



<b>Respondent company</b>	<i>Please correct pre-printed label information, if necessary, using the corresponding boxes below:</i>	
	Legal Name	
	Operating or Trade Name (if different from legal name):	
	Mail contact person for this survey (please print clearly):	
	Job Title:	
	Street:	
	City:	
	Province:	Postal Code:
	Telephone:	Fax:
	E-mail:	Website:

**Information for Respondents****Survey Objective**

This survey collects financial and operating data for the statistical measurement and analysis of the telecommunications industry (telecom carriage or resale). These data will be aggregated to produce estimates of national and provincial economic production in Canada as well as estimates of activity by industry. These estimates are used by government, the private sector, international telecommunications organizations, academics, analysts, and the general public to better understand this sector's role in the social and economic fabric of Canada. Selected results of this survey will be published in Statistics Canada Catalogue No. 56-203-XIE and 56-001-XIE.

**Authority**

This survey 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.

**Confidentiality**

Statistics Canada is prohibited by law from publishing or releasing any statistics which would divulge information obtained from this survey relating to any identifiable business without the previous written consent of that business. **The data on this questionnaire will be treated in confidence, used for statistical purposes and published in aggregate form only.** The confidentiality provisions of the Statistics Act are not affected by the Access to Information Act or any other legislation. **Please note that Statistics Canada does not share any individual responses with Canada Customs and Revenue Agency.**

**Data Sharing Agreements**

To reduce response burden and to ensure more uniform statistics, Statistics Canada has entered into a data sharing agreement under section 11 of the *Statistics Act* with the Institut de la statistique du Québec, to share information from this survey concerning respondents' Quebec operations, and under section 12 of the *Statistics Act* with the Canadian Radio-television and Telecommunications Commission (CRTC), for the sharing of information from all respondents.

The Quebec Statistics Act gives the Institut de la statistique du Québec the authority to collect the information requested in this report on their own and it contains the same provisions for confidentiality and penalties for disclosure of information as the federal Statistics Act.

Subsection 12(2) of the *Statistics Act* provides that where a respondent gives notice in writing to the Chief Statistician that the respondent objects to the sharing of the information by the

Statistics Canada, the information not be shared with the department or corporation unless the department or corporation is authorized by law to require the respondent to provide the information. The CRTC is authorized by law to require the respondent to provide the information under section 37 of the Telecommunications Act. Information provided to the CRTC will be treated in accordance with the requirements of section 39 of the Telecommunications Act.

**Reporting Period**

This questionnaire should be completed for your most recent fiscal year ending no later than March 31, 2002.

**Return Procedures**

Please return the completed questionnaire(s) within **45 days** of receipt in the enclosed envelope or by facsimile to (613) 951-9920. If you anticipate difficulty in making this deadline, please inform Statistics Canada of your expected filing date.

**Reporting Instructions**

Please complete all questions that pertain to your operations; cross out cells or sections that do not apply to your company to reduce the likelihood of follow-up call-backs to verify missing information. Detailed instructions and definitions of terms used in the questionnaire are found in the Reporting Guide. Please refer to the Reporting Guide in order to ensure your responses are consistent with those provided by other respondents.

**Assistance**

If you require further assistance or need additional forms, please contact:

Telecommunications Section  
Science, Innovation and Electronic Information Division  
Statistics Canada  
R.H. Coats Building, Floor 7  
Ottawa, Ontario, K1A 0T6

Phone: (613) 951-2201  
E-mail: [michael.lynch@statcan.ca](mailto:michael.lynch@statcan.ca)

Phone: (613) 951-2741  
E-mail: [cimeron.mcdonald@statcan.ca](mailto:cimeron.mcdonald@statcan.ca)

Phone: (613) 951-5948  
E-mail: [haig.mccarrell@statcan.ca](mailto:haig.mccarrell@statcan.ca)

