Statistics

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Unified Enterprise Survey – Annual

## **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 : 1 888 881-3666.

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Pleas	e correct pre-printed information, if necessary, using the co	orresp	onding boxes belo	ow:			<b>❸</b>
0001	Logal name	0004	Address	((	$\overline{}$	$\overline{}$	
	Legal name		Address			/	
0002	Business	0005	City		0006	Province/Territory	
	name		O.L.y	~(\)		or State	
0003	C/O	0053	Country		0007	Postal code/	
			$\rightarrow$	( )		Zip code	
0028	Last name of contact	8000	First name of contact				
		-	$\sim$	$\triangleright$			
0052	Please report for	0010	Language preference	<sup>′</sup> □ Eng	lish	<sup>2</sup> French	
Λ -	Introduction		protection (C)				
			Confidentiality				
	ey Purpose	$^{\prime\prime}C$				11.1.	e e
	survey of head offices and other business support units) ucted to improve the accuracy and completeness of	s\\				om publishing any st n this survey that rela	
	tics on businesses in Canada. For further details, pleas	e/				on this questionnair	
	ult the enclosed reporting guide.	$\checkmark$				details, please consu	
	-sharing Agreements		enclosed bookle	et entitled <i>Statistics</i>	s Can	ada Business Survey	/S.
	stics Canada has entered into agreements with provincia	1	Fax or Other F	lectronic Transm	issini	n Disclosure	
	erritorial statistical agencies for the sharing of data. The						ia ala avva
	are kept confidential and used for statistical purposes or	ıly.				e could be a risk of d on. However, upon r	
Your	responses are not shared with Canada Customs and					inteed level of protec	
	enue Agency. For further details, please consult the				-	er the authority of the	
enclo	sed booklet entitled Statistics Canada Business Surveys	3.	Statistics Act.				
	$\rightarrow$ (( )) $\checkmark$						
Cove							
Pleas	se report for the business unit(s) identified above.						
	Potur	n of	Questionn	airo			
	Please return the completed questionn				ıs of	rocoint by mail	
	using the enclosed enve					receipt by man,	
	Lost the return envelope, need help to	-				8 881-3666	
0026	Person primarily responsible for completing this		Telephone			0 001 0000.	
0026	questionnaire, if different from above:	0017	number				
1		0027	Extension				
			number				
0054	Last name	0016	Fax number				
0040		0000	Web site				
0013	First name	0020	address				
0014	Title	0018	E-mail				
			address				
5-3600	-123.1 2005-06-13 STC/UES-307-75135 2005 Survey of	Head	Office and Other	Business Support			

Repo	rting Period I	nformation
		for <u>your 12-month fiscal period</u> ending between April 1, 2005 and March 31, 2006. Please indicate by this questionnaire.
		YYYY MM DD YYYY MM DD
1.	From 0011	To 0012
2.	If you did not opera	ate this business unit for a full year, please check the reason(s) below:
	Operation	<sup>2</sup> ☐ New <sup>3</sup> ☐ Change of <sup>4</sup> ☐ Change of <sup>5</sup> ☐ Ceased <sup>6</sup> ☐ Temporarily Business Fiscal Year Ownership Operations Inactive
	Please indicate belithe reported period	ow, any change that may have occurred in the organization of this business unit during :
	0047 <sup>1</sup> Acquire New Bu	od 2 Disposed of/ usiness Units Sold Business Units
Main	Business Act	ivity
Please	check one main ac	ctivity, at this business unit, which most accurately describes the principal source of operating revenue.
1. 5	51114 <sup>0336</sup>	Head Office
	1	Centralized administration (corporate, general home or central office)
	3	Other administration (divisional, branch or district office)
	0337	Other Business Support Units
	1	Research, development and testing laboratories
	3	Ancillary operations (sales, distribution, warehousing, trucking, etc.)
		Please specify.
		Please describe in detail the nature of your business activity:
		0338
	^(	
		<u>)                                    </u>
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:
		0041
Note	: If you responde	ed "None of the above", please call <b>1 888 881-3666</b> for further instructions.

