



# 2007 ECONOMIC CENSUS

## Administrative and Support and Waste Management and Remediation Services (Enterprise Support)

**DUE DATE**  
**FEBRUARY 12, 2008**

**Mail** your completed form to:  
**U.S. CENSUS BUREAU**  
1201 East 10th Street  
Jeffersonville, IN 47134-0001

**AS-56059**

**INFORMATION COPY  
DO NOT USE TO REPORT**

(Please correct any errors in this mailing address.)

**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](http://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.

**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 ballpoint pen.
  - Do not use pencil or felt-tip pen.
  - Place an "X" inside the box.
  - Please center numbers in their respective boxes.
  - Do not put slashes through 0 or 7.
- Examples:  0 1 2 3 4 5 6 7 8 9

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).

**1** 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?

0021  Yes - Go to **2**      0022  No - Enter current EIN (9 digits) → 0025  -

**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.)

0031  Yes - Go to line B

0032  No - Enter physical 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.? (Mark "X" only ONE box.)

0041  Yes      0042  No      0043  No legal boundaries      0044  Do not know

**C.** In what type of municipality is this establishment physically located? (Mark "X" only ONE box.)

0046  City, village, or borough      0047  Town or township      0048  Other      0024  Do not know

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**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.)

0011  In operation 0013  Temporarily or seasonally inactive

0014  Ceased operation - Give date at right \_\_\_\_\_ → 

Month	Day	Year

0015  Sold or leased to another operator - Give date at right \_\_\_\_\_ → 

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AND enter name and address of new owner or operator and Employer Identification Number (EIN) below ↴

0060 Name of new owner or operator	0061 EIN (9 digits)
	-

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

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

0016  Other - Specify \_\_\_\_\_ → 0815 \_\_\_\_\_

**4 MONTHS IN OPERATION**

Mark "X" if None 

2007
Number

Number of months in operation during 2007 (If none, mark "X" and go to 50.) . . . . . 0002

**HOW TO REPORT DOLLAR FIGURES**



Dollar figures should be **rounded to thousands** of dollars.

If a figure is **\$1,025,628.79:**

If a value is "0" (or less than \$500.00):

Mark "X" if None

**Report** →

**Report** →

2007				
\$ Bil.	Mil.	Thou.	Dol.	
	1 0 2 6			

**5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE**

Sales to, or receipts or revenue from, customers **outside** your enterprise (Exclude billings, sales, receipts, or revenue from establishments of your own enterprise.) . . . . . 0100

Mark "X" if None

2007				
\$ Bil.	Mil.	Thou.	Dol.	

**6 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).

Mark "X" if None

2007
Number

**A.** Number of employees for pay period including March 12 . . . . . 0320

Mark "X" if None

2007				
\$ Bil.	Mil.	Thou.	Dol.	

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

**1.** Annual payroll . . . . . 0300

**2.** First quarter payroll (January-March, 2007) . . . . . 0310

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

8 - 15 Not Applicable.

**16** SELECTED EXPENSES

**Report the operating expenses allocated by category**

- Report expenses directly attributable to this establishment in column 1.
- Report payments made by this establishment for expenses incurred by other establishments of your enterprise in column 2 (where applicable).

**Exclude:**

- Transfers made within the company
- Capitalized expenses
- Impairment
- Interest
- Bad debt
- Income tax
- Cost of merchandise for resale

**Line 1** - Employer's cost for legally required programs and programs not required by law. Include health insurance, pension plans, Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare, etc. (Include fringe benefits for all employees reported in **7**, line A.)

**Line 2** - Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. Include all charges for payroll, benefits, and services.

**Line 3** - Include expensed office and communication equipment; equipment used in manufacturing, sales, and service; and computer equipment. Report packaged software in **line 5**. Report leased and rented equipment in **line 15**.

**Line 4** - 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. Exclude cost of merchandise for resale.

**Line 5** - 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.

**Line 6** - Include computer facilities management services, computer input preparation, data storage, computer time rental, optical scanning services, and other computer-related advice and services, including training. Exclude expensed integrated systems, repair and maintenance of computer equipment, payroll processing and credit card transaction fees, and expenses for telecommunication services (e.g., Internet, connectivity, telephone).

