# 2002 ECONOMIC CENSUS 

ACCOUNTING, TAX PREPARATION, BOOKKEEPING, AND PAYROLL SERVICES
FORM
PS-54102

## DUE DATE FEBRUARY 12, 2003 <br> DUE DATE FEBRUARY 12, 2003

Mail your completed form to:

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

Please read the accompanying information sheet(s) before answering the questions.

Need help or have questions about filling out this form?
Visit our Web site at www.census.gov/econhelp

Call 1-800-233-6136, between 8:00 a.m. and 8:00 p.m., Eastern time, Monday through Friday.

- OR -

Write to the address above. Include your 11-digit Census File Number (CFN) printed in the mailing address.

PS-54102
$\qquad$ 1
4102

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 ink.
- Do not use pencil.
- Place an "X" inside the box.
- Please center numbers in their respective boxes. Examples:
- Do not put slashes through 0 or 7 .

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).

## MONTHS IN OPERATION

Number of months in operation during 2002 (If none, mark "X" and go to 9 .) . . . . . . 0002


2 EMPLOYER IDENTIFICATION NUMBER
Is the Employer Identification Number (EIN) shown in the mailing address the same as the one used for this establishment on its latest 2002 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?
$0021 \square$ Yes
0022
$\square \quad$ No - Enter current EIN (9 digits) $\square$
$\square$
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.)

|  | Yes <br> No - Enter physical $\rightarrow$ location | 0035 Number and street |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | 0036 City, town, village, etc. | 0037 State | 0038 ZIP Code |  |
|  |  |  |  | - |  |

B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?
0041
$\square$ Yes
$0042 \square$ No
$0043 \quad \square$ No legal boundaries
0044Do not know
C. Type of municipality where this establishment is physically located
0046City, village, or borough
0047Town or township


> Dollar figures should be rounded to thousands of dollars.

If a figure is $\mathbf{\$ 1 , 0 2 5 , 6 2 8 . 7 9}$ :
If a value is " 0 " (or less than $\$ 500.00$ ):

| Mark "X" if None | 2002 |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | \$ Bil. | Mil. | Thou. | Dol. |
| Report |  | 1 | 026 |  |
| Report $\longrightarrow$ 区 |  |  |  |  |

SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Operating receipts $\qquad$

## E-COMMERCE SALES, SHIPMENTS, RECEIPTS, OR REVENUE

A. Did this establishment have any e-commerce sales, receipts, and/or revenue in 2002? (E-commerce includes sales, receipts, and/or revenue from any transaction completed over an Internet, Extranet, Electronic Data Interchange (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 or services may or may not be made online. Please see the information sheet(s) for further clarification.)

0181Yes - Go to line B
0182
 No - Go to $\boldsymbol{6}$
B. E-commerce sales, receipts, and/or revenue of this establishment (Include e-commerce sales, receipts, and/or revenue in 4. Exclude sales taxes.). . 0185

| 2002 |  |  |  |
| :---: | :---: | :---: | :---: |
| Estimates are acceptable |  |  |  |
| \$ Bil. | Mil. | Thou. | Dol. |
|  |  |  |  |
|  |  |  |  |

## 6 <br> 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 in the mailing address or corrected in 2.


## Exclude:

- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.
- Temporary staffing obtained from a staffing service.

For further clarification, see information sheet(s).

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

1. Annual payroll

0300
2. First quarter payroll (January-March, 2002)

0310

| Mark "X" <br> if None | 2002 |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | \$ Bil. | Mil. | Thou. | Dol. |
|  |  |  |  |  |  |
|  |  |  |  |
|  | $\square$ |  |  |  |

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.
(7) LEASED EMPLOYMENT AND PAYROLL
A. Did this establishment have any full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN?

## Exclude:

- Temporary staffing obtained from a staffing service.
- Contractors, subcontractors, or independent contractors.
- 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.
- Employees already reported in $\boldsymbol{6}$.

