:

0 1 2 3 4 5 6 7 8 9

The reporting unit for this form is an establishment. An **establishment** is generally a single physical location where business is conducted or where services or industrial operations are performed. For further clarification, see information sheet(s).

**1 EMPLOYER IDENTIFICATION NUMBER**

Is the Employer Identification Number (EIN) shown to the left of the mailing address the same as the one used for this establishment on its latest 2012 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021  Yes - Go to **2**    0022  No - Enter current EIN (9 digits) → 0025

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**2 PHYSICAL LOCATION**

**A.** Is this establishment's physical location the same as shown in the mailing address? (P.O. Box and rural route addresses are not physical locations.)

0031  Yes - Go to line B

0032  No - Enter physical location →

0035	Number and street								

0036	City, town, village, etc.	0037	State	0038	ZIP Code

CONTINUE WITH **2** ON PAGE 2

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**2** PHYSICAL LOCATION - Continued

**B.** Is this establishment physically located inside the legal boundaries of the city, town, village, etc.? (Mark "X" only ONE box.)

- 0041  Yes
- 0042  No
- 0043  No legal boundaries
- 0044  Do not know

**C.** In what type of municipality is this establishment physically located? (Mark "X" only ONE box.)

- 0046  City, village, or borough
- 0047  Town or township
- 0048  Other
- 0024  Do not know

**3** OPERATIONAL STATUS

Which ONE of the following best describes this establishment's operational status at the end of 2012? (Mark "X" only ONE box.)

- 0011  In operation
- 0013  Temporarily or seasonally inactive
- 0014  Ceased operation - Give date at right →
- 0015  Sold or leased to another corporation - Give date at right AND enter name and address of new owner or operator and Employer Identification Number (EIN) below ↴

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Month	Day	Year
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

0060 Name of new owner or operator	0061 EIN (9 digits)
	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <span style="font-size: 1.2em;">-</span> <input style="width: 20px; height: 20px;" type="text"/>

0062 Mailing address (Number and street, P.O. Box, etc.)

0063 City, town, village, etc.	0064 State	0065 ZIP Code
	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <span style="font-size: 1.2em;">-</span> <input style="width: 20px; height: 20px;" type="text"/>

0016  Other - Specify → 0815

**4** MONTHS IN OPERATION

Mark "X" if None 2012 Number

Number of months in operation during 2012 (If none, mark "X" and go to 30.) . . . . . 0002

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**If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.**

**HOW TO REPORT DOLLAR FIGURES**

Dollar figures should be **rounded to thousands** of dollars.

If a figure is **\$2,035,628.79**:

**Report** →

If a value is "0" (or less than \$500.00):

**Report** →

Mark "X" if None

2012		
\$ Bil.	Mil.	Thou.
	2	036
EXAMPLE		

**5 REVENUE OR RECEIPTS**

**A. Tax Status**

Was all or part of the income of this establishment or organization exempt from Federal income taxes under section 501 of the Internal Revenue Code?

0103  Yes - Complete line C

0104  No - Complete line B

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**B. Operating receipts of this (taxable) establishment** . . . . . 0100

**C. Revenue and expenses of this (tax-exempt) establishment**

**1. Revenue** . . . . . 0101

**2. Expenses (Include payroll, exclude bad debt and other expenses identified on the information sheet.)** . . . . . 0140

2012		
\$ Bil.	Mil.	Thou.

**6 Not Applicable.**

**7 EMPLOYMENT AND PAYROLL**

**Include:**

- Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown to the left of the mailing address or corrected in 1.

**Exclude:**

- Temporary staffing obtained from a staffing service.
- Contractors, subcontractors, or independent contractors.
- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.
- Purchased or managed services, such as janitorial, guard, or landscape services.
- Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services.

For further clarification, see information sheet(s).

Mark "X" if None

**A. Number of employees for pay period including March 12** . . . . . 0320

2012	
Number	

**B. Payroll before deductions (Exclude employer's cost for fringe benefits.)**

Mark "X" if None

**1. Annual payroll** . . . . . 0300

**2. First quarter payroll (January-March 2012)** . . . . . 0310

2012		
\$ Bil.	Mil.	Thou.

**8-18 Not Applicable.**

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**19** KIND OF BUSINESS OR ACTIVITY

Which **ONE** of the following best describes this establishment's principal kind of business or activity in 2012? If none of the provided selections seem appropriate, provide a specific description of the primary business activity. **Mark "X" only ONE box.**

**Ambulance services**

0700 621 910 00 2  Ambulance or rescue services

621 910 00 8  Air ambulance services

**Other transportation services**

485 991 00 2  Transportation services for the disabled or elderly - without medical care

481 211 00 2  Air taxi services

**Other kind of business or activity**

773 000 00 2  Other kind of business or activity - Describe type of business or activity

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0701

**20 and 21** Not Applicable.

**22** DETAIL OF REVENUE OR RECEIPTS

(Report receipts or revenue by source (reported in 5) in dollar figures. See HOW TO REPORT DOLLAR FIGURES on page 3. Do not combine data for two or more receipts or revenue lines. Both taxable and tax-exempt establishments should complete all applicable lines.)

