# 2005 Survey of Head Office and Other Business Support Units 

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.
Si vous préférez recevoir ce questionnaire en français, veuillez nous téléphoner au numéro sans frais suivant : 1888 881-3666.

## A - Introduction

## Survey Purpose

The survey of head offices and other business support unit $\$$ is conducted to improve the accuracy and completeness of $\langle$ statistics on businesses in Canada. For further detail, please consult the enclosed reporting guide.

## Data-sharing Agreements



Statistics Canada has entered into agreements with provincial and territorial statistical agencies for there shaking of data. The data are kept confidential and used forstatistical purposes only. Your responses are not shared with Canada Customs and Revenue Agency. For further details, please consult the enclosed booklet entitled Statistics Canada Business Surveys .

## Confidentiality

Statistics Canada is prohibited by law from publishing any statistics which would divulge information obtained from this survey that relates to any identifiable business. The data reported on this questionnaire will be treated in strict confidence. For further details, please consult the enclosed booklet entitled Statistics Canada Business Surveys .

## Fax or Other Electronic Transmission Disclosure

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

Coverage


Please report for the business units) identified above.

## Return of Questionnaire

Please return the completed questionnaire to Statistics Canada within 30 days of receipt by mail, using the enclosed envelope. You can also fax it at 1888 883-7999.
Lost the return envelope, need help to complete your questionnaire? Call us at 1 888 881-3666.


## Reporting Period Information

Please report information for your 12-month fiscal period ending between April 1, 2005 and March 31, 2006. Please indicate below the period covered by this questionnaire.

2. If you did not operate this business unit for a full year, please check the reason(s) below:

| ${ }^{00311} \square$ Seasonal | ${ }^{2} \square$ New | ${ }^{3} \square$ Change of | ${ }^{4} \square$ Change of | ${ }^{5} \square$ Ceased | ${ }^{6} \square$ Temporarily |
| ---: | :---: | :---: | :---: | :---: | :---: |
| Operation | Business | Fiscal Year | Ownership | Operations | Inactive |

3. Please indicate below, any change that may have occurred in the organization of this business unit during the reported period:
0047Acquired New Business Units

Disposed of/ Sold Business Units

## Main Business Activity



Please check one main activity, at this business unit, which most accurately descridesthe principal source of operating revenue.

1. 551114

Head Office


Centralized administration (corporate, generaphome or central office)
Other administration (divisional, branch or district $\delta$ ffice)
Other Business Support Units
Research, development and testing $a$ aboratories
Ancillary operations (sales, distribution, warehousing, trucking, etc.)

2.

0040
None of the above
Please list the main activities of this business unit and indicate the estimated percentage of total operating revenue associated with each one:
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$\qquad$
$\qquad$
$\qquad$
Note: If you responded"None of the above", please call $1888 \mathbf{8 8 1 - 3 6 6 6}$ for further instructions.

## Reporting Instructions

1. Please report all dollar amounts in thousands of CANADIAN DOLLARS ('000 CAN\$).
2. Dollar amounts and percentages should be rounded to whole numbers.
3. Please print in ink.
4. When precise figures are not available, please provide your best estimates.

Note: Please report information for Head Office related activities or other business support unit(s) only, and not your consolidated financial statement. This questionnaire should not include any information that has been reported in other Statistics Canada annual business surveys.

B-Revenue
Please include: $\quad-\quad$ all revenue within or outside Canada recorded in your accounts for sales to other businesses and for transfers to other units of your business.

Please exclude: - GST/HST, PST and TVQ.

1. Did the accounts of this head office or other business support units record revenue during the reported period?
$1099 \quad{ }^{1} \square$ Yes $\quad{ }^{3} \square$ No $\quad$ - If no, please go to Section C.

## Revenue of this Head Office or Other Business Support Units

Revenue from external clients (e.g., third party or non-affiliated businesses)
Exclude receipts from billings to other units of the firm.
2. Sales of goods manufactured and/or assembled by business units affiviated with this head office, and transferred to this head office for sale to external clients
3. Sales of goods purchased for resale, in the same condition as purchased, bought from business units not affiliated with this head office (i.e., third party) for sale to external clients
4. Sales of services produced by employees of this business unit (e. g), sales of consulting services, data processing, management and administrativeservices) for sale to external clients
5. Revenue from rental and leasing (e.g., office space or other real estate, goods and equipment) from external clients
6. Other operating revenue (e.g., commission $\%$, royatties, franchise fees) from external clients Please specify major item:
7. Total revenue from external clients add amounts reported at questions 2 to 6 above)

Revenue from internal clients (e.q., othery units of this firm)
Exclude receipts from billings(to externay clients.
'000 CAN\$
8. Management fees or any other service fees provided by and paid to this head office by other units of the firm (e.g., legal, advextising, insurance). Please refer to your guide before completing this question.
9. Revenue fromroyalties and/or franchise fees from internal clients

Please specify major item:
898
Please specinajoritem:
10. Revenue from commissions from internal clients
11. All other operating revenue from other units of the firm not reported above from internal clients

Please specify major item:
2024
12. Total revenue from internal clients (add amounts reported at questions 8 to 11 above)
13. Total operating revenue (add amounts reported at questions 7 and 12 above)
14. Non-operating revenue (e.g., interest and dividend income)
15. Total revenue of this head office or other business support units (add amounts reported at questions 13 and 14 above)

## C-Expenses

Please include: - all expenses within or outside Canada recorded by this business unit.
Please exclude: - GST/HST and TVQ.

