# 2007 Annual Services Report Service Annual Survey

## **All Other Legal Services**

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



| FORM<br><b>SA-5411TE</b>   | 140 SAS_G<br>541199   |
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| REPORT DUE   |   |
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|  |   |
| Any questions call <b>1–800–772–7851</b><br>M–F, 8:30 a.m. to 5:00 p.m. EST.<br>or |   |
| Visit our web site:<br>www.census.gov/econhelp/sas                                 | Please correct any error in the name, address, or ZIP Code. |

## YOUR RESPONSE IS REQUIRED BY LAW

Title 13, U.S. Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau.

## YOUR RESPONSE IS CONFIDENTIAL BY LAW

Title 13, U.S. Code, requires that your response 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 copies retained in your files are **immune from legal process**.

## YOUR RESPONSE IS IMPORTANT

The services industries account for nearly 70 percent of all economic activity. We conduct this survey to obtain timely, comprehensive and consistent measures needed by policy-makers, businesses, and the public to accurately assess domestic economic performance.

FORM asr\_a\_07 (8-14-2007)

USCENSUSBUREAU

## **Annual Services Report**

- This report should be completed and returned on or before the due date in the preaddressed envelope provided.
- If filing within the required time frame will cause an undue burden and you would like an extension, or if you have any questions, please write to:

### U.S. CENSUS BUREAU 1201 East 10th Street Jeffersonville, IN 47132-0001

or call a Census Bureau Representative at 1-800-772-7851, weekdays from 8:30 a.m. to 5:00 p.m., Eastern Standard Time.

### Report Coverage

1

This report covers all domestic locations operated by your company and its subsidiaries primarily engaged in providing specialized legal or paralegal services (except offices of lawyers, real estate settlement offices, and title abstract offices). Examples of services covered by this industry include notary public, patent agent, or process services.

Does the above coverage describe this firm's business activity?

## 0001 1 Yes - Go to 2

2 No – Specify the firm's business activity and complete the report where applicable beginning with 12.

0002

## Report Periods

### What periods of time will this data represent?

- Report data for the 2007 calendar year if possible.
- For locations that were sold or acquired during the year, only report for the periods that this firm operated the locations.

|      |   |      |       | 2007 |      |
|------|---|------|-------|------|------|
|      |   |      | Month | Day  | Year |
|      |   | 0007 |       |      |      |
| 0006 | 2007 calendar year – Go to 3  | From |       |      |      |
|      | Cher than calendar year – Enter the periods this report will cover. |      |       |      |      |
|      | (e.g., fiscal years, periods with less than a full calendar         | 8000 |       |      |      |
|      | year).  | То   |       |      |      |

## Revenue

Report the total revenue for this firm's locations defined in 1 for the following categories.

- Enter "0" where applicable.Estimates are acceptable.

### **Tax Status**

| ls   | this establishment operated on a <b>not-for-profit</b> basis? |  |
|------|---|--|
| 0031 | 1 Yes - Complete lines 1-4. Line 4 is sum of lines 1-3.       |  |

<sup>0031</sup> 2 No – Go to line 4

|      |   |       |      | 2007 Revenue |       |      |  |
|------|---|-------|------|--------------|-------|------|--|
|      |   |       | Bil. | Mil.         | Thou. | Dol. |  |
|      |   | 1741  |      |              |       |      |  |
| 1.   | Contributions, gifts, and grants received   |       | \$   |              |       |      |  |
|      |   | 1742  |      |              |       |      |  |
| 2.   | Investment and property income – Include interest and dividends. Exclude gains (losses) from assets sold  |       | \$   |              |       |      |  |
| 3.   | Program service and all other revenue – Revenue not reported in lines 1–2.  |       |      |              |       |      |  |
|      | Include capital gains and losses. If this item is greater than 20% of the total reverse specify the primary source of the revenue here $\kappa$ | enue, |      |              |       |      |  |
| 1001 |   | 1798  |      |              |       |      |  |
|      |   |       | \$   |              |       |      |  |

| I I I I I I I I I I I I I I I I I I I | 500     |  |
|---------------------------------------|---------|--|
|                                       |         |  |
| 4. TOTAL REVENUE                      | \$      |  |
|                                       | · · · · |  |

