



2007 ECONOMIC CENSUS

Data Processing, Hosting, and Related 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

IN-51059

**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 _____ →

Month	Day	Year

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.	Mark "X" if None	2007			
		If a figure is \$1,025,628.79 :	Report → <input type="checkbox"/>	\$ Bil.	Mil.	Thou.	Dol.
		If a value is "0" (or less than \$500.00):	Report → <input checked="" type="checkbox"/>		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.
<input type="checkbox"/>				

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).

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

Mark "X" if None	2007			
	Number			
<input type="checkbox"/>				

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

Mark "X" if None	2007			
	\$ Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				

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.
Personnel costs, except payroll										
1. Employer's cost for fringe benefits 0228	<input type="checkbox"/>									
2. Temporary staff and leased employee expense 0793	<input type="checkbox"/>									
Expensed equipment and materials										
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"/>									
Expensed purchased services										
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.
Other operating expenses										
15. Lease and rental payments for machinery, equipment, and other tangible items 0562	<input type="checkbox"/>					0567	<input type="checkbox"/>			
16. Lease and rental payments for land, buildings, structures, store spaces, and offices 0561	<input type="checkbox"/>					0566	<input type="checkbox"/>			
17. Depreciation and amortization charges 0543	<input type="checkbox"/>									
18. Governmental taxes and license fees (Exclude income, sales, and excise taxes) 0419	<input type="checkbox"/>					0678	<input type="checkbox"/>			
19. All other operating expenses (Specify - If more than 50% of TOTAL reported on line 20) ↴										
0409 <input type="text"/> 0418	<input type="checkbox"/>									
20. TOTAL OPERATING EXPENSES of this establishment ONLY, excluding payroll (Add 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.)

- 0700 518 210 00 C Data processing service center - providing data entry, image processing, database management, record conversion, and other computer processing services from central processing centers
- 773 000 00 1 Other kind of business or activity - *Specify* ↴
- 0701

20 Not Applicable.

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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 receipts from hosting a client's website and related files in a location that provides fast, reliable connection to the Internet.

Line 2 - Report receipts from providing software applications on a leased, fee, or subscription basis from a centralized, hosted, and managed computing environment.

Line 3 - Report receipts from providing a bundled service package that combines information technology-intensive services with labor (manual or professional), machinery, and facilities to support, host, and manage a business process for a customer.

Line 4 - Report receipts from providing rack space within a secured facility for the placement of servers and enterprise platforms. The service includes space for the customer's hardware and software, connection to the Internet or other communication networks, and routine monitoring services.

Line 5 - Report receipts from managing or administering the storage and back-up of data (i.e., remote back-up services, storage, or hierarchical storage management). Include data migration services.

Line 6 - Report receipts from providing ongoing management and administration of data as an organizational resource. Services may include modeling, mobilization, mapping/rationalization, and mining of data.

Line 7 - Report receipts from sending audio and video data over the Internet, or providing services associated with the storage, production (including encoding), and support of video and audio streaming over the Internet.

Line 8 - Report receipts from other IT hosting or infrastructure provisioning services, such as hosting a client's application, processing client's data, and computer time sharing.

Description of sales, shipments, receipts, or revenue

Cen- sus use	2007				
	Estimates are acceptable. Report dollars OR percents.				
	\$ Bil.	Mil.	Thou.	Dol.	Percent
0720	0721				0722
1. Website hosting services	36120				
2. Application service provisioning	34930				
3. Business process management services	34940				
4. Collocation services	36130				
5. Data storage services	36140				

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CONTINUE WITH **22** ON PAGE 7

CONTINUE ON PAGE 7

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	
6. Data management services	36150						
7. Video and audio streaming services	36160						
8. Other IT infrastructure provisioning services - <i>Specify type of content</i> ↴ 	36170						
9. Information and document transformation services	36220						
10. Resale of merchandise							
a. Computer hardware and software	39607						
b. Other merchandise, excluding computer hardware and software	39618						
11. All other receipts - <i>Specify principal activity and estimated receipts</i> ↴ 	39777						
12. TOTAL RECEIPTS - Sum of lines should equal 5 if reporting in dollars	39850						1 0 0

23 and **24** Not Applicable.

25 EXPORTS OF GOODS AND SERVICES

NOTE - An export is a tangible or intangible product (e.g., good, license agreement, reproduction right, service) that is 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 transferred to, sold to, or services performed for 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 goods or services?

0911 Yes - Go to line B

0912 No - Go to 30

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

2007			
\$ Bil.	Mil.	Thou.	Dol.

26-29 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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