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

FORM
SA-52400E (10-05-2017)

2017 ANNUAL SERVICES REPORT

Due Date

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Call 1-877-787-9860, option "1"
(8:00 a.m. - 5:00 p.m. ET, M-F)
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1201 East 10th Street
Jeffersonville, IN 47132-0001

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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 2017, 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

0035

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

52400017

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 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)

Does this firm report payroll under EIN

0013 ☐ Yes

☐ No - *Enter current 9-digit EIN **AND** date payroll was first reported for this EIN* 0015

EIN (9 digits) ___ - ___

0088 Month ___ Day ___ Year ___

3 ORGANIZATIONAL CHANGE

A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2017?

0016 ☐ Yes

☐ No - *Go to* 4

B. Which of the following organizational changes occurred in 2017?

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**
		___ - ___

52400025

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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 2017 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

2017		
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 2017?

Include:

- 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.
- E-commerce revenue.

Exclude:

- Transfers made within the company.
- 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.

		Mark "X" if None	2017 $ Bil.	Mil.	Thou.	Dol.
1.	**Health and medical insurance products - net premiums earned - Include** comprehensive medical service plans, individual service medical coverage plans (e.g., supplemental Medicare, CHAMPUS, other), and other health and medical insurance products	2180 ☐				
2.	**All other operating revenue -** Revenue not reported in line **1. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below** 7					
		1799 ☐				
3.	**TOTAL OPERATING REVENUE** *Sum of lines **1 and 2***	1800				

7 Not Applicable.

52400033

CONTINUE ON PAGE 4

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 2017?

0040 ☐ Yes

☐ No

B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2017?

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, kiosks, etc.) in 2017?

0042 ☐ Yes

☐ No

D. Of the total 2017 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

2017			
$ Bil.	Mil.	Thou.	Dol.

OR 2501

2017
Percent
%

9–12 Not Applicable.

13 BENEFITS PAID (LOSSES)

What were the benefits paid to policyholders (losses) for this firm as defined in 1B?

Benefits paid (losses) - Benefits paid to policyholders (losses) for health insurance and hospital and medical service plans 2185

Mark "X" if None ☐

2017			
$ Bil.	Mil.	Thou.	Dol.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2017?

Exclude:

- Transfers made within the company.
- Capitalized expenses.
- Bad debt.
- Impairment.
- Income tax.
- Benefits paid to policyholders (losses).

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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CONTINUE ON PAGE 5

14 OPERATING EXPENSES - Continued

		Mark "X" if None	2017 $ 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:					
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 1841	☐				
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 . . 1842	☐				
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) 1843	☐				
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 1844	☐				
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 packaged software in line **3a.** Report leased and rented equipment in line **3i** 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	☐				

CONTINUE WITH 14 ON PAGE 6

CONTINUE ON PAGE 6

14 OPERATING EXPENSES - Continued

		Mark "X" if None	2017 $ Bil.	Mil.	Thou.	Dol.
3.	**Expensed Purchased Services** - Continued					
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 communication services -** Telephone, cellular, and fax services; computer-related communications (e.g., Internet, connectivity, online), and other wired and wireless communication services 1846	☐				
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 1848	☐				
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 **4d** 1849	☐				
f.	**Purchased electricity -** If the cost of electricity is included in lease or rental payments, report in line **3j** 1850	☐				
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** 1851	☐				
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** 1852	☐				
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 1853	☐				
j.	**Lease and rental payments for land, buildings, structures, store spaces, and offices - Include** penalties incurred for broken leases 1854	☐				
k.	**Purchased advertising and promotional services - Include** marketing and public relations services 1830	☐				
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 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.	**Operating interest expense** 2110	☐				

CONTINUE WITH 14 ON PAGE 7

CONTINUE ON PAGE 7

14 OPERATING EXPENSES - Continued

	Mark "X" if None	2017 $ Bil.	Mil.	Thou.	Dol.
4. Other Operating Expenses - Continued					
d. 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** benefits paid to policyholders (losses), report these in 13. **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**					
1859	☐				
5. TOTAL OPERATING EXPENSES *Sum of lines **1a through 4d*** 1900					

15 and 16 Not Applicable.

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CONTINUE ON PAGE 8

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 2017 ANNUAL SERVICES REPORT.
We suggest you keep a copy for your records.

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