Rep	porting 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.				
Not	e: Please report information for Head Office related activities or other business support unit(s) only, consolidated financial statement. This questionnaire should not include any information that has b Statistics Canada annual business surveys.		•		
В-	Revenue				
Plea	<ul> <li>ase include:</li> <li>all revenue within or outside Canada recorded in your accounts for sales to o businesses and for transfers to other units of your business.</li> </ul>	ther			
Plea	ase exclude: - GST/HST, PST and TVQ.	$\bigcirc$	\		
1.	Did the accounts of this head office or other business support units record revenue during the reporter	perio	dra		
_	Tes Into, please go to section c.				
	venue of this Head Office or Other Business Support Units				
	renue from external clients (e.g., third party or non-affiliated businesses)				
EXC	nade receipts from billings to other units of the firm.		IOOO CAND		
2.	Sales of goods manufactured and/or assembled by business units affiliated with this head office,	2010	'000 CAN\$		
	and transferred to this head office for sale to <b>external clients</b>				
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	2028			
4.	Sales of services produced by employees of this business unit (e/g), sales of consulting	2011			
	services, data processing, management and administrative services) 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	2046			
6.	Other operating revenue (e.g., commissions, royalties, franchise fees) from external clients	2012			
	Please specify major item:	2242			
7.	Total revenue from external clients (and amounts reported at questions 2 to 6 above)	2013			
	renue from internal clients (e.g., other units of this firm)				
Exc	lude receipts from billings to external 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 advertising, insurance). Please refer to your guide before completing this question.	2014			
9.	Revenue from royalties and/or franchise fees from internal clients	1899			
	Please specify major item:				
10.	Revenue from commissions from internal clients	2060			
11.	All other operating revenue from other units of the firm not reported above from internal clients	2015			
	Please specify major item:				
12.	Total revenue from internal clients (add amounts reported at questions 8 to 11 above)	2016			
13.	Total operating revenue (add amounts reported at questions 7 and 12 above)	2080			
14.	Non-operating revenue (e.g., interest and dividend income)	2097			
15.	<b>Total revenue of this head office or other business support units</b> (add amounts reported at questions 13 and 14 above)	2098			

С	- Expenses			
Ple	ase include: -	all expenses within or outside Canada recorded by this business unit.		
Ple	ase exclude: -	GST/HST and TVQ.		
La	bour Remun	eration		
				'000 CAN\$
1.	Salaries and wag	es of employees ( <b>include</b> overtime and vacation pay)	3010	·
	Agency T4 - State	efined as those workers for whom you completed a Canada Customs and Revenue ement of Remuneration Paid. Please refer to your guide for inclusions and completing this question.		
2.		of employee benefits, <b>include</b> contributions to provincial health and taxes. Please refer to your guide for other inclusions before completing this	3040	
3.	Total labour rem	uneration (add amounts reported at questions 1 and 2 above)	3041	7
Ma	aterials, Com	ponents and Supply Expenses		
Ple	ase <b>exclude</b> capi	al expenditures.		
		$\Diamond_{\wedge}$ $\bigcirc$		'000 CAN\$
4.	Office supply exp	enses	3301	
	Include: -	paper and supplies for photocopiers, printers and fax machines, diskettes, writing instruments and other office supplies, etc. Aso, it not capitalized, include computers, printers, photocopiers, computer software and office furniture, etc.		
	Exclude: -	postage and courier expenses. Please report these amounts in this section, at question 12.		
		telephone and other telecommunication expenses. Please report these amounts in this section, at question 13.	2000	
5.	Operating, repair	and maintenance supply expenses	3302	
	Include: -	supplies for the operation, repair and maintenance of your equipment, vehicles and buildings.		
	Exclude: -	expenses that are covered in your rental and leasing expenses. Please report these payments 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	s, components and supply expenses	3392	
	Please name major items:	3393		
		3394		
		3395		

Во	ok Transfer Value	
		'000 CAN\$
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 <b>Section B</b> , at question 2).	964 GAND
Pu	rchases of Goods for Resale	
		'000 CAN\$
8.	Purchases of goods for resale from external clients (non-affiliated) in the same condition as purchased	1225
Pu	rchased Energy and Water Utilities	> \(  \)
	Tatal sounds and arrange and upstantility our arrange (a stable in the specific parallel stable in the stable in t	'000 CAN\$
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	
	<ul> <li>energy expenses that are covered in your rental and leasing expenses. Please report these amounts in this section, at question, 14.</li> </ul>	
Inte	ernational Activities	
	nagement Fees or Any Other Service Fees Paid or Received Within or Outside C	
roya	est or profit/loss.	
		'000 CAN\$
	45	556
10.a	Management fees or any other service fees paid to affiliates or third parties outside Canada	
10.b	Management fees or any other service fees <b>paid</b> to affiliates or third parties in Canada	557
		559
11.	During the reference period, did you <b>receive</b> management fees or any other service fees	<sup>1</sup> Yes
	from outside Canada?	<sup>3</sup> No
Pu	rchased Service Expenses	
The	expenses in this section are for services purchased from <b>external businesses only</b> (e.g., third parties).	
Plea	ase exclude purchased services that have been reported in this section, at questions 10.a and 10.b.	
		'000 CAN\$
	41	79
12.	Transportation, shipping (contracted out), warehousing, storage, postage and courier expenses	

