



# Annual Survey of Advertising and Related Services, 2000

▼ Reference number ▼

Confidential when completed

Français au verso

**Authority**

The survey is conducted 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.**



Correct pre-printed information if necessary using the corresponding boxes below:

|     |               |     |                   |     |                   |
|-----|---------------|-----|-------------------|-----|-------------------|
| 001 | Legal name    | 004 | Number and street |     |                   |
| 002 | Business name | 005 | City              | 006 | Province or State |
| 003 | C/o           | 053 | Country           | 007 | Postal code       |

**Please read carefully before completing the questionnaire**

**Coverage**

Please complete the questionnaire for the business unit(s) described in the pre-printed area above. For this purpose, a "business unit" is defined as the lowest level of the firm for which separate records are kept for such details as revenue, expenses and employment.

**Survey Objective**

The survey objective is the collection and publication of data necessary for the statistical analysis of the advertising and related services industries. The information from the survey can be used by businesses and trade associations for market analysis and assessment of industry performance, operating characteristics and trends, by government to develop national and regional economic policies, by other users involved in research or policy making and by Statistics Canada for maintaining important data input to the preparation of the Canadian System of National Accounts.

**Confidentiality**

Statistics Canada is prohibited by law from publishing any statistics which would divulge information relating to any identifiable business without the previous written consent of that business. **The data reported on this questionnaire will be treated in strict confidence, used for statistical purposes, and published in aggregate form only.** The confidentiality provisions of the Statistics Act are not affected by either the Access to Information Act or by any other legislation.

**Questions and Return Procedures**

We ask that you complete and return the questionnaire within 30 days of receipt to:

**Statistics Canada  
Operations and Integration Division  
2nd floor, Jean Talon Bldg, Ottawa, Ontario K1A 0T6**

This survey questionnaire can also be sent to Statistics Canada using the following facsimile communication: **1-888-605-2493**.

Statistics Canada advises you that there could be a risk of disclosure during the facsimile communication process. However, upon receipt of your facsimile, Statistics Canada will provide the guaranteed level of protection afforded to all information collected under the authority of the Statistics Act.

If you have questions or require assistance in completing this questionnaire, please call our **toll free number: 1-800-916-9316** and a representative of Statistics Canada will gladly answer your queries.

**Duplicate Questionnaires**

If you receive more than one copy of this questionnaire for the same business, please complete the one that is correctly labelled and return it with the duplicate(s), writing "DUPLICATE" on the relevant form(s).

**Note of Appreciation**

Canada owes the success of its statistical system to a long-standing co-operation involving Statistics Canada, the citizens of Canada, its businesses, governments and other institutions. Accurate and timely statistical information could not be produced without their continued co-operation and goodwill.



### 3. Reporting Period

Please report information for your **most recent available 12-month fiscal period** ending between January 1, 2000 and March 31, 2001. Please indicate below the period covered by this questionnaire.

From 230 

|      |    |    |
|------|----|----|
| YYYY | MM | DD |
|      |    |    |

 To 231 

|      |    |    |
|------|----|----|
| YYYY | MM | DD |
|      |    |    |

**Period of Operation** If you did not operate this business for a full year, please check (✓) the reason below:

235  Seasonal operation  Ceased operation (please specify) <sup>046</sup> \_\_\_\_\_  
 New business in 2000  Temporarily closed (please specify) <sup>047</sup> \_\_\_\_\_  
 Change of fiscal year end  
 Change of ownership (please provide name and address of the other owner)  
<sup>045</sup> \_\_\_\_\_  
 Effective date of change ▶ <sup>236</sup>

|      |    |    |
|------|----|----|
| YYYY | MM | DD |
|      |    |    |

### Please report for your 2000 fiscal year, as reported in section 3

#### 4.1 Revenue

- Please report in **Canadian dollars**.
- Please report sales and receipts excluding GST and all other taxes collected by you for remittance to a government agency.

a) **Commissions & fees from sale of media time and/or space**

i) commissions \_\_\_\_\_

ii) fees \_\_\_\_\_

b) **Production Work Performed By Your Own Staff**

c) **Other Service Revenue**

i) commissions (please specify type of service)

<sup>048</sup> \_\_\_\_\_

ii) fees (please specify type of service)