For further clarification, see information sheet(s).
0241Yes - Go to line $B$
$0242 \quad$ No - Go to 18
B. Number of leased employees for pay period including March 12
12.

| Mark "X" |
| :---: | :---: |
| if None |$\quad 2002$

$\qquad$

C. Payroll for leased employees before deductions (Exclude employer's cost for fringe benefits.)

1. Annual payroll for leased employees

0350

2. First quarter payroll for leased employees (January-March, 2002)


8-17 Not Applicable.
18 KIND OF BUSINESS OR ACTIVITY
Principal kind of business or activity in 2002
(Mark "X" only ONE box.)

## Offices of accountants

0700
$5412110016 \quad \square$ Certified public accountants (CPAs)
$5412110024 \quad \square$ Auditing services (CPAs)
$5412190018 \quad \square$ Accountants, excluding CPAs
Tax return preparation services, bookkeeping, billing, and payroll services provided by non-CPAs
$5412130014 \quad \square$ Income tax return preparation services, without also providing accounting, bookkeeping, or billing services
$5412142019 \quad \square$ Payroll services, without also providing accounting, bookkeeping, or billing services
$5412190026 \quad \square$ Bookkeeping services

## KIND OF BUSINESS OR ACTIVITY－Continued

Tax return preparation services，bookkeeping，billing，and payroll services provided by non－CPAs－ Continued
0700

| 5412190034 | $\square$ | Billing services |
| :--- | :--- | :--- |
| 5412141011 | $\square$ | Talent payment services |
| 5412190042 | $\square$ | Other accounting services provided by non－CPA firms－Specify |

0701
Other kinds of activities

| 5415122018 | $\square$ | Computer systems consultants，excluding systems integrators |
| :---: | :---: | :---: |
| 5416110012 | $\square$ | Administrative and general management consulting services |
| 5142100014 | $\square$ | Data processing service bureaus－providing data entry，image processing，database management，record conversion，and other computer processing services from central processing centers |
| 7775410215 | $\square$ | Other consulting services－Specify |

$7730000010 \square$ Other kind of business or activity－Specify

## 19 CLASS OF CUSTOMER

Estimate the percentage of receipts（reported in 4）by class of customer．

1．Business firms，farms，and not－for－profit organizations．

| 2002 |  |
| :--- | :--- |
| $\begin{array}{c}\text { Whole percent } \\ \text { of receipts }\end{array}$ |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  | $\%$ |
| 1 | 0 |$)$

5．TOTAL（Sum lines 1 through 4）

DETAIL OF SALES，SHIPMENTS，RECEIPTS，OR REVENUE
（Report receipts by source either as a dollar figure or as a whole percent of total receipts（reported in 4）．See HOW TO REPORT DOLLAR FIGURES on page 2 and HOW TO REPORT PERCENTS above．Do not combine data for two or more receipts lines．）
Line 1 －Include receipts for examining，reporting，analyzing，and confirming clients＇existing accounting records． Include reimbursement of expenses incurred for clients．
Line 2 －Include receipts for an examination made by a public accountant empowered by the treasury authorities to rule if a taxpayer with income above a given level has complied with the tax obligations that the law imposes．

## If not shown, please enter your 11-digit Census File

 Number (CFN) from the mailing address.
## DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

Line 3 - Include receipts for reviewing to assess whether the financial statements being reported on are plausible within the framework of the appropriate criteria. Agreed upon procedures include receipts from engagements to provide reports on the results of applying client-specified procedures to financial information.
Line 5a - Include receipts for preparing pre-adjusted trial balances (clients have own bookkeeper) and periodic financial statements for clients. Include combinations of bookkeeping and compilation and payroll services, where payroll services involve more than payroll calculations.
Line 5b - Include receipts for preparing trial balance, journals, ledgers, payroll, etc. May include payroll calculation services, but excludes payroll services alone. Exclude combinations of bookkeeping and compilation and payroll services, where payroll services involve more than payroll calculations.
Line 5c - Include receipts for payroll processing, withholding deductions, remitting deductions and employer's contributions to government-mandated and other plans, and filing reports.

