This document is confidential when completed. Si vous préférez recevoir ce questionnaire en français, veuillez nous appeler au numéro sans frais suivant :

1-888-881-3666.

f necessary	, please	make a	address	label	corrections	in the	boxes belov	Ν.
i ileeessaiy	, picasc	manc d	addicas	label	COLLCCIOLIS	111111111111111111111111111111111111111	DUNCS DCIO	,.

0007	Postal code/		

French

This information is collected under the authority of the *Statistics Act*, Revised Statutes of Canada, 1985, Chapter S-19.

COMPLETION OF THIS QUESTIONNAIRE IS A LEGAL REQUIREMENT UNDER THIS ACT.

#### A - Introduction

#### Survey purpose

0001

0002

0021

Legal name

Business

name

Title of

contact

0008 First name

0028 Last name

of contact

of contact

This survey collects the financial and operating data needed to develop national and regional economic policies and programs. For more information on this survey, please access www.statcan.ca/english/survey/index.htm.

### **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

Address

(number and street)

Province/

territory

or state

Country

Language

preference

0005 City

0006

The *Statistics Act* protects the confidentiality of information collected by Statistics Canada. Please see the enclosed reporting guide for more information.

English

## Fax or other electronic transmission disclosure

Statistics Canada advises you that there could be a risk of disclosure during 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*.

# Please return the questionnaire within 30 days.

Please mail the completed questionnaire in the enclosed envelope or fax it to Statistics Canada at 1-888-883-7999.

Lost the return envelope or need help? Call us at **1-888-881-3666** or mail to: Statistics Canada, Operations and Integration Division, 150 Tunney's Pasture Driveway, Ottawa, Ontario K1A 0T6

Visit our website at www.statcan.ca

**■\***■

2007-08-09

STC/UES-190-60138

2007 Survey of Service Industries: Film, Television and Video Post-production



В-	B - Main business activity					
1.	Please describe the nature of your business.					
2.	Please check the one main activity which most accurately represents your main source of revenue.					
	<sup>0639</sup> Film, television and video post-production					
	None of the above — Please call <b>1-888-881-3666</b> for further instructions.					
C-	Reporting period information					
1.	March 31, 2008. Please indicate below the period covered by this questionnaire.					
	from 0011 to 0012 mm					
2.	If the reporting period does not cover a full year, please check the reason(s) below:					
	operations  2 new operations  3 change of operations  4 change of ownership operations	<sub>6</sub> [	temporarily inactive			
Re	porting instructions					
_	Report for business unit(s) specified on the label on the front page.					
_	Complete only the questions that apply to your business.					
-	When precise figures are not available, please provide your best estimate.					
<ul> <li>Report in Canadian dollars. Dollar amounts and percentages should be rounded to whole numbers.</li> </ul>						
Consult the enclosed reporting guide for further information.						
D.	Revenue					
	A detailed breakdown may be requested in other sections.		CAN\$			
1.	Sales of goods and services (e.g., rental and leasing income, commissions, fees, admissions, services revenue) Report net of returns and allowances.	2299				
2.	Grants, subsidies, donations and fundraising	2068				
3.	Royalties, rights, licensing and franchise fees	2022				
4.	Investment income (dividends and interest)	2097				
5.	Other revenue (please specify):	2077				
6.	Total revenue (sum of questions 1 to 5)	2098				

E-	E - Expenses				
		CAN\$			
1.	Salaries and wages of employees who have been issued a T4 statement	)			
2.	Employer portion of employee benefits ( <b>include</b> employer contributions to pension, medical/life insurance plans, employment insurance, etc.)	)			
3.	Commissions paid to non-employees	3			
4.	Professional and business services fees (e.g., legal, accounting)	5			
5.	Subcontract expenses (include contract labour, contract work and custom work)	)			
6.	Charges for services provided by your head office	5			
7.	Cost of goods sold, <b>if applicable</b> (purchases <b>plus</b> opening inventory <b>minus</b> closing inventory)	1			
8.	Office supplies	1			
9.	Rental and leasing ( <b>include</b> rental of premises, equipment, motor vehicles, etc.)	5			
10.	Repair and maintenance (e.g., property, equipment, vehicles)	3			
11.	Insurance ( <b>include</b> professional liability, motor vehicles, etc.)	)			
12.	Advertising, marketing and promotions (report charitable donations at question 22)	5			
13.	Travel, meals and entertainment TORMATON 437	)			
14.	Utilities and telecommunications expenses ( <b>include</b> gas, heating, hydro, water, telephone and Internet expenses)	3			
15.	Property and business taxes, licences and permits	)			
16.	Royalties, rights, licensing and franchise fees	)			
17.	Delivery, warehousing, postage and courier	9			
18.	Financial services fees	5			
19.	Interest expenses	)			
20.	Amortization and depreciation of tangible and intangible assets				
21.	Bad debts	2			
22.	All other expenses (please specify):	9			
23.	Total expenses (sum of questions 1 to 22)	<del>)</del>			
24.	Corporate taxes, if applicable				
25.	Gains (losses) and other items (see reporting guide)	1			
26.	Net profit/loss after tax and other items (see reporting guide)	4			
		y of Service Industries:			

F, G, H, I, J and K - Not applicable					
L - Contact information					
Name of person to contact about this questionnaire:					
0026 <sup>1</sup> ☐ Mr. <sup>2</sup> ☐ Mrs. <sup>3</sup> ☐ Miss <sup>4</sup> ☐ Ms					
Last name	Telephone number				
<sup>0013</sup> First name	Extension number				
OO14 Title	Pax number				
0018 E-mail address	Website address				
yyyy mm dd					
Date completed:	hour(s) minutes				
How long did you spend collecting the data and completing the qu	estionnaire? 9910 9909 9909				
M - Comments	)R				
We invite your comments below. Please be assured that we review	vali comments with the intent to improve the survey.				
9913					
9914					
9915					
9916					
Thank you for completing this questionnaire. Please retain a copy for your records.					
Visit our website at www.statcan.ca					