Fax: (613) 951-9920

**Thank you for your co-operation**

## Respondent Information

100

**A. Type of business organization:**

- |                                                       |                                                                                                                                    |                                                                            |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> A single corporation         | <input type="checkbox"/> Consolidated family of corporations*<br>• complete the back page<br>• do not include foreign subsidiaries | <input type="checkbox"/> Part of a corporation<br>(e.g., branch, division) |
| <input type="checkbox"/> Provincial government system | <input type="checkbox"/> Municipal system                                                                                          | <input type="checkbox"/> Co-operative                                      |
| <input type="checkbox"/> Sole proprietorship          | <input type="checkbox"/> Joint venture                                                                                             | <input type="checkbox"/> Partnership                                       |
| <input type="checkbox"/> Other (please specify) _____ |                                                                                                                                    |                                                                            |

\* Consolidated family of corporations - If you are including more than one legal or operating entity on a single questionnaire, please fill out **Information Concerning Consolidated Reporting** on the back of the questionnaire. Please see the Respondent Information section in the Reporting Guide for more information on multiple unit reporting. In general, if your organization operates distinct business units (a corporation or organizational unit) offering different telecommunications services (see Industry Classification section, Page iii) for which you maintain separate financial statements, please complete a questionnaire for each unit. For more forms, contact Statistics Canada at (613) 951-5948 or (613) 951-2201. **Do not consolidate foreign subsidiaries in this report.**

**B. Foreign ownership** (estimates are acceptable):

- |                                                                                                                                                                                                                     |                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| a) What percentage of this company's common (voting) shares were foreign owned at year end?                                                                                                                         | 101<br><input style="width: 60px;" type="text"/> % |
| b) If applicable, what percentage of this company's parent company's shares were foreign owned at year end?                                                                                                         | 102<br><input style="width: 60px;" type="text"/> % |
| c) What percentage of this company's ( <b>voting and non-voting</b> ) shares were ultimately foreign owned at year end? (e.g., through direct and/or indirect control by holding companies, parent companies, etc.) | 104<br><input style="width: 60px;" type="text"/> % |

**C. Legal changes:**

If your organization has undergone legal changes during its past fiscal year, or is reporting for other than a 12-month fiscal year, please check (✓) the appropriate box(es) below and provide a brief explanation and the date(s) of the event(s). If the legal change involved other companies, please provide their legal names:

- |                                                                                                                 |                                                                      |                                                             |                                                                               |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> <sup>201</sup> New business                                                            | <input checked="" type="checkbox"/> <sup>202</sup> Ceased operations | <input type="checkbox"/> <sup>203</sup> Change of ownership | <input type="checkbox"/> <sup>204</sup> Merger/Amalgamation/Split-up/Spin-off |
| <input type="checkbox"/> <sup>205</sup> Other (Please describe - attach additional pages if necessary). ➤ _____ |                                                                      |                                                             |                                                                               |

300

**D. Please enter your nine digit GST Registered Account/Business Number:**

--	--	--	--	--	--	--	--	--

**E. Reporting period:**

This questionnaire should be completed for your most recent fiscal period ending no later than March 31, 2002. If you are reporting a fiscal period of more or less than 12 months, please explain in section C, above.

From: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">M</td><td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">D</td><td style="width: 20px; text-align: center;">D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D	To: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">M</td><td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">D</td><td style="width: 20px; text-align: center;">D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D										
Y	Y	Y	Y	M	M	D	D										

# Telecommunications Industry Classification

400

**A. Please indicate (✓) which of the following account for more than 50 percent of your operating revenues:**  
(check one only)

- Facilities-based telecommunications services  Reselling of telecommunications services
- Non-telecommunications activity (Please describe your main revenue activities and return this form in the envelope provided)

