



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

FORM

QSS-1pA (08-26-2015)

QUARTERLY SERVICES SURVEY

Due Date	
Need help or have questions? Call 1-800-772-7851 (8:30 a.m. - 5:00 p.m. ET, M-F) or Visit https://econhelp.census.gov/qss	
YOUR CENSUS REPORT IS CONFIDENTIAL. This report is authorized by law (Title 13, United States Code, Sections 131 and 132). Under Section 9 of the same law, your report to the Census Bureau 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. The law also provides that information that you report cannot be used for taxation, regulation, or investigation and are exempt from release under the Freedom of Information Act. Further, copies of your response retained in your files are immune from legal process.	

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

Return via Internet: https://econhelp.census.gov/qss	Return via Fax: 1-800-447-4613	To view Survey Results: https://www.census.gov/services
Username: <input type="text"/>		
Password: <input type="text"/>		

GENERAL INSTRUCTIONS

- Any significant change in this firm's operations should be noted in ③
- For establishments sold or acquired during the quarter(s), 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
- Report data on an accrual basis
- Dollars should be rounded to the nearest dollar
- If a figure is \$1,030,280,456 it should be reported as →

Bil.	Mil.	Thou.	DoI.
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 ①
- Data for auxiliary facilities primarily engaged in supporting services to this firm's establishment(s) such as warehouses, garages, central administrative offices, and repair services

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 NOT TO BE USED TO REPORT

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1 SURVEY COVERAGE

Did this firm provide the business activities described below?

Yes

No - Specify this firm's business activity ↴

2 Not Applicable.

3 ORGANIZATIONAL CHANGE

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

Yes

No - Go to **4**

B. Which of the following organizational changes occurred in the

Check all that apply. If more than one organizational change occurred during the reporting period, explain in **8**.

Acquisition

Merger

Sale

Divestiture

Date of organizational change

AND

Enter detailed information below ↴

Month	Day	Year

Name of company	EIN (9 digits)
	-

Address (Number and street, P.O. Box, etc.)

City, town, village, etc.	State	ZIP Code
		-

4 REPORTING PERIOD

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

Calendar quarter

Other - Report beginning and ending dates

Beginning Date		
Month	Day	Year
End Date		
Month	Day	Year

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5 SALES, RECEIPTS, OR REVENUE

\$ Bil.	Mil.	Thou.	Dol.

A. What were this firm's gross billings/professional service fees in the

B. What were this firm's direct costs of worksite employees in the

Report salaries, wages, employment-related taxes, benefit premiums, worker's compensation insurance costs for PEO worksite employees.

C. What was this firm's net revenue in

5A minus 5B.

6 CLASS OF CUSTOMER

What percentage of gross billings/professional service fees reported in 5A was received from the following classes of customer in the

	Percent
A. Household consumers and individual users	%
B. Business firms and not-for-profit organizations	%
C. Government (Federal, state, and local)	%
	100 %

7 Not Applicable.

8 REMARKS - Please use this space to explain any significant quarter-to-quarter changes, to clarify responses, or indicate where data were estimated.

9 CONTACT INFORMATION

Name of person to contact regarding this report (Please print)				Title			
Telephone	Area code	Number	Extension	Fax	Area code	Number	
		-				-	
Website							

THANK YOU for completing your QUARTERLY SERVICES SURVEY.

We suggest you keep a copy for your records.

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.

You are not required to respond to this collection of information if it does not display a valid approval number from the Office of Management and Budget (OMB). The eight-digit OMB number is 0607-0907 and appears in the upper right corner of the report form.

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