**Line 7** - Telephone, cellular, and fax services; computer-related communications (e.g., Internet, connectivity, online); and other wired and wireless communication services. Report expensed communication equipment in **line 3**.

**Line 8** - Expensed repair and maintenance services to machinery, vehicles, equipment, and computer hardware. Report materials, parts, and supplies used for repairs and maintenance performed by this firm's employees in **line 4**.

**Line 9** - Include repair and maintenance to integral parts of buildings (e.g., elevators, heating systems). Report materials, parts, and supplies used for repairs and maintenance performed by this firm's employees in **line 4**. Report janitorial and grounds maintenance services in **line 19**.

**Line 10** - Report the cost of electricity included in a lease or rental payment in **line 16**.

**Line 11** - Fuel for heating, power, or generating electricity (e.g., natural gas, propane, oil, coal). Report motor fuels in **line 4**. Report the cost of fuels included in a lease or rental payment in **line 16**.

**Line 12** - Include the cost of hazardous waste removal. Report the cost of utilities included in a lease or rental payment in **line 16**.

**Line 13** - Include marketing and public relations services.

**Line 14** - 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.

**Line 15** - Include lease and rental of transportation equipment without operators, and penalties incurred for broken leases. Exclude capital and financing lease agreements. Report expensed software in **line 5**.

**Line 16** - Include penalties incurred for broken leases.

**Line 17** - Include depreciation charges taken against 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 amortization charges against intangible assets (e.g., patents, copyrights). Exclude impairment.

**Line 18** - Payments to government agencies for taxes and licenses. Include business and property taxes. Exclude income taxes and sales and excise taxes collected from customers.

**Line 19** - All other operating expenses not reported above, unless specifically excluded in the general instructions. Exclude payroll, purchases of merchandise for resale, and nonoperating expenses.

CONTINUE WITH **16** ON PAGE 4

CONTINUE ON PAGE 4

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**16** SELECTED EXPENSES - Continued

	Mark "X" if None	2007				Mark "X" if None	2007			
		Expenses of this establishment ONLY					Payments made by this establishment in behalf of other establishments of your enterprise			
		\$ Bil.	Mil.	Thou.	Dol.		\$ Bil.	Mil.	Thou.	Dol.
<b>Personnel costs, except payroll</b>										
1. Employer's cost for fringe benefits . . . . . 0228	<input type="checkbox"/>									
2. Temporary staff and leased employee expense . . . . . 0793	<input type="checkbox"/>									
<b>Expensed equipment and materials</b>										
3. Expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors) . . . . . 0795	<input type="checkbox"/>									
4. Expensed purchases of other materials, parts, and supplies . . . . . 0797	<input type="checkbox"/>									
<b>Expensed purchased services</b>										
5. Expensed purchases of software . . . . . 0801	<input type="checkbox"/>									
6. Data processing and other purchased computer services . . . . . 0414	<input type="checkbox"/>				0674	<input type="checkbox"/>				
7. Purchased communication services . . . . . 0413	<input type="checkbox"/>				0673	<input type="checkbox"/>				
8. Purchased repairs and maintenance to machinery, vehicles, and equipment . . . 0825	<input type="checkbox"/>				0826	<input type="checkbox"/>				
9. Purchased repairs and maintenance to buildings, structures, and offices . . . 0411	<input type="checkbox"/>				0671	<input type="checkbox"/>				
10. Purchased electricity . . . . . 0452	<input type="checkbox"/>									
11. Purchased fuels (except motor fuels) . . . . . 0451	<input type="checkbox"/>									
12. Water, sewer, refuse removal, and other utility payments . . . . . 0455	<input type="checkbox"/>				0456	<input type="checkbox"/>				
13. Purchased advertising and promotional services . . . . . 0417	<input type="checkbox"/>				0677	<input type="checkbox"/>				
14. Purchased professional and technical services . . . . . 0812	<input type="checkbox"/>				0814	<input type="checkbox"/>				

