

Price Report for Accounting Services

Survey of Prices of Accounting Services

CONFIDENTIAL when completed.

Collected under the authority of the Statistics Act. Revised Statues of Canada, 1985, Chapter S19. Completion of this questionnaire is a legal requirement under this Act.

Si vous préférez recevoir ce questionnaire en français veuillez composer le (613) 951-6916

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

Legal Name

Business Name	
Contact Name	
Address	
City	\wedge
Province / State	Postal Gode / Zip Code \
Country	
	$\langle \langle \rangle \rangle$

PURPOSE OF THIS SURVEY

The indexes produced from the data collected in this survey are used to measure changes in the prices of accounting, audit, tax and bookkeeping services. Businesses use these indexes to assess their performance and to monited their costs and the value of professional engagements (contracts). Statistics Canada uses these indexes to better measure the volume of accounting services activity in Canada.

CONFIDENTIALITY

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

INSTRUCTIONS

Last year, your business received a similar questionnaire. This year, we are asking you to provide us with 2001 prices for the engagements that you selected last year. You will find instructions at the beginning of each section and you will find definitions for each class of service in the 'Respondent Guide' that accompanies this report. (note: each class of service remains the same as last year).

Estimates are acceptable whenever actual figures are not available.

NEED HELP?

If you require assistance in completing this questionnaire or expect delays in returning the survey,

Kim Lacroix Statistics Canada - Prices Division tel: (613) 951-6916

> fax: (613) 951-2848 e-mail: kim.lacroix@statcan.ca

Rlease complete and return this questionnaire within 45 days of receipt.

Main Business Activity

please contact:

Please check v the first circle below if the activity that most accurately describes the principle source of your operating revenue is among one of the three classes of service described. If none is applicable, please check v $\,$ the second circle. Accounting Services: Includes business units whose main activity is to supply a range of accounting services, such as the preparation, review and auditing of financial statements, the design of accounting systems and the provision of accounting advice. Ο Tax Preparation Services: Includes business units whose main activity is the provision of tax preparation services Bookkeeping, Payroll and Related Services: Includes business units whose main activity is providing bookkeeping, billing and payroll processing services.

> None of the above: Please describe the nature of your firm's main business activity and return the questionnaire in the envelope provided. Thank you for your cooperation.

5-4105-001.1: 2002-01-24 STC/PRI-420-75159

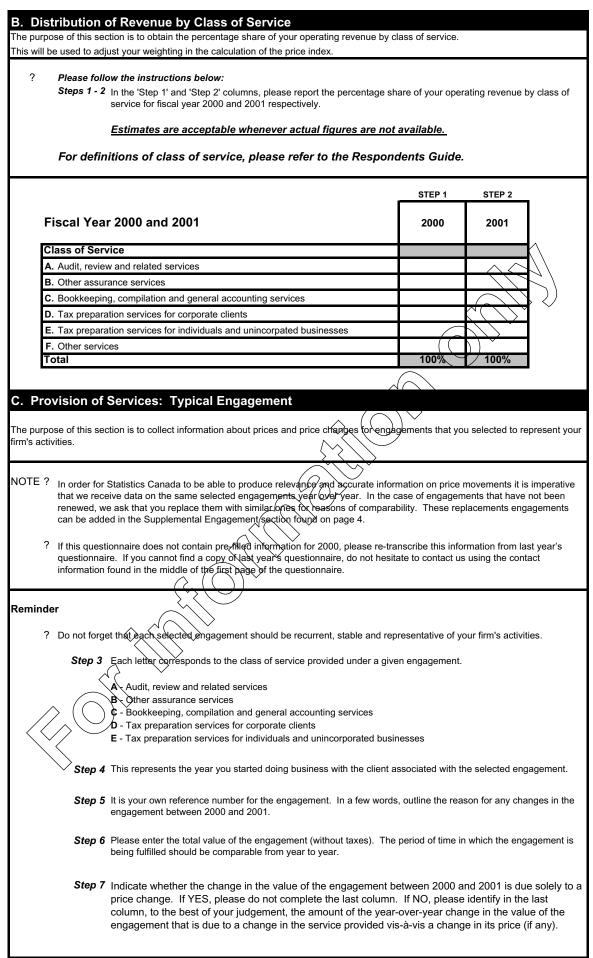


Ο

infinitions Statistique Canada Canada







	le	Γ			S	TEP 7	
STEP 3	STEP 4	STEP 5	STEP 6 Calendar Year		Is the year-over-year	If NO, please indicate the	
Engag.	Year of first engagement with this	Your own identification number for the engagement and explanation of changes (if applicable).	2000	dar Year 2001	change in the value of the engagement due to a change in price only?		
1.	client	ID#: 9816910898	\$	\$			
Α	1998	From 2000 to 2001: Audit of financial statements that requires a smaller collection of appropriate evidence	35 000	32 000	Yes O No v ?	Service Price \$ \$ (4 000) 1 00	
Followi	ing the ex	ample above, please fill c	out the fo	llowing ta		тер 7	
STEP 3	STEP 4	STEP 5	STEP 6				
	Voctofferi	Your own identification number for the	Calen	dar Year	Is the year-over-year change in the value of	If NO, please indisate th change in value that is du	
Engag.	Year of first engagement with this client	engagement and explanation of changes (if applicable).	2000	2001	the engagement due to a change in price only?		
1.		ID#:	\$	\$	Yes O No O?	Service Price \$ \$	
2.		ID#:	\$	\$	Yes O No O ?	Service Price \$ \$	
3.		ID#:		\$	Yes O No O ?	Service Price \$ \$	
4.			\$	\$	Yes O No O ?	Service Price \$ \$	
5.		jD#:	\$	\$	Yes O No O ?	Service Price \$ \$	
6.		ID#:	\$	\$	Yes O No O ?	Service Price \$ \$	
7.		ID#:	\$	\$	Yes O No O ?	Service Price \$ \$	

continued on next page...