<sup>049</sup> \_\_\_\_\_

d) **Sales of Specialty Advertising Products**

e) **Sales of Other Merchandise**

f) **Rental and/or Leasing of Billboards, Signs and Displays**

g) **Other Operating Revenue**

e.g., revenue from rental of real estate, miscellaneous service revenue, etc. (Please specify)

<sup>050</sup> \_\_\_\_\_

h) **Total Operating Revenue**

(sum of items (a) to (g))

i) **Non-Operating Revenue**

Interest and all other revenue that is not directly related to the operation of this business

j) **Total Revenue**

(sum of items (h) and (i))

| Dollars<br>(omit cents) |
|-------------------------|
| 095                     |
| 096                     |
| 097                     |
| 098                     |
| 099                     |
| 138                     |
| 103                     |
| 106                     |
| 108                     |
| 115                     |
| 120                     |
| 130                     |

#### 4.2 Advertising Agencies, Media Buyers and Media Representatives

**Total Gross Billings**

Please report your total gross billings to clients

**Media Costs**

Please report the value of media purchases made on behalf of your clients. **Please exclude these costs when reporting "Operating Expenses" in question 5**

| Dollars<br>(omit cents) |
|-------------------------|
| 094                     |
| 093                     |

## 5. Operating Expenses

- Please report in **Canadian dollars**.
- Do not include capital expenditures.
- Please include GST, except the portion that is refundable by government.
- Please distribute your cost of sales by the expense categories below.
- If you prefer, you may attach a copy of your income statement and proceed to Section 6.

|  | Dollars<br>(omit cents) |
|--|-------------------------|
| a) Cost of merchandise sold (purchases plus opening inventory minus closing inventory). This item represents the <b>offsetting cost of revenue reported in section 4.1 parts (d) and (e)</b> . Please exclude purchases for use in the business and for rental purposes (see item (s) below) | 159                     |
| b) Salaries and wages paid to employees for whom you issued a T4 supplementary form; include vacation pay, bonuses and commissions   | 160                     |
| c) Employee benefits paid for all employees for whom you issued a T4 supplementary form; include employer's contributions to pension, medical/life, employment insurance and workers' compensation plans   | 161                     |
| d) Rent and/or lease of land and buildings   | 162                     |
| e) Rent and/or lease of motor vehicles   | 163                     |
| f) Computer services purchased ( <b>including</b> equipment rental, data processing and software development)  | 164                     |
| g) Rent and/or lease of other machinery and equipment  | 165                     |
| h) Repairs and maintenance   | 166                     |
| i) Legal, accounting, management and consulting fees   | 167                     |
| j) Advertising and sales promotion   | 168                     |
| k) Insurance   | 169                     |
| l) Taxes, permits and licenses ( <b>exclude income taxes</b> )   | 170                     |
| m) Heat, light, power and water  | 171                     |
| n) Telephone, telecommunications, postage and courier fees   | 172                     |
| o) Travel and entertainment  | 173                     |
| p) Royalties and franchise fees  | 174                     |
| q) Depreciation and amortization   | 175                     |
| r) Interest expense  | 176                     |
| s) Office and all other supplies and materials used in the business ( <b>exclude</b> supplies reported under Cost of merchandise sold – item (a) above)  | 177                     |
| t) Production costs (Please specify major items )  | 180                     |
| 1   _____  |                         |
| 2   _____  |                         |
| u) All other operating expenses, <b>excluding bad debts</b> . Include fees paid to contract workers. (Please specify major items or attach a separate sheet.)  | 178                     |
| 051   _____  |                         |
| v) <b>Total Operating Expenses</b> (sum of items (a) to (u) )  | 179                     |

## 6. Employment

### a) Paid Employees

Please report the average number of persons employed during the reporting period to whom you paid Salaries and Wages as shown in Expenses, Section 5, item (b).

|   | Number |
|---|--------|
| i) <b>Full-time Employees:</b> Regular employees who worked the standard work week as observed by the business  | 152    |
| ii) <b>Part-time Employees:</b> Those who worked fewer than the standard work week hours observed by the business   | 151    |
| b) <b>Contract Workers:</b> Individuals engaged only for the duration of a specific project or term and for whom a T4 Supplementary form was <b>not</b> issued. | 154    |
| c) <b>Working proprietors</b> and/or partners of unincorporated businesses  | 153    |

## 7. Client Base

Please report the percentage of total operating revenue (Section 4.1, item (h) ) derived **directly** from:

