

2010 Annual Services Report Service Annual Survey

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



Sales Financing

FORM

SA-52T

REPORT DUE

137

SAS_F

522220

Need help or have questions?

Call 1-800-772-7851

M-F, 8:30 a.m. - 5:00 p.m. EST

or

Visit our web site:

www.census.gov/econhelp/sas

or

Write to:

U.S. Census Bureau

1201 East 10th Street

Jeffersonville, IN 47132-0001

(Please correct any errors in name, address, and ZIP Code.)

Internet Reporting

To complete this report online go to: www.census.gov/econhelp/sas
Click on "Census Taker" and enter your username and password to login.

Username:

Password:

YOUR RESPONSE IS REQUIRED BY LAW

Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the U.S. Census Bureau.

YOUR RESPONSE IS CONFIDENTIAL BY LAW

Title 13, United States Code, requires that your response may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. The law also provides that copies retained in your files are **immune from legal process**.

YOUR RESPONSE IS IMPORTANT

The services industries account for nearly 70 percent of all economic activity. We conduct this survey to obtain timely, comprehensive, and consistent measures needed by policy-makers, businesses, and the public to accurately assess domestic economic performance.

52000015



1 REPORT COVERAGE

This report covers all domestic locations operated by your company and its subsidiaries primarily engaged in sales financing or sales financing in combination with leasing. Sales financing establishments are primarily engaged in lending money for the purpose of providing collateralized goods through a contractual installment sales agreement, either directly from or through arrangements with dealers. Examples include automobile, truck, equipment, and machinery finance leasing.

Does the above coverage describe this firm's business activity?

☐ Yes - **Go to 2.**

0001

☐ No - **Specify the firm's business activity and complete the report where applicable beginning with 2.** ↗

0002

2 REPORT PERIODS

What periods of time will this data represent?

- Report data for the 2010 calendar year if possible.
- For locations that were sold or acquired during the year, only report for the periods that this firm operated the locations.

☐ 2010 calendar year - **Go to 3.**

0006

☐ Other than calendar year - **Enter the periods this report will cover**
(e.g., fiscal years, periods with less than a full calendar year).

0007

0008

2010		
From		
Month	Day	Year
To		
Month	Day	Year

52000023

3 OPERATING REVENUE

Report the total operating revenue for this firm's locations defined in 1 for the following categories.

- Enter "0" where applicable.
- Estimates are acceptable.

Exclude:

- Transfers made within the company.

2010 Operating Revenue			
\$ Bil.	Mil.	Thou.	Dol.

1. TOTAL OPERATING REVENUE 1800

4 Not Applicable.

52000031



5 OPERATING EXPENSES

Report operating expenses for this firm's locations as defined in ① for the following categories.

- Enter "0" where applicable.
- Estimates are acceptable.
- Do not combine data for two or more detail lines.

Exclude:

- Transfers made within the company
- Capitalized expenses
- Bad debt
- Impairment
- Income Tax

Personnel Costs

Mark "X"
if None

2010 Operating Expenses

\$ Bil.	Mil.	Thou.	Dol.
---------	------	-------	------

- | | |
|--|-------------------------------------|
| <p>1. Gross annual payroll - Total annual Medicare salaries and wages for all employees as reported on your 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).</p> <p>2. 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.</p> <p>3. 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.</p> | <p>1821</p> <p>1822</p> <p>1823</p> |
|--|-------------------------------------|

Expensed Materials, Parts, and Supplies (not for resale)

- | | |
|--|------|
| 4. 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 6 . Report leased and rented equipment in line 8 | 1824 |
| 5. 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 |

Expensed Purchased Services

- | | | | |
|----|---|--|------|
| 6. | 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 |
| 7. | Purchased electricity and fuels (except motor fuels) | - If the cost of electricity and heating fuels (e.g., natural gas, propane, oil, coal) are included in lease or rental payments, report in line 8 | 1827 |
| 8. | Lease and rental payments | - For land, buildings, offices, structures, 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. | 1828 |

52000049



5 OPERATING EXPENSES - (Continued)

Report operating expenses for this firm's locations as defined in ① for the following categories.

- Enter "0" where applicable.
- Estimates are acceptable.
- Do not combine data for two or more detail lines.

