**1. SURVEY COVERAGE**

Did this firm provide the business activities described below?

- Yes
- No - Specify this firm’s business activity

**2. Not Applicable.**

**3. ORGANIZATIONAL CHANGE**

**A.** Did this firm experience any acquisitions, sales, mergers, and/or divestitures in the

- Yes
- No - Go to 4

**B.** Which of the following organizational changes occurred in the reporting period, explain in 4.

Check all that apply. If more than one organizational change occurred during the reporting period, explain in 4.

- Acquisition
- Merger
- Sale
- Divestiture

- **Date of organizational change**

- **Enter detailed information below**

  - Name of company
  - EIN (9 digits)
  - Address (Number and street, P.O. Box, etc.)
  - City, town, village, etc.
  - State
  - ZIP Code

**4. REPORTING PERIOD**

What time period is covered by the data provided in this report?

- Calendar quarter
- Other - Report beginning and ending dates
5 SALES, RECEIPTS, OR REVENUE

A. What were this firm's gross billings/professional service fees in the

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B. What were this firm's direct costs of worksite employees in the

Report salaries, wages, employment-related taxes, benefit premiums, worker's compensation insurance costs for PEO worksite employees.

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C. What was this firm's net revenue in

A minus B.

|          |          |          |          |      |

6 CLASS OF CUSTOMER

What percentage of gross billings/professional service fees reported in 5A was received from the following classes of customer in the

<table>
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<tr>
<th>Class of Customer</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Household consumers and individual users</td>
<td>%</td>
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<tr>
<td>Business firms and not-for-profit organizations</td>
<td>%</td>
</tr>
<tr>
<td>Government (Federal, state, and local)</td>
<td>%</td>
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<td>100%</td>
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7 Not Applicable.

8 REMARKS - Please use this space to explain any significant quarter-to-quarter changes, to clarify responses, or indicate where data were estimated.

9 CONTACT INFORMATION

Name of person to contact regarding this report (Please print) | Title

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Telephone: Area code | Number | Extension | Fax | Area code | Number

Website:

THANK YOU for completing your QUARTERLY SERVICES SURVEY.

We suggest you keep a copy for your records.

We estimate this survey will take an average of 15 minutes to complete, 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 voluntary collection of information, including suggestions for reducing this burden, to: EID Survey Comments 0607-0907, U.S. Census Bureau, 4600 Silver Hill Road, Room EID-8K175, Washington, DC 20233. You may email comments to sssd.qss@census.gov. Be sure to use “EID Survey Comments 0607-0907” as the subject.