

U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU

# QUARTERLY SERVICES SURVEY



FORM  
**QSS-3(A)**  
(12-9-2004)

## DUE DATE ▸

**NOTICE** — Your report to the Census Bureau is **confidential** by law (**Title 13, U.S. Code**). It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. The law also provides that copies retained in your files are **immune from legal process**.

**RETURN COMPLETED FORM TO:**  
**U.S. CENSUS BUREAU**  
1201 East 10th Street  
Jeffersonville, IN 47132-0001  
**OR**  
Fax: 1-800-447-4613

## NEED HELP?

**Visit** our web site:  
<http://www.census.gov/econhelp/qss>  
or

**Call** 1-800-772-7851 between 8:30 a.m. and 5:00 p.m. EST, Monday through Friday.

(Please correct any errors in name, address, or ZIP Code)

## INTERNET REPORTING

You may complete this survey online at:

<http://www.census.gov/econhelp/qss>

Username:

Password:

using your firm's unique username and original password. If you change your password, please keep a record for reference.

## 1 SURVEY COVERAGE

**Does this firm have domestic locations providing the business activities described in the above survey coverage statement?**

- 01 1  Yes – Continue with 2
- 2  No – Specify your business activity and continue with 2 ↗

02

## 2 NOT APPLICABLE TO THIS FORM

**3 REVENUE and EXPENSES**

**A. What was this firm's quarterly REVENUE for the domestic locations (See 1) covered by this report? .....**

06	\$ Bil.	Mil.	Thou.	Dol.	006	\$ Bil.	Mil.	Thou.	Dol.
07 1 <input type="checkbox"/> Book figures 2 <input type="checkbox"/> Estimates					007 1 <input type="checkbox"/> Book figures 2 <input type="checkbox"/> Estimates				

**B. What was this firm's quarterly EXPENSES for the domestic locations (See 1) covered by this report? .....**

08	\$ Bil.	Mil.	Thou.	Dol.	008	\$ Bil.	Mil.	Thou.	Dol.
09 1 <input type="checkbox"/> Book figures 2 <input type="checkbox"/> Estimates					009 1 <input type="checkbox"/> Book figures 2 <input type="checkbox"/> Estimates				

**4 REPORT PERIODS**

- 1  Yes – Continue with 6
- 2  No – Provide beginning and ending dates for the most recent and prior quarters.

Beginning date . . . . .

Ending date . . . . .

Most recent quarter			Prior quarter		
Month	Day	Year	Month	Day	Year
10			010		
11			011		

**5 NOT APPLICABLE TO THIS FORM**

**6 ACQUISITIONS OR MERGERS**

14 Name of company acquired or merged with

Number and street

13  
1  Yes  
2  No

City, State, and ZIP Code

Date of acquisition  
or merger →

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.**

## INSTRUCTIONS FOR **3A** REVENUE

### **Taxable Firms**

#### OPERATING REVENUE

##### ***Include –***

- Total value of service contracts.
- Amounts received for work subcontracted to others.
- Market value of compensation in lieu of cash.
- Revenue from services performed by domestic locations for foreign parent firms, subsidiaries, branches, etc.
- Dues and assessments from members and affiliates.

##### ***Exclude –***

- Taxes (sales, amusement, occupancy, use, or other) collected directly from customers or clients and paid directly to a local, State, or Federal tax agency.
- Revenue from a domestic parent organization, or from franchise locations owned by others and any franchise or license fees.
- Rents from and revenue of separately operated departments, concessions, etc., which are leased to others.
- Revenue from customers for carrying or other credit charges.
- Commissions from vending machine operators.
- Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, District of Columbia, U.S. Commonwealth Territories, or U.S. Possessions).
- Nonoperating revenue such as income from investments, sales of company-owned real estate (land and building), or other assets, (except inventory held for resale), securities, gifts, loans, contributions, royalties, or grants.
- Revenue from the sale of used equipment.
- Installment payments from leasing under capital, finance, or full-payout leases.
- Intracompany transfers.
- Interest income.

### **Tax-Exempt Firms**

#### OPERATING AND NON-OPERATING REVENUE

##### ***Include –***

- Program service revenue for services provided in the quarter, whether or not payment was received in that quarter.
- Gross sales of merchandise, minus returns and allowances.
- Income from interest, dividends, gross rents (including display space rentals and share of receipts from departments operated by other companies), royalties, and other investments.
- Net gains (or losses) from the sale of real estate (land and buildings), investments, or other assets (except inventory held for resale).
- Gross contributions, gifts, and grants (whether or not restricted for use in operations).
- Dues and assessments from members and affiliates.
- Commissions earned from the sale of merchandise owned by others (including commissions from vending machine operators).
- Gross receipts from fundraising activities.

##### ***Exclude –***

- Sales and other taxes collected directly from customers or clients and paid directly to a local, State, or Federal tax agency.
- Gross receipts of departments or concessions operated by other companies.
- Amounts transferred to operating funds from capital or reserve funds.

## INSTRUCTIONS FOR 3B EXPENSES

Report costs incurred during the quarter specified even though payments may have been made at a later date.

### **Include –**

- Payroll and employee benefits.
- Interest and rent expenses.
- Supplies used for operating your business, cost of merchandise sold, and other expenses allocated to operations during the year.
- Contracted or purchased services.
- Fees paid to other organizations for fundraising.
- Depreciation expenses.
- Expenses of locations providing support services (e.g., repair services, administrative services, etc.) for your service establishments.

### **Exclude –**

- Sales and other taxes collected directly from customers or clients and paid directly to a local, State, or Federal tax agency.
- Outlays for the purchase of real estate (land and buildings); for construction; for additions, major alterations, and improvements to existing facilities; and all other capital expenditures.
- Funds invested.
- Income taxes.
- Assessments (dues) paid to the parent or other chapters of the same organization.
- For establishments engaged in raising funds - funds transferred to charities or other organizations.

## INSTRUCTIONS FOR 5A INPATIENT DAYS

A patient who is formally admitted and who is discharged or dies on the same day is counted as one patient day, regardless of the number of hours the patient occupies a hospital bed. For patients switched from observation to inpatient status, the patient day count should begin on the day the patient was officially admitted as an inpatient. For inpatient admissions occurring before the current quarter or extending after the current quarter, record only those days that occur during the quarter and exclude days occurring before or after the quarter. Do not include nursery discharges unless they are related to neonatal intermediate or intensive care units.

### **Include –**

- Inpatient acute and sub-acute days.
- Swing bed days.
- Distinct part units days.
- Skilled nursing facilities days.
- Long term care days.

### **Exclude –**

- Nursery days.
- Newborn days.

## INSTRUCTIONS FOR 5B DISCHARGES

If a patient is discharged from an acute care unit and transferred to a swing bed or distinct part unit, one discharge would be recorded when the patient is discharged from the acute care unit and a second discharge recorded when the patient is discharged from the swing-bed or distinct part unit. Do not include nursery discharges unless they are related to neonatal intermediate or intensive care units.

### **Include –**

- Inpatient acute and sub acute discharges.
- Swing bed discharges.
- Distinct part unit discharges.
- Skilled nursing facility discharges.
- Long term care discharges.

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, 4700 Silver Hill Road, Stop 1500, Washington, DC 20233-1500. 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 approval number from the Office of Management and Budget. This 8-digit number appears in the top right corner on the front of this form.