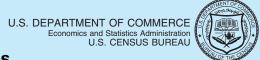
# **2007 Annual Services Report Service Annual Survey**



### All Other Miscellaneous Waste Management Services

**FORM** 

**SA-5629T** 

140 SAS\_G

562998

**REPORT DUE** 

Any questions call **1–800–772–7851** M–F, 8:30 a.m. to 5:00 p.m. EST. or

Visit our web site: 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.

2007

### **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.

### 1 Report Coverage

This report covers all domestic locations operated by your company and its subsidiaries primarily engaged in providing waste management services (except waste collection, waste treatment and disposal, remediation, operation of materials recovery facilities, septic tank pumping and related services, and waste management consulting services). Examples include beach maintenance and cleaning, sewer cleaning, storm basin cleanout, tank cleaning and disposal services.

|          | es the above coverage describe this firm's business activity?   |
|----------|---|
| 0001 1 2 | es – Go to 2<br>o – Specify the firm's business activity and complete the report where applicable beginning with 2. |
|          | 0002  |

### 2 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.

|      |   | 0007 | Month | Day | Year |
|------|---|------|-------|-----|------|
|      |   | 0007 |       |     |      |
| 0006 | 1 2007 calendar year – Go to 3  | From |       |     |      |
|      | 2 Other than calendar year – Enter the periods this report will cover |      |       |     |      |
|      | (e.g., fiscal years, periods with less than a full calendar           | 8000 |       |     |      |
|      | year).  | То   |       |     |      |
|      |   |      |       |     |      |

## 3 Operating Revenue

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

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

#### Exclude:

• Transfers made within the company.

| Nonhazardous   | Waste and Recyclable Material    |   |
|----------------|----------------------------------|---|
| Consolidation, | Storage, and Preparation Service | Ş |

| Coi  | nsolidation, Storage, and Preparation Services   |      | 2007 | 7 Operati | ing Reve | nue  |
|------|--|------|------|-----------|----------|------|
| 1.   | Nonhazardous recyclable material recovery preparation services – The recovery of   | 0001 | Bil. | Mil.      | Thou.    | Dol. |
|      | recyclable material, (e.g., cardboard, paper, plastics, metals, glass, organic waste), from the nonhazardous waste stream by bailing, cleaning, sorting, reducing volume and preparing | 3361 |      |           |          |      |
|      | for shipment.  |      | \$   |           |          |      |
|      |  |      |      |           |          |      |
| 2.   | Operation of nonhazardous waste transfer facilities – The transportation of  | 3362 |      |           |          |      |
|      | nonhazardous waste from a transfer station or intermediate processing site to another intermediate site or to a final disposal site.   |      | \$   |           |          |      |
|      | '  |      |      |           |          |      |
|      |  |      |      |           |          |      |
| Sal  | e or Brokerage of Nonhazardous Recyclable Material   |      |      |           |          |      |
| 3.   | Sale or brokerage of nonhazardous recyclable material – The sale or brokerage of   | 3363 |      |           | 1        |      |
|      | recyclable material, (e.g., cardboard, paper, plastics, metals, glass, organic waste)  |      | \$   |           |          |      |
|      | recovered from the nonhazardous waste stream   |      | Ψ    |           |          |      |
|      |  |      |      |           |          |      |
| Oth  | er Waste Management Services   | 3364 |      |           | T        |      |
|      |  |      | \$   |           |          |      |
| 4.   | Septic tank services – Pumping and cleaning of septic tanks and cesspools  |      | Ψ    |           |          |      |
| 5    | Cleaning and maintenance for nonhazardous waste holding and drain facilities –   | 3365 |      | 1         | 1        | ĭ    |
| J.   | Pumping and cleaning of catch basins and other nonhazardous holding facilities and   |      | _    |           |          |      |
|      | cleaning and rodding of drains and sewers, excluding transfer stations   |      | \$   |           |          |      |
|      |  | 3366 |      | 1         | T        | l .  |
| •    | <b>5</b>   |      | ¢.   |           |          |      |
| 6.   | <b>Portable toilet rental services –</b> The rental, pumping, and maintenance of portable toilets.   |      | \$   |           |          |      |
|      |  |      |      |           |          |      |
| ΑII  | Other Operating Revenue  |      |      |           |          |      |
| 7.   | All other operating revenue – Revenue not reported in lines 1–6. If this item is greater   |      |      |           |          |      |
|      | than 20% of total operating revenue, specify the primary source of the revenue here $\swarrow$   |      |      |           |          |      |
| 1560 | revenue nere Z   | 1799 |      |           |          |      |
|      |  |      | \$   |           |          |      |
|      |  |      |      |           |          |      |
|      |  | 1800 |      |           |          |      |
| 8.   | TOTAL OPERATING REVENUE – Sum of lines 1–7   |      | \$   |           |          |      |
| -    | <u> </u>   |      |      |           |          |      |
|      |  |      |      |           |          |      |
|      | Not Applicable   |      |      |           |          |      |

