



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

Worksheet

SA-48300E

(08-04-2016)

2016 ANNUAL SERVICES REPORT

Due Date

WORKSHEET

Need help or have questions?

Call 1-877-787-9860, option "1"
(8:00 a.m. - 5:00 p.m. ET, M-F)
or **Visit**

<https://econhelp.census.gov/sas>

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, Sections 131 and 182 authorizes this collection. Sections 224 and 225 requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the U.S. Census Bureau. By Section 9 of 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. Under the same law, information that you report cannot be used for taxation, regulation, or investigation and are exempt from release under the Freedom of Information Act. Further, copies of your response retained in your files are immune from legal process.

DO NOT use this worksheet to respond to the survey, it is intended to assist you with gathering and preparing your data prior to reporting online.

Please view the online report for specific instructions that may apply to your EIN or firm.

Return to <https://econhelp.census.gov/sas> when you are ready to report online.

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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 ⑩.
- For establishments sold or acquired in 2016 or 2015, 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.
- Do not combine data for two or more detailed lines.
- Report data on an accrual basis, except for payroll.
- Figures 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	0	3	0
2	8	0	4
5	6		

Include:

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

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① A. MAILING ADDRESS

Is this firm's name and mailing address the same as shown in the mailing address above?

☐ Yes

☐ No - Enter corrections in the mailing address above

1 B. SURVEY COVERAGE

Did this firm provide the business activities described below?

☐ Yes☐ No - Specify this firm's business activity ↴

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2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)

Does this firm report payroll under EIN

☐ Yes☐ No - Enter current 9-digit EIN **AND** date payroll was first reported for this EIN

EIN (9 digits)

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Month	Day	Year
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3 ORGANIZATIONAL CHANGE**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2016 or 2015?**☐ Yes☐ No - Go to **4****B. Which of the following organizational changes occurred in 2016 or 2015?**Check all that apply. If more than one organizational change occurred during the reporting period, explain in **17**.☐ Acquisition☐ Sale☐ Merger☐ Divestiture

Date of organizational change

AND

Enter detailed information below ↴

Month	Day	Year
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Name of company

EIN (9 digits)

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Address (Number and street, P.O. Box, etc.)

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City, town, village, etc.

State

ZIP Code

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4 REPORTING PERIOD

NOTE: Calendar year data are preferred. If it is not available, please report for the fiscal year that includes at least six months of data for the 2016 and 2015 calendar years.

What time period is covered by the data provided in this report?

- ☐ Calendar year
- ☐ Fiscal or partial year - *Report beginning and ending dates*

2016				2015			
Beginning Date				Beginning Date			
Month	Day	Year		Month	Day	Year	
Ending Date				Ending Date			
Month	Day	Year		Month	Day	Year	

5 Not Applicable.

6 SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2016 and 2015?

Include:

- Report gross billings, **except** where noted elsewhere on the form.
- Dues and assessments from members and affiliates.
- Amounts received for work subcontracted to others.
- For locations that were sold or acquired during a year, only report for the periods that this firm operated the locations.
- Revenue from services performed by domestic locations of foreign parent firms, subsidiaries, branches, etc.
- E-commerce revenue.

Exclude:

- Transfers made within the company.
- Taxes collected directly from customers or clients and paid directly to a local, state, or federal tax agency.
- Rents from and revenue of separately operated departments, concessions, etc., which are leased to others.
- 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).

1. Water Transportation Revenue

a. Transportation of freight and cargo by water

b. Towing services by water

c. Harbor tugboat services

d. Marine salvage services, including towing disabled vessels

2. Passenger Transportation by Water

a. Coastal and Great Lakes fixed-route, passenger transportation by water

b. Cruises

c. Participatory recreational services by water craft, except overnight cruises with cabin accommodation

d. Sightseeing by water

2016				2015			
\$ Bil.	Mil.	Thou.	Dol.	\$ Bil.	Mil.	Thou.	Dol.

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6 SALES, RECEIPTS, OR REVENUE - Continued

		2016				2015			
		\$ Bil.	Mil.	Thou.	Dol.	\$ Bil.	Mil.	Thou.	Dol.
2. Passenger Transportation by Water - Continued									
e. Other transportation of passengers by water									
3. All other operating revenue - Revenue not reported in lines 1a through 2e. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below ↴									
4. TOTAL OPERATING REVENUE									
<i>Sum of lines 1a through 3</i>									

7 SALES TAX**A. Did this firm collect any sales taxes in 2016 or 2015?**☐ Yes☐ No - Go to **8****B. What were the total sales taxes collected in 2016 and 2015?***Exclude excise taxes*

2016				2015			
\$ Bil.	Mil.	Thou.	Dol.	\$ Bil.	Mil.	Thou.	Dol.

8 E-COMMERCE

E-commerce is the sale of goods and services where the buyer places an order, or the price and terms of the sale are negotiated, over an Internet, mobile device (M-Commerce), extranet, EDI network, electronic mail, or other comparable online system. Payment may or may not be made online.

A. Did this firm have any e-commerce revenue in 2016 or 2015?☐ Yes☐ No - Go to **14****B. What was the total e-commerce revenue in 2016 and 2015?**

2016				2015			
\$ Bil.	Mil.	Thou.	Dol.	\$ Bil.	Mil.	Thou.	Dol.

9-13 Not Applicable.

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14 OPERATING EXPENSES**What were the operating expenses for this firm in 2016 and 2015?****Exclude:**

- Transfers made within the company.
- Capitalized expenses.
- Interest.
- Bad debt.
- Impairment.
- Income tax.

