

Service Industries Division

Annual Survey of Advertising and Related Services, 2003

▼ Reference number ▼

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.

This document is confidential when completed.

Français au verso



If necessary, please correct pre-printed information below.

0001	Legal name		0004	Address (number and s	street)	
0002	Business name	\Diamond_{\bullet} (0005	City		
0003	C/O		9006	Province or State		
8000	First name of contact	- 90>	0053	Country	0007	Postal code / Zip code
0028	Last name of contact		0010	Language preference 1 E	nglish	² French

A. General Information

Please complete the questionnaire for the business (unit(s) 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 Purpose

The survey purpose is the collection and publication of data necessary for the statistical analysis of the advertising services industry. 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.

Data-Sharing Agreements

In order to reduce response burden and to provide consistent Statistics Canada has entered into data sharing agreements with the statistical agencies of Quebec, Manitoba and British Columbia in accordance with Section 11 of the Statistics Act, Revised Statutes of Canada, 1985, Chapter S19. For business locations operated in Quebec, Manitoba and British Columbia, the agreements authorize Statistics Canada to forward a record of the data collected in this survey to the statistical agencies of these provinces. The Statistics Acts of these provinces include the same provisions for confidentiality and penalties for disclosure of information as the federal Statistics Act.

Confidentiality

The Statistics Act protects the confidentiality of information collected by Statistics Canada.

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.

Reporting Instructions

- Report for all operation(s) and/or location(s) pre-printed in the above address area. If it is not possible to report for the above business unit(s), please explain the reason(s) in the comments section at the end of the questionnaire.
- When precise figures are not available, please provide your best estimates.

Return of Questionnaire

Please mail the completed questionnaire(s) in the enclosed envelope or fax it to Statistics Canada at 1 888 605-2493 within 30 days of receipt. Lost the return envelope or need help? Call us at 1 800 916-9316 or mail to: Statistics Canada, Operations and Integration Division, 120 Parkdale Avenue, Ottawa, Ontario K1A 0T6

3300-12: 2003-12-02 STC/SER-425-75108



7.		Please describe the nature of your firm's business activity in 2003.	0055		
	b)	Is this a change from the previous year?	0142	¹○ Yes ³○ No	
	c)	Please check (✓) below the one industry which most accurately describes your firm's principal source of operating revenue. For detailed industry descriptions, please refer to the enclosed "Definitions sheet".		If yes, please provide details in the "Comments" section on page 7.	e
		0127 Advertising Agencies		167 O Specialty Advertising	
		0128 O Public Relations Services		224 All Services Related to merchandise demonstration	on services, sian
		0129		painting and lettering service	ces, etc.)
		0138		175 C Telemarketing	
		0164 O Display Advertising		176 Sign and display manufact	uring
		0165 O Direct Mail Advertising		Other (prease specify)	,
		0166 Advertising Material Distribution Services (e.g., sample/advertising material direct		004	
		distribution services, etc.)			
2	F	orm of Organization			
		Type of organization (please check <u>one</u> only):	\Diamond_{\wedge} (
		0024 ¹ O Sole proprietorship ² O Partnership	\3\Q\	corporated company 4 Co-ope	rative
		5 O Joint venture 6 O Government business entity	$\langle \mathcal{N} \rangle$	overnment 8 Non-pro	
	h)	Is the sole purpose of this business unit to provide services to your paren	\rangle	•	
	D)	_	it compar	an animated company of a professiona	i practice?
		or professional practice			
		³ O No			
3.	Ple	eporting Period ease report information for your fiscal year (normal business year) end	ding betwe	n April 1, 2003 and March 31, 2004. F	Please indicate
	be	low the period covered by this questionnaire.			
	F	rom 0011 YYYY MM DD To 0012 YYY	YY	MM DD	
	P	eriod of Operation If you did not operate this business for a full yea	ar, please	neck (✓) the reason below:	
		0042 Seasonal operation 0035 Ceased operation	on <i>(please</i>	pecify) 0119	
		0032 New business in 2003 0036 Temporarily clos	sed (<i>pleas</i>	specify) ⁰⁰⁴⁹	
		0033 Change of fiscal year end			
		0034 Change of ownership (please provide name and address of the other owner)			
		Effective date of change YYYY MM DD			

Total Gross Billings Please report your total gross billings to clients Madia Costs Please report for the value of media purchases made on behalf of your clients. Please exclude these costs when reporting "Operating Expenses" in question 5 **Please report in Canadian dollars. **Please report is Canadian dollars. **Please report sales and receipts excluding GST and all other taxes collected by you for remittance to a government agency. **Please report sales and receipts excluding GST and all other taxes collected by you for remittance to a government agency. **Please report sales and receipts excluding GST and all other taxes collected by you for remittance to a government agency. **Please report sales and receipts excluding GST and all other taxes collected by you for remittance to a government agency. **Please report sales and receipts excluding GST and all other taxes collected by you for remittance to a government agency. **Please report sales and receipts excluding GST and all other taxes collected by you for remittance to a government agency. **Please report sales and receipts excluding GST and all other taxes collected by you for remittance to a government agency. **Please report sales and receipts excluding GST and all other taxes collected by you for remittance to a government agency. **Please report sales and receipts excluding GST and all other taxes collected by you for remittance to a government agency. **Please report in Canadian dollars. **Please report in Canadian dollars. **Please specify type of service. **Please report in Canadian dollars. **Please report in Canadian	ease report for your 2003 fiscal year, as reported in section 3.	
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9156		9155
9156	4. Internet	
5. Other		9156
	5. Other	