Page 3

STEP 3	STEP 4	STEP 5	STEP 6				TEP 7		
	Year of first engagement with this client	Your own identification number for the engagement and explanation of changes (if applicable).	Calendar Year		Is the year-over-year change in the value of			If NO, please indicate the change in value that is du	
Engag.			2000	2001	the engag a change			to a change in μ	in service and price.
8.		ID#:	\$	\$					
					Yes	ο		Service	Price
								\$	\$
					No	0	?		
9.		ID#:	\$	\$					
					Yes	0		Service	Price
					162	U			\$\
					No	0	?		$\left\{ \right\}$
10.		ID#:	\$	\$					\mathcal{V}
10.		10#:	Φ	Φ			\sim	\bigtriangledown	
					Yes	o ($(\bigcirc$	Service \$	Price \$
					No	0	~	7	Ť
					$\langle \langle ($	$\langle \rangle$			
lf needed		gements w engagements that will be used t e price for 2000 also.		hose that hav	e not bee	> en rer	newed	for 2001. F	Please, do
Supp 1.		ID#:	2000 \$						
••				$\wedge^{*} \setminus \vee \wedge^{*}$					
					¥	~			1a :
					Yes	0		Service \$	Price \$
		<u> </u>			Yes No	0 0	?		
Supp 2.		ID#:		\$?		
Supp 2.		ID#:	\$	\$	No	0	?	\$	\$
Supp 2.		ID#:	\$	\$	No Yes	0			
Supp 2.		ID#:	\$	\$	No	0		\$ Service	\$ Price
Supp 2. Supp 3.		ID#:	\$	\$	No Yes	0		\$ Service	\$ Price
			, v		No Yes	0		\$ Service	\$ Price
			, v		No Yes No Yes	0 0 0	?	\$ Service \$	\$ Price \$
Supp 3.			\$	\$	No Yes No	0 0 0	?	\$ Service \$ Service	\$ Price \$ Price
			, v		No Yes No Yes	0 0 0	?	\$ Service \$ Service	<pre>\$ Price Price Price \$</pre>
Supp 3.			\$	\$	No Yes No Yes	0 0 0	?	\$ Service \$ Service \$ Service \$ Service	<pre>\$ Price Price Price Price Price Price</pre>
Supp 3.			\$	\$	No Yes No Yes	0 0 0	?	\$ Service \$ Service \$	<pre>\$ Price Price Price \$</pre>
Supp 3.		ID#:	\$	\$	No Yes No Yes Yes	0 0 0 0	?	\$ Service \$ Service \$ Service \$ Service	<pre>\$ Price Price Price Price Price</pre>
Supp 3.			\$	\$	No Yes No Yes Yes	0 0 0 0	?	\$ Service \$ Service \$ Service \$ Service	<pre>\$ Price Price Price Price Price</pre>
Supp 3.		ID#:	\$	\$	No Yes No Yes Yes	0 0 0 0	?	\$ Service \$ Serv	<pre>\$ Price Price Price Price Price Price Price Price Price</pre>
Supp 3.		ID#:	\$	\$	No Yes No Yes No	0 0 0 0	? ?	\$ Service \$ Service \$ Service \$	<pre>\$ Price Price Price Price \$ Price Price</pre>
Supp 3.		ID#:	\$	\$	No Yes No Yes No Yes	0 0 0 0 0	? ?	\$ Service \$ Serv	<pre>\$ Price Price Price Price Price Price Price Price Price</pre>
Supp 3.		ID#:	\$	\$	No Yes No Yes No Yes	0 0 0 0 0	? ?	\$ Service \$ Serv	<pre>\$ Price Price Price Price Price Price Price Price Price</pre>
Supp 3. Supp 4.		ID#:	\$	\$	No Yes No Yes No Yes	0 0 0 0 0	? ?	\$ Service \$ Serv	<pre>\$ Price Price Price Price Price Price Price Price Price</pre>
Supp 3. Supp 4.		ID#:	\$	\$	No Yes No Yes No Yes No		? ? ?	\$ Service \$ Serv	<pre>\$ Price Price Price Price Price Price Price \$</pre>

5-4105-001.1

? 0-10%	? 11-20%	? 21-30%	? 31-50%	? 51% or more
Comments				
nments? welcome any sugges	tions that you may hav	ve for improving our	accounting services price s	urvey. In addition, we would
	s on the following top		. .	•
 Questionnaire C Appropriateness Comprehension examples, instru 	s of terminology of questions (e.g. tho	rough definitions,	 Layout of the questio Timing of receipt of the procession of the procession	ne questionnaire
re space is required, pl	ease continue of the ba	ck of sheet.		\land
			((\bigcirc)
				$\overline{}$
			\land	
			\sim	
		\sim	$\langle 0 \rangle$	
	. [$\rightarrow \rightarrow \rightarrow \sim$		
Certification (I certify ture of authorized person	that the information cont	ained herein is complet	e and correct to the best of my l Date Completed	knowledge).
-	act for further inform	nation (please print	•	
lame			Last Name	
none Number	Extensio	n Fax No.	E-mail address	
to complete question long did you spend col tionnaike?	nnaire lecting and reporting the	information needed to	o complete this	Minutes
filled Questionnaire				
			ovide you with a copy of the in rmation you provided this year	formation you provided this yea ?
Please check	?	YES	Please send a pre-filled of	uestionnaire
I ICASE CHECK	?	NO	Please send a blank que	stionnaire
ature:			Date:	

Page 5