



Service Industries Division

Annual Survey of Advertising and Related Services, 2003

▼ Reference number ▼

This information is collected 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.

This document is confidential when completed.

Français au verso

If necessary, please correct pre-printed information below.

0001	Legal name	0004	Address (number and street)	
0002	Business name	0005	City	
0003	C/O	0006	Province or State	
0008	First name of contact	0053	Country	0007
				Postal code / Zip code
0028	Last name of contact	0010	Language preference 1 <input type="radio"/> English 2 <input type="radio"/> French	

A. General Information

Coverage

Please complete the questionnaire for the business unit(s) 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 Purpose

The survey purpose is the collection and publication of data necessary for the statistical analysis of the advertising 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.

Data-Sharing Agreements

In order to reduce response burden and to provide consistent statistics, Statistics Canada has entered into data sharing agreements with the statistical agencies of *Quebec, Manitoba and British Columbia* in accordance with Section 11 of the *Statistics Act, Revised Statutes of Canada, 1985, Chapter S19*. For business locations operated in *Quebec, Manitoba and British Columbia*, the agreements authorize Statistics Canada to forward a record of the data collected in this survey to the statistical agencies of these provinces. The *Statistics Acts* of these provinces include the same provisions for confidentiality and penalties for disclosure of information as the federal *Statistics Act*.

Confidentiality

The *Statistics Act* protects the confidentiality of information collected by Statistics Canada.

Fax or Other Electronic Transmission Disclosure

Statistics Canada advises you that there could be a risk of disclosure during the facsimile or other electronic transmission. However, upon receipt, Statistics Canada will provide the guaranteed level of protection afforded all information collected under the authority of the *Statistics Act*.

Reporting Instructions

- Report for all operation(s) and/or location(s) pre-printed in the above address area. If it is not possible to report for the above business unit(s), please explain the reason(s) in the comments section at the end of the questionnaire.
- When precise figures are not available, please provide your best estimates.

Return of Questionnaire

Please mail the completed questionnaire(s) in the enclosed envelope or fax it to Statistics Canada at 1 888 605-2493 within 30 days of receipt.

Lost the return envelope or need help? Call us at 1 800 916-9316 or mail to:

Statistics Canada, Operations and Integration Division, 120 Parkdale Avenue, Ottawa, Ontario K1A 0T6

1. Business Activity

a) Please describe the nature of your firm's business activity in 2003. 0055 _____

b) Is this a change from the previous year? 0142 1 Yes 3 No

c) Please check (✓) below the one industry which most accurately describes your firm's principal source of operating revenue. For detailed industry descriptions, please refer to the enclosed "Definitions sheet".
 If yes, please provide details in the "Comments" section on page 7.

- | | |
|--|---|
| 0127 <input type="radio"/> Advertising Agencies | 0167 <input type="radio"/> Specialty Advertising |
| 0128 <input type="radio"/> Public Relations Services | 0224 <input type="radio"/> All Services Related to Advertising (e.g., merchandise demonstration services, sign painting and lettering services, etc.) |
| 0129 <input type="radio"/> Media Buying Agencies | 0175 <input type="radio"/> Telemarketing |
| 0138 <input type="radio"/> Media Representatives | 0176 <input type="radio"/> Sign and display manufacturing |
| 0164 <input type="radio"/> Display Advertising | <input type="radio"/> Other (please specify) |
| 0165 <input type="radio"/> Direct Mail Advertising | 0040 _____ |
| 0166 <input type="radio"/> Advertising Material Distribution Services (e.g., sample/advertising material direct distribution services, etc.) | 0041 _____ |

2. Form of Organization

a) Type of organization (please check **one** only):

- | | | | |
|--|--|--|--------------------------------------|
| 0024 1 <input type="radio"/> Sole proprietorship | 2 <input type="radio"/> Partnership | 3 <input type="radio"/> Incorporated company | 4 <input type="radio"/> Co-operative |
| 5 <input type="radio"/> Joint venture | 6 <input type="radio"/> Government business entity | 7 <input type="radio"/> Government | 8 <input type="radio"/> Non-profit |

b) Is the sole purpose of this business unit to provide services to your parent company, an affiliated company or a professional practice?

- 0029 1 Yes – **If yes**, please name the company or professional practice 0030 _____
- 3 No

3. Reporting Period

Please report information for your **fiscal year** (normal business year) ending between April 1, 2003 and March 31, 2004. Please indicate below the period covered by this questionnaire.