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 (omit cents)
a)	Cost of merchandise sold (purchases plus opening inventory minus closing inventory). This item represents the offsetting cost of revenue reported in section 4.1 parts (d) and (e). Please exclude purchases for use in the business and for rental purposes (see item (s) below)	5721
)	Salaries and wages paid to employees for whom you issued a T4 supplementary form; include vacation pay, bonuses and commissions	3010
:)	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	3040
)	Advertising work sub-contracted to others	3090
)	Printing costs	3089
,	Rent and/or lease of land and buildings	4120
)	Rent and/or lease of motor vehicles	4125
,)	Computer services purchased (including equipment rental, data processing and software development)	4233
,	Rent and/or lease of other machinery and equipment	4135
		4175
	Repairs and maintenance	4230
	Legal, accounting, management and consulting fees	4365
	Advertising and sales promotion	4350
1)	Insurance	4410
)	Taxes, permits and licenses (exclude income taxes)	4042
)	Heat, light, power and water	4102
)	Telephone, telecommunications, postage and courier fees	4370
)	TraveKand entertainment	4440
)	Royalties and franchise fees	4520
)	Depreciation and amortization	4630
:)	Interest expense	4349
ı)	Write-offs, valuation adjustments, capital losses	4000
/)	Office and all other supplies and materials used in the business (exclude supplies reported under Cost of merchandise sold – item (a) above)	4500
')	All other operating expenses, excluding bad debts . (<i>Please specify major items or attach a separate sheet.</i>) 4561	4569
		4699

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). i) Full-time Employees: Regular employees who worked the standard work week as observed by the business ii) Part-time Employees: Those who worked fewer than the standard work week hours observed by the business b) Contract Workers: Individuals engaged only for the duration of a specific project or term and for whom a T4 Supplementary form was not issued. 6321

Working proprietors and/or partners of unincorporated businesses

Clie	nt Base	
Р	Please report the percentage of total operating revenue (Section 4.1, item (h)) derived directly from:	Percentag
l. D	Pomestic Clients	8100
	ndividuals	9110
	Business	8110
a) Retail Trade	8103
b) Traveller Accommodation and Food Services	
c)) Wholesale Trade	8117
ď) Agriculture, Forestry, Fishing and Mining	8104
e		8163
_		8165
f)	\bigcirc	8105
g		8112
h)		8113
i)	8172	
lr j)	nstitutions Educational Services	8121
k)) Health Services	8114
I)	Other institutions (please specify) 8124	8115
m	n) Government	8130
	₹ Č	
	oreign Clients (regardless of type) Please report the percentage of foreign market revenue by region:	8465
	Inited States	
	Mexico	8470
	Central and South America	8462
		8477
	turopean Union	8463
	other Europe frica	8464
		8466
	liddle East	8471
	sia	8467
	ustralia, New Zealand	8476
	other CASA CASA CASA CASA CASA CASA CASA CAS	100%
- 1	otal (total of boxes 8100 to 8476 must equal 100%)	100/0

•	Canadian dollars	alatika tan tan kisika		and a state of the	Number
expenses and e		vei of the firm for which s	separate records a	re kept for such details as re	5001
·			0		
-	ne number of permanent bu			ne reporting period.	
, ,	ermanent business location	•	ince or territory?		
	No - Please go to Sec				
	Yes - Please complete	8 (c)			
•					
c) Please report th	ne following data for the pro	ovinces or territories in w	hich you have uni	ts.	
Province or	Business	Total Revenue	Salaries, Wage and Employee		Total Expenses
Territory	Units (Number)		Benefits		\$ (omit cents)
	` ′	\$ (omit cents)	\$ (omit cents)	, , ,	
Nfld.Lab.	5002	4824	4826	6225	4925
5.51	5003	4829	4831	6230	4930
P.E.I.	5004	4004	4000	COOL	4005
N.S.	5004	4834	4836	6235	4935
N.B.	5005	4839	4841	6240	4940
N.D.	5006	4844	4846	6245	4945
Que.					
Ont.	5007	4849	4851	6250	4950
Man.	5008	4854	4856	6255	4955
	5009	4859	4861	6260	4960
Sask.	5010	4864	4866	6265	4965
Alta.					
B.C.	5011	4869	4871	6270	4970
Yukon	5014	4874	4876	6275	4975
N.W.T.	5013	4879	4881	6280	4980
Nunavut	5012	4884	4886	6285	4985
Total	5015	4889	4891	6290	4990
Total		<u> </u>			
\wedge	\cdot (\bigcirc) \checkmark				
. Certification	certify that the in	nformation contained	d herein is com	plete and correct to the	best of my knowledge.
gnature of authorize	ed person	Title ⁰⁰¹⁴			0015 Date
	~				Year Month Day
ame of person to co formation <i>(please p</i>		0013 First name			
)26	³ Miss ⁴ Ms.	0054			
○ Mr ○ Mrs.	o Miss o Ms.	Last name			
mail address:			Web site a	ddress:	
elephone number:	()	Extension:		Fax number:	
		0021			
				9910 hour(s) 99	09 minutes
ow long did you spe	end collecting the data a	and completing this qu	iestionnaire?		

8. Provincial/Territorial Distribution

omments	If more space is required please enclose a separate sheet.
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916	
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Thank you for completing this questionnaire. Please retain a copy for your records.

Statistics Canada's publications are available for use in Statistics Canada's regional offices and all major libraries. As well, please visit our Web site at **www.statcan.ca**

If you need help, please contact us at 1-800-916-9316