voi Applicable

### **Operating Expenses**

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 companyCapitalized expenses

- InterestBad debt

| •    | Income tax Impairment  |      |      |           |          |      |
|------|--|------|------|-----------|----------|------|
| Doro | sonnel Costs   |      | 200  | 7 Operati | ng Expei | nses |
| reis | Soffiler Costs   |      | Bil. | Mil.      | Thou.    | Dol. |
| 1.   | <b>Gross annual payroll</b> – Total annual Medicare salaries and wages for all employees as reported on your firm's IRS Form 941, Employer's Quarterly Federal Tax Return, line 5(c) for the four quarters that correspond to the survey period.   | 1821 | \$   | IVIII.    | mou.     | DOI. |
| 2.   | Employer's cost for fringe benefits – Employer's cost for legally required programs and programs not required by law:  |      |      |           |          |      |
|      | 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 | \$   |           |          |      |
|      | b. Pension plans:  |      |      |           |          |      |
|      | 1. Defined benefit pension plans – Costs for both qualified and unqualified defined pension plans. Pension plans that specify the benefit to be paid to employees upon retirement, generally either a specific amount or a percentage of compensation. Employer contributions are based on actuarial computations that include the | 1842 |      |           |          |      |
|      | employee's compensation and years of service and are not allocated to specific accounts maintained for employees.  |      | \$   |           |          |      |
|      | <ol> <li>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</li> </ol>   | 1843 |      | ı         |          |      |
|      | 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)   |      | \$   |           |          |      |
|      |  |      |      |           |          |      |
|      | c. Other – Other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare).   | 1844 | \$   |           |          |      |
|      |  |      |      |           |          |      |
| 3.   | <b>Temporary staff and leased employee expense</b> – Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. <b>Include</b> all charges for payroll, benefits and services.  | 1823 | \$   |           |          |      |
| Ехр  | ensed Materials, Parts and Supplies (not for resale)   |      |      |           |          |      |
|      |  |      |      |           |          |      |
| 1    | Expensed equipment – Expensed computer hardware and other equipment (e.g., copiers,  | 1824 |      |           |          |      |
| 4.   | fax machines, telephones, shop and lab equipment, CPUs, and monitors). Report packaged software in line <b>6.</b> Report leased and rented equipment in line <b>14.</b>  |      | \$   |           |          |      |
|      |  |      |      |           |          |      |
| 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 | \$   |           |          |      |
|      |  |      |      |           |          |      |
|      | ensed Purchased Services   |      |      |           |          |      |
| 6.   | <b>Expensed purchases of software</b> – Purchases of prepackaged, custom coded, or vendor  | 1826 |      |           |          |      |
|      | customized software. <b>Include</b> 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.  |      | \$   |           |          |      |
|      |  |      |      |           |          |      |

### Operating Expenses – (Continued)

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.