➤ \_\_\_\_\_  
\_\_\_\_\_

**B. Please indicate (✓) the telecommunications services provided:**

Telecommunications service	Facilities-based <sup>1</sup>	Reseller
Wireline Telecommunications	401 <input type="checkbox"/>	402 <input type="checkbox"/>
Competitive Pay Telephone Service	419 <input type="checkbox"/>	420 <input type="checkbox"/>
Mobile Telephony <sup>2</sup>	403 <input type="checkbox"/>	404 <input type="checkbox"/>
Mobile Data	421 <input type="checkbox"/>	422 <input type="checkbox"/>
Radio Common Carriage (RCC)	405 <input type="checkbox"/>	406 <input type="checkbox"/>
Paging, Narrowband PCS	407 <input type="checkbox"/>	408 <input type="checkbox"/>
Wireless Broadband (Multipoint)	409 <input type="checkbox"/>	410 <input type="checkbox"/>
Fixed Wireless (Local loop)	411 <input type="checkbox"/>	412 <input type="checkbox"/>
Satellite (Fixed)	413 <input type="checkbox"/>	414 <input type="checkbox"/>
Satellite (Mobile)	415 <input type="checkbox"/>	416 <input type="checkbox"/>
Other (Please specify) ➤	417 <input type="checkbox"/>	418 <input type="checkbox"/>
_____		
_____		

Contact Statistics Canada for the appropriate Telecommunications questionnaire if more than half of your revenues are from these activities.

Complete this questionnaire if more than half of your operating revenues are earned from the activities listed here.

Contact Statistics Canada if more than half of your operating revenues are from the activities you specified.

<sup>1</sup> ownership of transmission facilities (wire, cable, radio, optical or other electromagnetic system), other than switching equipment.  
<sup>2</sup> cellular, PCS, ESMR, air-to-ground, automatic mobile telephony.

**C. Please check (✓) all areas of operation** (areas where respondent has employees):

- 501  B.C.   502  Alta.   503  Sask.   504  Man.   505  Ont.   506  Que.   507  N.B.   508  N.S.   509  P.E.I.   510  Nfld.   511  Y.T.   512  N.W.T.   513  Nvt.

➔ Please complete the Appendix if more than one box is checked in question C.

## Follow-up Contacts

Additional person(s) to contact for follow-up information: (Please print)

--	--	--

Contact Module(s):

--	--	--

Contact telephone number(s):

--	--	--

## Certification

Please print the name of the person responsible for this return:	Please estimate the amount of time to complete this questionnaire 600 _____ . _____ Hour(s)
Signature:	
<i>I certify that the information provided in this report is complete and correct to the best of my knowledge.</i>	
Title of signator:	Date completed: ____ Y Y Y Y ____ M M ____ D D

**MODULE 1. OPERATING REVENUES**

**Telecommunications Operating Revenues**

**Wholesale (Carrier) Services:**

*(revenues from other telecom service providers for (re)sale to end users)*

- A. Inter carrier/settlement receipts (interconnect/roaming)
- B. Wholesale long distance
- C. Satellite/wireless capacity rentals
- D. Other wholesale services (Please specify)➤

**Total**  
(thousands of dollars)

1006

1305

1200

1201

1014

**Total - Wholesale (Carrier) Services**

**Retail Services**

*(revenues from end users)*

- A. Narrowband services: (64 kbps and less)

- 1. Long distance telephony

- 2. Other narrowband services (Please specify) ➤

- B. High Speed services:

- 1. Switched (circuit or packet)

- 2. Non-switched (private or dedicated circuit)

- C. Connection (activation - deactivation, one-time charges)

- D. Other telecommunications operating revenues n.e.c.:

- 1. Other (Please specify) ➤

- 2. Other (Please specify) ➤

- 3. Other (Please specify) ➤

- 4. Residual

**Total - Retail Services** *(sum of cells 1039, 1210, 1221, 1222, 1057, 1060, 1063, 1066 and 1069)*

	Access, fixed or recurring	Air time	Roaming from subscribers	Other	
A. Narrowband services: (64 kbps and less)	1205	1206	1218	1207	1039 (1205 + 1206 + 1218 + 1207)
1. Long distance telephony					1218
2. Other narrowband services (Please specify) ➤					
			<b>Wideband &gt; 64 kbps - 1.544 Mbps</b>	<b>Broadband &gt; 1.544 Mbps</b>	
B. High Speed services:			1211	1213	1221 (1211 + 1213)
1. Switched (circuit or packet)					
2. Non-switched (private or dedicated circuit)			1046	1051	1222 (1046 + 1051)
C. Connection (activation - deactivation, one-time charges)					1057
D. Other telecommunications operating revenues n.e.c.:					1060
1. Other (Please specify) ➤					1063
2. Other (Please specify) ➤					1066
3. Other (Please specify) ➤					1069
4. Residual					1306
<b>Total - Retail Services</b> <i>(sum of cells 1039, 1210, 1221, 1222, 1057, 1060, 1063, 1066 and 1069)</i>					1070 (1014 + 1306)