Line 5d - Include receipts for preparation of income and other tax returns; review of returns prepared by others; filing of returns; preparation of supplementary documents associated with returns for businesses. Include compilation of financial statements when provided as a package with tax preparation for a single fee.
Line $\mathbf{5 e}$ - Include receipts for preparation of income and other tax returns; review of returns prepared by others; filing of returns; preparation of supplementary documents associated with returns for individuals.
Line $\mathbf{5 f}$ - Include receipts for providing advice on tax matters. If advice is provided as part of the preparation of tax returns then report on line $5 d$ or 5 e .
Line 6 - Include receipts for providing consultation design, development, installation or customization of a computerized accounting system, or provision of training and support to enable the client to use the computerized accounting system.
Line 7 - Include receipts for providing strategic and organizational planning, financial planning and budgeting, and other management consulting services. Receipts for tax consulting should be included with Tax Consulting Services For Individuals And Businesses, line $5 f$.
Line 8 - Include receipts for training in the accounting system, accounting theory, procedures and strategy.

Description of sales, shipments, receipts, or revenue

1. Financial auditing services
2. Tax auditing services
3. Financial statement review and agreed upon procedures
4. Other assurance and financial auditing services
5. Bookkeeping, compilation, payroll, and taxation services
a. General accounting services
b. Bookkeeping and compilation services
c. Payroll services
d. Tax preparation services for businesses
e. Tax preparation services for individuals
f. Tax consulting services for individuals and businesses
g. Sum lines 5a through $\mathbf{5 f}$
6. Computerized accounting systems services
7. Management consulting services

| Cenuse | 2002 |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Estimates are acceptable. Report dollars OR percents. |  |  |  |  |
|  | \$ Bil. | Mil. | Thou. | Dol. | Percent |
| 0720 | 0721 |  |  |  | 0722 |
| 34060 |  |  |  |  |  |
| 35800 |  |  |  |  |  |
| 35810 |  |  |  |  |  |
| 35820 |  |  |  |  |  |
| 34071 |  |  |  |  |  |
| 34072 |  |  |  |  |  |
| 34073 |  |  |  |  |  |
| 34074 |  |  |  |  |  |
| 34075 |  |  |  |  |  |
| 34076 |  |  |  |  |  |
| 34070 |  |  |  |  |  |
| 34080 |  |  |  |  |  |
| 36030 |  |  |  |  |  |

## DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

Description of sales, shipments, receipts, or revenue
8. Training services
9. All other operating receipts - Specify if more than 10 percent of total receipts

|  | 39539 |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| TOTAL OPERATING RECEIPTS - Sum of lines should equal 4 if reporting in dollars | 39690 |  |  |  |

## Not Applicable.

25 EXPORTED SERVICES
NOTE - An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions). Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.) are included. Services provided to domestic subsidiaries of foreign firms are excluded.
A. Did the receipts or revenue (reported in 4) include any amounts for exported services?

B. Amount of receipts or revenue for exported services


## SPECIAL INQUIRIES

A. SUPPORT SERVICES

Was this establishment primarily engaged in providing management, administrative, or support services to other establishments of the same company (rather than for the general public or other business firms) in 2002?

0998Yes

0999
No

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

## SPECIAL INQUIRIES - Continued

B. PERSONNEL AND PAYROLL BY OCCUPATION

Enter employment and payroll reported on IRS Form 941, Employer's Quarterly Federal Tax Return, by occupational category. The total of column 1 should equal the amount reported in $\boldsymbol{6}$, line $A$. The total of column 2 should equal the amount reported in $\boldsymbol{6}$, line B1.
Enter personnel who perform a variety of functions on the one line which best describes the primary nature of their work.
Lines 1 a and 1 b - Accountants who are members of a professional service corporation should be included here. Enter the proprietor or partners of unincorporated firms in line D, PROPRIETORS AND PARTNERS OF UNINCORPORATED BUSINESSES.
Line 1b-Licensed, registered, and public accountants, and accounting practitioners who are not certified by the state should be included here.