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CONTINUE WITH 16 ON PAGE 5

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

**16** SELECTED EXPENSES - Continued

	Mark "X" if None	2007				Mark "X" if None	2007			
		Expenses of this establishment ONLY					Payments made by this establishment in behalf of other establishments of your enterprise			
		\$ Bil.	Mil.	Thou.	Dol.		\$ Bil.	Mil.	Thou.	Dol.
<b>Other operating expenses</b>										
<b>15.</b> Lease and rental payments for machinery, equipment, and other tangible items . . . . . 0562	<input type="checkbox"/>					0567	<input type="checkbox"/>			
<b>16.</b> Lease and rental payments for land, buildings, structures, store spaces, and offices . . . . . 0561	<input type="checkbox"/>					0566	<input type="checkbox"/>			
<b>17.</b> Depreciation and amortization charges . . . . . 0543	<input type="checkbox"/>									
<b>18.</b> Governmental taxes and license fees ( <b>Exclude</b> income, sales, and excise taxes) . . . . . 0419	<input type="checkbox"/>					0678	<input type="checkbox"/>			
<b>19.</b> All other operating expenses ( <b>Specify</b> - If more than 50% of TOTAL reported on line 20) ↴										
0409 <input type="text"/> 0418	<input type="checkbox"/>									
<b>20. TOTAL OPERATING EXPENSES</b> of this establishment ONLY, excluding payroll ( <b>Add</b> lines 1 through 19) . . . . . 0459	<input type="checkbox"/>									

**17 and 18** Not Applicable.

**19** 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.)

**Employment services**

- 0700 561 310 00 6  Employment offices
- 561 320 00 2  Temporary help support services

**Administrative and other support services**

- 561 410 00 3  Document preparation services, including editing, typing, and transcription
- 561 422 00 1  Telemarketing bureaus - selling, taking orders, and/or soliciting contributions, information, etc., on a contract basis
- 561 422 00 2  Call/contact center - initiating or receiving communications via telephone, facsimile, email, or other communication modes for administering product support or information inquiries
- 777 561 02 1  Telemarketing centers - selling this company's own products and services - *Specify products or services sold* ↴

0701

CONTINUE WITH **16** ON PAGE 6

CONTINUE ON PAGE 6

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**19** KIND OF BUSINESS OR ACTIVITY - Continued

**Administrative and other support services - Continued**

0700 551 114 00 1  Corporate, subsidiary, or regional managing office or office of a holding company, providing a range of services to other establishments of the enterprise, such as long term strategic and organizational planning, financial management, payroll and personnel management, centralized billing, advertising, and public relations services

777 561 01 3  Other administrative or management services - *Specify* ↴

0701

**Travel arrangement and reservation services**

561 510 00 4  Travel offices (passenger travel arrangement)

561 599 70 2  Reservation systems, including airlines, hotels, and restaurants

**Security and investigation services**

561 611 00 2  Investigative services

561 612 00 1  Security guard services

561 621 00 2  Security systems contract monitoring services

**Services to buildings and dwellings**

561 720 00 6  General building cleaning and maintenance services, excluding major repairs

561 730 00 3  Landscaping services, including interior plant maintenance

**Waste management services**

562 910 10 1  Remediation services - remediating/cleaning up contaminated buildings, mine sites, soil, or ground water

777 562 01 4  Other waste management service - *Specify* ↴

0701

**Other kind of business or activity**

773 000 00 2  Other kind of business or activity - *Specify* ↴

0701

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

**20 CLASS OF CUSTOMER**

Estimate the percentage of receipts (reported in 5) from services provided to clients outside your enterprise by class of customer.

- 1. Individuals (Include receipts from individually owned businesses on lines 2, 3, 4, 5, or 6 as appropriate.) . . . . . 3100
- 2. Retailers . . . . . 3101
- 3. Banks, insurance companies, and other financial institutions . . . . . 3102
- 4. Hospitals and other health care services . . . . . 3103
- 5. Travel agencies and other resellers . . . . . 3110
- 6. All other business firms and farms . . . . . 3114
- 7. Not-for-profit organizations (Include religious organizations) . . . . . 3107
- 8. Federal government . . . . . 3105
- 9. State and local governments . . . . . 3106
- 10. **TOTAL** . . . . .

