

# 2006 Survey of Service Industries: **Personal Services**

This document is confidential when completed.

Si vous préférez recevoir ce questionnaire en français, veuillez nous téléphoner au numéro sans frais suivant : 1 888 881-3666.

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If necessary, please make address label corrections in the boxes below

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0001	Legal name		0004	Address (number and street)				
0002	Business name		0005	City				
0021	Title of contact	FO		Province/ Territory or State				
	First name of contact	FU	0053	Country		0007	Postal code/ Zip code	
	Last name of contact	INFORM	0010	Language preference	1 English	h	2	French

This information 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.

## A - Introduction

## **Survey Purpose**

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

The Statistics Act protects the confidentiality of information collected by Statistics Canada. Please see the enclosed Reporting Guide for more information.

## 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.

# 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





B - Main Business Activity								
1.	Plea	Please describe the nature of your business.						
	0055							
	=							
	-							
2.			check the one main activity which most accurately repre					
	Pers	ona	al care services	Funeral	services			
	0177		Barber shop	0210	Funeral homes			
	0178		Beauty salons and/or esthetic services	0211	Cemeteries and crematoria			
	0199		Unisex hair salons	Other pe	ersonal services			
	0200		Other personal care services (e.g., hair removal or replacement, weight loss centres,	0215	Pet care (except veterinary) services			
			tanning salons, massage therapy)	0216	Photo finishing laboratories (except one-hour)			
	Laur	ndry	y services	0217	One-hour photo finishing			
	0207		Coin-operated laundries and dry cleaners	0227	Parking lots and garages			
	0208		Dry cleaning and laundry services (except coin-operated)	0228	All other personal services (e.g., dating bureau, escort service,			
	0209		Linen and uniform supply		checkroom service)			
00	040	N	lone of the above – Please call <b>1 888 881-3666</b> for furthe	er instruc	ctions.			

C - Reporting Period Information							
1.	Please report information for your <u>fiscal year</u> (normal business year) <b>ending between</b> April 1, 2006 and March 31, 2007. Please indicate below the period covered by this questionnaire.						
	From 0011 DD YYYY MM  To 0012	DD					
2.	If you did not operate this business unit for a full year, please check the reason(s) below:						
	O031 1 Seasonal 2 New 3 Change of 4 Change of 5 Ceased 6 Temporari operations business fiscal year ownership operations inactive						
Re	eporting 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.						
_	- Report in Canadian dollars only. Dollar amounts and percentages should be rounded to whole nur	mbers.					
_	Consult the enclosed Reporting Guide for further information.						
D - Revenue							
1.	Sales of goods and services (e.g., rental and leasing income, commissions, fees, admissions, services revenue)	2299	CAN\$				
	Report net of returns and allowances. A detailed breakdown will be requested in <b>Section F</b> . {if applicable}						
2.	Grants, subsidies, donations and fundraising						
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					

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E.	Expenses		
		3010	CAN\$
1.	Salaries and wages of employees who have been issued a T4 statement	3010	
2.	Employer portion of employee benefits ( <b>include</b> employer contributions to pension, medical/life insurance plans, employment insurance, etc.)	3040	
3.	Commissions paid to non-employees	4466	
4.	Professional and business service fees (e.g., legal, accounting)	4315	
5.	Outsourcing ( <b>include</b> work contracted out such as payments to freelancers, personnel suppliers, artists, etc.)	3060	
6.	Charges for services provided by your head office	4555	
7.	Cost of goods sold – <b>if applicable</b> (purchases <b>plus</b> opening inventory <b>minus</b> closing inventory)	5721	
8.	Office supplies	3301	
9.	Rental and leasing (include rental of premises, equipment, motor vehicles, etc.)	4115	
10.	Repair and maintenance (e.g., property, equipment, vehicles)	4178	
11.	Insurance (include professional liability, motor vehicles, etc.)	4350	
12.	Advertising, marketing and promotions (report charitable donations at question 22)	4365	
13.	Travel, meals and entertainment	4370	
14.	Utilities (include gas, heating, hydro, water)	4066	
15.	Telephone, Internet and other telecommunication expenses	4101	
16.	Property and business taxes, licences and permits	4410	
17.	Royalties, rights, licensing and franchise fees	4440	
18.	Delivery, warehousing, postage and courier	4179	
19.	Financial services fees (e.g., bank and credit card charges)	4325	
20.	Interest expenses	4630	
21.	Amortization and depreciation of tangible and intangible assets	4520	
22.	Charitable donations	4521	
23.	Bad debts	4542	
24.	All other expenses (please specify):	4569	
25.	Total expenses (sum of questions 1 to 24)	4699	
26.	Corporate taxes (if applicable)	4600	
27.	Gains (losses) and other items (see Reporting Guide)	4601	
28.	Net profit/loss after tax and other items (see Reporting Guide)	2304	

F-	F - G - H - I - J - Not applicable					
K -	- Provincial/Territorial Distribution					
1.	Canada during the	number of permanent lareporting period. Bus separate records are k	iness unit is defined a	s the lowest level of	Number 5001	
2.	Do you have perm	anent business units/l	ocations in more than	one province or terr	itory?	
	<sup>9966</sup> 1  Yes	– Please complete of	question 3			
	³  No	- Please go to Secti	ion L			
3.	Please report the f	ollowing data for the p	provinces or territories	in which you have bu	ısiness units.	
	Please indicate if y	ou are reporting in eit	ther Canadian dollars	or percentages.		
			9967 1	□\$ OR <sup>2</sup> □	%	
		Number of business units (locations)	Total revenue	Salaries, wages and employee benefits	Amortization and depreciation of tangible and intangible assets	Total expenses
1.	Newfoundland and Labrador	5002	4824 <b>C D R</b>	4826	4827	4927
2.	Prince Edward Island	5003	4829	4831	4832	4932
3.	Nova Scotia	5004	4834	4836	4837	4937
4.	New Brunswick	5005	4839	4841	4842	4942
5.	Quebec	5006	4844	4846	4847	4947
6.	Ontario	5007	4849	4851	4852	4952
7.	Manitoba	5008	4854	4856	4857	4957
8.	Saskatchewan	5009	4859	4861	4862	4962
9.	Alberta	5010	4864	4866	4867	4967
10.	British Columbia	5011	4869	4871	4872	4972
11.	Yukon	5014	4874	4876	4877	4977
12.	Northwest Territories	5013	4879	4881	4882	4982
13.	Nunavut	5012	4884	4886	4887	4987
14.	Total	5015	4889	4891	4892	4992
		<b>L</b>	<u>                                     </u>	<u> </u>	<u> </u>	<u> </u>

L - Contac	ct Information			
0015	Date completed	Name of person to	contact about this questionn	aire:
YYYY	ММ	DD		
		<sup>0026</sup> <sup>1</sup> ☐ Mr.	<sup>2</sup> Mrs. <sup>3</sup> Miss	<sup>4</sup> Ms
		First name		
		0013		
		Last name		
		0054		
		Title 0014		
E-mail		Websi		
address 0018		addres	SS	
Telephone number	(	Extension number	Fax number (	1
0017	,	0027	0016	,
				Hour(s) Minutes
How long ala	you spend collecting the	e data and completing the question	maire?	
M - Comm	nents			
We invite you	r comments below Plea	ase be assured that we review all	comments with the intent to in	nprove the survey
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9915				
9916				
Thank	you for comple	ting this questionnaire.	Please retain a copy	for your records.