## DUE DATE FEBRUARY 12, 2008

Mail your completed form to:
U.S. CENSUS BUREAU

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 www.census.gov/econhelp
Call 1-800-233-6136, between 8:00 a.m. and 6:00 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.

AS-56203

## DO NOT USE <br> INFORMATION COPY REPORT

 (Please correct any errors in this mailing address.)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 Iaw, 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 ballpoint pen. • Please center numbers in their respective boxes. Examples:
- Do not use pencil or felt-tip pen. - Do not put slashes through 0 or 7 .
- Place an "X" inside the box.

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).

## 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 2007 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021Yes-Go to 20022No - Enter current EIN (9 digits) $\qquad$
$\square$
2 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.)

0031Yes - Go to line B

0032 $\square$ 0035 Number and street
(3) OPERATIONAL STATUS

Which ONE of the following best describes this establishment's operational status at the end of 2007?
(Mark "X" only ONE box.)


| 0060 Name of new owner or operator | 0061 EIN (9 digits) |  |  |
| :--- | :--- | :--- | :--- |
|  |  | - |  |
| 0062 Mailing address (Number and street P O Box |  |  |  |

0062 Mailing address (Number and street, P.O. Box, etc.)

| 0063 City, town, village, etc. | 0064 State | 0065 ZIP Code |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  | - |  |

0016
Other - Specify $\qquad$
MONTHS IN OPERATION
Mark "X" 2007

Number of months in operation during 2007 (If none, mark "X" and go to 30.)

| HOW TO REPORT DOLLAR FIGURES | Dollar figures should be rounded to thousands of dollars. <br> If a figure is $\mathbf{\$ 1 , 0 2 5 , 6 2 8} .79$ : <br> If a value is " 0 " (or less than $\$ 500.00$ ): | $\begin{gathered} \text { Mark "X" } \\ \text { if None } \end{gathered}$ | 2007 |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | \$ Bil. | Mil. | Thou. | Dol. |
|  |  | Report $\longrightarrow \square$ |  | 1 | 026 |  |
|  |  | Report $\longrightarrow$ 区 |  |  |  |  |
| 5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE Mark "X" 2007 |  |  |  |  |  |  |
|  |  | if None | \$ Bil. | Mil. | Thou. | Dol. |
| Operating receipts |  | . . $0100 \square$ |  |  |  |  |

Not Applicable.
7 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 1 .


## Exclude:

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

For further clarification, see information sheet(s).
A. Number of employees for pay period including March 12 .
B. Payroll before deductions (Exclude employer's cost for fringe benefits.)

1. Annual payroll 0300
2. First quarter payroll (January-March, 2007) 0310

| Mark "X" if None |  | 2007 |  |
| :---: | :---: | :---: | :---: |
|  |  | Number |  |
| - $\square$ |  |  |  |
| 2007 |  |  |  |
| Bil. | Mil. | Thou. | Dol. |
|  |  |  |  |
|  |  |  |  |

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

Not Applicable.
KIND OF BUSINESS OR ACTIVITY
Which ONE of the following best describes this establishment's principal kind of business or activity in 2007? (Mark "X" only ONE box.)
stos abatement/removal contractors
$562910202 \quad \square$ Lead paint removal contractors
$562910103 \quad \square$ Mold remediation
$562910101 \quad \square$ Remediation services - remediating/cleaning up contaminated buildings, mine sites, soil, or ground water
$238990008 \quad \square$ Radon remediation contractors - making building modifications to alleviate radon gas
$562910102 \quad \square$ Mine reclamation services, including mine demolition; soil and water remediation/treatment; contouring land and replanting
$54133000 \mathrm{D} \quad \square$ Consulting engineering services, including environmental engineering
$541620001 \square$ Environmental, sanitation, or site remediation consulting services, excluding engineering
$777562015 \quad \square$ Other remediation services - Specify $\downarrow$

0701
Other waste management and related sanitary services

| 562920001 | $\square$ | Materials recovery facilities (MRF) - separating and sorting recyclable materials from garbage or <br> from commingled recyclable waste (e.g., paper, plastic, cans) for sale or reuse |
| :--- | :--- | :--- |
| 562111004 $\square$ Waste collection, excluding hazardous waste <br> 562991101 $\square$ Cesspool and septic tank cleaning services <br> 562112004 $\square$ Hazardous waste collection <br> 562998001 $\square$ Sewer cleaning and rodding services <br> 221320002 $\square$ Sewerage systems, including sewage treatment plants <br> 562991201 $\square$ Portable toilet rental <br> 561790901 $\square$ Drain cleaning services, excluding plumbing repair <br> 488119005 $\square$ Airport runway sweeping and vacuuming services <br> 561790902 $\square$ Snowplowing driveways or parking lots <br> 561790903 $\square$ Parking lot cleaning services <br> 777562011 $\square$ Other waste collection services - Specify |  |  |

KIND OF BUSINESS OR ACTIVITY - Continued
Other waste management and related sanitary services - Continued
0700
$777562016 \quad \square$ Other waste treatment and disposal services - Specify

0701
$777562013 \quad \square$ Waste to energy facilities - Specify

0701
Other kind of business or activity
$773000001 \quad \square$ Other kind of business or activity - Specify $\square$

## CLASS OF CUSTOMER

Estimate the percentage of receipts (reported in (5) by class of customer.

