



Services Division

Annual Survey of Personal Services, 1998

Confidential when completed

Français au verso

Authority

The survey is conducted under the authority of the Statistics Act, Revised Statutes of Canada, 1985, chapter S19.

In all correspondence concerning this questionnaire please quote this nine digit reference number.



Please revise name and/or address if required.



Legal name (please print)

Operating (trading) name
(if different from address label or legal name)

Business address (if different from address label)

Please read carefully before completing the questionnaire

Coverage

This survey is being collected from businesses at the establishment level of organization. For this purpose, an "establishment" is defined as the lowest level of the firm for which separate records are kept for such details as revenue, expenses and employment.

"Single-establishment" firms should report data for all their activities on this report.

Other firms (generally those which are larger and more diverse) will have more complex organizational structures and record-keeping needs, and therefore may have more than one establishment. For this survey, such firms should report data for only their establishments whose principal business activity is in the personal services industry (see Section 2). It may be that these establishments engage in sideline activities outside the personal services industry; their data (e.g. revenue, expenses, employment, etc.) relating to those activities should also be reported on this form.

This report should **exclude** the revenue of your separately incorporated subsidiaries or foreign branches, but should **include** your portion of the revenue and expenses of unincorporated joint ventures in which you are involved. Please report all amounts in **Canadian dollars**.

Survey Objective

The survey objective is the collection and publication of data necessary for the statistical analysis of the personal services industry. The information from the survey can be used by businesses and trade associations for market analysis and assessment of industry performance, operating characteristics and trends, by government to develop national and regional economic policies, by other users involved in research or policy making and by Statistics Canada for maintaining important data input to the preparation of the Canadian System of National Accounts. The results of this survey will be published in the Statistics Canada publication entitled, "Leisure and Personal Services" (Cat. No. 63-233).

Confidentiality

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

Questions?

If you have any questions regarding this survey, or require assistance in completing the questionnaire, please call us collect.

**Operations and Integration Division
Telephone (1-800-916-9316)
Fax (1-613-951-4566); Toll-free (1-888-605-2493)**

Please quote the nine digit reference number appearing below the arrow on the address label.

Duplicate Questionnaires

If you receive more than one copy of this questionnaire for the same business, please complete the one that is correctly labelled and return it with the duplicate(s), writing "DUPLICATE" on the relevant form(s).

Return Procedure

Please return the completed questionnaire within 30 days of receipt using the enclosed postage-paid envelope to:

**Operations and Integration Division, Statistics Canada
2nd floor, Jean Talon Bldg.
Ottawa, Ontario, Canada K1A 0T6**

If you are unable to do so, please inform us of the expected completion date.

For Office Use Only

Status Code

Clerk

5-3300-3: 1998-12-16 STC/SER-425-60129

3. Form of Organization

a) Please check (✓) below the legal status of this business.

- 027** 1 Incorporated
 2 Unincorporated-individual proprietorship
 3 Unincorporated-partnership
 4 Unincorporated-limited partnership
 5 Other (please specify) _____

b) Is this business a joint venture?

- 028** 1 Yes (please provide names of partners / venturers below)

 2 No

c) Is this business affiliated with a chain or a franchise group?

- 030** 1 Yes (please provide name) _____
 2 No

4. Reporting Period

Please report for the calendar year 1998 or for your most recent fiscal year ending no later than March 31, 1999.

This report covers **229**

no. of months	

 ending **231**

D	M	Y

Period of Operation

If you did not operate this business for a full year, please check (✓) the reason below:

- 235** 1 Seasonal operation
 2 New business in 1998
 3 Change of fiscal year end
 4 Change of ownership (please provide name and address of the other owner)

 5 Ceased operation (please specify) _____
 6 Temporarily closed (please specify) _____

Effective date of change **236**

D	M	Y

Please report for your 1998 fiscal year, as reported in section 4, on page 3.

5. Revenue

Please exclude GST and all other taxes collected by you for remittance to a government agency.

	Dollars (omit cents)
a) Service Revenue Include revenue from all services rendered, such as cleaning, laundering, escort services, health spas and funeral services. Membership and club fees along with storage charges also form part of service revenue.	101
b) Repair Revenue Exclude charges for parts and materials, report them in item 5 c) Sales of Merchandise.	102
c) Sales of Merchandise Include revenue from parts and materials charged in repair work as well as revenue from the sale of such items as funeral caskets, beauty or barber supplies, cleaning supplies, etc. Report offsetting cost in item 6 (a).	103
d) Rental Revenue Report revenue from the rental and/or leasing of cleaning equipment, linen and uniforms, sports equipment, automobiles and any other equipment or goods. Exclude revenue from rental of real estate (see item 5 (g) below).	106
e) Sales of Food and Beverages Include prepared meals, packaged foods, and vending machine sales, etc. Report offsetting cost in item 6 (a).	104
f) Revenue from royalties, franchise fees, management fees, gambling, lottery, foreign exchange and other commissions	107
g) Other Operating Revenue e.g., revenue from rental of real estate. (please specify)	108
	115
h) Total Operating Revenue (sum of items (a) to (g))	120
i) Non-Operating Revenue Interest and all other revenue that is not directly related to the operation of this business.	130
j) Total Revenue (sum of items (h) and (i))	

6. Operating Expenses

- Do not include capital expenditures.
- Please include GST except the portion which is refundable by government.
- If you prefer, you may attach a copy of your income statement and proceed to Section 7.