#### 4 Source of Revenue

### Report the percent of total operating revenue by type of customer.

- Enter "0" where applicable.Estimates are acceptable.

| Round percentage items to the nearest whole percent. | Source of Revenue |
|--|-------------------|
|  | 2007              |
| 1. Government – Local, state, or federal governments | 1761<br>%         |
| 2. Business firms and not-for-profit organizations   | 1762<br>%         |
| 3. Household consumers and individual users          | 1763<br>+ %       |
|  | 100%              |

#### **Operating Expenses** 5

Report operating expenses for this firm's locations as defined in 1 for the following categories.

- Enter "0" where applicable.
  Estimates are acceptable.
  Do not combine data of two or more detail lines.

### Exclude:

- Transfers made within the company Capitalized expenses •
- ٠
- Interest •
- •
- Bad debt Income tax •
- Impairment

| Personnel Costs   |          | 2007 | 7 Operati | ng Expe | nses |
|---|----------|------|-----------|---------|------|
|   |          | Bil. | Mil.      | Thou.   | Dol. |
| <ol> <li>Gross annual payroll – Total annual Medicare salaries and wages for all employees as<br/>reported on your firm's IRS Form 941, Employer's Quarterly Federal Tax Return, line 5(c) for<br/>the four quarters that correspond to the survey period.</li> </ol>   | 1821     | \$   |           |         |      |
| <ol> <li>Employer's cost for fringe benefits – Employer's cost for legally required programs and<br/>programs not required by law:</li> </ol>   |          |      |           |         |      |
| a. Health insurance – Insurance premiums on hospital plans, medical plans, and single service plans such as dental, vision, prescription drugs plan. Include premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs). Exclude employee contributions.   | 1841<br> | \$   |           |         |      |
| b. Pension plans:   |          |      |           |         |      |
| <ol> <li>Defined benefit pension plans – Costs for both qualified and unqualified defined<br/>pension plans. Pension plans that specify the benefit to be paid to employees upon<br/>retirement, generally either a specific amount or a percentage of compensation.<br/>Employer contributions are based on actuarial computations that include the<br/>employee's compensation and years of service and are not allocated to specific<br/>accounts maintained for employees.</li> </ol> | 1842     | \$   |           |         |      |
| 2. 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 profits sharing plans, money purchase (e.g., 401k, 403b) and stock bonus plans (e.g., ESOPs)  | 1843     | \$   |           |         |      |
| c. Other – Other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare)   | 1844<br> | \$   |           |         |      |
| <b>3. Temporary staff and leased employee expense</b> – Total costs paid to Professional Employee Organizations (PEOs) and staffing agencies for personnel. <b>Include</b> all charges for payroll, benefits and services.  | er 1823  | \$   |           |         |      |
| Expensed Materials, Parts and Supplies (not for resale)   |          |      |           |         |      |
| <ol> <li>Expensed equipment – Expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, and monitors). Report packaged software in line 6. Report leased and rented equipment in line 14.</li> </ol>   | 1824<br> | \$   |           |         |      |
| 5. 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<br> | \$   |           |         |      |
| Expensed Purchased Services   |          |      |           |         |      |
| 6. 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<br> | \$   |           |         |      |

#### Operating Expenses - (Continued) 5

### Report operating expenses for this firm's locations as defined in 1 for the following categories.

- Enter "0" where applicable.
  Estimates are acceptable.
  Do not combine data of two or more detail lines.

