



Unified Enterprise Survey

2007 Annual Wholesale Trade Survey

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.

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.

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



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

A - Introduction

Survey purpose

This survey collects the financial and operating/production data needed to develop national and regional economic policies and programs. For further details, please consult the enclosed booklet *Statistics Canada Business Surveys* or visit our website at www.statcan.ca/english/survey/index.htm.

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 *Statistics Canada Business Surveys*.

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 the Canada Revenue Agency.** For further details, please consult the enclosed booklet *Statistics Canada Business Surveys*.

Return of questionnaire

Please return the completed questionnaire to Statistics Canada **within 30 days** of receipt by mail, using the enclosed envelope. You can also fax it 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.

Coverage

Please report for your Canadian wholesale operations (see insert, List of Wholesale Operation, for the list of units to be covered by this questionnaire).

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*.

0026	Person primarily responsible for completing this questionnaire, if different from above:			0017	Telephone number
	1 <input type="checkbox"/> Mr. 2 <input type="checkbox"/> Mrs. 3 <input type="checkbox"/> Miss 4 <input type="checkbox"/> Ms			0027	Extension number
0054	Last name			0016	Fax number
0013	First name			0020	Website address
0014	Title			0018	E-mail address



Reporting instructions

1. Please print in ink.
2. Report all dollar amounts in **Canadian dollars (CAN\$)**.
3. Dollar amounts and percentages should be rounded to whole numbers.
4. A reporting guide is included with this questionnaire for your reference.
5. **When precise figures are not available, please provide your best estimates.**

Main business activity

1. Please check the **one main activity** which most accurately describes your principal source of **operating** revenue.

- 0831 **Wholesale merchant**
Wholesale merchants are engaged in the buying and selling of goods on their own account (i.e., take title of the goods). Examples include wholesalers, wholesale distributors, drop shippers, rack-jobbers, import-export merchants, buying groups, dealer-owned co-operatives and banner wholesalers.
- 0832 **Wholesale agent or broker**
Wholesale agents and brokers are engaged in the buying and/or selling, on a commission or fee basis, of goods owned by others. Examples include import-export agents, wholesale commission agents, wholesale brokers, and manufacturers' representatives and agents.
- 0040 **None of the above** — Please provide a brief description of your main activity and call **1-888-881-3666** for further instructions.
- 0041 _____

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2. List the main lines of merchandise and services sold and the estimated percentages of total operating revenue:

	%
a) 0833 _____	0834 <input style="width: 100%;" type="text"/>
b) 0835 _____	0836 <input style="width: 100%;" type="text"/>
c) 0837 _____	0838 <input style="width: 100%;" type="text"/>

Reporting period information

1. Please report for your **fiscal year** (normal business year) ending between **April 1, 2007** and **March 31, 2008**. Indicate the period covered by this questionnaire.

from ⁰⁰¹¹ ^{yyyy} ^{mm} ^{dd} to ⁰⁰¹² ^{yyyy} ^{mm} ^{dd}

2. If you did not operate this business unit 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 this fiscal year:

- 0047 ¹ acquired new business units ² disposed of/sold business units

B - Revenue

Please exclude GST/HST, PST and TVQ.

		CAN\$
1.	Sales of all goods purchased for resale, net of returns and discounts or rebates provided to your clients Include parts used in generating repair and maintenance revenue (report the labour portion of repair and maintenance at question 4 below). Include any sales made to plants, divisions or companies within your enterprise (e.g., intra- and inter-enterprise sales).	2020
2.	a) Commission revenue and fees earned selling merchandise on behalf of others	2060
	b) Value of goods where commissions and fees were earned by you acting as an agent or broker	2061
3.	Sales of goods manufactured as a secondary activity by this wholesaling business unit	2299
4.	Labour revenue from repair and maintenance (report parts at question 1 above)	2041
5.	Revenue from rental and leasing of office space, other real estate, goods and equipment	2046
6.	All other operating revenue Exclude interest and dividend income; report these amounts at question 8 below.	2077
7.	Total operating revenue (sum of questions 1 to 6 above, do not include 2b)	2080
8.	Non-operating revenue (e.g., interest and dividend income)	2097
9.	Total revenue (sum of questions 7 and 8 above)	2098