From 0011

YYYY	MM	DD

 To 0012

YYYY	MM	DD

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

- | | | |
|---|--|------------|
| 0042 <input type="radio"/> Seasonal operation | 0035 <input type="radio"/> Ceased operation (please specify) | 0119 _____ |
| 0032 <input type="radio"/> New business in 2003 | 0036 <input type="radio"/> Temporarily closed (please specify) | 0049 _____ |
| 0033 <input type="radio"/> Change of fiscal year end | | |
| 0034 <input type="radio"/> Change of ownership (please provide name and address of the other owner) | 0124 _____ | _____ |

Effective date of change ► 0125

YYYY	MM	DD

Please report for your 2003 fiscal year, as reported in section 3.

4.1 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)
2013
4051

4.2 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)

2404

ii) fees
(please specify type of service)

2406

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)

2071

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)
2400
2401
2402
2403
2405
2407
2000
2408
2077
2080
2097
2098

4.3 Percentage of Revenue by Media Type

1. Television

2. Radio

3. Print

4. Internet

5. Other

Percent
9151
9153
9154
9155
9156

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 offsetting cost of revenue reported in section 4.1 parts (d) and (e) . Please exclude purchases for use in the business and for rental purposes (see item (s) below)	5721
b) Salaries and wages paid to employees for whom you issued a T4 supplementary form; include vacation pay, bonuses and commissions	3010
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	3040
d) Advertising work sub-contracted to others	3090
e) Printing costs	3089
f) Rent and/or lease of land and buildings	4120
g) Rent and/or lease of motor vehicles	4125
h) Computer services purchased (including equipment rental, data processing and software development)	4233
i) Rent and/or lease of other machinery and equipment	4135
j) Repairs and maintenance	4175
k) Legal, accounting, management and consulting fees	4230
l) Advertising and sales promotion	4365
m) Insurance	4350
n) Taxes, permits and licenses (exclude income taxes)	4410
o) Heat, light, power and water	4042
p) Telephone, telecommunications, postage and courier fees	4102
q) Travel and entertainment	4370
r) Royalties and franchise fees	4440
s) Depreciation and amortization	4520
t) Interest expense	4630
u) Write-offs, valuation adjustments, capital losses	4349
v) Office and all other supplies and materials used in the business (exclude supplies reported under Cost of merchandise sold – item (a) above)	4000
w) All other operating expenses, excluding bad debts . (Please specify major items or attach a separate sheet.) 4561 _____	4569
x) Total Expenses (sum of items (a) to (w))	4699

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
6310
6311
6320
6321

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)
8172 _____

Institutions

- j) Educational Services
- k) Health Services
- l) Other institutions (please specify)
8124 _____

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 8100 to 8476 must equal 100%)

Percentage
8100
8110
8103
8117
8104
8163
8165
8105
8112
8113
8121
8114
8115
8130
8465
8470
8462
8477
8463
8464
8466
8471
8467
8476
100%

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
5001

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?

9966 No – Please go to Section 9

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 Expenses \$ (omit cents)
Nfld.Lab.	5002	4824	4826	6225	4925
P.E.I.	5003	4829	4831	6230	4930
N.S.	5004	4834	4836	6235	4935
N.B.	5005	4839	4841	6240	4940
Que.	5006	4844	4846	6245	4945
Ont.	5007	4849	4851	6250	4950
Man.	5008	4854	4856	6255	4955
Sask.	5009	4859	4861	6260	4960
Alta.	5010	4864	4866	6265	4965
B.C.	5011	4869	4871	6270	4970
Yukon	5014	4874	4876	6275	4975
N.W.T.	5013	4879	4881	6280	4980
Nunavut	5012	4884	4886	6285	4985
Total	5015	4889	4891	6290	4990

9. Certification

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

Signature of authorized person	Title 0014	0015 Date		
		Year	Month	Day

Name of person to contact for further information (please print)	0013	
	First name	
0026		
<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Miss <input type="radio"/> Ms.	0054	
	Last name	

E-mail address: 0018	Web site address: 0020
----------------------	------------------------

Telephone number: () 0017	Extension: 0027	Fax number: () 0016
----------------------------	-----------------	----------------------

How long did you spend collecting the data and completing this questionnaire?	9910 hour(s)	9909 minutes
---	--------------	--------------

Comments

If more space is required please enclose a separate sheet.

9920

9913

9914

9915

9916

For information only

Thank you for completing this questionnaire. Please retain a copy for your records.

Statistics Canada's publications are available for use
in Statistics Canada's regional offices and all major libraries.
As well, please visit our Web site at www.statcan.ca

If you need help, please contact us at 1-800-916-9316