### Exclude:

- Transfers made within the company
- Capitalized expenses
  Impairment
- Interest
- Bad debt
- Income tax

## Expensed Purchased Services (Continued)

| 7.  | <b>Data processing and other purchased computer services – Include</b> web hosting, computer facilities management services, computer input preparation, data storage,  |      | 2007 Operating Expenses |      |       |      |  |  |  |
|-----|---|------|-------------------------|------|-------|------|--|--|--|
|     | computer time rental, optical scanning services, and other computer-related advice<br>and services, including training. <b>Exclude</b> expensed integrated systems, repair and<br>maintenance of computer equipment, payroll processing and credit card transaction<br>fees, and expenses for telecommunication services (e.g., Internet, connectivity, telephone)  | 1845 | Bil.                    | Mil. | Thou. | Dol. |  |  |  |
| 8.  | Purchased communication services – Telephone, cellular, and fax services; computer-<br>related communications (e.g., Internet, connectivity, online), and other wired and wireless<br>communication services  | 1846 | \$                      |      |       |      |  |  |  |
| 9.  | <b>Purchased repairs and maintenance to machinery and equipment</b> – Expensed repair and maintenance services to machinery, vehicles, equipment, and computer hardware. <b>Exclude</b> materials, parts, and supplies used for repairs and maintenance performed by this firm's employees.   | 1848 | \$                      |      |       |      |  |  |  |
| 10. | Purchased repairs and maintenance to buildings, structures, and offices – Include repair and maintenance to integral parts of buildings (e.g., elevators, heating systems). <b>Exclude</b> materials, parts, and supplies used for repairs and maintenance performed by this firm's employees. Report janitorial and grounds maintenance services in line <b>20</b> | 1849 | \$                      |      |       |      |  |  |  |
| 11. | Purchased electricity – If the cost of electricity is included in lease or rental payments, report in line 15.  | 1850 | \$                      |      |       |      |  |  |  |
| 12. | <b>Purchased fuels (except motor fuels)</b> – 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 <b>15</b> .  | 1851 | \$                      |      |       |      |  |  |  |
| 13. | Water, sewer, refuse removal, and other utility payments – Include the cost of hazardous waste removal. If the costs of these utilities are included in a lease or rental payment, report in line 15.   |      | \$                      |      |       |      |  |  |  |
| 14. | 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 | \$                      |      |       |      |  |  |  |
| 15. | Lease and rental payments for land, buildings, structures, store spaces, and offices – Include penalties incurred for broken leases.  | 1854 | \$                      |      |       |      |  |  |  |
| 16. | Purchased advertising and promotional services – Include marketing and public relations services.   | 1830 | \$                      |      |       |      |  |  |  |
| 17. | 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 | \$                      |      |       |      |  |  |  |

#### Operating Expenses - (Continued) 5

### Report operating expenses for this firm's locations as defined in 1 for the following categories.

- Enter "0" where applicable.
  Estimates are acceptable.
  Do not combine data of two or more detail lines.

### Exclude:

- Transfers made within the company
  Capitalized expenses
- Impairment Interest ٠
- ٠
- Bad debt
- Income tax

## **Other Operating Expenses**

|  |      | 2007     | Operati | ng Exper | nses |
|--|------|----------|---------|----------|------|
| 18. Depreciation and amortization charges – Include depreciation charges taken against   |      | Bil.     | Mil.    | Thou.    | Dol. |
| tangible assets owned and used by your firm, tangible assets and improvements owned by your firm within leaseholds, tangible assets obtained through capital lease agreements, and | 1831 |          |         |          |      |
| amortization charges against intangible assets (e.g., patents, copyrights). Exclude impairment.  |      | \$       |         |          |      |
|  |      |          |         |          |      |
| 19. Governmental taxes and license fees – Payments to government agencies for taxes and  | 1832 |          |         |          |      |
| licenses. Include business and property taxes. Exclude income taxes, and sales and excise  |      | \$       |         |          |      |
| taxes collected from customers.  |      | Ψ        |         | <u> </u> |      |
| 20. All other operating expenses - All other operating expenses not reported above,  |      |          |         |          |      |
| unless specifically excluded in the general instructions at the top of the page. Include   | 1859 |          |         |          |      |
| office postage and package delivery. <b>Exclude</b> purchases of merchandise for resale and non-operating expenses.  |      | \$       |         |          |      |
|  | 1900 |          |         |          |      |
|  | 1500 | <u>^</u> |         |          |      |
| 21. TOTAL OPERATING EXPENSES – Sum of lines 1–20   |      | \$       |         |          |      |

#### Interest Expense 6

### Report interest expense for all this firm's locations as defined in 1 for the following category.

- Enter "0" where applicable.Estimates are acceptable.