- · Transfers made within the company
- Capitalized expensesImpairment
- Interest
- Bad debt
- Income tax

### **Expensed Purchased Services (Continued)**

| 7.  | Data processing and other purchased computer services – Include web hosting, computer facilities management services, computer input preparation, data storage,                           |       | 2007 | Operati | ng Exper | nses |
|-----|---|-------|------|---------|----------|------|
|     | computer time rental, optical scanning services, and other computer-related advice  |       | Bil. | Mil.    | Thou.    | Dol. |
|     | and services, including training. <b>Exclude</b> expensed integrated systems, repair and  | 1845  |      |         |          |      |
|     | maintenance of computer equipment, payroll processing and credit card transaction fees, and expenses for telecommunication services (e.g., Internet, connectivity, telephone)             |       | \$   |         |          |      |
|     | toos, and expenses for telescentification convicted (e.g., mornet, conficulty, telephone)   |       |      |         |          |      |
| R   | Purchased communication services – Telephone, cellular, and fax services; computer-   | 1846  |      |         | 1        |      |
| 0.  | related communications (e.g., Internet, connectivity, online), and other wired and wireless   | 10-10 |      |         |          |      |
|     | communication services  |       | \$   |         |          |      |
|     |   |       |      |         |          |      |
| 9.  | Purchased repairs and maintenance to machinery and equipment – Expensed repair and  | 1848  |      | 1       |          |      |
|     | maintenance services to machinery, vehicles, equipment, and computer hardware. <b>Exclude</b> materials, parts, and supplies used for repairs and maintenance performed by this           | 1040  |      |         |          |      |
|     | firm's employees.   |       | \$   |         |          |      |
|     |   |       |      |         |          |      |
| 10. | Purchased repairs and maintenance to buildings, structures, and offices – Include repair and maintenance to integral parts of buildings (e.g., elevators, heating systems).               | 1010  |      | 1       | 1        |      |
|     | <b>Exclude</b> materials, parts, and supplies used for repairs and maintenance performed by   | 1849  |      |         |          |      |
|     | this firm's employees. Report janitorial and grounds maintenance services in line 20  |       | \$   |         |          |      |
|     |   | 1850  |      |         |          |      |
| 11. | Purchased electricity - If the cost of electricity is included in lease or rental payments,   |       |      |         |          |      |
|     | report in line 15   |       | \$   |         |          |      |
|     |   |       |      |         |          |      |
| 12. | Purchased fuels (except motor fuels) – Fuel for heating, power or generating electricity  | 1851  |      |         |          |      |
|     | (e.g., natural gas, propane, oil, coal). If the costs are included in lease or rental payments, report in line 15.  |       | \$   |         |          |      |
|     | Teport III IIIIe 13   |       | [Ψ   |         |          |      |
| 40  | Makey according to the control and other utility necessaries. Include the cost of horsesters  |       |      | ,       |          |      |
| 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 | 1852  |      |         |          |      |
|     | in line 15.   |       | \$   |         |          |      |
|     |   |       |      |         |          |      |
| 14. | Lease and rental payments for machinery, equipment, and other tangible items -  |       |      |         |          |      |
|     | <b>Include</b> lease and rental of transportation equipment without operators; and penalties  | 1853  |      |         |          |      |
|     | incurred for broken leases. <b>Exclude</b> capital and financing lease agreements and licensing/leasing of software.  |       | \$   |         |          |      |
|     | incertsing/leasing of software  |       | Ψ    |         |          |      |
|     |   | 1854  |      | 1       |          |      |
| 15  | Lease and rental payments for land, buildings, structures, store spaces, and offices -  | 1004  |      |         |          |      |
| 13. | Include penalties incurred for broken leases.   |       | \$   |         |          |      |
|     |   |       |      |         |          |      |
|     |   | 1830  |      |         |          |      |
| 16. | Purchased advertising and promotional services – Include marketing and public relations   |       | φ.   |         |          |      |
|     | services.   |       | Φ    |         |          |      |
|     |   |       |      |         |          |      |
| 17  | Purchased professional and technical services – Include management consulting.  | 1855  |      |         |          |      |
|     | accounting, auditing, bookkeeping, legal, actuarial, payroll processing, architectural, engineering,  |       | _    |         |          |      |
|     | and other professional services. Exclude salaries paid to your own employees for these services.  |       | \$   |         |          |      |
| 17. | accounting, auditing, bookkeeping, legal, actuarial, payroll processing, architectural, engineering,  |       | \$   |         |          |      |

| 5 | Operating | Expenses -  | (Continued) |
|---|-----------|-------------|-------------|
| J | Operaning | Exherises — | Continued   |