### 1. Domestic Clients

#### Individuals

#### Business

a) Retail Trade

b) Traveller Accommodation and Food Services

c) Wholesale Trade

d) Agriculture, Forestry, Fishing and Mining

e) Manufacturing

f) Construction

g) Transportation and warehousing

h) Finance, Insurance and Real Estate

i) Other (e.g. professional / scientific services, telecommunications, etc.) (please specify)  
052

#### Institutions

j) Educational Services

k) Health Services

l) Other institutions (please specify)  
053

m) **Government**

### 2. Foreign Clients (regardless of type)

Please report the percentage of foreign market revenue by region:

United States

Mexico

Central and South America

European Union

Other Europe

Africa

Middle East

Asia

Australia, New Zealand

Other

**Total** (total of boxes 190 to 217 must equal 100%)

Percentage

190

191

192

193

194

195

196

197

199

200

202

203

204

205

208

209

210

211

212

213

214

215

216

217

**100 %**

## 8. Provincial/Territorial Distribution

- Please report in **Canadian dollars**
- "Business unit" is defined as the lowest level of the firm for which separate records are kept for such details as revenue, expenses and employment.

|        |
|--------|
| Number |
| 024    |

- a) Please report the number of permanent business units operated in **Canada** during the reporting period.
- b) Do you have permanent business locations in **more** than one province or territory?

300    3  No – **Please go to Section 9**

1  Yes – **Please complete 8 (c)**

↓

- c) Please report the following data for the provinces or territories in which you have units.

| Province or Territory    | Business Units (Number) | Total Revenue<br>\$ (omit cents) | Salaries, Wages and Employee Benefits<br>\$ (omit cents) | Employees (Number) | Total Operating Expenses<br>\$ (omit cents) |
|--------------------------|-------------------------|----------------------------------|--|--------------------|---|
| Nfld.                    | 301                     | 314                              | 327  | 343                | 357   |
| P.E.I.                   | 302                     | 315                              | 328  | 344                | 358   |
| N.S.                     | 303                     | 316                              | 329  | 345                | 359   |
| N.B.                     | 304                     | 317                              | 330  | 346                | 360   |
| Que.                     | 305                     | 318                              | 331  | 347                | 361   |
| Ont.                     | 306                     | 319                              | 332  | 348                | 362   |
| Man.                     | 307                     | 320                              | 333  | 349                | 363   |
| Sask.                    | 308                     | 321                              | 334  | 350                | 364   |
| Alta.                    | 309                     | 322                              | 335  | 351                | 365   |
| B.C.                     | 310                     | 323                              | 336  | 352                | 366   |
| Nunavut                  | 340                     | 341                              | 342  | 353                | 367   |
| N.W.T. (without Nunavut) | 311                     | 324                              | 337  | 354                | 368   |
| Yukon Territory          | 312                     | 325                              | 338  | 355                | 369   |
| <b>Total</b>             | <b>313</b>              | <b>326</b>                       | <b>339</b>   | <b>356</b>         | <b>370</b>                                  |

|                                       |   |   |  |                                       |
|---------------------------------------|---|---|--|---------------------------------------|
| Should equal<br>Box 024,<br>Section 8 | Should equal<br>Box 130,<br>Section 4.1 | Should equal the<br>sum of Boxes<br>160 and 161,<br>Section 5 | Should equal the<br>sum of Boxes 151,<br>152 and 153,<br>Section 6 | Should equal<br>Box 179,<br>Section 5 |
|---------------------------------------|---|---|--|---------------------------------------|

## 9. Certification

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

|                                |       |
|--------------------------------|-------|
| Signature of authorized person | Title |
|--------------------------------|-------|

|  |            |
|--|------------|
| Name of person to contact for further information (please print) |            |
| 054 <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.   | First Name |
| <input type="checkbox"/> Miss <input type="checkbox"/> Ms.       | Last Name  |
| 055  | 056        |

|                       |  |
|-----------------------|--|
| E-mail address<br>057 | Company's Home Web page address (URL)<br>058 |
|-----------------------|--|

|      |     |       |      |           |                  |      |     |
|------|-----|-------|------|-----------|------------------|------|-----|
| Date | Day | Month | Year | Area code | Telephone number | Ext. | Fax |
|      |     |       |      |           |                  |      |     |

How long did you spend collecting the data and completing this form?    801  hours

