



Service Industries Division

# Annual Survey of Advertising and Related Services, 2001

▼ Reference number ▼

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.

**Completion of this questionnaire is a legal requirement under this Act.**



Correct pre-printed information if necessary using the corresponding boxes below:

001	Legal name	004	Number and street		
002	Business name	005	City	006	Province or State
003	C/o	053	Country	007	Postal code

### Please read carefully before completing the questionnaire

#### Coverage

Please complete the questionnaire for the business unit(s) described in the pre-printed area above. For this purpose, a "business unit" is defined as the lowest level of the firm for which separate records are kept for such details as revenue, expenses and employment.

#### Survey Objective

The survey objective is the collection and publication of data necessary for the statistical analysis of the advertising and related services industries. 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.

#### 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 and Return Procedures

We ask that you complete and return the questionnaire within 30 days of receipt to:

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

This survey questionnaire can also be sent to Statistics Canada using the following facsimile communication: **1-888-605-2493.**

Statistics Canada advises you that there could be a risk of disclosure during the facsimile communication process. However, upon receipt of your facsimile, Statistics Canada will provide the guaranteed level of protection afforded to all information collected under the authority of the Statistics Act.

If you have questions or require assistance in completing this questionnaire, please call our **toll free number: 1-800-916-9316** and a representative of Statistics Canada will gladly answer your queries.

#### 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).

#### Note of Appreciation

Canada owes the success of its statistical system to a long-standing co-operation involving Statistics Canada, the citizens of Canada, its businesses, governments and other institutions. Accurate and timely statistical information could not be produced without their continued co-operation and goodwill.

5-3300-12: 2001-10-18 STC/SER-425-75108



### 3. Reporting Period

Please report information for your **fiscal year** (normal business year) ending between April 1, 2001 and March 31, 2002. Please indicate below the period covered by this questionnaire.

From 230 

YYYY	MM	DD

 To 231 

YYYY	MM	DD

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

235 1  Seasonal operation 5  Ceased operation (please specify) 046 \_\_\_\_\_  
 2  New business in 2001 6  Temporarily closed (please specify) 047 \_\_\_\_\_  
 3  Change of fiscal year end  
 4  Change of ownership (please provide name and address of the other owner)  
 045 \_\_\_\_\_  
 Effective date of change ▶ 236 

YYYY	MM	DD

### Please report for your 2001 fiscal year, as reported in section 3.

#### 4.1 Revenue

- Please report in **Canadian dollars**.
- Please report sales and receipts excluding GST and all other taxes collected by you for remittance to a government agency.

a) **Commissions & fees from sale of media time and/or space**

i) commissions \_\_\_\_\_

ii) fees \_\_\_\_\_

b) **Production Work Performed By Your Own Staff**

c) **Other Service Revenue**

i) commissions (please specify type of service)

048 \_\_\_\_\_

ii) fees (please specify type of service)

049 \_\_\_\_\_

d) **Sales of Specialty Advertising Products**

e) **Sales of Other Merchandise**

f) **Rental and/or Leasing of Billboards, Signs and Displays**

g) **Other Operating Revenue**

e.g., revenue from rental of real estate, miscellaneous service revenue, etc. (Please specify)

050 \_\_\_\_\_

h) **Total Operating Revenue**  
(sum of items (a) to (g) )

i) **Non-Operating Revenue**

Interest and all other revenue that is not directly related to the operation of this business

j) **Total Revenue**  
(sum of items (h) and (i))

Dollars (omit cents)
095
096
097
098
099
138
103
106
108
115
120
130

#### 4.2 Advertising Agencies, Media Buyers and Media Representatives

**Total Gross Billings**

Please report your total gross billings to clients

**Media Costs**

Please report the value of media purchases made on behalf of your clients. **Please exclude these costs when reporting "Operating Expenses" in question 5**

Dollars (omit cents)
094
093

## 5. Operating Expenses

- Please report in **Canadian dollars**.
- Do not include capital expenditures.
- Please include GST, except the portion that is refundable by government.
- Please distribute your cost of sales by the expense categories below.
- If you prefer, you may attach a copy of your income statement and proceed to Section 6.

