



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

FORM

HC-62107 (11-16-2011)

2012 ECONOMIC CENSUS

Ambulance Services

OMB No. 0607-0934: Approval Expires 12/31/2013

DUE DATE
FEBRUARY 12, 2013

(Please correct any errors in this mailing address.)

Need help or have questions?

- **Read** the accompanying information sheet(s) before answering the questions.
- **Visit** econhelp.census.gov
- **Call** 1-800-233-6136, between 8:00 a.m. and 6:00 p.m., Eastern time, Monday through Friday.

HC-62107

INFORMATION COPY
DO NOT USE TO REPORT

Report Online - It's fast and secure!
Go to: econhelp.census.gov

- OR -

Mail your
completed
form to:

U.S. CENSUS BUREAU
1201 East 10th Street
Jeffersonville, IN 47134-0001

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. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

- Use blue or black ballpoint pen.
- Do not use pencil or felt-tip pen.
- Do not put slashes through 0 or 7.
- Please center numbers in their respective boxes.
- Place an "X" inside the box.

Examples:

☒ 0 1 2 3 4 5 6 7 8 9

The reporting unit for this form is an establishment. An **establishment** is generally a single physical location where business is conducted or where services or industrial operations are performed. For further clarification, see information sheet(s).

1 EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) shown to the left of the mailing address the same as the one used for this establishment on its latest 2012 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021 ☐ Yes - Go to **2** 0022 ☐ No - Enter current EIN (9 digits) → 0025

-

2 PHYSICAL LOCATION

A. Is this establishment's physical location the same as shown in the mailing address?
(P.O. Box and rural route addresses are not physical locations.)

0031 ☐ Yes - Go to line B

0032 ☐ No - Enter →
physical
location

0035 Number and street

0036 City, town, village, etc.

0037 State

0038 ZIP Code

-

CONTINUE WITH **2** ON PAGE 2

PENALTY FOR FAILURE TO REPORT

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2 PHYSICAL LOCATION - Continued

B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?
(Mark "X" only ONE box.)

0041 ☐ Yes 0042 ☐ No 0043 ☐ No legal boundaries 0044 ☐ Do not know

C. In what type of municipality is this establishment physically located?
(Mark "X" only ONE box.)

0046 ☐ City, village, or borough 0047 ☐ Town or township 0048 ☐ Other 0024 ☐ Do not know

3 OPERATIONAL STATUS

Which ONE of the following best describes this establishment's operational status at the end of 2012?
(Mark "X" only ONE box.)

0011 ☐ In operation

0013 ☐ Temporarily or seasonally inactive

0014 ☐ Ceased operation - Give date at right →

0015 ☐ Sold or leased to another operation - Give date at right
AND enter name and address of new owner or operator
and Employer Identification Number (EIN) below ↴

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

0060 Name of new owner or operator

0061 EIN (9 digits)

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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0062 Mailing address (Number and street, P.O. Box, etc.)

0063 City, town, village, etc.

0064 State

0065 ZIP Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
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0016 ☐ Other - Specify →

0815

4 MONTHS IN OPERATION

Mark "X"
if None

2012
Number

Number of months in operation during 2012 (If none, mark "X" and go to 30.) 0002

☐

<input type="text"/>	<input type="text"/>
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62107024



If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

**HOW TO
REPORT
DOLLAR
FIGURES**

Dollar figures should be **rounded to thousands** of dollars.

If a figure is **\$2,035,628.79**:

Report →

Mark "X"
if None

☐

If a value is "0" (or less than \$500.00):

Report →

☒

2012		
\$ Bil.	Mil.	Thou.
	2	036
EXAMPLE		

5 REVENUE OR RECEIPTS

A. Tax Status

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

0103 ☐ Yes - Complete line C

0104 ☐ No - Complete line B

B. Operating receipts of this (taxable) establishment 0100

Mark "X"
if None

☐

C. Revenue and expenses of this (tax-exempt) establishment

1. Revenue 0101

☐

2. Expenses (Include payroll, exclude bad debt and other expenses identified on the information sheet.) 0140

☐

2012		
\$ Bil.	Mil.	Thou.

6 Not Applicable.

7 EMPLOYMENT AND PAYROLL

Include:

- Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown to the left of the mailing address or corrected in 1.

Exclude:

- Temporary staffing obtained from a staffing service.
- Contractors, subcontractors, or independent contractors.
- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.
- Purchased or managed services, such as janitorial, guard, or landscape services.
- Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services.

For further clarification, see information sheet(s).

Mark "X"
if None

A. Number of employees for pay period including March 12 0320

☐

2012		
Number		

B. Payroll before deductions
(Exclude employer's cost for fringe benefits.)

Mark "X"
if None

1. Annual payroll 0300

☐

2. First quarter payroll (January-March 2012) 0310

☐

2012		
\$ Bil.	Mil.	Thou.

8-18 Not Applicable.

19 KIND OF BUSINESS OR ACTIVITYWhich **ONE** of the following best describes this establishment's principal kind of business or activity in 2012?

