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

Worksheet

**SA-62150E** (08-04-2016)

# 2016 ANNUAL SERVICES REPORT

**Due Date**

**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.

## WORKSHEET

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.

Report Online - Do Not Return

## 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 ❷. 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 ⓱.
- 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 | 030 | 280 | 456 |

**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.

### ❶ 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*

Report Online - Do Not Return

**1 B. SURVEY COVERAGE**

**Did this firm provide the business activities described below?**

☐ Yes

☐ No - *Specify this firm's business activity* ↘

**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) | Month | Day | Year |

**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* . . . . . | Month | Day | Year |

*AND*

*Enter detailed information below* ↘

| Name of company | EIN (9 digits) |
|---|---|
| | |

| Address (Number and street, P.O. Box, etc.) | | |
|---|---|---|
| | | |
| **City, town, village, etc.** | **State** | **ZIP Code** |
| | | |

***CONTINUE ON PAGE 3***

Report Online - Do Not Return

Report Online - Do Not Return

## 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 or other partial year data included in the 2016 and 2015 calendar years.

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

| | 2016 | | | 2015 | | |
|---|---|---|---|---|---|---|
| | Beginning Date | | | Beginning Date | | |
| | Month | Day | Year | Month | Day | Year |
| ☐ Calendar year | | | | | | |
| ☐ Fiscal year - *Report beginning and ending dates* | Ending Date | | | Ending Date | | |
| | Month | Day | Year | Month | Day | Year |
| ☐ Partial year - *Report beginning and ending dates* | | | | | | |

## 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).

| | 2016 | | | | 2015 | | | |
|---|---|---|---|---|---|---|---|---|
| | $ Bil. | Mil. | Thou. | Dol. | $ Bil. | Mil. | Thou. | Dol. |
| **1. Net Patient Care Revenue** - Using net patient revenues, report your sources of revenue in each of the below categories. **Include** the value of total patient care operating receipts collected for the reporting period. This figure should be reported net of any negotiated discounts and write-downs for bad debt. **Exclude** non-patient care revenue such as grants, subsidies, contributions, philanthropy, and sales from gift shops, cafeteria and parking lot receipts | | | | | | | | |
| **a. Government payers** - Report revenues from the following sources: | | | | | | | | |
| **1. Medicare** - Fee for service only from parts A, B and D (exclude part C) . . . | | | | | | | | |
| **2. Medicaid** - Fee for service only . . . . | | | | | | | | |
| **3. Workers' compensation** . . . . . | | | | | | | | |

*CONTINUE WITH 6 ON PAGE 4*

***CONTINUE ON PAGE 4***

Report Online - Do Not Return

Report Online - Do Not Return

## 6 SALES, RECEIPTS, OR REVENUE - Continued

| | 2016 $ Bil. | 2016 Mil. | 2016 Thou. | 2016 Dol. | 2015 $ Bil. | 2015 Mil. | 2015 Thou. | 2015 Dol. |
|---|---|---|---|---|---|---|---|---|
| **1. Net Patient Care Revenue** - Using net patient revenues, report your sources of revenue in each of the below categories. **Include** the value of total patient care operating receipts collected for the reporting period. This figure should be reported net of any negotiated discounts and write-downs for bad debt. **Exclude** non-patient care revenue such as grants, subsidies, contributions, philanthropy, and sales from gift shops, cafeteria and parking lot receipts - Continued | | | | | | | | |
| **a. Government payers** - Report revenues from the following sources: - Continued | | | | | | | | |
| **4. All other government programs - Include** programs such as but not limited to: Children's Health Insurance Program (CHIP), Department of Defense (DOD), Civilian Health and Medical Programs of the Department of Veterans Affairs (CHAMPVA), TRICARE, Substance Abuse and Mental Health (SAMHSA), and Indian Health Services (IHS) . . . . . | | | | | | | | |
| **b. Revenue from health care providers - Include** revenue from hospitals, health practitioners, outpatient care facilities, etc. | | | | | | | | |
| **c. Private insurance** | | | | | | | | |
| **1. Private health insurance, including Medicare and Medicaid managed care plans - Include** revenue from medical plans administered by private insurers, including employer sponsored, other group plans, Medicare part C (managed care plans), Medicaid managed care plans, and Federal, State, and Local government health insurance . . . . . | | | | | | | | |
| **2. Property and casualty insurance - Include** revenue from auto and homeowners insurance and other accident/liability insurance. **Exclude** workers' compensation insurance . . . | | | | | | | | |
| **d. Patient out-of-pocket from patients and their families - Include** all deductibles and co-insurance from private health insurance, Medicare, Medicaid, and other public programs paid by the beneficiary or the family of the beneficiary | | | | | | | | |
| **e. All other sources of revenue for patient care - Include** all other sources of revenue for patient care not included in lines **1a1 through 1d** - *Specify* | | | | | | | | |
| **2. Non-Patient Care Revenue** | | | | | | | | |
| **a. Contributions, gifts, and grants received** . . . . . | | | | | | | | |
| **b. Investment and property income - Include** interest and dividends. **Exclude** gains (losses) from assets sold . | | | | | | | | |