	Dollars (omit cents)
a) Cost of merchandise sold (purchases plus opening inventory minus closing inventory). This item represents the <b>offsetting cost of revenue reported in section 4.1 parts (d) and (e)</b> . Please exclude purchases for use in the business and for rental purposes (see item (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	162
e) Rent and/or lease of motor vehicles	163
f) Computer services purchased ( <b>including</b> 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 ( <b>exclude income taxes</b> )	170
m) Heat, light, power and water	171
n) Telephone, telecommunications, postage and courier fees	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 ( <b>exclude</b> supplies reported under Cost of merchandise sold – item (a) above)	177
t) Production costs (Please specify major items )	180
1   _____	
2   _____	
u) All other operating expenses, <b>excluding bad debts</b> . Include fees paid to contract workers. (Please specify major items or attach a separate sheet.)	178
051   _____	
v) <b>Total Operating Expenses</b> (sum of items (a) to (u) )	179

## 6. 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 5, item (b).

- i) **Full-time Employees:** Regular employees who worked the standard work week as observed by the business
- ii) **Part-time Employees:** Those who worked fewer than the standard work week hours observed by the business
- b) **Contract Workers:** Individuals engaged only for the duration of a specific project or term and for whom a T4 Supplementary form was **not** issued.
- c) **Working proprietors** and/or partners of unincorporated businesses

Number
152
151
154
153

## 7. Client Base

Please report the percentage of total operating revenue (Section 4.1, item (h) ) derived **directly** from:

### 1. Domestic Clients

#### Individuals

#### Business

- a) Retail Trade
- b) Traveller Accommodation and Food Services
- c) Wholesale Trade
- d) Agriculture, Forestry, Fishing and Mining
- e) Manufacturing
- f) Construction
- g) Transportation and warehousing
- h) Finance, Insurance and Real Estate
- i) Other (e.g. professional / scientific services, telecommunications, etc.) (please specify)  
052

#### Institutions

- j) Educational Services
- k) Health Services
- l) Other institutions (please specify)  
053

#### m) Government

### 2. Foreign Clients (regardless of type)

Please report the percentage of foreign market revenue by region:

#### United States

#### Mexico

#### Central and South America

#### European Union

#### Other Europe

#### Africa

#### Middle East

#### Asia

#### Australia, New Zealand

#### Other

**Total** (total of boxes 190 to 217 must equal 100%)

Percentage
190
191
192
193
194
195
196
197
199
200
202
203
204
205
208
209
210
211
212
213
214
215
216
217
<b>100 %</b>

## 8. Provincial/Territorial Distribution

- Please report in **Canadian dollars**
- "Business unit" is defined as the lowest level of the firm for which separate records are kept for such details as revenue, expenses and employment.

Number
024

- a) Please report the number of permanent business units operated in **Canada** during the reporting period.
- b) Do you have permanent business locations in **more** than one province or territory?

300  No – **Please go to Section 9**

1  Yes – **Please complete 8 (c)**

↓

- c) Please report the following data for the provinces or territories in which you have units.

Province or Territory	Business Units (Number)	Total Revenue \$ (omit cents)	Salaries, Wages and Employee Benefits \$ (omit cents)	Employees (Number)	Total Operating Expenses \$ (omit cents)
Nfld.	301	314	327	343	357
P.E.I.	302	315	328	344	358
N.S.	303	316	329	345	359
N.B.	304	317	330	346	360
Que.	305	318	331	347	361
Ont.	306	319	332	348	362
Man.	307	320	333	349	363
Sask.	308	321	334	350	364
Alta.	309	322	335	351	365
B.C.	310	323	336	352	366
Nunavut	340	341	342	353	367
N.W.T.	311	324	337	354	368
Yukon Territory	312	325	338	355	369
<b>Total</b>	<b>313</b>	<b>326</b>	<b>339</b>	<b>356</b>	<b>370</b>

Should equal Box 024, Section 8	Should equal Box 130, Section 4.1	Should equal the sum of Boxes 160 and 161, Section 5	Should equal the sum of Boxes 152 and 151, Section 6	Should equal Box 179, Section 5
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## 9. Certification

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

Signature of authorized person	Title
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Name of person to contact for further information (please print)		Last Name	
054 <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	First Name	056	
<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	055		

E-mail address 057	Company's Home Web page address (URL) 058
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Date	Day	Month	Year	Area code	Telephone number	Ext.	Fax

How long did you spend collecting the data and completing this form? 801  hours