### Exclude:

- Transfers made within the company
  Capitalized expenses
  Impairment

- Bad debtIncome tax

|   |      | 2007 | Interest | Expense | 2007 Interest Expenses |  |  |  |  |  |
|---|------|------|----------|---------|------------------------|--|--|--|--|--|
|   |      | Bil. | Mil.     | Thou.   | Dol.                   |  |  |  |  |  |
| <b>1. Interest expense</b> – Interest expenses incurred in the financing of operations and long lived assets used in continuing operations. | 1856 | \$   |          |         |                        |  |  |  |  |  |

## 8 E-Commerce Revenue

E-commerce includes sales, receipts, and contributions from any transaction completed over an Internet, extranet, 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 and services may or may not be made online.

| Did the revenue reported in Q include any                             |      | 2007 E-Commerce Rever |       |      |  |  |  |  |  |
|---|------|-----------------------|-------|------|--|--|--|--|--|
| Did the revenue reported in 3 include any<br>e-commerce revenue? 2000 | Bil. | Mil.                  | Thou. | Dol. |  |  |  |  |  |
|   | 2000 |                       |       |      |  |  |  |  |  |
| 1 🗌 Yes – What was this firm's e-commerce revenue?                    |      | \$                    |       |      |  |  |  |  |  |
| $^{0011}$ 2 $\square$ No – Go to 9                                    |      |                       |       |      |  |  |  |  |  |

## 9 Export Revenue

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). **Include:** 

• Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.).

### Exclude:

0

· Services provided to domestic subsidiaries of foreign firms.

|  |      | 2007 Export Revenue |      |       |      |  |  |
|--|------|---------------------|------|-------|------|--|--|
| Did the revenue reported in <b>3</b> include any revenue |      | Bil.                | Mil. | Thou. | Dol. |  |  |
| from exports? 2  | 2100 |                     |      |       |      |  |  |
| 1 🗌 Yes – What was this firm's revenue from exports?     |      | \$                  |      |       |      |  |  |
| $^{009}$ 2 No – Go to 11                                 |      |                     |      |       |      |  |  |

10 Not Applicable

| Page 10  |
|--|
| 11 Change in Structure   |
| Did you have an Employer Identification Number (EIN) change in 2007?   |
| 0015   |
|  |
| 2 No – Continue  |
| Was there a change in ownership or control?  |
| 1  |
| 0016 (for multiple mergers, provide each firm's information as an attachment to this report)<br>0017 Name of company acquired or merged with   |
|  |
| Street address   |
|  |
| City, State, ZIP Code  |
| 0019   |
| EIN EIN EIN  |
|  |
|  |
|  |
| 12 Remarks – Please provide an explanation for any inconsistent or incomplete data that would aid in understanding this report.<br>For any separate correspondence pertaining to this report, please include the identification number shown in the  |
| address label area at the top of the first page.   |
| 0027   |
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|  |
| <b>13</b> Certification – This report is substantially accurate and has been prepared in accordance with the instructions.   |
| 0020     Name of person completing this report - Please print     0024     Title     0025     Date   |
| 0021 Address (Street address, City, State, ZIP Code)   |
|  |
| 0022     Telephone number     0023     Fax number     0026     E-mail address       Area code     Number     Extension     Area code     Number     Extension  |
|  |
| Return Completed form to:<br>U.S. CENSUS BUREAU<br>U.S. CENSUS BUREAU  |
| 1201 East 10th Street 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 0607-0422, U.S. Census Bureau, 4600   |
| Jeffersonville, IN 47132-0001 Silver Hill Road, AMSD-3X138, Washington, DC 20233. You may e-mail comments to Paperwork@census.gov; use<br>"Paperwork Project 0607-0422" 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 approval number from the Office of |
| or fax to: 1–800–447–4613 Management and Budget. This 8-digit number appears in the top right corner on the front of this form.  |

To see aggregate industry results of previous Service Annual Surveys, go to the following website: www.census.gov/econ/www/servmenu.html