	Dollars (omit cents)
a) Cost of goods sold (purchases plus opening inventory minus closing inventory). This item represents the offsetting cost of revenue reported from sales in items 5 (c) and (e). Exclude purchases for use in the business and for rental purposes (see item 6 (s) below).	159
b) Salaries and wages paid to employees for whom you issued a T4 supplementary form; include vacation pay, bonuses and commissions	160
c) Employee benefits paid for all employees for whom you issued a T4 supplementary form; include employer's contributions to pension, medical/life, employment insurance and workers' compensation plans	161
d) Rent and/or lease of land and buildings (include rent/lease of office space)	162
e) Rent and/or lease of motor vehicles	163
f) Computer services purchased (including equipment rental, data processing and software development)	164
g) Rent and/or lease of other machinery and equipment	165
h) Repairs and maintenance	166
i) Legal, accounting, management and consulting fees	167
j) Advertising and sales promotion	168
k) Insurance	169
l) Taxes, permits and licenses (exclude income taxes)	170
m) Heat, light, power and water	171
n) Telephone, telecommunications, postage and courier fees (include Internet charges)	172
o) Travel and entertainment	173
p) Royalties and franchise fees	174
q) Depreciation and amortization	175
r) Interest expense	176
s) Office and all other supplies and materials used in the business (exclude supplies reported under Cost of goods sold - item 6 (a) above)	177
t) All other operating expenses, excluding bad debts . Include fees paid to contract workers. (Please specify major items or attach a separate sheet.)	178
u) Total Operating Expenses (sum of items (a) to (t))	179

7. Employment

a) Paid Employees

Please report the **average number** of persons employed during the reporting period to whom you paid Salaries and Wages as shown in Expenses, Section 6, item (b).

Number
152
151
154
153

– Full-time Employees

Regular employees who worked the standard work week as observed by the business

– Part-time Employees

Those who worked fewer than the standard work week hours observed by the business or who worked only for a given period or season

b) Contract Workers

Individuals not on your payroll engaged only for the duration of specific project or term

c) Working proprietors and/or partners of unincorporated businesses

8. Inventories

Please report the value of goods held by you FOR SALE at the opening and closing of your 1998 reporting period. **Do not include inventories held on consignment from others. Also exclude supplies and materials used in the business or for rental purposes.**

	Dollars (omit cents)
Opening inventory	210
Closing inventory	220

9. Client Base

Please report the percentage of your **total operating revenue** (Section 5, item (h)) derived **directly** from:

	Percentage
Domestic	180
a) Households or Individuals for Personal Use	181
b) Business	183
c) Federal, Provincial and Municipal Governments	186
d) Institutions (e.g. hospitals, schools)	185
Foreign	189
Foreign consumers	189
Total (total of above boxes must equal 100%)	100 %

10. Provincial Distribution

Number
024

a) Please report the number of permanent business locations operated in Canada during the reporting period. (Include warehouses, head offices, research facilities and trading locations.)

b) Do you have permanent business locations in **more than one province?**

300 1 No – Please go to Section 11
 2 Yes – Please complete 10 (c)
 ↓

c) Please report the number of permanent business locations, total revenue and selected expenses, by province.

Province	Locations (Number)	Total Revenue \$ (omit cents)	Salaries, Wages and Employee Benefits \$ (omit cents)
Nfld.	301	314	327
P.E.I.	302	315	328
N.S.	303	316	329
N.B.	304	317	330
Que.	305	318	331
Ont.	306	319	332
Man.	307	320	333
Sask.	308	321	334
Alta.	309	322	335
B.C.	310	323	336
Nunavut	340	341	342
N.W.T. (without Nunavut)	311	324	337
Yukon Territory	312	325	338
Total	313	326	339

Should equal Item 10 (a)	Should equal Item 5 (j)	Should equal the sum of Items 6 (b) and 6 (c)
--------------------------	-------------------------	---

11. Trade Patterns: Sales Within Province/Territory, Inter-provincial and International Exports

- (1) Businesses with locations in only one province or territory, please complete the vertical column in the table below that represents the province or territory of your business location(s); list the percentage of total revenue (as reported in **Section 5, item (j)**), generated by clients from the applicable geographic regions listed in the horizontal table rows. Remember to include the share of revenue from sales to clients within the same province or territory as the business location and check that the vertical column percentages add to 100.
- (2) Businesses located in more than one province/territory, please complete **a separate vertical column for each province/territory for which you have reported revenue in Section 10**. Distribute the revenue earned by your locations in each province/territory according to the geographic residence of your locations' clients.

If you do not keep records of this information, your best estimate is acceptable.

Client Residence ▼	Your Business Location(s)												
	Nfld. %	P.E.I. %	N.S. %	N.B. %	Que. %	Ont. %	Man. %	Sask. %	Alta. %	B.C. %	Nvt %	N.W.T. (without Nvt) %	Yukon %
Newfoundland													
Prince Edward Island													
Nova Scotia													
New Brunswick													
Quebec													
Ontario													
Manitoba													
Saskatchewan													
Alberta													
British Columbia													
Nunavut													
Northwest Territories (without Nunavut)													
Yukon Territory													
Foreign													
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Each column completed *must add up to 100%*.

12. Certification

I certify that the information contained herein is complete and correct to the best of my knowledge.

Signature of authorized person

Title

Name of person to contact for further information (*please print*)

- Mr. Mrs.
 Miss Ms.

Title

Date	Day	Month	Year	Area code	Telephone number	Ext.	Fax

How long did you spend collecting the data and completing this form?

801

hours

