



2007 ECONOMIC CENSUS

Ambulance Services

DUE DATE
FEBRUARY 12, 2008

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

HC-62107

**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

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
<input type="text"/>		<input type="text"/>	<input type="text"/>

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

0018

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:

Report

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

Report

Mark "X" if None

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

5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

A. Tax Status

1. Is this establishment operated on a not-for-profit basis?

0106 Yes - Go to line A2

0107 No - Complete line B

2. Was all or part of the income of this establishment or organization exempt from Federal income taxes under section 501 of the Internal Revenue Code?

0103 Yes - Complete line C

0104 No - Complete line B

Mark "X" if None

2007			
\$ Bil.	Mil.	Thou.	Dol.

B. Operating receipts of this (taxable) establishment 0100

C. Revenue and expenses of this (tax-exempt) establishment

1. Revenue 0101

2. Expenses (Include payroll) 0140

6 Not Applicable.

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

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 0320

Mark "X" if None	2007
	Number

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

Mark "X" if None

	2007			
	\$ Bil.	Mil.	Thou.	Dol.
1. Annual payroll 0300 <input type="checkbox"/>				
2. First quarter payroll (January-March, 2007) 0310 <input type="checkbox"/>				

8 - 13 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.)

Ambulance services

- 0700 621 910 00 2 Ambulance or rescue service
- 621 910 00 8 Air ambulance service

Ambulatory care facilities

- 621 493 00 3 Ambulatory surgical center
- 621 493 00 2 Emergency or urgent care center

Other transportation services

- 485 991 00 2 Transportation service for the disabled or elderly - without medical care
- 481 211 00 2 Air taxi service

Other kind of business or activity

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

0701

20 and 21 Not Applicable.

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

(Report receipts or revenue by source (reported in 5) in dollar figures. See HOW TO REPORT DOLLAR FIGURES on page 2. Do not combine data for two or more receipts or revenue lines. Both taxable and tax-exempt establishments should complete all applicable lines.)

Line 1a - Report receipts from ambulance emergency transport by ground or water.

Line 2a - Report receipts from ambulance non-emergency transport by ground or water.

Line 4 - Report receipts from the provision or stationing of emergency medical personnel at entertainment sites and special events to provide first aid assistance and ambulance transport if needed.

CONTINUE WITH 2 ON PAGE 4

CONTINUE ON PAGE 4

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

Line 10 - Report revenue from investments, including interest and dividends. Exclude unrealized gains or losses. Report proceeds from the sale of investments and other assets on **line 11**.

Line 11 - Report the net gain (or loss) from the sale or trade of real property and financial assets, such as stocks and bonds. Exclude unrealized gains or losses.

Description of sales, shipments, receipts, or revenue	Cen- sus use	2007			
		Estimates are acceptable			
		\$ Bil.	Mil.	Thou.	Dol.
0723	0720	0721			
1. Emergency patient transport by ambulance					
a. Surface ambulance	30341				
b. Air ambulance	30342				
c. Sum lines 1a and 1b	30340				
2. Non-emergency patient transport by ambulance					
a. Surface ambulance	30351				
b. Air ambulance	30352				
c. Sum lines 2a and 2b	30350				
3. Other ambulance transport contracts, subscriptions, membership services, and other transport products - <i>Specify</i> ↴					
	30360				
4. Standby, event, and first aid services	30370				
5. Rental or lease of goods and/or equipment					
a. Rental or lease of medical equipment	39512				
b. Rental or lease of all other goods and/or equipment	39513				
c. Sum lines 5a and 5b	39500				
6. Resale of merchandise					
a. Prescription drugs	39655				
b. Non-prescription drugs, vitamins, supplements, and herbal remedies	39656				
c. Optical goods	39651				
d. Orthopedic appliances	39652				
e. All other medical equipment and supplies	39653				
f. All other merchandise - <i>Specify</i> ↴					
	39654				
g. Sum lines 6a through 6f	39600				

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CONTINUE WITH 22 ON PAGE 5

CONTINUE ON PAGE 5

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			
		\$ Bil.	Mil.	Thou.	Dol.
0723	0720	0721			
7. All other operating receipts - <i>Specify if more than 10 percent of total receipts or revenue</i> ↴ 	39778				
8. OPERATING RECEIPTS - For taxable establishments, sum of preceding lines should equal 5, line B	39850				
9. Contributions, gifts, and grants					
a. Government	39900				
b. Private, including individuals, community efforts, and commissioned fundraisers	39910				
10. Investment income, including interest and dividends	39920				
11. Gains (losses) from assets sold (<i>Report losses by including a dash prior to the dollar amount.</i>)	39930				
12. All other revenue - <i>Specify if more than 10 percent of total receipts or revenue</i> ↴ 	39967				
13. TOTAL REVENUE - For tax-exempt establishments, sum of lines should equal 5, line C1	39990				

23-25 Not Applicable.

26 SPECIAL INQUIRIES

FRANCHISE

Was this establishment operating under a trademark authorized by a franchisor in 2007?
(Mark "X" only ONE box.)

0237 Yes - franchisee owned establishment

0238 Yes - franchisor owned establishment

0239 No

27-29 Not Applicable.

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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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