



2001 Survey of Head Office and Other Business Support Units

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 numéro sans frais suivant : 1 888 881-3666.

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



0001	Legal name	0004	Address		
0002	Business name	0005	City	0006	Province or State
0003	C/O	0053	Country	0007	Postal code/Zip code
0008	First name of contact	0028	Last name of contact		
0052	Please report for:	0010	Language preference	1 <input type="radio"/> English 2 <input type="radio"/> French	

A - Introduction

Survey Purpose

This survey of head offices and other business support units is conducted to improve the accuracy and completeness of statistics on businesses in Canada. For further details, please consult the enclosed booklet entitled "Statistics Canada Business Surveys".

Confidentiality

Statistics Canada is prohibited by law from publishing any statistics which would divulge information obtained from this survey that relates to any identifiable business. **The data reported on this questionnaire will be treated in strict confidence.** For further details, please consult the enclosed booklet entitled "Statistics Canada Business Surveys".

Coverage

Please report for the business unit(s) identified above. Include only those operation(s) located in Canada.

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**.

Data Sharing Agreements

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. **Your responses are not shared with Canada Customs and Revenue Agency.** For further details, please consult the enclosed booklet entitled "Statistics Canada Business Surveys".

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 of your information, Statistics Canada will provide the guaranteed level of protection afforded all information collected under the authority of the *Statistics Act*.

Person primarily responsible for completing this questionnaire, if different from above: 0013

0026
1 Mr. 2 Mrs. 3 Miss 4 Ms.

0054	First name																				
	Last name																				

Title: 0014	E-mail address: 0018	Web site address: 0020
Telephone number: 0017 ()	Extension: 0027	Fax number: 0016 ()

Reporting Period Information

Please report information for **your most recent 12-month fiscal period** ending between January 1, 2001 and March 31, 2002. Please indicate below the period covered by this questionnaire.

1. **From** ⁰⁰¹¹

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To ⁰⁰¹²

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

- ⁰⁰³¹ 1 Seasonal Operation 2 New Business 3 Change of Fiscal Year 4 Change of Ownership 5 Ceased Operations 6 Temporarily Inactive

3. Please indicate below, any change that may have occurred in the organization of this business unit during the reported period:

- ⁰⁰⁴⁷ 1 Acquired New Units 2 Disposed of/Sold Units

Main Business Activity

Please check **one main activity**, at this business unit, which most accurately describes the **principal** source of operating revenue.

1. 551114 ⁰³³⁶ **Head Office**
- 1 Centralized administration (corporate, general home or central office)
 - 3 Other administration (divisional, branch or district office)

- ⁰³³⁷ **Other Business Support Units**
- 1 Research, development and testing laboratories
 - 3 Ancillary operations (sales, distribution, warehousing, trucking, etc.)

Please specify: ⁰⁰⁴⁵ _____

Please describe **in detail** the nature of your business activity:

⁰³³⁸ _____

2. ⁰⁰⁴⁰ **None of the above**

Please list the main activities of this business unit and indicate the estimated percentage of total operating revenue associated with each one:

⁰⁰⁴¹ _____

Note: If you responded "**None of the above**", please call **1 888 881-3666** for further instructions.

Reporting Instructions

1. Please report all dollar amounts in thousands of CANADIAN DOLLARS (**\$'000 CDN**).
2. Dollar amounts and percentages should be rounded to whole numbers.
3. Please print in ink.
4. **When precise figures are not available, please provide your best estimate.**

Note: For detailed information as to the data to be reported in this questionnaire, please refer to the enclosed guide.

B - Revenue

Please include: • all revenue within or outside Canada recorded in your accounts for sales to other businesses and for transfers to other units of your business.

Please exclude: • GST/HST, PST and TVQ.

1. Did the accounts of this head office or other business support units record revenue during the reported period? 1099 1 Yes
3 No → If No, please go to **Section C - Expenses.**

Revenue of this Head Office or Other Business Support Units

Revenue from transactions with external clients

(e.g., third party or non-affiliated businesses)

Exclude receipts from billings to other units of the firm.