**Line 1a** - Report receipts from emergency ambulance transportation by ground or water.

**Line 1b(1)** - Report receipts from emergency transportation services in fixed wing air ambulance.

**Line 1b(2)** - Report receipts from emergency transportation services in rotary wing air ambulance.

**Line 2a** - Report receipts from non-emergency ambulance transportation by ground or water.

**Line 3** - Report receipts from planning and stationing of ambulances and/or emergency medical personnel and equipment at entertainment and special event sites to provide ambulance transport and/or first-aid assistance if needed. Report receipts from providing actual transportation and medical assistance in an ambulance on the appropriate detail lines under **lines 1** and **2**.

**Line 10** - Report revenue from investments, including interest and dividends. Exclude unrealized gains or losses. Report proceeds from the sale of investments and other assets on **line 11**.

**Line 11** - Report the net gain (or loss) from the sale or trade of real property and financial assets, such as stocks and bonds. Exclude unrealized gains or losses.

Description of revenue or receipts	2012		
	Report thousands of dollars. Estimates are acceptable.		
	\$ Bil.	Mil.	Thou.
<b>1.</b> Emergency ambulance services			
<b>a.</b> Surface ambulance . . . . . 30760			
<b>b.</b> Air ambulance			
<b>(1)</b> Fixed wing . . . . . 30771			
<b>(2)</b> Rotary wing . . . . . 30772			
<b>(3) Add lines 1b(1) and 1b(2)</b> . . . . . 30770			

CONTINUE WITH **22** ON PAGE 5

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**If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.**

**22** DETAIL OF REVENUE OR RECEIPTS - Continued

Description of revenue or receipts	2012		
	Report thousands of dollars. Estimates are acceptable.		
	\$ Bil.	Mil.	Thou.
<b>2.</b> Non-emergency ambulance services			
<b>a.</b> Surface ambulance . . . . . 30790			
<b>b.</b> Air ambulance			
<b>(1)</b> Fixed wing . . . . . 30800			
<b>(2)</b> Rotary wing . . . . . 30800			
<b>(3) Add lines 2b(1) and 2b(2)</b> . . . . . 30800			
<b>3.</b> Standby ambulance and/or first-aid services . . . . . 30370			
<b>4.</b> Other ambulance services - <i>Describe</i> ↴			
[ ] . . . . . 30360			
<b>5.</b> Rental or lease of goods and/or equipment			
<b>a.</b> Medical equipment . . . . . 39512			
<b>b.</b> All other goods and/or equipment . . . . . 39513			
<b>c. Add lines 5a and 5b</b> . . . . . 39500			
<b>6.</b> Resale of merchandise - <i>Describe</i> ↴			
[ ] . . . . . 39600			
<b>7.</b> All other operating receipts - <i>Describe if more than 10 percent of total receipts or revenue</i> ↴			
[ ] . . . . . 39778			
<b>8. OPERATING RECEIPTS - For taxable establishments, sum of preceding lines should equal 5, line B</b> . . . . . 39850			

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CONTINUE WITH **22** ON PAGE 6

**22** DETAIL OF REVENUE OR RECEIPTS - Continued

Description of revenue or receipts	2012		
	Report thousands of dollars. Estimates are acceptable.		
	\$ Bil.	Mil.	Thou.
<b>9.</b> Contributions, gifts, and grants			
<b>a.</b> Government . . . . . 39900			
<b>b.</b> Private, including individuals, community efforts, and fundraising (Include commissioned fundraising.) . . . . . 39910			
<b>10.</b> Investment income, including interest and dividends . . . . . 39920			
<b>11.</b> Gains (losses) from assets sold (Report losses by including a dash prior to the dollar amount.) . . . . . 39920			
<b>12.</b> All other revenue - Describe if more than 10 percent of total receipts or revenue 			
<div style="border: 1px solid black; height: 30px; width: 550px;"></div> . . . . . 39967			
<b>13. TOTAL REVENUE - For tax-exempt establishments, sum of lines should equal 9, line C1</b> . . . . . 39990			

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**23-29** Not Applicable.

REMARKS (Please use this space for any explanations that may be essential in understanding your reported data.)

**30** CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.

Is the time period covered by this report a calendar year?

Yes

No - Enter time period covered →

FROM	Month	Year	TO	Month	Year
	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

Name of person to contact regarding this report

Title

Area code	Number	Extension
<input type="text"/>	<input type="text"/>	<input type="text"/>

Area code	Number
<input type="text"/>	<input type="text"/>

E-mail address

Date completed	Month	Day	Year
	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Thank you for completing your 2012 ECONOMIC CENSUS form.**  
**PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.**

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