**Total - Telecommunications Operating Revenues**

**Other Operating Revenues**

- A. Terminal/equipment rental

- B. Sale of telecommunications goods

- C. Installations

- D. Late payment and related charges

- E. Other (non-telecommunications) operating revenues n.e.c.:

- 1. (Please specify) ➤

- 2. (Please specify) ➤

- 3. Residual

**Total - Other Operating Revenues** *(sum of cells 1076, 1079, 1088, 1302, 1094, 1097 and 1100)*

1076

1079

1088

1302

1094

1097

1100

1101

1102 (1070 + 1101)

**TOTAL - TELECOMMUNICATIONS OPERATING REVENUES**

**MODULE 1. OPERATING REVENUES — Concluded**

Customer Base	Subscribers				Accounts		
	Previous year end	Connections/ activations	Disconnections/ deactivations	Current year-end		Current year-end	
				Total	% res.	Total	% res.
A. Fixed satellite	1167	1168	1169	1170	1171	1172	1173
B. Mobile satellite	1174	1175	1176	1177	1178	1179	1180
C. Other (Please specify)	1153	1154	1155	1156	1157	1158	1159

**Distribution of Operating Revenues by Type of Customer**

(\$ 000's)  
 (%)

1. Residential (individuals and households)	1103
2. Business and other:	
a) Public institutions (e.g., hospitals, schools, universities)	1104
b) Government (e.g., federal, provincial, territorial, municipal)	1105
c) Business:	
Financial (banks, trust cos., financial crown corporations)	1106
Other (Please specify) ➤	1107
Total - Business	1108 (1106 + 1107)
Total - Business and other	1109 (1104 + 1105 + 1108)
B. Customers outside Canada (exports)	1110
<b>Total - Operating Revenues (sum of bolded cells)</b>	<b>(1103 + 1109 + 1110) =cell 1102 or 100%</b>

**MODULE 2. OPERATING EXPENSES**

* Estimate the \$ 000's or % of the total expense paid to incumbent and entrant telecom companies. Incumbent telecommunications companies are listed in the Reporting Guide. ** \$ 000's or % of the amount reported in the adjacent cell in col. 3.	Purchases*		Total (thousands of dollars)	Salaries, wages and benefits** <input type="checkbox"/> (\$ 000's) or <input type="checkbox"/> (%) of col. 3
	<input type="checkbox"/> (\$ 000's) or <input type="checkbox"/> (%) of Total			
	Telecommunications service providers			
	Incumbents	Entrants		
	1	2	3	4

**Telecommunications Operating Expenses**

A. Telecommunications Network Expenses:			2001	2002
1. Network operations				
2. Depreciation			2003	
3. Maintenance and repairs			2004	2005
4. Wireline circuit rentals	2006	2207	2008	
5. Wireless (non-satellite) capacity rentals			2009	
6. Satellite capacity rentals			2010	
7. Purchased long-distance services	2011	2012	2013	
8. Contribution payments (to the CFA or other providers)			2014	
9. Interconnection payments			2015	
10. Residual telecommunications network expenses n.e.c. (please specify large amounts) ➤			2070	2071

**MODULE 2. OPERATING EXPENSES — Continued**

\* Estimate the \$ 000's or % of the total expense paid to incumbent and entrant telecom companies. Incumbent telecommunications companies are listed in the Reporting Guide.  
 \*\* \$ 000's or % of the amount reported in the adjacent cell in col. 3.