	\$'000 CDN
2. Sales of goods manufactured and/or assembled by this business unit or other business units, and transferred to this head office for sale to external clients	2010
3. Sales of goods purchased for resale in the same condition as purchased (i.e., bought from other businesses) for sale to external clients	2028
4. Sales of services produced by employees of this business unit (e.g., sales of consulting services, data processing, management and administration services) for sale to external clients	2011
5. Revenue from rental and leasing (e.g., office space or other real estate, goods and equipment) from external clients	2046
6. Other operating revenue from transactions (e.g., commissions, royalties, franchise fees) with external clients Please specify major item: <u>2023</u>	2012
7. Total revenue from external clients (add amounts reported at questions 2 to 6 above)	2013

Revenue from transactions with internal clients

(e.g., other units of this firm)

8. Management fees or any other service fees provided by and paid to this head office by other units of the firm (e.g., legal, advertising, insurance) from internal clients	2014
9. Other operating revenue from transactions with other units of the firm (e.g., revenue from commissions, royalties, franchise fees) from internal clients Please specify major item: <u>2024</u>	2015
10. Total revenue from internal clients (add amounts reported at questions 8 and 9 above)	2016
11. Total operating revenue (add amounts reported at questions 7 and 10 above)	2080
12. Non-operating revenue (e.g., interest income, dividends, sale of assets, gains from exchange rate changes)	2097
13. Total revenue of this head office or other business support units (add amounts reported at questions 11 and 12 above)	2098

C - Expenses

Please include: • all expenses within or outside Canada recorded by this business unit.

Please exclude: • GST/HST and TVQ.

C-1 Labour Remuneration

	\$'000 CDN
1. Wages and salaries of employees (include overtime and vacation pay) Employees are defined as those workers for whom you completed a Canada Customs and Revenue Agency T4 - Statement of Remuneration Paid form. Please refer to your guide for inclusions and exclusions before completing this question.	3010
2. Employer portion of employee benefits Please refer to your guide for inclusions and exclusions before completing this question.	3040
3. Total labour remuneration (add amounts reported at questions 1 and 2 above)	3041

Materials, Components and Supply Expenses

Please **exclude** capital expenditures.

	\$'000 CDN						
4. Office supply expenses Include: • paper and supplies for photocopiers, printers and fax machines; diskettes; writing instruments and other office supplies, etc. Also, if not capitalized, include computers, printers, photocopiers, computer software and office furniture, etc. Exclude: • postage and courier expenses. Please report these amounts in this section at question 13, "Postage and courier expenses"; • telephone and other telecommunication expenses. Please report these amounts in this section at question 14, "Telephone and other telecommunication expenses".	3301						
5. Operating, maintenance and repair supply expenses Include: • supplies for the operation, maintenance and repair of your equipment, vehicles and buildings. Exclude: • expenses that are covered in your rental and leasing expenses. Please report these payments in this section at question 15, "Rental and leasing expenses"; • expenses that are covered in your maintenance and repair service expenses. Please report these payments in this section at question 16, "Purchased maintenance and repair service expenses, including janitorial and cleaning services".	3302						
6. All other materials, components and supply expenses Please name major items:	3392						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 80%;">3393</td> </tr> <tr> <td></td> <td>3394</td> </tr> <tr> <td></td> <td>3395</td> </tr> </table>		3393		3394		3395	
	3393						
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Purchases of Goods for Resale

\$'000 CDN

4025

7. Purchases of goods for resale (in the same condition as purchased)

Purchased Energy and Water Expenses

\$'000 CDN

4066

8. Total purchased energy and water utility expenses (e.g., electricity, gasoline, fuel oil, diesel fuel, propane, natural gas, water)

Exclude energy expenses that are covered in your rental and leasing expenses. Please report these amounts in this section at question 15, "Rental and leasing expenses".

Non-returnable Containers and Other Shipping and Packaging Material Expenses

\$'000 CDN

3499

9. Total cost of non-returnable containers and other shipping and packaging materials

Management Fees Paid to Affiliates Outside or Within Canada

\$'000 CDN

4556

10. Management fees or any other service fees paid to affiliates outside Canada

4557

11. Management fees or any other service fees paid to affiliates in Canada

Purchased Service Expenses

The expenses in this section are for services purchased from **external businesses only** (e.g., third parties).

Please exclude purchased services that have been reported in questions 10 and 11, "Management fees or any other service fees paid to affiliates outside Canada" and "Management fees or any other service fees paid to affiliates in Canada", respectively.

\$'000 CDN

4070

12. Purchased goods transportation, warehousing and storage expenses

4085

13. Postage and courier expenses

4101

14. Telephone and other telecommunication expenses

4115

15. Rental and leasing expenses

Include office space or other real estate, motor vehicles, computers and peripherals, other machinery and equipment, and other goods.

