**SERVICE ANNUAL SURVEY**
U.S. DEPARTMENT OF COMMERCE
U.S. CENSUS BUREAU

Worksheet
**SA-81000** (10-01-2020)

# 2020 ANNUAL SERVICES REPORT

**Due Date**

**Need help or have questions?**

**Call** 1-877-787-9860, option "1"
(8:00 a.m. - 8:00 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 2020, 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*

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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, divestitures, and/or cease operations in 2020?**

0016 ☐ Yes

☐ No - *Go to* **4**

**B. Which of the following organizational changes occurred in 2020?**

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

☐ Acquisition

☐ Sale

0091 ☐ Merger

☐ Divestiture

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

*AND*

*Enter detailed information below*

☐ Ceased Operation - *Date of ceased operation/closure* . . . . . 0028 Month | Day | Year

| 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 2020 calendar year.

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

| | 2020 | | |
|---|---|---|---|
| | Beginning Date | | |
| | Month | Day | Year |
| ☐ 0006 Calendar year | | | |
| ☐ Fiscal or partial year - *Report beginning and ending dates* . . . . . 0007 | | | |
| | Ending Date | | |
| | Month | Day | Year |
| 0008 | | | |

## 5 Not Applicable.

## 6 SALES, RECEIPTS, OR REVENUE

**What were the revenues for this firm in 2020?**

**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.
- Revenue for maintenance and repair services, delivery services, and installation.
- Installation of replacement parts. Do not deduct trade-in allowances.
- 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).
- Gross rents and gross sales price.

| | 2020 | | | |
|---|---|---|---|---|
| | $ Bil. | Mil. | Thou. | Dol. |
| **1. TOTAL OPERATING REVENUE** . . . . . 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 2020?**

☐ Yes
0040

☐ No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2020?**

☐ Yes
0041

☐ 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 2020?**

☐ Yes
0042

☐ No

**D. Of the total 2020 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

| 2020 | | | |
|---|---|---|---|
| $ Bil. | Mil. | Thou. | Dol. |
| | | | |

**OR** 2501

| 2020 |
|---|
| Percent |
| % |

## 9–13 Not Applicable.

## 14 OPERATING EXPENSES

**What were the operating expenses for this firm in 2020?**

**Exclude:**

- Cost of goods sold.
- 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.

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## 14 OPERATING EXPENSES - Continued

| | | Mark "X" if None | 2020 $ 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 . 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 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 leased and rented equipment in line **4c** . . . . . 1824 | ☐ | | | | |
| | **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; and motor fuels . . . . . 1825 | ☐ | | | | |
| **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 . . 1826 | ☐ | | | | |
| | **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) 1845 | ☐ | | | | |
| | **c. 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 . . . . . 1848 | ☐ | | | | |
| | **d. 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** . . . . . 1849 | ☐ | | | | |
| | **e. Purchased electricity -** If the cost of electricity is included in lease or rental payments, report in line **3g** . . . . . 1850 | ☐ | | | | |
| | **f. 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 **3g** . . . . . 1851 | ☐ | | | | |
| | **g. Lease and rental payments for land, buildings, structures, store spaces, and offices - Include** penalties incurred for broken leases . . . . . 1854 | ☐ | | | | |

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## 14 OPERATING EXPENSES - Continued

| | | Mark "X" if None | 2020 $ Bil. | Mil. | Thou. | Dol. |
|---|---|---|---|---|---|---|
| **3.** | **Expensed Purchased Services** - Continued | | | | | |
| | **h. Purchased advertising and promotional services - Include** marketing and public relations services . . . . . 1830 | ☐ | | | | |
| | **i. 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 . . . . . 1855 | ☐ | | | | |
| **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 | ☐ | | | | |
| | **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 . . . . . 1832 | ☐ | | | | |
| | **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** 7 | | | | | |
| | 1889 | ☐ | | | | |
| **5.** | **TOTAL OPERATING EXPENSES** *Sum of lines* ***1a through 4c*** . . . . . 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 | | | | | Title | | |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| Telephone | Area code | Number | | Extension | Fax | Area code | Number |
| | | | - | | | | |
| E-mail address | | | | | Website address | | |
| | | | | | | | |

**THANK YOU for completing your 2020 ANNUAL SERVICES REPORT.**
We suggest you keep a copy for your records.

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