

Price Report for Accounting Services

Survey of Prices of Accounting Services

CONFIDENTIAL when completed.

Collected under the authority of the Statistics Act, Revised Statues of Canada, 1985, Chapter S19. Completion of this questionnaire is a legal requirement under this Act.

Si vous préférez recevoir ce questionnaire en français veuillez composer le (613) 951-6916.

Please correct the pre-printed information, if necessary, using the boxes below:

Lea	al I	Nar	ne

Business Name	
Contact Name	
Address	
City	\wedge
Province / State	Postal Code Zip Code
Country	

PURPOSE OF THIS SURVEY

The data collected in this survey are used to produce indexes that measure changes in the prices of accounting/audit, tax and bookkeeping services. Businesses use these indexes to assess their performance and to monitor their costs, while Statistics Canada uses these indexes to better measure the volume of accounting services activity in Canada.

CONFIDENTIALITY

Statistics Canada is prohibited by law from publishing any statistics that would divulge information related to your business without your prior written consent. The data reported on your questionnaire will be treated with strict confidence, used for statistical purposes only, and published only in aggregate form. The confidentiality provisions of the Statistics Ast are not affected by the Access to Information Act or by any other legislation.

INSTRUCTIONS

Please complete this report following the instructions and examples provided at the beginning of each section. You will find definitions of the classes of service in the "Respondent's Guide" accompanying this report.



NEED HELP?

If you require assistance in completing this questionnaire or expect delays in returning the survey, please contact: Kim Lacroix Statistics Canada - Prices Division tel: (613) 951-6916 (fax: (613) 951-2848 g-may. kim.lacroix@statcan.ca

Please complete and return this questionnaire within 45 days of receipt.

A. Main Business Activity

Please check $\sqrt{}$ (the first circle below if the activity that most accurately describes the principle source of your operating revenue is applicable, please check $\sqrt{}$ the second circle.

Accounting Services: Includes business units whose main activity is to supply a range of accounting services, such as the preparation, review and auditing of financial statements, the design of accounting systems and the provision of accounting advice.

Tax Preparation Services: Includes business units whose main activity is the provision of tax preparation services.

Bookkeeping, Payroll and Related Services: Includes business units whose main activity is providing bookkeeping, billing and payroll processing services.

None of the above: Please describe the nature of your firm's main business activity and return the questionnaire in the envelope provided. Thank you for your cooperation.

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B. Distribution of Revenue by Class of Service The purpose of this section is to obtain the percentage share of your operating revenue by class of service.				
 Please follow the instructions below: Step 1 In the 'Step 1' column, please report the percentage share of your operating revenue by class of service for fiscal year 2004. <u>Estimates are acceptable whenever actual figures are not available.</u> For definitions of class of service, please refer to the Respondents Guide. 				
Fiscal Year 2004				
Class of Service				
A. Audit, review and related services				
B. Other assurance services				
C. Bookkeeping, compilation and general accounting services				
D. Tax preparation services for corporate clients				
E. Tax preparation services for individuals and unincorpated businesses				
F. Other services				
Total				
C. Provision of Services: Typical Engagement				
The purpose of this section is to collect information about prices and price changes for engagements that you selected to represent your firm's activities.				
Please select a representative engagement for each class of service you have identified above and report them in section C. If 100% of your revenue is from one class of service please provide two (2) representative engagements and report them in section C. Do not include an engagement for service E - other services				
The Engagements that you report should be: Recurrent: It is important that you choose engagements that have occurred in the past and are expected to be repeated in the future for the same client.				
Stable: The work performed under these engagements should be similar from year to year. Representative: Theses engagements should account for a significant portion of your operating revenue and reflect the type of work that you typically perform in a given class of service.				
How to enter the information requested:				
Step 3 Each letter corresponds to the class of service provided under a given engagement.				
 A Audit, review and related services B - Other assurance services C - Bookkeeping, compilation and general accounting services D - Tax preparation services for corporate clients E - Tax preparation services for individuals and unincorporated businesses 				
Step 4 This represents the year you started doing business with the client associated with the selected engagement.				
Step 5 It is your own reference number for the engagement. In a few words, outline the reason for any changes in the engagement between 2003 and 2004.				
Step 6 Please enter the total value of the engagement (without taxes). The period of time in which the engagement is being fulfilled should be comparable from year to year.				
Step 7 Indicate whether the change in the value of the engagement between 2003 and 2004 is due solely to a price change. If YES, please do not complete the last column. If NO, please identify in the last column, to the best of your judgement, the amount of the year-over-year change in the value of the engagement that is due to a change in the service provided vis-à-vis a change in its price (if any).				

Exampl	e				S	TEP 7
STEP 3	STEP 4	STEP 5	ST	EP 6	J	
012.0	Year of first Your own identification number for the				Is the year-over-year change in the value of	
	engagement and explanation of changes (if applicable).	2003	2004	the engagement due to a change in price only?		
1.		ID#: 9816910898	\$	\$		
A	1998	From 1998 to present: Audit of financial statements that requires a smaller collection of appropriate evidence	35 000	32 000	Yes O No √ ►	Service Price \$ (4 000) 1 000
2.		ID#: 9715473108	\$	\$		
E	1997		150	140	Yes √ No O ►	Service Price \$ \$
					(
))
NOTE: In c	order for Stati	ample above, please fill of stics Canada to be able to produce ve data on the same selected enga	relevance ar	d accurate info	primation on price mov	ements it is TEP 7
STEP 3	STEP 4	STEP 5	ST	ER 6	}	
Engag.	Year of first engagement with this	Your own identification number for the engagement and explanation of changes (if applicable).	Calen	dar Vear 2004	Is the year-over-year change in the value of the engagement due to a change in price only?	
1.	client	ID#:		\$	Xaz O	
			>		Yes O No O ►	Service Price \$ \$
2.			\$	\$	Yes O	Service Price
					No O ►	\$ \$
3.		ID#:	\$	\$		
	$b \bigcirc$				Yes O	Service Price
					No O ►	\$\$
4.		ID#:	\$	\$		
					Yes O	Service Price \$ \$
					No O ►	
5.		ID#:	\$	\$		
					Yes O	Service Price \$ \$
					No O ►	

D. Comments				
	ou may have for improving our accounting services price survey.			
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	\sim			
	prmation contained herein is complete and correct to the best of my knowledge).			
Signature of authorized person	Date Completed			
Name of person to contact for fu	ther information (please print)			
First Name	LastName			
iitle	\sum			
Felephone Number	Rension Fax No. E-mail address			
Time to complete guestionnaire				
Time to complete questionnaire				
How long slid you spend collecting and complete this questionnaire?	reporting the information needed to Minutes			
Pre-filled Questionnaire				
\setminus				
n order to facilitate the completion of r	ext year's questionnaire, we can provide you with a copy of the information you provided this			
year. Do you authorized us to send a	re-filled questionnaire containing the information you provided this year?			
Please check	Please send a pre-filled questionnaire			
	Please send a blank questionnaire			
Signature:	Date:			
Please make a copy of this completed questionnaire for your records.				
	ank you for completing this questionnaire.			