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

| Other Operating Exper | nses |
|-----------------------|------|
|-----------------------|------|

|     |   |      | 2007 | Operati | ng <b>∟</b> xper | ises |
|-----|---|------|------|---------|------------------|------|
| 18. | Depreciation and amortization charges - Include depreciation charges taken against tangible   |      | Bil. | Mil.    | Thou.            | Dol. |
|     | assets owned and used by your firm, tangible assets and improvements owned by your firm   | 1831 |      |         |                  |      |
|     | within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). <b>Exclude</b> impairment |      | \$   |         |                  |      |
|     | charges against mangible assets (e.g., paterits, copyrights). Exclude impairment  |      | T    |         |                  |      |
| 19  | Governmental taxes and license fees – Payments to government agencies for taxes and   | 1832 |      |         |                  |      |
| 15. | licenses. <b>Include</b> business and property taxes. <b>Exclude</b> income taxes, and sales and excise   |      |      |         |                  |      |
|     | taxes collected from customers  |      | \$   |         |                  |      |
|     |   |      |      |         |                  |      |
| 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. <b>Include</b>         | 1859 |      |         |                  |      |
|     | office postage and package delivery. <b>Exclude</b> purchases of merchandise for resale   | .555 |      |         |                  |      |
|     | and non-operating expenses  |      | \$   |         |                  |      |
|     |   | 1900 |      |         |                  |      |
|     |   |      | φ.   |         |                  |      |
| 21. | TOTAL OPERATING EXPENSES – Sum of lines 1–20  |      |      |         |                  |      |

Not Applicable

| 7    | Not Applicable  |                     |                       |                      |                       |                        |
|------|---|---------------------|-----------------------|----------------------|-----------------------|------------------------|
|      |   |                     |                       |                      |                       |                        |
| 8    | E-Commerce Revenue  |                     |                       |                      |                       |                        |
|      | E-commerce includes sales, receipts, and contributions from any transaction completed over network, electronic mail or other online system. Transactions are agreements between buyer ownership of, or rights to use, goods or services. Payment for these goods and services may online. | ers and             | sellers               | to tran              | sfer                  |                        |
|      | Did the revenue reported in 2 include any   |                     | 2007                  | E-Comm               | erce Rev              | /enue                  |
|      | Did the revenue reported in 3 include any e-commerce revenue?   | 2000 [              | Bil.                  | Mil.                 | Thou.                 | Dol.                   |
|      | 1 ☐ Yes – What was this firm's e-commerce revenue?  |                     | \$                    |                      |                       |                        |
| 0011 | ₂ No – Go to ᠑  |                     |                       |                      |                       |                        |
| 9    | Export Revenue  |                     |                       |                      |                       |                        |
|      | An exported service is a service performed for a customer or client (individual, government outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwe Include:  | , busin<br>ealth Te | ess est<br>erritorie: | tablishn<br>s, or U. | nent, etc<br>S. posse | c.) locate<br>essions) |
|      | • Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms,   | subsidi             | aries, b              | ranche               | s, etc.).             |                        |
|      | Exclude:  |                     |                       |                      |                       |                        |
|      | Services provided to domestic subsidiaries of foreign firms.  |                     |                       |                      |                       |                        |
|      |   |                     |                       |                      |                       |                        |
|      |   |                     | 20                    | 07 Expo              | rt Reven              | ue                     |
|      | Did the revenue reported in include any revenue from exports?   | <b>2100</b> F       | Bil.                  | Mil.                 | Thou.                 | Dol.                   |
|      | 1 ☐ Yes – What was this firm's revenue from exports?  |                     | \$                    |                      |                       |                        |
| 0009 | 2 □ No – Go to iii  |                     |                       |                      |                       |                        |