**Total**  
(thousands of dollars)

**Salaries, wages and benefits\*\***  
 (\$ 000's) or  
 (%) of col. 3

3

4

**Telecommunications Operating Expenses — continued**

**B. Commercial and Administrative Expenses:**

	2016	2017
1. <u>Selling and marketing</u>	2062	2063
2. <u>Customer servicing</u>	2020	2021
3. <u>Billings and collections</u>	2022	2023
4. <u>Corporate administration and general office expenses</u>	2024	
5. <u>Telecommunications, postage and courier fees</u>	2025	
6. <u>Insurance</u>	2018	
7. <u>Advertising and related services (purchased)</u>	2026	
8. <u>Travel and entertainment</u>	2027	
9. <u>Professional and business fees</u> <i>(Purchased legal, accounting, consulting services, etc.)</i>	2028	
10. <u>Management fees paid to head office or parent company</u>	2029	
11. <u>Amortization charges</u>	2030	
12. <u>Depreciation</u>	2031	2032
13. <u>Maintenance and repairs</u>	2033	
14. <u>Office equipment rentals</u>	2034	
15. <u>Bad debts expenses</u>		
16. Licenses, permits and indirect taxes:		
a) <u>Radio licensing fees (spectrum)</u>	2035	
b) <u>CRTC licensing fees</u>	2036	
c) <u>Permits and indirect taxes</u> <i>(do not include income taxes, report property taxes in C, below)</i>	2037	
17. Other commercial and administrative expenses n.e.c.:		
a) <i>(Please specify) &gt;</i>	2041	
b) <i>(Please specify) &gt;</i>	2042	
c) <i>(Please specify) &gt;</i>	2043	
d) <u>Residual expenses</u>	2044	2045

**C. Occupancy Costs (Network or Commercial)**

1. <u>Land and buildings rentals</u>	2038
2. <u>Utilities</u>	2039
3. <u>Property taxes</u>	2040
4. <u>Other occupancy costs n.e.c.</u>	2072

**Total - Telecommunications Operating Expenses** *(sum of each column)*

2046

2047

**MODULE 2. OPERATING EXPENSES — Concluded**

* Estimate the \$ 000's or % of the total expense paid to incumbent and entrant telecom companies. Incumbent telecommunications companies are listed in the Reporting Guide. ** \$ 000's or % of the amount reported in the adjacent cell in col. 3.	<b>Total</b> (thousands of dollars)	<b>Salaries, wages and benefits**</b> <input type="checkbox"/> (\$ 000's) or <input type="checkbox"/> (%) of col. 3
	3	4
<b>Other Operating Expenses</b>		
A. Terminal equipment rentals	2048	
B. Cost of Telecommunications goods sold	2049	
C. Customer installation	2052	
D. Other (non-telecommunications) operating expenses n.e.c.:		
1. (Please specify) ➤	2059	
2. (Please specify) ➤	2060	
3. Residual expenses	2054	
	2056	2055
<b>TOTAL - Other Operating Expenses</b> (sum of cells 2048, 2049, 2052, 2059, 2060 and 2054)		
	2057 (2046 + 2056)	2058 (2047 + 2055) (= cell 6003, p.7)
<b>TOTAL - OPERATING EXPENSES</b>		

**MODULE 3. INCOME STATEMENT**

	<b>Total</b> (thousands of dollars)
A. Total operating revenues	3001 (=1102, p.2)
B. Total operating expenses	3002 (=2057, p.4)
<b>Operating Income (Loss)</b>	3003
C. Non-operating revenues and expenses (report expense items in brackets):	
1. Investment income (interest, dividends, joint venture and minority interest, etc)	3004
2. Net gains (losses) on sale of assets (fixed, intangible or investments), and foreign exchange	3005
3. Interest expenses:	
a) On short-term debt	3009 ( )
b) On long-term debt	3010 ( )
Total - Interest expenses	3011 ( )
4. Write-offs and valuation adjustments (not part of C.5)	3018 ( )
5. Other non-operating revenues and expenses n.e.c. (e.g., extraordinary and other gains and losses) ➤	3019
Total - Non-operating revenues and expenses	3020
D. Income taxes:	
1. Deferred	3014
2. Current	3015
Total - Income taxes	3016 ( )
<b>NET INCOME (LOSS)</b> (sum of bolded cells)	3017 (3003 + 3020 + 3016)