## Labour Remuneration

1. Salaries and wages of employees (include overtime and vacation pay)

Employees are defined as those workers for whom you completed a Canada Customs and Revenue Agency T4 - Statement of Remuneration Paid. Please refer to your guide for inclusions and exclusions before completing this question.
2. Employer portion of employee benefits, include contributions to provincial health and education payroll taxes. Please refer to your guide for other inclusions before completing this question.
3. Total labour remuneration (add amounts reported at questions 1 and 2 above)

## Materials, Components and Supply Expenses

Please exclude capital expenditures.
4. Office supply expenses

Include: - paper and supplies for photocopiers, printers and fax machines, diskettes, writing instruments and other office supplies, etc. Also, if not capitalized, include computers, printers, photocopiers, computer softyvare and office furniture, etc.

Exclude: - postage and courier expenses. Please keportthese amounts in this section, at question 12.

- telephone and other telecommunication expenses. Please report these amounts in this section, at question 13.

5. Operating, repair and maintenance supply expenses
$\begin{aligned} & \text { Include: } \text { supplies for the operation, repair and maintenance of your equipment, vehicles } \\ & \text { and buildings. }\end{aligned}$
Exclude: - expenses thatare covered in your rental and leasing expenses. Please report these peyments in this section, at question 14.
expenses that are covered in your repair and maintenance service expenses. Please report these payments in this section, at question 15.
6. All other materials, components and supply expenses

- 

Please name major items:

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## Book Transfer Value

7. Book transfer value or cost price of goods manufactured and/or assembled by businesses affiliated with this head office, and transferred to this head office for sale to external clients. (The sale of these goods is to be reported in Section B, at question 2).

## Purchases of Goods for Resale

'000 CAN\$
8. Purchases of goods for resale from external clients (non-affiliated) in the same condition as purchased

## Purchased Energy and Water Utilities


9. Total purchased energy and water utility expenses (e.g., electricity, gasoline, fuel oil, diesel fuel, propane, natural gas, water)

Exclude: - motor vehicle fuel expenses

- energy expenses that are covered in your rentarand leasing expenses. Please report these amounts in this section, at question, 14


## International Activities

000 CAN $\$$

## Management Fees or Any Other Service Fees Paid or Received Within or Outside Canada

These services cover a variety of industrial, professional trade ard business services, as well as transactions in royalties and licences, but exclude imports and exports of goods, freight and shipping transactions, travel and interest or profit/loss.

'000 CAN\$
10.a Management fees or any other service fees paid to affiliates or third parties outside Canada



## Purchased Service Expenses

The expenses in this section are for services purchased from external businesses only (e.g., third parties).

Please exclude purchased services that have been reported in this section, at questions 10.a and 10.b.
12. Transportation, shipping (contracted out), warehousing, storage, postage and courier expenses

## Purchased Service Expenses (continued)



## Other Operating Expenses

26. Amortization and depreciation (include this business unit's assets and capital lease obligations). Please refer to your guide for inclusions before completing this question.
27. Property and 厄usiness taxes, licences and other permits, including building permits and developmentcharges
28. All other operating expenses (e.g., allowances for bad debt, write-offs, donations and inventory adjustments)

Exclude interest expenses. Please report these amounts in this section, at question 30.
Please specify major items:
$\qquad$

## Expense Totals

'000 CAN\$
29. Total operating expenses (add amounts reported in this section, at questions 3 to $10 \mathrm{~b}, 24$, and 26 to 28 )
30. Other expenses (e.g., interest expenses on capital lease obligations plus all other miscellaneous interest expenses such as interest on loans and the interest portion of mortgage payments)

|  | '000 CAN\$ |
| :---: | :---: |
| 4599 |  |
| 4630 |  |

31. Total expenses (add amounts reported at questions 29 and 30)
$\qquad$
32. Excluding labour remuneration and purchased services from the amount reported above, at question 29, did you allocate any other head office expenses to other units of this firm? 4622
${ }^{1} \square$ Yes $-\quad$ If yes, please enter the amount allocated.
${ }^{3} \square$ No $\quad-\quad$ If no, please go to Section D.


## D - Inventory of this Head Office or Other Business Support Units

Inventories are to be reported at book value (i.e., the value maintained in the accounting records).
Please include: - inventory owned by this business unit within or outside Canada (include inventory held at any warehouse selling outlet, in transit, or of consigminent).

Please exclude: - inventory held on consignment forothers.

1. Goods manufactured and/or producedby business units affiliated with this head office and transferred to this head office for sale to external clients
2. Goods purchased for resale in the same condition as purchased, from business units not affiliated with this head office and sold to external clients (i.e., third party)
3. Total inventories add ameynts reported at questions 1 and 2)

|  | Value of opening <br> inventory <br> '000 CAN\$ | Value of closing <br> inventory <br> '000 CAN\$ |
| :---: | :---: | :---: |
| d |  |  |

## E-Employment at this Head Office or Other Business Support Units

Please report the average number of people employed at this Head Office and any Other Business Support Units, if applicable, during the reporting period.


Include full-time, part-time and temporary employees and employees absent with pay.
Exclude contract and subcontract workers who are not part of your payroll.

## F - Events that may have affected your Business Unit

1. Compared to last fiscal year, were there any events that may have significantly affected the reported values for this business unit? Please specify:

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## G-Comments

1. How long did you spend collecting the data and completing this questionnaire?
2. We invite your comments below. If necessary, please attach a separate page. Please be assured that we review all


## Thank you for your co-operation.