10 Not Applicable

| Did you have an Employer Identification Number (EIN) change in 2007?   | Did you have an Employer Identificati   |                                  |  |                         |            |             |              |                |
|--|---|----------------------------------|--|-------------------------|------------|-------------|--------------|----------------|
| Was there a change in ownership or control?    Ves - Provide the date of the change and the firm's information. (for multiple mergers, provide each firm's information as an attachment to this report)   No - Go to   2    No - Go to   2    Street address   |   | on Number (                      | EIN) change i                            | 2007?                   |            |             |              |                |
| Was there a change in ownership or control?    Yes - Provide the date of the change and the firm's information   | 4 Voc. Enter the new FIN  |                                  |  |                         |            |             |              |                |
| Was there a change in ownership or control?    Yes - Provide the date of the change and the firm's information. ((for multiple mergers, provide each firm's information as an attachment to this report)   Name of company acquired or merged with   |   | EIP                              |  |                         |            |             |              |                |
| 1   Yes - Provide the date of the change and the firm's information. (for multiple mergers, provide each firm's information as an attachment to this report)    No - Go to   2   | 2 No Commune  |                                  |  |                         |            |             |              |                |
| Yes - Provide the date of the change and the firm's information.   Name of company acquired or merged with   No - Go to  | Was there a change in ownership or  | control?                         |  |                         |            |             |              | Year           |
| (for multiple mergers, provide each firm's information as an attachment to this report)  No - Go to 12    Name of company acquired or merged with  | _   |                                  |  |                         |            | ,           | JU 18        |                |
| No - Go to 2   No - Go to 2   Name of company acquired or merged with  | (for multiple mergers, provide e  | ge and the fi<br>each firm's inf | r <b>m´s intormati</b><br>ormation as an | <b>on</b><br>attachment | to this re | port)       | L            |                |
| Specify the nature of this change here  Specify the nature of this change here  Remarks — Please provide an explanation for any inconsistent or incomplete data that would aid in understanding this refor any separate correspondence pertaining to this report, please include the identification number shown in address label area at the top of the first page.  Certification — This report is substantially accurate and has been prepared in accordance with the instructions.  Name of person completing this report — Please print 10024 Title 10025 Date 10025 (Street address, City, State, ZIP Code)  Ouze Telephone number 0023 Fax number 0026 E-mail address   |   |                                  |  |                         |            |             |              |                |
| Specify the nature of this change here  For any separate correspondence pertaining to this report, please include the identification number shown in address label area at the top of the first page.  Specify the nature of this change here  For any separate correspondence pertaining to this report, please include the identification number shown in address label area at the top of the first page.  Specify the nature of this change here  For any separate correspondence pertaining to this report, please include the identification number shown in address label area at the top of the first page.  The provided Here are the specific please print address (Street address, City, State, ZIP Code)  Specify the nature of this change here  For any separate correspondence pertaining to this report, please include the identification number shown in address (Street address, City, State, ZIP Code)   | 2   NO - <b>GO tO  </b> 2   | L                                |  |                         |            |             |              |                |
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| For any separate correspondence pertaining to this report, please include the identification number shown in address label area at the top of the first page.  Certification — This report is substantially accurate and has been prepared in accordance with the instructions.  Name of person completing this report — Please print   0024   Title   0025   Date    Address (Street address, City, State, ZIP Code)  Output   Address (Street address, City, State, ZIP Code)  |   |                                  |  |                         |            |             |              |                |
| Name of person completing this report – Please print 0024 Title 0025 Date  Address (Street address, City, State, ZIP Code)  0022 Telephone number 0023 Fax number 0026 E-mail address  |   | no top or the                    | first page.                              | roport, pice            |            | 0 1110 1001 |              | umber snown ii |
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