16. Purchased maintenance and repair service expenses, including janitorial and cleaning services

4175

Include materials, parts and labour.
Exclude property management fees.

Purchased Service Expenses (continued)

\$'000 CDN

17. Payments to employment agencies or personnel suppliers (e.g., pay for temporary workers paid through an agency and charges for personnel search services)	3080
18. Purchased research and development expenses (contracted out)	4251
19. All other professional and business service fees (e.g., legal and accounting, technical service fees, consulting, education and training)	4315
20. Insurance premiums (e.g., liability, auto, building, equipment)	4350
21. Advertising and promotion expenses	4365
22. Travel, meals and hospitality expenses	4370
23. Royalties and franchise fees	4440
24. All other purchased service expenses not specified above (e.g., property management fees, waste and hazardous material removal, financial service fees such as bank charges, credit and debit card commissions) Please report interest expenses at question 31, "Other expenses".	4500
25. Total purchased service expenses (add amounts reported at questions 12 to 24)	4453
26. Proportion of purchased service expenses allocated to other units of this firm (the expenses allocated to other units of this firm should be reported by those units in the "Expenses Section" of their industry specific questionnaire, "Management fees or any other service fees". The management fees received by this head office from other units of this firm, should be reported in this questionnaire as revenue in Section B , "Revenue from transactions with internal clients")	% 4454

Other Operating Expenses

\$'000 CDN

27. Depreciation and amortization (including this business unit's assets and capital lease obligations) Please refer to your guide for inclusions before completing this question.	4520
28. Property and business taxes, and licences and other permits, including building permits and development charges	4410
29. All other operating expenses (e.g., contributions to provincial health and education payroll taxes, allowances for bad debt, write-offs, donations, and inventory adjustments) Exclude interest expenses. Please report these amounts in this section at question 31, "Other expenses".	4569
Please name major items:	
4561	
4562	
4563	

Expense Totals

	\$'000 CDN
30. Total operating expenses (add amounts reported at questions 3 to 11, 25, and 27 to 29)	4599
31. Other expenses (e.g., interest expenses on capital lease obligations plus all other miscellaneous interest expenses such as interest on loans and the interest portion of mortgage payments)	4630
32. Total expenses (add amounts reported at questions 30 and 31)	4699
33. Excluding purchased services (that were identified above), did you allocate any other expenses (e.g., overhead, general administration) to other units of the firm? 4622 1 <input type="radio"/> Yes → If Yes , please enter the amount allocated. 3 <input type="radio"/> No → If No , please go to Section D - Inventory of this Head Office or Other Business Support Units .	4621

D - Inventory of this Head Office or Other Business Support Units

Inventories are to be reported at book value (i.e., the value maintained in the accounting records).

Please include: • inventory **owned** by this business unit within or outside Canada (including inventory held at any warehouse, selling outlet, in transit, or on consignment).

Please exclude: • inventory held on consignment for others.

	Value of opening inventory \$'000 CDN	Value of closing inventory \$'000 CDN
1. Goods manufactured and/or produced by your firm and transferred to head office or other business support units for sale	5541	5542
2. Goods purchased for resale in the same condition as purchased, including raw materials held for manufacturing operations of your own company	5543	5544
3. Total inventories (add amounts reported at questions 1 and 2)	5550	5555

E - Employment at this Head Office or Other Business Support Units

Please complete, if applicable, the enclosed Head Office Supplement associated with this section. For information regarding this supplement, please refer to the enclosed guide.

Please report the average **number** of people employed at this Head Office and any other Business Support Units, if applicable, during the reporting period.

Include full-time, part-time and temporary employees and employees absent with pay.

Exclude contract and subcontract workers who are not part of your payroll.

Number
6299

F - Events That May Have Affected Your Business Unit

1. Compared to **last fiscal year**, were there any events that may have **significantly affected the reported values** for this business unit? Please specify:

9965 _____

9968 _____

9969 _____

G - Comments

1. How long did you spend collecting the data and completing this form?
(e.g., 1 hour 30 minutes)

9910	9909
_____ hour(s)	_____ minutes

2. We invite your comments below. If necessary, please attach a separate page. Please be assured that we review all comments with the intent of improving the survey.

9920 _____

9913 _____

9914 _____

9915 _____

Signature: _____



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

0015

YYYY

MM

DD

Thank you for your co-operation

For information only