If none of the provided selections seem appropriate, provide a specific description of the primary business activity.

Mark "X" only **ONE** box.**Ambulance services**0700 621 910 00 2 ☐ Ambulance or rescue services621 910 00 8 ☐ Air ambulance services**Other transportation services**485 991 00 2 ☐ Transportation services for the disabled or elderly - without medical care481 211 00 2 ☐ Air taxi services**Other kind of business or activity**773 000 00 2 ☐ Other kind of business or activity - Describe type of business or activity

0701

**INFORMATION COPY
DO NOT USE TO REPORT****20 and 21** Not Applicable.**22** DETAIL OF REVENUE OR RECEIPTS*(Report receipts or revenue by source (reported in 5) in dollar figures. See HOW TO REPORT DOLLAR FIGURES on page 3. Do not combine data for two or more receipts or revenue lines. Both taxable and tax-exempt establishments should complete all applicable lines.)***Line 1a** - Report receipts from emergency ambulance transportation by ground or water.**Line 1b(1)** - Report receipts from emergency transportation services in fixed wing air ambulance.**Line 1b(2)** - Report receipts from emergency transportation services in rotary wing air ambulance.**Line 2a** - Report receipts from non-emergency ambulance transportation by ground or water.**Line 3** - Report receipts from planning and stationing of ambulances and/or emergency medical personnel and equipment at entertainment and special event sites to provide ambulance transport and/or first-aid assistance if needed. Report receipts from providing actual transportation and medical assistance in an ambulance on the appropriate detail lines under **lines 1** and **2**.**Line 10** - Report revenue from investments, including interest and dividends. Exclude unrealized gains or losses. Report proceeds from the sale of investments and other assets on **line 11**.**Line 11** - Report the net gain (or loss) from the sale or trade of real property and financial assets, such as stocks and bonds. Exclude unrealized gains or losses.

Description of revenue or receipts		2012		
		Report thousands of dollars. Estimates are acceptable.		
		\$ Bil.	Mil.	Thou.
1. Emergency ambulance services				
a. Surface ambulance	30760	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Air ambulance				
(1) Fixed wing	30771	<input type="text"/>	<input type="text"/>	<input type="text"/>
(2) Rotary wing	30772	<input type="text"/>	<input type="text"/>	<input type="text"/>
(3) Add lines 1b(1) and 1b(2)	30770	<input type="text"/>	<input type="text"/>	<input type="text"/>

CONTINUE WITH **22** ON PAGE 5

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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

22 DETAIL OF REVENUE OR RECEIPTS - Continued

Description of revenue or receipts	2012		
	Report thousands of dollars. Estimates are acceptable.		
	\$ Bil.	Mil.	Thou.
2. Non-emergency ambulance services			
a. Surface ambulance 30790			
b. Air ambulance			
(1) Fixed wing 30800			
(2) Rotary wing 30800			
(3) Add lines 2b(1) and 2b(2) 30800			
3. Standby ambulance and/or first-aid services 30370			
4. Other ambulance services - <i>Describe</i> ↴			
<div style="border: 1px solid black; height: 30px; width: 550px;"></div> 30360			
5. Rental or lease of goods and/or equipment			
a. Medical equipment 39512			
b. All other goods and/or equipment 39513			
c. Add lines 5a and 5b 39500			
6. Resale of merchandise - <i>Describe</i> ↴			
<div style="border: 1px solid black; height: 30px; width: 550px;"></div> 39600			
7. All other operating receipts - <i>Describe if more than 10 percent of total receipts or revenue</i> ↴			
<div style="border: 1px solid black; height: 30px; width: 550px;"></div> 39778			
8. OPERATING RECEIPTS - For taxable establishments, sum of preceding lines should equal 5, line B 39850			

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CONTINUE ON PAGE 6

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22 DETAIL OF REVENUE OR RECEIPTS - Continued

Description of revenue or receipts	2012		
	Report thousands of dollars. Estimates are acceptable.		
	\$ Bil.	Mil.	Thou.
9. Contributions, gifts, and grants			
a. Government 39900			
b. Private, including individuals, community efforts, and fundraising (Include commissioned fundraising.) 39910			
10. Investment income, including interest and dividends 39920			
11. Gains (losses) from assets sold (Report losses by including a dash prior to the dollar amount.) 39920			
12. All other revenue - Describe if more than 10 percent of total receipts or revenue 			
<div style="border: 1px solid black; height: 30px; width: 550px;"></div> 39967			
13. TOTAL REVENUE - For tax-exempt establishments, sum of lines should equal 9, line C1 39990			

23-29 Not Applicable.

REMARKS (Please use this space for any explanations that may be essential in understanding your reported data.)

30 CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.Is the time period covered by this report a
calendar year?☐

Yes

☐

No - Enter time period covered →

FROM

Month

Year

TO

Month

Year

Name of person to contact regarding this report

Title

Tele-
phone

Area code

Number

Extension

Fax

Area code

Number

E-mail address

Date
completed

Month

Day

Year

Thank you for completing your 2012 ECONOMIC CENSUS form.**PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.**

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