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

Worksheet

**SA-62400AE** (08-19-2019)

# 2019 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

**YOUR RESPONSE IS REQUIRED BY LAW.** Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information **CONFIDENTIAL** and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

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.

## 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://portal.census.gov** when you are ready to report online.

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## GENERAL INSTRUCTIONS

- Any significant change in this firm's operations should be noted in 17.
- For establishments sold or acquired in 2019, 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?

☐ Yes

0035

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

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**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 2019?**

0016 ☐ Yes

☐ No - *Go to* **4**

**B. Which of the following organizational changes occurred in 2019?**

*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 2019 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

| 2019 | | |
|---|---|---|
| **Beginning Date** | | |
| Month | Day | Year |
| | | |
| **Ending Date** | | |
| Month | Day | Year |
| | | |

0008

## 5 TAX STATUS

**A. Is this firm or organization operated on a not-for-profit basis?**

0031 ☐ Yes

☐ No - *Go to* 6

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

0030 ☐ Yes

☐ No

## 6 SALES, RECEIPTS, OR REVENUE

**What were the revenues for this firm in 2019?**

**Include:**

- Report gross billings, **except** where noted elsewhere on the form.
- Dues and assessments from members and affiliates.
- 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.
- 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).

### INSTRUCTIONS FOR TAX-EXEMPT FIRMS

**Include:**

- Program service revenue for services provided in the applicable period, whether or not payment was received in the applicable period.
- Gross sales of merchandise minus returns and allowances.
- Income from interest, dividends, gross rents (including display space rentals and share of receipts from departments operated by other companies), royalties, and other investments.
- Gross contributions, gifts, and grants (whether or not restricted for use in operations).
- Commissions earned from the sale of merchandise owned by others (including commissions from vending machine operators).
- Gross receipts from fundraising activities.

**Exclude:**

- Gross receipts of departments or concessions operated by other companies.
- Amounts transferred to operating funds from capital or reserve funds.

| | *Mark "X" if None* | 2019 $ Bil. | Mil. | Thou. | Dol. |
|---|---|---|---|---|---|
| **1. Non-Operating Revenue** (Lines **1a through 1d** to be completed by tax-exempt firms only) | | | | | |
| **a. Contributions, gifts, and grants received - Include** in-kind (non-cash) contributions such as food items, clothing and other donations . . . . . 1741 | ☐ | | | | |
| **b. Investment and property income - Include** interest and dividends. **Exclude** gains (losses) from assets sold . . . . . 1742 | ☐ | | | | |

*CONTINUE WITH* 6 *ON PAGE 4*

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## 6 SALES, RECEIPTS, OR REVENUE - Continued

| | | Mark "X" if None | 2019 $ Bil. | Mil. | Thou. | Dol. |
|---|---|---|---|---|---|---|
| **1.** | **Non-Operating Revenue** (Lines **1a through 1d** to be completed by tax-exempt firms only) - Continued | | | | | |
| | **c. Program service - Include** revenue from the sale of any admissions (excluding state, local, or admission taxes); the use of facilities; the operation of schools, classes, training facilities, and instructional services; registration fees received in connection with a meeting or convention; equipment rental services; government contracts; and other fees received for providing a service . . . . . 1743 | ☐ | | | | |
| | **d. All other non-operating revenue -** Revenue not reported in lines **1a through 1c. Include** capital gains and losses. **If this item is greater than 20% of the total revenue, specify the primary source of revenue below** | | | | | |
| | 1809 | ☐ | | | | |
| **2.** | **TOTAL REVENUE** *Sum of lines **1a through 1d*** . . . . . 1800 | | | | | |

## 7 Not Applicable.

## 8 REVENUES FROM ELECTRONIC SOURCES

NOTE: For tax-exempt firms, please include monetary donations received online as Revenue from Electronic Sources.

**A. Did this firm have any revenues from customers entering orders directly on the firm's websites or mobile applications in 2019?**

0040 ☐ Yes

☐ No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2019?**

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 2019?**

0042 ☐ Yes

☐ No

**D. Of the total 2019 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

| 2019 $ Bil. | Mil. | Thou. | Dol. |
|---|---|---|---|
| | | | |

**OR** 2501

| 2019 Percent | |
|---|---|
| | % |

## 9–13 Not Applicable.

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## 14 OPERATING EXPENSES

**What were the operating expenses for this firm in 2019?**

**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 | 2019 $ Bil. | 2019 Mil. | 2019 Thou. | 2019 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 | ☐ | | | | |

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**14** **OPERATING EXPENSES** - Continued

| | Mark "X" if None | 2019 $ 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.

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**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 2019 ANNUAL SERVICES REPORT.**
We suggest you keep a copy for your records.