1. Type of employee working for this establishment
a. Certified public accountants (employees of firm)
b. Public accountants not certified (employees of firm)
c. Management consultants and other nonaccounting professional staff.
d. All others, including clerical and other support staff
2. Employees whose payroll is processed by this establishment, but who are not management and administrative employees of this establishment (i.e., employees or individuals serviced by payroll or talent payment services)
3. TOTAL (Sum of lines 1a through 2 should equal $\boldsymbol{6}$, line A for column 1 and $\boldsymbol{6}$, line B1 for column 2).

| $\begin{array}{\|l\|} \hline \text { Cen- } \\ \text { sus } \\ \text { use } \end{array}$ | Number of employees for pay period including March 12, 2002 | Annual payroll |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | $\begin{array}{\|l} \text { Cen- } \\ \text { sus } \\ \text { use } \end{array}$ | \$ Bil. | Mil. | Thou. | Dol. |
| 3251 |  | 3311 |  |  |  |  |
| 3252 |  | 3312 |  |  |  |  |
| 3253 |  | 3313 |  |  |  |  |
| 3254 |  | 3314 |  |  |  |  |
| 3255 |  | 3315 |  |  |  |  |
| 3200 |  | 3300 |  |  |  |  |

SPECIAL INQUIRIES - Continued
C. LEASED PERSONNEL AND PAYROLL BY OCCUPATION

Enter employment and payroll for leased employees whose payroll is filed under an employee leasing company's EIN by occupational category. The total of column 1 should equal the amount reported in $\mathbf{7}$, line B. The total of column 2 should equal the amount reported in $\mathbf{7}$, line C 1.
Enter personnel who perform a variety of functions (secretaries, etc.) on the one line which best describes the primary nature of their work.
Line 2 - Licensed, registered, and public accountants and accounting practitioners who are not certified by the state should be included here.

1. Certified public accountants
2. Public accountants not certified.
3. Management consultants and other nonaccounting professional staff
4. All other employees working for this establishment (including clerical and other support staff)
5. TOTAL (Sum of lines 1 through 4 should equal (7), line $B$ for column 1 and $\mathbf{7}$, line C1 for column 2)

| $\begin{array}{\|c} \text { Cen- } \\ \text { sus } \\ \text { use } \end{array}$ | Number of leased employees for pay period including March 12, 2002 | Cen-sus use | Annual payroll of leased employees |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | \$ Mil. | Thou. | Dol. |
| 3451 |  | 3481 |  |  |  |
| 3452 |  | 3482 |  |  |  |
| 3256 |  | 3483 |  |  |  |
| 3257 |  | 3498 |  |  |  |
| 3450 |  | 3480 |  |  |  |

D. PROPRIETORS AND PARTNERS OF UNINCORPORATED BUSINESSES

Unincorporated businesses should report each proprietor or partner not considered employees for federal tax purposes at this location. For businesses operating at more than one location, report the proprietor or partners at the location where they spend most of their working time.

|  | 2002 |
| :---: | :---: |
|  | Mark "X" |
| if None |  | | Number for the pay |
| :---: |
| period including |
| March 12 |

Active proprietor or partners at this location
Not Applicable.

## OPERATIONAL STATUS

Activity that best describes this establishment's status at the end of 2002
(Mark "X" only ONE box.)
0011
 In operation

0013
Temporarily or
$0014 \square$
Ceased operation - Give date at right $\square$

| Month | Day | Year |
| :--- | :--- | :--- |
|  |  |  | seasonally inactive

0015Sold or leased to another operator

- Give date at right AND enter new name and mailing address below


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

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

CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.