*CONTINUE WITH 6 ON PAGE 5*

Report Online - Do Not Return

Report Online - Do Not Return

***CONTINUE ON PAGE 5***

## 6 SALES, RECEIPTS, OR REVENUE - Continued

| | 2016 $ Bil. | 2016 Mil. | 2016 Thou. | 2016 Dol. | 2015 $ Bil. | 2015 Mil. | 2015 Thou. | 2015 Dol. |
|---|---|---|---|---|---|---|---|---|
| **2. Non-Patient Care Revenue** - Continued | | | | | | | | |
| **c. Revenue from health care providers for non-patient care - Include** revenue from health practitioners, hospitals, outpatient care facilities, and all other health care practitioners for non-patient care services provided. **Include** revenue for medical administration and other administrative services, incentive payments, management fees, medical director fees, etc. . . . . | | | | | | | | |
| **d. All other non-patient care revenue - Include** other operating and non-operating revenue (e.g., gift shop sales, cafeteria sales, parking lot receipts, florist receipts) - *Specify the primary source of revenue below* | | | | | | | | |
| **3. TOTAL REVENUE** *Sum of lines **1a1 through 2d*** . . . . . | | | | | | | | |

## 7 SALES TAX

**A. Did this firm collect any sales taxes in 2016 or 2015?**

☐ Yes

☐ No - *Go to* 8

| | 2016 $ Bil. | 2016 Mil. | 2016 Thou. | 2016 Dol. | 2015 $ Bil. | 2015 Mil. | 2015 Thou. | 2015 Dol. |
|---|---|---|---|---|---|---|---|---|
| **B. What were the total sales taxes collected in 2016 and 2015?** *Exclude excise taxes* . . . . . | | | | | | | | |

## 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* 12

| | 2016 $ Bil. | 2016 Mil. | 2016 Thou. | 2016 Dol. | 2015 $ Bil. | 2015 Mil. | 2015 Thou. | 2015 Dol. |
|---|---|---|---|---|---|---|---|---|
| **B. What was the total e-commerce revenue in 2016 and 2015?** . . . . . | | | | | | | | |

**9–11** Not Applicable.

Report Online - Do Not Return

Report Online - Do Not Return

***CONTINUE ON PAGE 6***

## 12 ELECTRONIC HEALTH RECORDS

**A. Did your firm have expenses for electronic health record systems and related software and services to install and/or maintain these systems in 2016 and 2015?**

☐ Yes

☐ No - *Go to* 14

**B. What were the total expenses for electronic health record systems in 2016 and 2015?** . . . . . .

| | 2016 | | | | 2015 | | | |
|---|---|---|---|---|---|---|---|---|
| | $ Bil. | Mil. | Thou. | Dol. | $ Bil. | Mil. | Thou. | Dol. |
| | | | | | | | | |

## 13 Not Applicable.

## 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 . . . . . | | | | | | | | |
| **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 . . . | | | | | | | | |

*CONTINUE WITH* 14 *ON PAGE 7*

***CONTINUE ON PAGE 7***

Report Online - Do Not Return

Report Online - Do Not Return

## 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:** | | | | | | | | |
| **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 . . . . . | | | | | | | | |
| **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. Medical supplies** - Materials and supplies used in providing medical services to others. Report medical equipment in line **2b** . . . . . | | | | | | | | |

