



U.S. DEPARTMENT OF COMMERCE  
U.S. CENSUS BUREAU

FORM  
**QSS-2E** (03-04-2021)

# QUARTERLY SERVICES SURVEY

**Due Date**

**Need help or have questions?**

**Call** 1-800-772-7851

(8:30 a.m. - 5:00 p.m. ET, M-F)

or **Visit**

<https://www.census.gov/services/qss/respondent-information.html>

Title 13 United States Code (U.S.C.), Sections 131 and 182, authorizes the Census Bureau to conduct this collection. The U.S. Census Bureau is required by Section 9 of the same law to keep your information confidential and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0907 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

*(Please correct any errors in name, address, and ZIP Code.)*

**INTERNET REPORTING OPTION AVAILABLE - We encourage you to complete this survey online at: <https://portal.census.gov>**

**Authentication Code:**

**To view Survey Results:**

<https://www.census.gov/services>

**GENERAL INSTRUCTIONS**

Throughout this survey, any reference to **"this firm"** is referring to the EIN that is printed in the mailing address area or the new EIN that was provided as a response in ②. Any responses related to "this firm" should only include data for the EIN referenced.

- Any significant change in this firm's operations should be noted in ③
- For establishments sold or acquired during the quarter(s), report data only for the period the establishments were operated by this firm
- Estimates are acceptable if book figures are not available
- Enter "0" where applicable
- Report data on an accrual basis
- Dollars should be rounded to the nearest dollar
- If a figure is \$1,030,280,456 it should be reported as →

Bil.	Mil.	Thou.	DoI.

**Include:**

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operated by this firm
- Data for auxiliary facilities primarily engaged in supporting services to this firm's establishment(s) such as warehouses, garages, central administrative offices, and repair services

We estimate this survey will take an average of 15 minutes to complete. More information about this estimate and an address where you may write with comments is on the back of this form.

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**1 SURVEY COVERAGE**

Did this firm provide the business activities described below?

- Yes
- No - Specify this firm's business activity ↴

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**2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

Does this firm report payroll under EIN

- Yes
- No - Enter current 9-digit EIN **AND** date payroll was first reported for this EIN . . . . .

EIN (9 digits)		
-		
Month	Day	Year

**3 ORGANIZATIONAL CHANGE**

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

- Yes
- No - Go to **4**

**B. Which of the following organizational changes occurred in the**

Check all that apply. If more than one organizational change occurred during the reporting period, explain in **8**.

- Acquisition
- Merger
- Sale
- Divestiture

Date of organizational change . . . . .

AND

Enter detailed information below ↴

Month	Day	Year

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

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4 REPORTING PERIOD

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

Calendar quarter

Other - Report beginning and ending dates . . . . .

Beginning Date		
Month	Day	Year
End Date		
Month	Day	Year

5 SALES, RECEIPTS, OR REVENUE

Taxable Firms

Include:

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

Include:

- Operating and nonoperating revenue
- Program service revenue
- 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 (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