MODULE 4. BALANCE SHEET

Assets		TOTAL Net book value at year end (thousands of dollars)	
Current assets		4001	
1. Cash, deposits and temporary cash investments <i>(report negative cash balances in cell 4047)</i>		4002	
2. Accounts receivable <i>(accounts, notes and other)</i>		4008 (closing)	
3. Inventory			
4. Other current assets:		4080	
a) Investments in and claims on parent, subsidiary and affiliated companies		4081	
b) Short-term deferrals		4082	
c) Other current assets n.e.c.			
Total - Other current assets		4009	
<b>Total - Current Assets</b>		<b>4010</b>	
Long-term Assets:			
A. Fixed Assets <i>(property, plant and equipment)</i>		<b>Historical Cost</b> (thousands of dollars)	<b>Net Book Value</b> (thousands of dollars)
1. Land		4011	
2. Buildings			
		4012 (office/non-network)	4013 (network operations)
		4014 (4012 + 4013)	
		4015 accumulated depreciation	4016 Net
		( )	( )
3. Network infrastructure: <i>(see Reporting Guide for detail)</i>		4017	
a) Transmission structures <i>(e.g., earth stations, towers, etc.)</i>			
b) Machinery and equipment:		4022	
Transmission equipment		4025	
Switching equipment		4026	
Terminal equipment		4099	
Satellites		4027	
Other <i>(Please specify)</i>			
Total - Network Infrastructure		4028	
		4029 accumulated depreciation	
		4030 Net	
		( )	
4. Other fixed assets <i>(not part of Network infrastructure - item 3, above):</i>		4031	
a) Computers, software and non-network equipment		4032	
b) Furniture and office equipment		4033	
c) Motor vehicles and other transport equipment		4034	
Residual <i>(Please specify)</i>			
➤			
Total - Other fixed assets		4035	
		4036 accumulated depreciation	
		4037 Net	
		( )	
<b>Total - Fixed Assets</b> <i>(sum of 'Net Book Value column', cells 4011, 4016, 4030 and 4037)</i>		<b>4038</b>	



**MODULE 4. BALANCE SHEET — Concluded**

	Historical Cost (thousands of dollars)	Net Book Value (thousands of dollars)	
<b>Long-term Assets — (continued)</b>			
<b>B. Financial/Intangible Long-term Assets:</b>			
1. Financial investments:	4039		
a) Investments in and claims on parent, subsidiary and affiliated companies	4040		
b) Other investments			
<u>Total - Financial investments</u>		4041	
2. Long-term deferrals		4042	
3. Other long-term financial/intangible assets n.e.c.		4043	
		4044	
<b>Total - Assets</b> (sum of bolded cells: 4010, 4038, 4041, 4042 and 4043)			
<b>Liabilities</b>			
<b>Current Liabilities:</b>			
1. Trade accounts payable	4045		
2. Other account payable (accrued liabilities/expenses)	4046		
3. Short-term debt	4047		
Supplementary question: (amount of short-term debt that is non-interest bearing): \$ _____	4071		
4. Short-term deferrals	4073		
	4048		
5. Other current liabilities (Please specify) ➤			
<u>Total - Current Liabilities</u>		4049	
<b>Long-term Liabilities:</b>			
<b>A. Long-term debt:</b>			
1. Amount owing to parent, subsidiaries and affiliates	4074		
2. Borrowing from non-affiliates:			
a) Bonds and debentures	4051		
b) Other borrowing from non-affiliates (loans, overdrafts, mortgage loans, capital lease obligations, etc.)	4075		
<u>Total - Long-term debt</u>		4053	
Supplementary question: (amount of long-term debt that is non-interest bearing): \$ _____			
<b>B. Long-term deferrals and reserve accounts (e.g., deferred taxes)</b> (Please specify) ➤	4054		
	4055		
<b>C. Other long-term liabilities n.e.c. (Please specify) ➤</b>			
<u>Total - Long-term Liabilities</u>		4056	
		4057 (4049 + 4056)	
<b>Total - Liabilities</b>			
<b>Shareholders' Equity</b>			
	4058 preferred	4059 common	4060 (4058 + 4059)
<b>A. Share capital</b>			
<b>B. Retained earnings:</b>			
1. Opening balance (previous period closing balance)			4061
2. Net income or (loss) for the reporting period (cell 3017, page 5)			4062
3. Dividends declared	4063 preferred ( )	4064 common ( )	4065 (4063 + 4064) ( )
4. Other additions and deductions			4066
<u>Total - Retained earnings</u>			4067

