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. Si vous préférez recevoir ce questionnaire en français, veuillez nous téléphoner au 1 888 881-3666.

It n	If necessary, please correct pre-printed information below.							
0001	Legal name		0004	Address (number and street)				
	Business name		0005	City				
0003	C/O		0006	Province/ Territory or State				
	First name of contact		0053	Country		0001	Postal code/ Zip code	
	Last name of contact			Language preference	<sup>1</sup> English	า	2	French

## A - General Information

### **Survey Purpose**

This survey collects the financial and operating data needed to develop national and regional economic policies and programs.

### **Data-sharing Agreements**

In an effort to reduce reporting burden, Statistics Canada has entered into agreements with provincial and territorial statistical agencies for the sharing of data. The data are kept confidential and used for statistical purposes only. Please see the enclosed reporting guide for details of these agreements.

# 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.

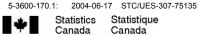
### Reporting Instructions

- 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.
- For further information about this survey and definitions, please consult the enclosed reporting guide.

# **Return of Questionnaire**

Please mail the completed questionnaire(s) in the enclosed envelope or fax it to Statistics Canada at 1 888 883-7999 within 30 days of receipt.

Lost the return envelope or need help? Call us at 1 888 881-3666 or mail to: Statistics Canada, Operations and Integration Division, 120 Parkdale Avenue, Ottawa, Ontario K1A 0T6





B - Main Business Activity			
Please describe the nature of your business.			
0055			
			<del></del>
Please check only one of the following categorie describes the <b>principal</b> source of operating reverse.		v, at this business unit, which	h most accurately
0330 Real estate broker or real est			
0331 Independent real estate sales		ecked one of these choices,	nlease complete
0040 ☐ Other activities	11 300 011	nd return the questionnaire.	
For further inform	nation, please refer to the enclos	ed reporting guide.	
C - Reporting Period Information			
Please report for your <u>fiscal year</u> (normal busine	ess year) ending between April 1, 2	2004 and March 31, 2005.	Please indicate
below the period covered by this questionnaire.			
YYYY MM	0015	YYYY 2	MM DD
1. From	To 0012		
2. If you did not operate this business unit for a	full year, please check the reason	(s) below:	
<sup>0031 1</sup> Seasonal <sup>2</sup> New <sup>3</sup>	☐ Change of <sup>4</sup> ☐ Change of		Temporarily
Operation Business	Fiscal Year Ownersh	ip Operations	Inactive
3. Please indicate below, any change that may	have occurred in the organization	of this business unit during	this fiscal year:
0047 1 Acquired New 2	Disposed of/ Sold		
Business Units	Business Units		
If you have had any other changes	in your business within the year	r, please describe these c	hanges in the
Comme	ents section at the end of the que	estionnaire.	

	For further information, please refer to the enclosed reporting	gui	de.		
D -	Revenue				
			1366		\$ CDN
1.	Commissions and fees earned from real estate sales (include in trust amounts)				
2.	Revenue received from <b>independent</b> real estate sales persons (e.g., desk fees, publicity and advertising)		1237		
3.	Revenue from rental or leasing of property directly owned by the business unit		1238		
4.	Commissions and fees earned from the rental or leasing of client owned properties		1239		
5.	Franchise fees revenue		2040		
6.	Other revenue (sum of 1229 to 1231) (Please provide details below):		1236		
	1229				
	1230				
	1231				
7.	Total operating revenue (sum of 1 to 6)		2080		
8.	Investment and other income (e.g., interest and dividend income, capital gains)		2097		
9.	Total revenue (sum of 7 and 8)		2098		
	<u> </u>				
E -	Workforce				
Pai	d employees are those for whom a T4 - Statement of Remuneration Paid was issued.				
			Numb		
1.	Paid full-time employees	6310	emplo	yees	
_		6311			Number of
2.	Paid part-time employees			6312	employees
3.	Total number of paid employees (sum of 1 and 2)				
					Number of independents
4.	Independent real estate sales persons			6070	·

# For further information, please refer to the enclosed reporting guide. F - Expenses Please exclude income tax from your expenses. \$ CDN Salaries and wages paid to employees, management fees, 3010 bonuses 3040 Employer portion of employee benefits \$ CDN 3041 3. Total labour remuneration (sum of 1 and 2) Commissions and fees paid to independent real estate sales persons Commissions and fees paid to other real estate brokers 4054 Real estate services (e.g., franchise fees) 4230 7. Legal, accounting and auditing fees 4275 Other professional, business or financial services Leasing or rental of office space or other real estate All other leasing or rental expenses (include vehicles and computers) Repair and maintenance services 4365 Advertising and promotion 4370 Travel, meal and entertainment expenses 4350 Insurance premiums 4410 Property, transfer and business taxes, lot levies, licences and permits 15. Utility expenses **not included** in rental or leasing agreements (e.g., hydro, heat, water) Computer and technology expenses (e.g., Internet access charges, software) 4101 Communication expenses 4000 Office expenses and supplies 19. 4520 20. Amortization and depreciation 21. Interest on loans **22.** All other expenses (sum of 4531 to 4533) (Please provide details below): 4531 4532 23. Total expenses (sum of 3 to 22)

G - Certification					
I certify that the information contained herein is	s complete	and correct to t	the best of my	knowledge.	
Signature of authorized person	Title			0015 Year	Date  Month Day
Name of person to contact for further information:	0013 First nat	me			
<sup>1</sup> Mr. <sup>2</sup> Mrs <sup>3</sup> Miss <sup>4</sup> Ms	Last nar	me			
E-mail address 0018		Web site address			
Telephone number 0017	Extension number		Fax number 0016		(A) M: 1
How long did you spend collecting the data and co	mpleting this	s questionnaire?	,	9910 HC	our(s) Minute
H - Comments  We invite your comments below. Please be assure	ed that we re	view all commer	nts with the inte	nt to improve the	survey.
9913					
9914					
9915					
9916					
Thank you for completing this q	uestionr	naire. Pleas	se retain a	copy for you	ır records.
	al offices and	vailable for use i d all major librari eb site at <b>www.s</b>	ies.	nada's	
If you need help	p, please co	ntact us at 1 888	8 881-3666.		