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

FORM
**SA-51224A** (09-20-2018)

# 2018 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://www.census.gov/programs-surveys/sas/information.html

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This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

**INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov**

**Authentication Code:**

**To view Survey Results:**
https://www.census.gov/programs-surveys/sas/newsroom/updates/latest-sas.html

## GENERAL INSTRUCTIONS

- Any significant change in this firm's operations should be noted in 17.
- For establishments sold or acquired in 2018, 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) as defined by the survey coverage in 1B.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

## 1 A. MAILING ADDRESS

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

0035 ☐ Yes

☐ No - *Enter corrections in the mailing address above*

51234011

***PENALTY FOR FAILURE TO REPORT***

***CONTINUE ON PAGE 2***

**1** **B. SURVEY COVERAGE**

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

0001 ☐ Yes

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

0002

**2** Not Applicable.

**3** **ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

0016 ☐ Yes

☐ No - *Go to* **4**

**B. Which of the following organizational changes occurred in 2018?**

*Check all that apply. If more than one organizational change occurred during the reporting period, explain in* **17**.

0091 ☐ Acquisition
☐ Sale
☐ Merger
☐ Divestiture

*Date of organizational change* . . . . . 0018 Month | Day | Year

*AND*

*Enter detailed information below* ↘

| 0017 Name of company | 0019 EIN (9 digits) |
|---|---|
| | - |

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

| City, town, village, etc. | State | ZIP Code |
|---|---|---|
| | | - |

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## 4 REPORTING PERIOD

NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal year that includes at least six months of data for the 2018 calendar year.

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

0006 ☐ Calendar year

☐ Fiscal or partial year - *Report beginning and ending dates* . . . . . 0007

| 2018 | | |
|---|---|---|
| **Beginning Date** | | |
| Month | Day | Year |
| | | |
| **Ending Date** | | |
| Month | Day | Year |
| | | |

0008

## 5 Not Applicable.

## 6 SALES, RECEIPTS, OR REVENUE

**What were the revenues for this firm in 2018?**

**Include:**

- Allowances for cash and other discounts.
- 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.
- Revenues from electronic sources.

**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).

| | | *Mark "X" if None* | 2018 $ Bil. | Mil. | Thou. | Dol. |
|---|---|---|---|---|---|---|
| 1. | **Studio recording -** Services rendered in the process of converting sounds, words, and music to a permanent physical format using the specialized technical equipment of a sound recording studio. **Exclude** all live recordings done outside a studio (e.g., concert hall, stadium, outdoor stage, conference center) . . . . . 6241 | ☐ | | | | |
| 2. | **Sound recording studio rental and leasing -** Permitting others to use a sound recording studio, without provision of primary technicians. The studio supervises the client"s operation of the sound recording equipment . . . . . 6242 | ☐ | | | | |
| 3. | **All other operating revenue -** Revenue not reported in lines **1 and 2. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below** | | | | | |
| | 1799 | ☐ | | | | |
| 4. | **TOTAL OPERATING REVENUE** *Sum of lines **1 through 3*** . . . . . 1800 | | | | | |

## 7 Not Applicable.

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## 8 REVENUES FROM ELECTRONIC SOURCES

**A. Did this firm have any revenues from customers entering orders directly on the firm's websites or mobile applications in 2018?**

0040 ☐ Yes

☐ No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

0041 ☐ Yes

☐ No

**C. Did this firm have any revenues from customers entering orders via any other electronic systems (such as private networks, dedicated lines, etc.) in 2018?**

0042 ☐ Yes

☐ No

**D. Of the total 2018 revenues reported in 6, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if exact figures are not available.** . . . . . 2500

| 2018 | | | |
|---|---|---|---|
| $ Bil. | Mil. | Thou. | Dol. |
| | | | |

**OR** 2501

| 2018 | |
|---|---|
| Percent | |
| | % |

## 9–11 Not Applicable.

## 12 INVENTORIES AT END OF YEAR

Report inventories at end of year at cost or market value using generally accepted accounting principles.

**Include:**

- Inventory held in Foreign Trade Zones or in bond warehouses in the United States.

**A. Did this firm own inventories, regardless of where held, at the end of 2018 (or the period for which you are reporting)?**

6043 ☐ Yes

☐ No - *Go to* 14

**B. What was the value of the inventories owned by this firm on December 31 in 2018?**

| | | 2018 $ Bil. | 2018 Mil. | 2018 Thou. | 2018 Dol. |
|---|---|---|---|---|---|
| **1. Finished goods** . . . . . | 1751 | | | | |
| **2. Work-in-process** . . . . . | 1752 | | | | |
| **3. Materials, supplies, fuel, etc.** . . . . . | 1753 + | | | | |
| **4. TOTAL BOOK VALUE** *Sum of lines **1 through 3*** . . . . . | 1754 | | | | |

## 13 Not Applicable.

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## 14 OPERATING EXPENSES

**What were the operating expenses for this firm in 2018?**

**Exclude:**

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

### 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.

| | | Mark "X" if None | 2018 $ Bil. | 2018 Mil. | 2018 Thou. | 2018 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 . 1821 | ☐ | | | | |
| | **b. Employer's cost for fringe benefits -** Employer's cost for legally required programs and programs not required by law. **Include** insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). **Exclude** employee contributions. . . . . 1822 | ☐ | | | | |
| | **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 . . . . . 1823 | ☐ | | | | |
| **2.** | **Expensed equipment, materials, parts, and supplies (not for resale) - Include** expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). **Include** 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. Report packaged software in line **3** and leased and rented equipment in line **4b**. . . . . 1860 | ☐ | | | | |
| **3.** | **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 . . . . 1826 | ☐ | | | | |
| **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 . . . . . 1831 | ☐ | | | | |

*CONTINUE WITH 14 ON PAGE 6*

***CONTINUE ON PAGE 6***

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**14 OPERATING EXPENSES** - Continued

| | | Mark "X" if None | 2018 $ Bil. | Mil. | Thou. | Dol. |
|---|---|---|---|---|---|---|
| **4.** | **Other Operating Expenses** - Continued | | | | | |
| | **b. 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** | | | | | |
| | 1879 | ☐ | | | | |
| **5.** | **TOTAL OPERATING EXPENSES** *Sum of lines **1a through 4b*** . . . . . 1900 | | | | | |

**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 *(Please print)* | | | | Title | | | |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| Telephone | Area code | Number | Extension | Fax | Area code | Number | |
| | | - | | | | - | |
| E-mail address | | | | Website address | | | |
| | | | | | | | |

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**
We suggest you keep a copy for your records.

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