C - Cost of goods sold

		CAN\$
1.	Opening inventory	5560
2.	Purchases Include any purchases made from plants, divisions or companies within your enterprise (e.g., intra- and inter-enterprise purchases).	4019
3.	Closing inventory	5565
4.	Cost of goods sold (sum of questions 1 and 2 minus 3 above)	5720

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D - Expenses

	CAN\$	CAN\$
1. Salaries and wages of employees	3010	
2. Employer portion of employee benefits	3040	
3. Total labour remuneration (sum of questions 1 and 2 above)	3041	
4. Rental and leasing expenses Include office space or other real estate, motor vehicles, computers and peripherals, other machinery and equipment, and other goods.	4115	
5. Advertising and promotion	4365	
6. Amortization and depreciation expenses (e.g., buildings, vehicles, machinery and equipment)	4520	
7. Management fees and other service fees charged by head office and other business support units	4555	
8. All other operating expenses (please see reporting guide) Exclude interest expenses; report these amounts at question 10 below.	4569	
9. Total operating expenses (sum of questions 3 to 8 above)	4598	
10. Other expenses	4630	
11. Total expenses (sum of questions 9 and 10 above)	4698	

E - Distribution of operating revenue by location and type of customer

Please indicate the percentage of total operating revenue (reported in **Section B**, at question 7), by location and type of customer to whom the goods or services were delivered.

1. Location of customers in Canada:	8101	%	+	outside Canada	8102	%	=	100%
2. Type of customers in Canada								%
a) Individuals and households					8100			
b) Public institutions (e.g., hospitals, schools) and governments (e.g., federal, territorial, provincial, municipal)					8114			
c) Retailers					8116			
d) Wholesalers and distributors					8117			
e) Manufacturers					8163			
f) All other business customers					8115			
Total								100%

F - Events that may have affected your business unit

1. Compared to **last fiscal year**, what events **significantly affected the reported values** for this business unit? (please specify):

9965

9968

9969

G - Key variables by province/territory of operation

1. Do you have wholesale operations located in more than one province/territory?

9966 ³ **no**, go to **Section H** ¹ **yes**, please report the following data for the provinces or territories in which you have wholesale operations (For your wholesale operations, see the enclosed list.)

Do not report the provincial or territorial destination of sales.

2. Please report in **either:** ⁹⁹⁶⁷ ¹ \$ **or** ² %

	Total operating revenue (Section B, question 7)	Cost of goods sold (Section C, question 4)	Total labour remuneration (Section D, question 3)	Amortization and depreciation (Section D, question 6)	Total operating expenses (Section D, question 9)
Newfoundland and Labrador	4824	4825	4826	4827	4828
Prince Edward Island	4829	4830	4831	4832	4833
Nova Scotia	4834	4835	4836	4837	4838
New Brunswick	4839	4840	4841	4842	4843
Quebec	4844	4845	4846	4847	4848
Ontario	4849	4850	4851	4852	4853
Manitoba	4854	4855	4856	4857	4858
Saskatchewan	4859	4860	4861	4862	4863
Alberta	4864	4865	4866	4867	4868
British Columbia	4869	4870	4871	4872	4873
Yukon	4874	4875	4876	4877	4878
Northwest Territories	4879	4880	4881	4882	4883
Nunavut	4884	4885	4886	4887	4888
Canada Totals	4889	4890	4891	4892	4893

H - Comments

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

2. We invite your comments below. Statistics Canada reviews all comments with the intent of improving the survey.

⁹⁹²⁰ _____
⁹⁹¹³ _____
⁹⁹¹⁴ _____
⁹⁹¹⁵ _____

Signature: _____ ⁰⁰¹⁵ ^{yyyy} ^{mm} ^{dd}

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

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