

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



FORM  
**SA-722E(SUP)**  
(10-10-2007)

**DUE  
DATE** ➔

**2007 BUSINESS EXPENSES SUPPLEMENT  
TO THE ANNUAL FOOD SERVICES REPORT  
RESTAURANTS, FOOD SERVICE CONTRACTORS & DRINKING PLACES**

**NOTICE — 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 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.**

**RETURN COMPLETED FORM TO**

➔ U.S. CENSUS BUREAU  
1201 East 10th Street  
Jeffersonville, IN 47132-0001  
FAX 1-800-447-4613

**Any questions call  
1-800-772-7851  
(Press "2") weekdays,  
8:30 a.m. to 5:00 p.m. EST.**

*(Please correct any error(s) in name, address, and ZIP Code)*

**Internet Reporting**

To complete this report online go to: [www.census.gov/econhelp/arts](http://www.census.gov/econhelp/arts)  
Click on "Census Taker" and use your username and password to login.

Username:

Password:

**GENERAL INSTRUCTIONS**

- Report for the same locations as for your associated 2007 Annual Food Services Report
- Report payroll and fringe benefits data on a calendar year basis. All other data should be reported for the same 2007 reporting period as on your Annual Food Services Report. If book figures are not available or readily accessible, **carefully prepared estimates are acceptable.**

**Include**

- All domestic U.S. food services establishments whose payroll was reported on the Employer's Quarterly Federal Tax Return, Treasury Form 941, **under the Employer Identification Number (EIN)** shown in the address label.
- Data for auxiliary facilities of your firm engaged in furnishing supporting services to your food services establishment(s) (such as warehouses, garages, central administrative offices, and repair services).
- Food service leased departments and concessions operated by this firm in establishments of others (e.g., restaurants in hotels, and concession operations in sport stadiums)
- Data for establishment(s) sold or acquired during 2007 for the period they were operated by your firm

**Exclude**

- Data for locations operated by other firms, such as franchises
- Departments and concessions operated by other firms in your retail store(s)
- Transfers made within the company
- Capitalized expenses (except payroll and fringe benefits)

**SPECIAL INSTRUCTIONS**

# 1 Operating Expenses

## Personnel Costs

- Estimates are acceptable. Please do not bracket or combine entries.

**A. Annual payroll before deductions** – Total annual Medicare salaries and wages for all employees as reported on your firm’s IRS Form 941, Employer’s Quarterly Federal Tax Return, line 5(c).

**Include** payments to temporary employees on your firm’s payroll, and to commissioned employees on your firm’s payroll.  
**Exclude** payments for contracted temporary help reported in line **C**; and commissions paid to contractors reported in line **G**. . . . . 252

Mark "X" if None

**2007 Operating Expenses**

\$ Bil.	Mil.	Thou.	Dol.

**B. Employer’s cost for fringe benefits** – Employer’s cost for legally required programs and programs not required by law:

**1. Health insurance** – Insurance premiums or hospital plans, medical plans, and single service plans such as dental, vision, and prescription drugs.  
**Include** premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs).  
**Exclude** employee contributions. . . . . 254

Mark "X" if None

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**2. Pension plans:**

**a. Defined contribution plans** – Costs under defined contribution plans.  
**Include** pension plans that define the employer contributions to a separate account provided for each employee. The employee "benefit" at retirement depends on the amount contributed and the results of the account’s activity. Examples include profit sharing plans, money purchase (e.g., 401k, 403b) and stock bonus plans (e.g., ESOPs) . . . . . 255

Mark "X" if None

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**b. Defined benefit pension plans** – Costs for both qualified and unqualified defined pension plans.  
**Include** pension plans that specify the benefits to be paid to employees upon retirement, generally either a specific amount or a percentage of compensation. Employer contributions are based on actuarial computations that include the employee’s compensation and years of service and are not allocated to specific accounts maintained for employees. . . . . 256