**MODULE 4. BALANCE SHEET — Concluded**

	Historical Cost (thousands of dollars)	Net Book Value (thousands of dollars)
<b>Shareholders' Equity (cont'd)</b>		
C. <u>Other shareholders' equity n.e.c. (Please specify)</u> ➤		4068
<b>Total - Shareholders' Equity</b>		4069 (4060 + 4067 + 4068)
<b>Total - Liabilities and Shareholders' Equity</b>		4070 (4057 + 4069)

**MODULE 5. CAPITAL EXPENDITURES**

If you complete the 'Survey on Capital and Repair Expenditures' for each province you operate in, you may submit photocopies of this questionnaire instead of completing this module.

Construction Expenditures				(thousands of dollars)
A. <u>Buildings (include leasehold improvements; exclude expenditures for land)</u>	5001 (office/non-network)	5002 (network operations)	5003 (5001 + 5002)	
B. <u>Transmission structures</u>				5004
C. <u>Other construction expenditures n.e.c. (Please specify)</u> ➤				5008
<b>Total - Construction Expenditures</b>				5009
Machinery and Equipment Expenditures				
A. <u>Transmission equipment</u>				5011
B. <u>Switching equipment</u>				5014
C. <u>Satellite(s)</u>				5015
D. <u>Other machinery and equipment expenditures n.e.c. (Please specify)</u> ➤				5017
<b>Total - Machinery and Equipment Expenditures</b>				5018

**MODULE 6. EMPLOYMENT**

	Labour Costs			Employees	
	(thousands of dollars)			(number of persons at fiscal year end)	
	Salaries and wages	Fringe benefits <sup>1</sup>	Total	Total	
A. <u>Expensed labour costs</u>	6001	6002	6003 (= cell 2058, p.3)		
B. <u>Capitalized labour costs</u>	6004	6005	6006		
<b>Total</b>	6007	6008	6009 (6011 + 6013) (6003 + 6006)	6010	(6012 + 6014)
C. <u>Full-time</u>				6011	6012
D. <u>Part-time</u>				6013	6014

<sup>1</sup> Supplementary labour costs such as employers contributions to CPP/QPP, EI, etc.

**MODULE 7. INTERNATIONAL TRANSACTIONS IN COMMERCIAL SERVICES**

	Receipts (exports)			Payments (imports)		
	USA	Other countries	Total	USA	Other countries	Total
	(thousands of Canadian dollars)			(thousands of Canadian dollars)		
Telecommunications services trade	7201	7202	7203	7204	7205	7206
Other services trade	7031	7032	7033	7034	7035	7036
<b>Total</b>	7037	7038	7039	7040	7041	7042



**Information Concerning Consolidated Reporting**

Please provide information related to subsidiaries and affiliates consolidated in this questionnaire.

**Company 1**

**Legal Name**

**Operating Name or Trade Name** (if different from legal name):

**Street:**

**City:**

**Province:**

**Postal Code:**

**Telephone:**

**Fax:**

**E-mail:**

**A. Type of business organization:**

- |                                                       |                                                                                                           |                                                                                   |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> A single corporation         | <input type="checkbox"/> Consolidated family of corporations<br><i>(do not include foreign companies)</i> | <input type="checkbox"/> Part of a corporation<br><i>(e.g., branch, division)</i> |
| <input type="checkbox"/> Provincial government system | <input type="checkbox"/> Municipal system                                                                 | <input type="checkbox"/> Co-operative                                             |
| <input type="checkbox"/> Joint venture                | <input type="checkbox"/> Partnership                                                                      | <input type="checkbox"/> Sole proprietor                                          |
|                                                       | <input type="checkbox"/> Other <i>(Please specify)</i> >                                                  |                                                                                   |