2007	
Whole percent of receipts	
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
1 0 0	%

**21 A. 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?

0998  Yes - Go to line B

0999  No - Go to 22

**B. PRINCIPAL BUSINESS OR ACTIVITY OF THE OPERATING ESTABLISHMENTS SERVICED**

Describe the principal kind of business or activity performed by the establishments of your enterprise that are managed or serviced by this establishment.

Example: If this establishment is a corporate, subsidiary, or regional managing office, data processing service center, or administrative/support office to a chain of clothing stores, please specify "clothing stores" below.

0996

**HOW TO REPORT PERCENTS**



If figure is **38.76%** of total sales:

**Report whole percents**

2007				
Estimates are acceptable. Report dollars OR percents.				
\$ Bil.	Mil.	Thou.	Dol.	Percent
				3 9

**22 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.)

**Receipts from providing services to clients outside your enterprise.**

**Line 1** - Report gross billings from supplying temporary employees to client organizations.

**Line 3** - Report receipts from editing, word processing (typing), or related document services.

**Line 12** - Report commissions and fees from the sale of passenger transportation, cruises, lodging, car rentals, event tickets, etc.


CONTINUE WITH 22 ON PAGE 8

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

Description of sales, shipments, receipts, or revenue	Cen- sus use	2007					
		Estimates are acceptable. Report dollars OR percents.					
		\$ Bil.	Mil.	Thou.	Dol.	Percent	
0723	0720	0721				0722	
1. Temporary staffing services . . . . .	32730						
2. Payroll accounting services . . . . .	36880						
3. Document preparation services (Include editing, proofreading, layout, desktop publishing, etc.) . . . . .	32890						
4. Telephone answering and messaging services . . . . .	32960						
5. Telemarketing services . . . . .	32950						
6. Copying and reproduction services . . . . .	32920						
7. Mailroom services and mailbox rentals . . . . .	32980						
8. Packaging and labeling services . . . . .	33010						
9. Debt recovery and collection services . . . . .	33020						
10. Investigation services . . . . .	33100						
11. Building security system services (with monitoring) . . . . .	33330						
12. Reservation and travel services . . . . .	33110						
13. Pest extermination and control services . . . . .	33420						
14. Residential interior cleaning services . . . . .	33440						
15. Commercial cleaning services . . . . .	33450						
16. Exterior window cleaning services . . . . .	33460						
17. Building exterior cleaning services . . . . .	33470						
18. Damage restoration cleaning services . . . . .	33480						
19. Floor care services . . . . .	33490						
20. Carpet, rug, and upholstery cleaning services . . . . .	33500						
21. Other cleaning services for buildings and dwellings . . . . .	33510						
22. Commercial landscaping services . . . . .	33530						
23. Resale of merchandise - Specify 							
	39608						

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CONTINUE WITH  ON PAGE 9



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

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

Description of sales, shipments, receipts, or revenue	Census use	2007				
		Estimates are acceptable. Report dollars OR percents.				
		\$ Bil.	Mil.	Thou.	Dol.	Percent
0723	0720	0721				0722
<b>24.</b> All other operating receipts - <i>Specify principal activity and estimated receipts</i> ↴						
	39779					
<b>25. TOTAL OPERATING RECEIPTS - Sum of lines should equal 5 if reporting in dollars</b>	39850					1 0 0

**23** and **24** 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?

0911  Yes - Go to line B

0912  No - Go to 50

2007			
\$ Bil.	Mil.	Thou.	Dol.

**B.** Amount of receipts or revenue for exported services . . . . . 0914

**26-29** Not Applicable.

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

**30** 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?

Yes  No - Enter time period covered →

FROM	Month	Year	TO	Month	Year

Name of person to contact regarding this report	Title

Telephone	Area code	Number	Extension	Fax	Area code	Number

Internet e-mail address	Date completed	Month	Day	Year

**Thank you for completing your 2007 ECONOMIC CENSUS form.**  
**PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.**

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