Pur	chased Service Expenses (continued)		
			'000 CAN\$
13.	Telephone and other telecommunication expenses	4101	
14.	Rental and leasing expenses  Include office space or other real estate, motor vehicles, computers and peripherals, other machinery and equipment, and other goods.	4115	
15.	Purchased repair and maintenance service expenses, including janitorial and cleaning services	4175	
	Include materials, parts and labour.  Exclude property management fees.		
16.	Payments to employment agencies or personnel suppliers (e.g., pay for temporary workers paid through an agency and charges for personnel search services)	3080	
17.	Purchased research and development expenses (contracted out)	4251	
18.	All other professional and business service (e.g., legal and accounting, technical services fee consulting, education and training)	4345	> \( \)
19.	Insurance premiums (e.g., liability, auto, building, equipment)	¥350	
20.	Advertising and promotion expenses	4365	
21.	Travel, meal and entertainment expenses	4370	
22.	Royalties and franchise fees	4440	
23.	All other purchased service expenses not specified above	4500	
	(e.g., property management fees, waste and hazardous material removal fees, financial service fees such as bank charges, credit and debit card commissions). Please report interest expenses in this section, at question 30.		
24.	Total purchased service expenses (add amounts reported at questions 12 to 23)	4453	
25.	What percentage, if any, of the amount reported above, at question 24, is allocated to other units of this firm. The dollar value of these allocated expenses should be included in the amount reported in Section B, question 8).		
Oth	er Operating Expenses		'000 CAN\$
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.	4520	OUU CANO
27.	Property and business taxes, licences and other permits, including building permits and development charges	4410	
28.	All other operating expenses (e.g., allowances for bad debt, write-offs, donations and inventory adjustments)	4569	
	<b>Exclude</b> interest expenses. Please report these amounts in this section, at question 30.		
	Please specify major items:		
	4561		
	4562		
	4563		

Ex	pense Totals			
			'000 CAN\$	
29.	<b>Total operating expenses</b> (add amounts reported in this section, at questions 3 to 10b, 24, and 26 to 28)	4599		
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)	4630		
31.	Total expenses (add amounts reported at questions 29 and 30)	4699		
	'000 CAN	\$	$\wedge$	
32.	<b>Excluding</b> 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 Yes – If <b>yes</b> , please enter the amount allocated.	$\backslash \! \backslash \! \backslash$	,	
	³ ☐ No — If <b>no</b> , please go to <b>Section D</b> .	/		
<b>D</b> -	- Inventory of this Head Office or Other Business Support Units			
	, /·			
Inve	entories are to be reported at book value (i.e., the value maintained in the accounting records).			
Plea	ase include:  — inventory <u>owned</u> by this business unit within or outside Canada (include in warehouse selling outlet, in transit, or on consignment).	ventor	y held at any	
Plea	ase exclude: - inventory held on consignment for others.			1
	Value of opening inventory '000 CAN\$	V	/alue of closing inventory '000 CAN\$	
1.	Goods manufactured and/or produced by business units affiliated with this head office and transferred to this head office for sale to external clients			5542
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)			5544
	external clients (i.e., tillid party)	+		1
3.	Total inventories (add amounts reported at questions 1 and 2)			5555
=	- Employment at this Head Office or Other Business Support Units			<u> </u>
_	Linployment at this nead Office of Other Business Support Offits			
			Number	
	ase report the average <b>number</b> of people employed at this Head Office and any Other Business oport Units, if applicable, during the reporting period.	6299		
•	lude full-time, part-time and temporary employees and employees absent with pay.			
	clude contract and subcontract workers who are not part of your payroll.			
LXU	rade contract and subcontract workers who are not part of your payron.			

F-	Events that may have affected your Business Unit
1.	Compared to <b>last fiscal year</b> , were there any events that may have <b>significantly affected the reported values</b> for this business unit? Please specify:
	9965
	9968
	9969
G -	Comments  Hour(s) Minutes
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 comments with the intent of improving the survey.
	9920
	9913
	9914
	9915
Siar	nature:
Olgi	I certify that the information contained herein is complete and correct to the best of my knowledge.
	Thank you for your co-operation.
	Thank you for your co-operation.