**B. Telecommunications Service:**

	Facilities-based	Reselling
Wireline Telecommunications	401 <input type="checkbox"/>	402 <input type="checkbox"/>
Competitive Pay Telephone Service	419 <input type="checkbox"/>	420 <input type="checkbox"/>
Mobile Telephony	403 <input type="checkbox"/>	404 <input type="checkbox"/>
Mobile Data	421 <input type="checkbox"/>	422 <input type="checkbox"/>
Radio Common Carriage (RCC)	405 <input type="checkbox"/>	406 <input type="checkbox"/>
Paging, Narrowband PCS	407 <input type="checkbox"/>	408 <input type="checkbox"/>
Wireless Broadband	409 <input type="checkbox"/>	410 <input type="checkbox"/>
Fixed Wireless	411 <input type="checkbox"/>	412 <input type="checkbox"/>
Satellite <i>(Fixed)</i>	413 <input type="checkbox"/>	414 <input type="checkbox"/>
Satellite <i>(Mobile)</i>	415 <input type="checkbox"/>	416 <input type="checkbox"/>
Other <i>(Please specify)</i>	417 <input type="checkbox"/>	418 <input type="checkbox"/>

**C. A majority of this company's revenues are:**  Facilities-based <sup>400</sup> or  Reselling <sup>400</sup>  
or  Non-telecom *(please specify)* >

**D. Nine-digit GST Registered Account/Business No.:**

300

**E. What percentage of this company's common (voting and non-voting) shares were ultimately foreign owned at year end?** <sup>104</sup>  %

**F. Please describe the company's relationship to the respondent company** 600

**Company 2**

**Legal Name**

**Operating Name or Trade Name** (if different from legal name):

**Street:**

**City:**

**Province:**

**Postal Code:**

**Telephone:**

**Fax:**

**E-mail:**

**A. Type of business organization:**

- |                                                       |                                                                                                           |                                                                                   |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> A single corporation         | <input type="checkbox"/> Consolidated family of corporations<br><i>(do not include foreign companies)</i> | <input type="checkbox"/> Part of a corporation<br><i>(e.g., branch, division)</i> |
| <input type="checkbox"/> Provincial government system | <input type="checkbox"/> Municipal system                                                                 | <input type="checkbox"/> Co-operative                                             |
| <input type="checkbox"/> Joint venture                | <input type="checkbox"/> Partnership                                                                      | <input type="checkbox"/> Sole proprietor                                          |
|                                                       | <input type="checkbox"/> Other <i>(Please specify)</i> >                                                  |                                                                                   |

**B. Telecommunications Service:**

	Facilities-based	Reselling
Wireline Telecommunications	401 <input type="checkbox"/>	402 <input type="checkbox"/>
Competitive Pay Telephone Service	419 <input type="checkbox"/>	420 <input type="checkbox"/>
Mobile Telephony	403 <input type="checkbox"/>	404 <input type="checkbox"/>
Mobile Data	421 <input type="checkbox"/>	422 <input type="checkbox"/>
Radio Common Carriage (RCC)	405 <input type="checkbox"/>	406 <input type="checkbox"/>
Paging, Narrowband PCS	407 <input type="checkbox"/>	408 <input type="checkbox"/>
Wireless Broadband	409 <input type="checkbox"/>	410 <input type="checkbox"/>
Fixed Wireless	411 <input type="checkbox"/>	412 <input type="checkbox"/>
Satellite <i>(Fixed)</i>	413 <input type="checkbox"/>	414 <input type="checkbox"/>
Satellite <i>(Mobile)</i>	415 <input type="checkbox"/>	416 <input type="checkbox"/>
Other <i>(Please specify)</i>	417 <input type="checkbox"/>	418 <input type="checkbox"/>

**C. A majority of this company's revenues are:**  Facilities-based <sup>400</sup> or  Reselling <sup>400</sup>  
or  Non-telecom *(please specify)* >

**D. Nine-digit GST Registered Account/Business No.:**

300

**E. What percentage of this company's common (voting and non-voting) shares were ultimately foreign owned at year end?** <sup>104</sup>  %

**F. Please describe the company's relationship to the respondent company** 600