Mark "X" if None

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**3. Other** – Other fringe benefits (e.g., Social Security, workers’ compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare) . . . . . 258

Mark "X" if None

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**C. Contract temporary staff and leased employee expense** – Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel.  
**Include** all associated charges for payroll, benefits, and services. . . . . 260

Mark "X" if None

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## Expensed Equipment, Materials, Parts and Supplies (not for resale)

**D. Expensed equipment** –  
**Include** expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs and monitors).  
**Exclude** capitalized equipment; software reported in line **H**; leased and rented equipment in line **M**; and depreciation for capitalized equipment in line **U**. . . . . 352

Mark "X" if None

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**E. Purchases of packaging materials and containers** –  
**Include** the cost of bags, boxes, wrapping, and sealing materials.  
**Exclude** office supplies reported in line **F**; and cost of shipping to customers reported in line **R**. . . . . 354

Mark "X" if None

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**F. Purchases of other materials, parts, and supplies (not for resale)** – Materials and supplies used in providing services to others; materials and parts used in repairs; office and janitorial supplies; small tools; and motor fuels.  
**Exclude** office postage and package delivery expenses reported in line **R**. . . . . 356

Mark "X" if None

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1 Operating Expenses (Cont.)

Other Operating Expenses

• Estimates are acceptable. Please do not bracket or combine entries.

2007 Operating Expenses

	\$ Bil.	Mil.	Thou.	Dol.
Mark "X" if None				

**G. Commission expense –**  
**Include** commission paid to other firms for sale of products owned by your company.  
**Exclude** commission paid to your own employees reported in line **A**. . . . .

456

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**H. Expensed purchases of software –** Purchases of prepackaged, custom coded, or vendor customized software.  
**Include** software developed or customized by others, webdesign services and purchases, licensing agreements, upgrades of software; and maintenance fees related to software upgrades and alterations.  
**Exclude** depreciation for capitalized software reported in line **U**. . . . .

452

	\$ Bil.	Mil.	Thou.	Dol.
Mark "X" if None				

**I. Data processing and other purchased computer services –**  
**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** expenses for 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). . . . .

454

	\$ Bil.	Mil.	Thou.	Dol.
Mark "X" if None				

**J. Purchased communication services –** Telephone, cellular, and fax services; computer-related communications (e.g., Internet, connectivity, online); and other wired and wireless communication services. . . . .

458

	\$ Bil.	Mil.	Thou.	Dol.
Mark "X" if None				

**K. Purchased repairs and maintenance to machinery and equipment –**  
**Include** expensed repair and maintenance services to machinery, vehicles, equipment, and computer hardware.  
**Exclude** materials, parts, and supplies used for repairs and maintenance performed by this company's employees, as reported in line **F**. . . . .

460

	\$ Bil.	Mil.	Thou.	Dol.
Mark "X" if None				

**L. Purchased repairs and maintenance to buildings, structures, and offices –**  
**Include** repair and maintenance to integral parts of buildings (e.g., elevators, heating systems).  
**Exclude** materials, parts, and supplies used for repairs and maintenance performed by this company's employees, as reported in line **F**. Report purchased janitorial and grounds maintenance services in line **W**. . . . .

462

	\$ Bil.	Mil.	Thou.	Dol.
Mark "X" if None				

**M. Lease and rental payments for machinery, equipment, and other tangible items –**  
**Include** lease and rental of transportation equipment without operators; and penalties incurred for broken leases.  
**Exclude** payments for capital and financing lease agreements and licensing/leasing of software. . . . .

464

	\$ Bil.	Mil.	Thou.	Dol.
Mark "X" if None				

**N. Lease and rental payments for land, buildings, structures, store space, and offices –**  
**Include** penalties incurred for broken leases. . . . .

466

	\$ Bil.	Mil.	Thou.	Dol.
Mark "X" if None				

**O. Purchased electricity –**  
**Include** the cost of electricity paid directly to the utility company.  
**Exclude** the cost of electricity within lease or rental payments reported in line **N**. . . . .

