

3 REVENUE

A. GROSS BILLINGS/PROFESSIONAL SERVICE FEES – Report the professional service fee, or gross billings for the company

B. Direct costs of worksite employees – Report salaries, wages, employment-related taxes, benefit premiums, and worker’s compensation insurance costs, for PEO worksite employees

C. Net Revenue – Difference between lines **A** and **B**.

D. Are the revenues reported in A above book figures or estimates?

\$ Bil.	Mil.	Thou.	Dol.
1 <input type="checkbox"/> Book figures 2 <input type="checkbox"/> Estimates			

4 REPORT PERIODS

- 1 Yes – Continue with **5**
- 2 No – Provide beginning and ending dates for the most recent and prior quarters.

Beginning date

Ending date

Most recent quarter		
Month	Day	Year

5 SOURCE OF GROSS BILLINGS

What percentage of gross billings (reported in 3A) is received from each of the following types of customers?

Estimates are acceptable if book figures are not available.

1. Government (local, State, and Federal)

2. Business firms and not-for-profit organizations

3. Household consumers and individual users

Total

10	%
11	%
12	%
100%	

6 ORGANIZATIONAL CHANGE 1 <input type="checkbox"/> YES → 1 <input type="checkbox"/> acquired 2 <input type="checkbox"/> merged with 3 <input type="checkbox"/> sold to 2 <input type="checkbox"/> NO	Name of company acquired/merged with/sold to														
	Number and street														
	City, State, and ZIP Code														
	Date of acquisition merger or sale. →	<table border="1"> <tr> <th>Month</th> <th>Year</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Month	Year			EIN →	<table border="1"> <tr> <td> </td> <td>-</td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		-					
Month	Year														
	-														

7 REMARKS – Please use this space for comments or to explain any significant difference between your current and prior quarter revenue.

8 CONTACT INFORMATION			
Name of person to contact regarding this report	Telephone		
	Area code	Number	Extension
E-mail address	Fax		
Company website			
	Area code	Number	

THANK YOU
for completing your Quarterly Services Survey.

Public reporting burden for this collection of voluntary information is estimated to average 15 minutes 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 0607-0907, 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 0607-0907" 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 number from the Office of Management and Budget. This 8-digit number appears in the top right corner on the front of this form.