1. Business firms and farms
2. Not-for-profit organizations (Include religious organizations). 3107
3. Federal government 3105
4. State and local governments
5. Individuals (Include receipts from individually owned businesses on line 1.) . . . . . . . . . . . 3100
6. TOTAL

| 2007 |  |
| :--- | :--- |
| Whole percent <br> of receipts |  |
|  |  |
|  | $\%$ |
|  |  |
|  |  |
|  |  |
|  |  |
| 1 | 0 |
|  | 0 |

## SUPPORT SERVICES

Was this establishment primarily engaged in providing management, administrative, or support services to other establishments of your enterprise (rather than for the general public or other business firms) in 2007?

0998Yes

0999
No

If figure is $\mathbf{3 8 . 7 6 \%}$ of total sales:

Report whole percents

| 2007 |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Estimates are acceptable. <br> Report dollars OR percents. |  |  |  |  |
| \$ Bil. | Mil. | Thou. | Dol. | Percent |
|  |  |  |  | 39 |

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 (5). 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 1a-Report receipts from providing management of a contaminated site, for prevention, minimization, or mitigation of damage to human health or the environment. Include remediation of the air, soil, ground and/or surface water (fresh or salt).

Line 1b-Report receipts from the development and implementation of a remediation plan that removes, destroys, contains, or otherwise reduces contaminants in a building. Include remediation of asbestos, lead paint, radon, etc.

Line 1d - Report receipts from services undertaken for the purpose of remediation, not elsewhere classified. Include products related to remediation, such as materials recovered from remediation activities, equipment rentals, leasing and resales, as well as decommissioning or closure of an industrial facility. Number (CFN) from the mailing address.

DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued
Line 2d(1) - Report receipts from consolidation, temporary storage, and preparation for transport of non-hazardous waste to an appropriate facility that processes waste for disposal or reuse. Include drop-off center services, transfer, and container stations.

Line 2d(2) - Report receipts from recovery of recyclable material (e.g., paper, plastics, metals, glass, organic waste) from the non-hazardous waste stream by baling, cleaning, sorting, reducing volume, and preparing for shipment.

Description of sales, shipments, receipts, or revenue

1. Remediation services
a. Site remediation services
(1) Site assessment services
(2) Site remediation planning services
(3) Site remediation clean-up services, air
(4) Site remediation clean-up services, water
(5) Site remediation clean-up services, soil
(6) Other site remediation clean-up services - Specify 7
(7) Control, containment, and monitoring services
(8) Other site remediation services, excluding clean-up services Specify
(9) Sum lines $1 \mathrm{a}(1)$ through $1 \mathrm{a}(8)$
b. Building remediation services
(1) Remediation services, asbestos contamination
(2) Remediation services, lead paint contamination
(3) Remediation services, radon contamination
(4) Remediation services, other contamination-Specify 7
(5) Sum lines $1 \mathrm{~b}(1)$ through $1 \mathrm{~b}(4)$

Description of sales, shipments, receipts, or revenue

1. Remediation services - Continued
c. Environmental emergency response services
d. Other remediation services, excluding building and site remediation services - Specify
2. Other waste management services
a. Non-hazardous waste and recyclable material collection services, residential
b. Non-hazardous waste and recyclable material collection services, non-residential
c. Other non-hazardous waste collection services
(1) Urban sweeping services (street sweeping)
(2) Non-hazardous waste holding and drain facilities cleaning and maintenance services
(3) Septic tank maintenance services
(4) Portable toilets rental services
(5) All other non-hazardous waste collection services (Include snowplowing services) - Specify
(6) Sum lines $\mathbf{2 c}(1)$ through $\mathbf{2 c}(5)$
d. Non-hazardous waste and recyclable material consolidation, storage, and preparation services
(1) Waste transfer facility services
(2) Recyclable material recovery and preparation services
(3) Sum lines 2d(1) and 2d(2)
e. Non-hazardous waste and recyclable material transportation services
f. Non-hazardous waste or recyclable material brokerage services
g. Sale of non-hazardous waste, including recovered methane gas, compost, and recyclable materials
h. Hazardous waste collection services


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

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

Description of sales, shipments, receipts, or revenue
3. Environmental consulting services - Specify7
4. Resale of merchandise - Specify 7


Not Applicable.
(25) EXPORTED SERVICES

NOTE - An exported service is a product (e.g., service performed, license agreement) that is performed for, or sold or transferred to, 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 products provided to unaffiliated and affiliated foreign firms (e.g., foreign parent firms, subsidiaries, branches). Exclude products provided to domestic subsidiaries of foreign firms.
A. Did the receipts or revenue (reported in (5) include any amounts for exported services?

0911Yes - Go to line B

0912No - Go to
B. Amount of receipts or revenue for exported services


## SPECIAL INQUIRIES

FRANCHISE
Was this establishment operating under a trademark authorized by a franchisor in 2007?
(Mark "X" only ONE box.)
0237Yes - franchisee owned establishment

0238
 Yes - franchisor owned establishment
$0239 \quad \square$ No
Not Applicable.

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.
Is the time period covered by this report a calendar year?