Exclude:

- Transfers made within the company
- Capitalized expenses
- Bad debt
- Impairment
- Income Tax

Expensed Purchased Services - (Continued)

Mark "X"
if None

[illegible]

6 NON-OPERATING INTEREST EXPENSE

Report non-operating interest expense for all this firm's locations as defined in 1 for the following category.

- Enter "0" where applicable.
- Estimates are acceptable.

Exclude:

- Transfers made within the company
- Capitalized interest

Mark "X"
if None

2010 Non-operating Interest Expense			
\$ Bil.	Mil.	Thou.	Dol.

7 Not Applicable.

8 E-COMMERCE REVENUE

E-commerce includes sales, receipts, and contributions from any transaction completed over an Internet, extranet, EDI network, electronic mail, or other online system. Transactions are agreements between buyers and sellers to transfer ownership of, or rights to use, goods or services. Payment for these goods and services may or may not be made online.

Did the revenue reported in 3 include any e-commerce revenue?

☐

Yes - **What was this firm's e-commerce revenue?** 2000

0011

☐

No - **Go to 11.**

2010 E-Commerce Revenue			
\$ Bil.	Mil.	Thou.	Dol.

9 and 10 Not Applicable.

52000064



11 CHANGE IN STRUCTURE**Did you have an Employer Identification Number (EIN) change in 2010?**

EIN (9 digits)

0015

☐Yes - **Enter the new EIN.**

0013

☐No - **Continue.****Was there a change in ownership or control?**

0018

Month

Year

☐Yes - **Provide the date of the change and the firm's information.**

0016

(for multiple mergers, provide each firm's information as an attachment to this report)

☐No - **Go to 12.**

0017

Name of company acquired or merged with

Street Address

City

State

ZIP Code

EIN (9 digits)

0019

Specify the nature of this change here. ↗

0035

12 REMARKS - Please provide an explanation for any inconsistent or incomplete data that would aid in understanding this report. For any separate correspondence pertaining to this report, please include the identification number shown in the address label area at the top of the first page.

0027

13 CERTIFICATION - This report is substantially accurate and has been prepared in accordance with the instructions.

0020

Name of person to contact regarding this report (*Please print*)

0024

Title

0021

Address (Number and street)

City

State

ZIP Code

0022

Telephone

Area code

Number

Extension

0023

Fax

Area code

Number

0026

E-mail address

0025

Date Completed

Month

Day

Year

Return completed form to:

U.S. CENSUS BUREAU
1201 East 10th Street
Jeffersonville, IN 47132-0001

or fax to: 1-800-447-4613

Public reporting burden for this collection of information is estimated to average 3.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0422, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-0422" as the subject. Please include form name and number in all correspondence. Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the top right corner on the front of this form.

To see aggregate industry results of previous Service Annual Surveys, go to the following website:www.census.gov/services/index.html

52000072



2010 Annual Services Report

Instructions for Finance and Insurance Firms

U.S. DEPARTMENT OF COMMERCE
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U.S. CENSUS BUREAU

General Instructions

- Report data on an accrual basis, except for payroll.
- Dollars 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 in revenue:

- Report gross billings, **except** where noted elsewhere on the form.
- Amounts received for work subcontracted to others.
- Revenue from services performed by domestic locations of foreign parent firms, subsidiaries, branches, etc.
- Dues and assessments from members and affiliates.
- Income from investments, sales of company-owned real estate (land and building) or other assets (except inventory held for resale), securities, gifts, loans, contributions, and grants.
- Interest earned from financing leases. Interest earned from sales, rent or lease under capital, finance, or full payout. Also include interest, dividends, and royalties.
- Net realized gains (losses) within specified area(s) of activity.
- Rents from separately operated departments, concessions, etc., which are leased to others.

Exclude from revenue:

- Net unrealized gains (losses).
- Taxes collected directly from customers or clients and paid directly to a local, state, or federal tax agency.
- Revenue of separately operated departments, concessions, etc., which are leased to others.
- Revenue from customers for carrying or other credit charges.
- 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).
- Revenue from the sale of used equipment.

Item Specific Instructions

Item 5 - Operating Expenses

Line 1 - 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.

Line 14 - 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.