

3 REVENUE

A. GROSS BILLINGS/PROFESSIONAL SERVICE FEES – Report the professional service fee, or gross billings for the company

B. Direct costs of worksite employees – Report salaries, wages, employment-related taxes, benefit premiums, and worker’s compensation insurance costs, for PEO worksite employees

C. Net Revenue – Difference between lines **A** and **B**.

D. Are the revenues reported in A above book figures or estimates?

	06 \$ Bil.	Mil.	Thou.	Dol.
31				
32				
07 <input type="checkbox"/> Book figures <input type="checkbox"/> Estimates				

4 REPORT PERIODS

- 1 Yes – Continue with 5
- 2 No – Provide beginning and ending dates for the most recent and prior quarters.

Beginning date

Ending date

Most recent quarter		
Month	Day	Year
08		
09		

5 SOURCE OF GROSS BILLINGS

What percentage of gross billings (reported in 3A) is received from each of the following types of customers?

Estimates are acceptable if actual data is not available.

- 1. Government (local, State, and Federal)
- 2. Business firms and not-for-profit organizations
- 3. Household consumers and individual users
- Total**

10	%
11	%
12	%
100%	

6 ORGANIZATIONAL CHANGE

14 Name of company acquired/merged with/sold to

Number and street

13 1 YES1 acquired2 merged with3 sold to2 NO

City, State, and ZIP Code

Date of acquisition
merger or sale.

15

Month	Year

EIN

16

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7 REMARKS - Please use this space for comments or to explain any significant difference between your current and prior quarter revenue.**8 CONTACT INFORMATION**

17 Name of person to contact regarding this report

18 Telephone

Area code

Number

Extension

20 E-mail address

19

Fax

Area code

Number

21 Company website

THANK YOU

for completing your Quarterly Services Survey.

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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0907, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-0907" 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 number from the Office of Management and Budget. This 8-digit number appears in the top right corner on the front of this form.