*CONTINUE WITH 14 ON PAGE 8*

Report Online - Do Not Return

Report Online - Do Not Return

***CONTINUE ON PAGE 8***

## 14 OPERATING EXPENSES - Continued

| | 2016 | | | | 2015 | | | |
|---|---|---|---|---|---|---|---|---|
| | $ Bil. | Mil. | Thou. | Dol. | $ Bil. | Mil. | Thou. | Dol. |
| **2. Expensed Materials, Parts, and Supplies (not for resale)** - Continued | | | | | | | | |
| **b. 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 **3a.** Report leased and rented equipment in line **3i** . . . . . | | | | | | | | |
| **c. 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; and motor fuels . . . | | | | | | | | |
| **3. Expensed Purchased Services** | | | | | | | | |
| **a. Expensed purchases of software -** Purchases of prepackaged, custom coded, or vendor customized software. **Include** software developed or customized by others, web-design services and purchases, licensing agreements, upgrades of software, and maintenance fees related to software upgrades and alterations . . . . . | | | | | | | | |
| **b. Data processing and other purchased computer services - Include** web hosting, computer facilities management services, computer input preparation, data storage, computer time rental, optical scanning services, and other computer-related advice and services, including training. **Exclude** expensed integrated systems, repair and maintenance of computer equipment, payroll processing and credit card transaction fees, and expenses for telecommunication services (e.g., Internet, connectivity, telephone) . . | | | | | | | | |
| **c. Purchased communication services -** Telephone, cellular, and fax services; computer-related communications (e.g., Internet, connectivity, online), and other wired and wireless communication services . . . . . | | | | | | | | |
| **d. Purchased repairs and maintenance to machinery and equipment -** Expensed repair and maintenance services to machinery, vehicles, equipment, and computer hardware. **Exclude** materials, parts, and supplies used for repairs and maintenance performed by this firm's employees . . . . . | | | | | | | | |
| **e. Purchased repairs and maintenance to buildings, structures, and offices - Include** repair and maintenance to integral parts of buildings (e.g., elevators, heating systems). **Exclude** materials, parts, and supplies used for repairs and maintenance performed by this firm's employees. Report janitorial and grounds maintenance services in line **4c** . . . . . | | | | | | | | |
| **f. Purchased electricity -** If the cost of electricity is included in lease or rental payments, report in line **3j** . . . . . | | | | | | | | |

*CONTINUE WITH 14 ON PAGE 9*

***CONTINUE ON PAGE 9***

Report Online - Do Not Return

Report Online - Do Not Return

## 14 OPERATING EXPENSES - Continued

| | 2016 | | | | 2015 | | | |
|---|---|---|---|---|---|---|---|---|
| | $ Bil. | Mil. | Thou. | Dol. | $ Bil. | Mil. | Thou. | Dol. |
| **3. Expensed Purchased Services** - Continued | | | | | | | | |
| **g. Purchased fuels (except motor fuels) -** Fuel for heating, power, or generating electricity (e.g., natural gas, propane, oil, coal). If the costs are included in lease or rental payments, report in line **3j** . . . . . | | | | | | | | |
| **h. 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 **3j** | | | | | | | | |
| **i. 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 . . . . . | | | | | | | | |
| **j. Lease and rental payments for land, buildings, structures, store spaces, and offices - Include** penalties incurred for broken leases . . . . . | | | | | | | | |
| **k. Purchased advertising and promotional services - Include** marketing and public relations services . | | | | | | | | |
| **l. 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 . . . . . | | | | | | | | |
| **m. Professional liability insurance -** The cost of professional liability insurance. **Include** professional liability insurance premiums and amounts set aside for self-insurance . . . . . | | | | | | | | |
| **4. Other Operating Expenses** | | | | | | | | |
| **a. 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 . . . . . | | | | | | | | |
| **b. 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 . . . . . | | | | | | | | |

*CONTINUE WITH 14 ON PAGE 10*

Report Online - Do Not Return

Report Online - Do Not Return

***CONTINUE ON PAGE 10***

**14 OPERATING EXPENSES** - Continued

| | 2016 | | | | 2015 | | | |
|---|---|---|---|---|---|---|---|---|
| | $ Bil. | Mil. | Thou. | Dol. | $ Bil. | Mil. | Thou. | Dol. |
| **4. Other Operating Expenses** - Continued | | | | | | | | |
| **c. 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** *Sum of lines **1a through 4c*** . . . . . | | | | | | | | |

**15 and 16** Not Applicable.

Report Online - Do Not Return

Report Online - Do Not Return

***CONTINUE ON PAGE 11***

**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 *(Please print)* | | | | | 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.

Report Online - Do Not Return
Report Online - Do Not Return