Gross annual payroll

Include salaries and wages, commissions, dismissal pay, bonuses, employee contributions to Social Security, income tax withholding, union dues, group insurance premiums, savings bonds, cash equivalent in-kind, allowances, holiday pay, vacation pay, sick leave, stock purchase plans, and employee contributions to pension plans. **Exclude** the cost of leased employees, employer's cost for fringe benefits, and temporary staff obtained from temporary help services. For unincorporated businesses, **exclude** profit or other compensation of proprietors or partners.

All other operating expenses

Include travel and entertainment; postage, shipping or delivery services; warehousing and storage services; royalties; security services; janitorial and grounds maintenance services; purchased transportation with operators; and other expenses not reported elsewhere.

2016				2015			
\$ Bil.	Mil.	Thou.	Dol.	\$ Bil.	Mil.	Thou.	Dol.

1. Personnel Costs

- a. Gross annual payroll** - Total annual Medicare salaries and wages for all employees as reported on this firm's IRS Form 941, Employer's Quarterly Federal Tax Return, line 5(c) for the four quarters that correspond to the survey period or IRS Form 944 Employer's Annual Federal Tax Return, line 4(c). **Include** the spread on stock options that are taxable to employees as wages

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- b. Employer's cost for fringe benefits**
- Employer's cost for legally required programs and programs not required by law:

- 1. Health insurance** - Insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs). **Include** premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs). **Exclude** employee contributions

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2. Pension plans:

- a. Defined benefit pension plans**
- Costs for both qualified and unqualified defined pension plans. Pension plans that specify the benefit to be paid to employees upon retirement, generally either a specific amount or a percentage of compensation. Employer contributions are based on actuarial computations that include the employee's compensation and years of service and are not allocated to specific accounts maintained for employees

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14 OPERATING EXPENSES - Continued

2016				2015			
\$ Bil.	Mil.	Thou.	Dol.	\$ Bil.	Mil.	Thou.	Dol.

1. Personnel Costs - Continued**b. Employer's cost for fringe benefits**

- Employer's cost for legally required programs and programs not required by law: - Continued

2. Pension plans: - Continued**b. Defined contribution plans -**

Costs under defined contribution plans. Pension plans that define the employer contributions to a separate account provided for each employee. The employee "benefit" at retirement depends on the amount contributed and the results of the account's activity. Examples include profit sharing plans, money purchase (e.g., 401k, 403b) and stock bonus plans (e.g., ESOPs) . . .

3. Payroll taxes, employer paid insurance premiums (except health), and other employer benefits - Include

legally-required fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, Medicare).

Include benefits for life insurance, "quality of life" benefits (e.g., childcare assistance, subsidized commuting), employer contributions to pre-tax benefit accounts (e.g., health savings accounts), education assistance, and other benefits not specified above.

Exclude disbursements from trusts or funds to satisfy health insurance claims

c. Temporary staff and leased employee expense - Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. Include all charges for payroll, benefits, and services**2. Expensed Materials, Parts, and Supplies (not for resale)****a. Expensed equipment - Expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Report packaged software in line 3b. Report leased and rented equipment in line 3i****b. Expensed purchases of other materials, parts, and supplies -**

Materials and supplies used in providing services to others; materials and parts used in repairs; office and janitorial supplies; small tools; containers and other packaging materials. Report the cost of motor fuels in line 3h

3. Expensed Purchased Services**a. Purchased freight transportation -**

Contract payments to railroads, airlines, waterborne, and other motor carriers. Report the cost of leased and rented transportation equipment without operators in line 3i. Report travel expenses in line 4d

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2016				2015			
\$ Bil.	Mil.	Thou.	Dol.	\$ Bil.	Mil.	Thou.	Dol.

14 OPERATING EXPENSES - Continued

	2016				2015			
	\$ Bil.	Mil.	Thou.	Dol.	\$ Bil.	Mil.	Thou.	Dol.
3. Expensed Purchased Services - Continued								
k. Water, sewer, refuse removal, and other utility payments - Include the cost of hazardous waste removal. If the costs of these utilities are included in lease or rental payments, report in line 3m								
l. Lease and rental payments for machinery, equipment, and other tangible items - Include lease and rental of transportation equipment without operators and penalties incurred for broken leases. Exclude capital and financing lease agreements and licensing/leasing of software								
m. Lease and rental payments for land, buildings, structures, store spaces, and offices - Include penalties incurred for broken leases								
n. Purchased advertising and promotional services - Include marketing and public relations services								
o. Purchased professional and technical services - Include management consulting, accounting, auditing, bookkeeping, legal, actuarial, payroll processing, architectural, engineering, and other professional services. Exclude salaries paid to your own employees for these services								
4. Other Operating Expenses								
a. Cost of Insurance - Premiums for bonding and insurance not included in line 1b								
b. Depreciation and amortization charges - Include depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). Exclude impairment								
c. Governmental taxes and license fees - Payments to government agencies for taxes and licenses. Include business and property taxes. Exclude income taxes and sales and excise taxes collected from customers								
d. All other operating expenses - All other operating expenses not reported above, unless specifically excluded in the general instructions. Include office postage paid and package delivery. Exclude purchases of merchandise for resale and non-operating expenses. If this item is greater than 20% of the total operating expenses, specify the primary source of the expenses below ↴								
5. TOTAL OPERATING EXPENSES <i>Sum of lines 1a through 4d</i>								

15 and 16 Not Applicable.

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

18 CONTACT INFORMATION

Name of person to contact regarding this report <i>(Please print)</i>					Title		
Telephone	Area code	Number		Extension	Fax	Area code	Number
			-				
E-mail address					Website address		

THANK YOU for completing your 2016 ANNUAL SERVICES REPORT.
We suggest you keep a copy for your records.

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