



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

FORM

QSS-1pE (08-23-2022)

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.	Dol.

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.

CONTINUE ON PAGE 2

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1 SURVEY COVERAGE

Did this firm provide the business activities described below?

☐

Yes

☐No - Specify this firm's business activity **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

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3 ORGANIZATIONAL CHANGE**A. Did this firm experience any acquisitions, sales, mergers, divestitures, and/or cease operations 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☐ Sale☐ Merger☐ Divestiture☐ Ceased Operation - Date of ceased operation/closure

Date of organizational change

AND

Enter detailed information below

Month	Day	Year

Month	Day	Year

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

Beginning Date

Month	Day	Year

End Date

Month	Day	Year

5 SALES, RECEIPTS, OR REVENUE**A. What were this firm's gross billings/professional service fees in the****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.

C. What was this firm's net revenue in**5A minus 5B.**

\$ Bil.	Mil.	Thou.	Dol.

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

Percent

A. Household consumers and individual users

%

B. Business firms and not-for-profit organizations

%

C. Government (Federal, state, and local)

%

100 %

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

Telephone

Area code

Number

Extension

E-mail address

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: sssd.qss@census.gov. Be sure to use "EID Survey Comments 0607-0907" as the subject.