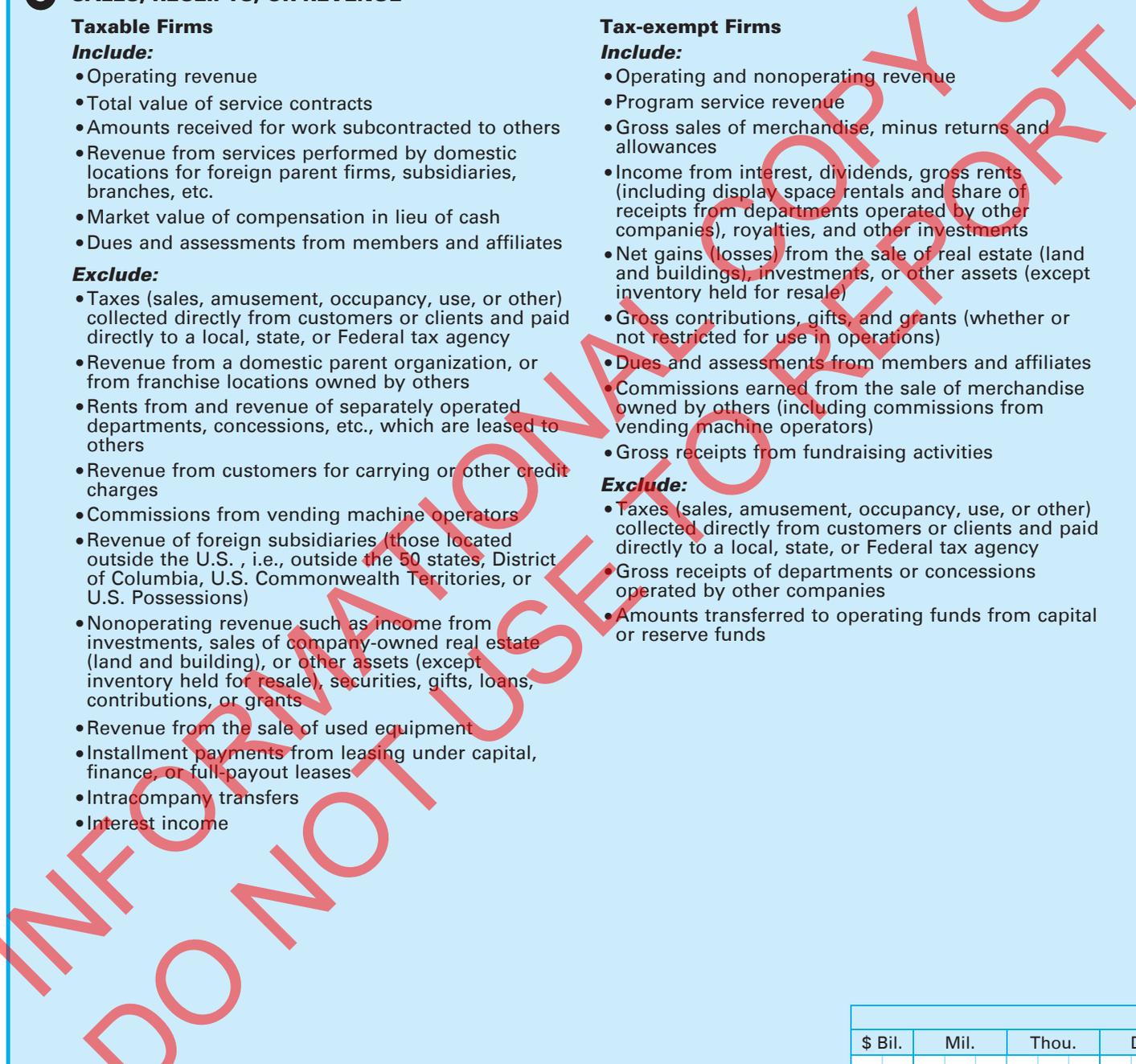
Exclude:

- Taxes (sales, amusement, occupancy, use, or other) 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

What was this firm's revenue in the . . . . .

\$ Bil.	Mil.	Thou.	Dol.

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**6 INPATIENT DAYS AND DISCHARGES**

**Inpatient Days** - The unit of measure in which lodging was provided and services rendered to inpatients.

- 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 second 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 unit days
- Skilled nursing facilities days
- Long term care days

**Exclude:**

- Nursery days
- Newborn days

**Discharges** - The termination of the granting of lodging in the hospital and the formal release of the patient (including patients admitted and discharged on the same day).

- 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

**A. What were this firm's inpatient days in the** .....

**B. What were this firm's discharges in the** .....


**7 OPERATING EXPENSES**

**Include:**

- Payroll and employee benefits
- 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:**

- Taxes (sales, amusement, occupancy, use, or other) 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
- Interest expense
- Bad debt
- Impairment
- 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

**What were this firm's expenses in the** .....

\$ Bil.	Mil.	Thou.	DoI.

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

Large empty rectangular area for providing remarks.

**9 CONTACT INFORMATION**

Name of person to contact regarding this report <i>(Please print)</i>					Title				
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](mailto:sssd.qss@census.gov). Be sure to use "EID Survey Comments 0607-0907" as the subject.

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