468

	\$ Bil.	Mil.	Thou.	Dol.
Mark "X" if None				

**P. Purchased fuels (except motor fuels) –**  
**Include** fuel for heating, power or generating electricity (e.g., natural gas, propane, oil, coal).  
**Exclude** the cost of motor fuels reported in line **F**; and the cost of fuels within lease or rental payments reported in line **N**. . . . .

470

	\$ Bil.	Mil.	Thou.	Dol.
Mark "X" if None				

**Q. Water, sewer, refuse removal, and other utility payments –**  
**Include** the cost of hazardous waste removal.  
**Exclude** the cost of these utilities within lease or rental payments reported in line **N**. . . . .

472

	\$ Bil.	Mil.	Thou.	Dol.
Mark "X" if None				

**R. Purchased transportation, shipping and warehousing services –**  
**Include** the cost of postage, delivery expenses, and packaging and containers provided as part of the purchased service.  
**Exclude** the cost of shipping using this company's vehicles or employees. . . . .

474

	\$ Bil.	Mil.	Thou.	Dol.
Mark "X" if None				

**S. Purchased advertising and promotional services –**  
**Include** purchases of marketing and public relations services. . . . .

476

	\$ Bil.	Mil.	Thou.	Dol.
Mark "X" if None				

**1 Operating Expenses (Cont.)**

• Estimates are acceptable. Please do not bracket or combine entries.

**T. Purchased professional and technical services –**

**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. . . . . 478

Mark "X"  
if None

**2007 Operating Expenses**

\$ Bil.	Mil.	Thou.	Dol.

**U. Depreciation and amortization charges –**

**Include** depreciation charges taken against tangible assets owned and used by your company, tangible assets and improvements owned by your company within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights).  
**Exclude** impairment (reduction in value of long-lived assets due to reappraisals). . . . . 480

Mark "X"  
if None

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**V. Governmental taxes and license fees –**

**Include** payments to government agencies for taxes and licenses, business and property taxes.  
**Exclude** income taxes, and sales and excise taxes collected from customers. . . . . 482

Mark "X"  
if None

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**W. All other operating expenses –**

**Include** operating expenses not reported elsewhere, unless excluded by the following list.  
**Exclude** purchase of products for resale (cost of goods sold); bad debt; transfers made within the company; capitalized expenses; interest; impairment; income, sales, and excise taxes; and other non-operating expenses. . . . . 484

Mark "X"  
if None

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**X. TOTAL OPERATING EXPENSES –** Sum of lines A–W should equal item 9 on the 2007 Annual Food Services Report. . . . . 490   
 If None, please explain in Remarks section below.

Mark "X"  
if None

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**2 Interest Expense**

Report interest expense for the establishments covered by this report

**Exclude:** Transfers made within the company and capitalized interest

**Interest expense –** Interest expense incurred in the financing of operations and long lived assets used in continuing operations. . . . . 552

**2007 Interest Expense**

Mark "X"  
if None

\$ Bil.	Mil.	Thou.	Dol.

**3 Remarks – Please use this space to clarify your responses.**

962

CENSUS USE
961

**4 CERTIFICATION —** This report is substantially accurate and has been prepared in accordance with instructions.

Name of person to contact regarding this report (Please print) 950	Address (Number and street, city, State, ZIP Code) 951	954 Telephone		
		Area code	Number	Extension
Signature of authorized person	Title 952	Date 953	955 Fax number	
			Area code	Number
957 E-mail address		956 Internet address (firm's homepage)		
		http://		

Public reporting burden for this collection of information is estimated to average 2.7 hours per response, including the time for assembling data from existing records and completing the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0942, U.S. Census Bureau, 4600 Silver Hill Road, RDF-1R002, Washington, DC 20233. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-0942" as the subject. 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 of this form.

**Thank you**  
**for completing your Business Expenses Supplement.**  
 We suggest you retain a photocopy for your records.