Prices Division



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 questionniare en français, veuillez composer le (613) 951-6916 (appel à frais viré accepté)

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

Legal Name	
Business Name	
Contact Name	
Address	
City	
Province \ State	Postal Code \ Zip Code
Country	

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### 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 monitor 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 Act are not affected by the Access to Information Act or by any other legislation.

### INSTRUCTIONS

Please complete this report following the instructions and examples provided at the beginning of each section. You will find definitions of the classes of service in the "Respondent's Guide" accompanying this report. <u>Estimates are acceptable whenever</u> actual figures are not available.

**NEED HELP ?** If you require assistance in completing this questionnaire or expect delays in returning the survey,

Veronica Taite Telephone: (613) 951-3408 (collect calls accepted) Fax: (613) 951-2848 Electronic Mail: veronica.taite@statcan.ca

Please complete and return this questionnaire within 30 days following receipt.

### A. Main Business Activity

please contact:

Please check  $\checkmark$  the first circle below if the activity that most accurately describes the principal source of your operating revenue is among one of the three classes of service described. If none is applicable, please check  $\checkmark$  the second circle.

Accounting Services: Includes business units whose main activity is to supply a range of accounting services, such as the auditing, reviewing and preparation of financial statements, the design of accounting systems and the provision of accounting advice.

Tax Preparation Services: Includes business units whose main activity is providing 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 this questionnaire in the envelope provided. Thank you for your cooperation.

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# B. Distribution of Revenue by Classes of Service The purpose of this section is to identify the number of professional engagements by classes of service. Please follow the instructions below:

- STEP 1 In the "step 1" column, please report the percentage share of your operating revenue for fiscal year 1999 for each class of service indicated in the first column. <u>Estimates are acceptable</u> whenever actual figures are not available.
- **STEP 2** Divide the number in the "step 1" column by 10 and enter the resulting number (rounded down to the nearest number) in the last column of the table below. This will give you the number of engagements by class of service that you will report in Section C.

For definitions of classes of service, please refer to the Respondent's Guide.

# Example

<b>Fiscal Year 1999</b> The operating revenue of a particular office is distributed as follows:	STEP 1	Calculation (% divided by 10)	STEP 2 Number of engagements to report in Section C (round down to the nearest number)
Class of service			
A. Audit, review and related services	19	/ 10	1
B. Other assurance services	9	/ 10	0
C. Bookkeeping, compilation and general accounting services	7	/ 10	0
D. Tax preparation services for corporate clients	6	/ 10	0
E. Tax preparation services for individuals and unincorporated businesses	42	/ 10	4
F. Other Services	17		
Total	100 %		5

## Using the example above please complete the following table

Fiscal Year 1999	STEP 1 %	Calculation (% divided by 10)	STEP 2 Number of engagements to report in Section C (round down to the nearest number)
Class of service			
A. Audit, review and related services		/ 10	
B. Other assurance services		/ 10	
C. Bookkeeping, compilation and general accounting services		/ 10	
D. Tax preparation services for corporate clients		/ 10	
E. Tax preparation services for individuals and unincorporated businesses		/ 10	
F. Other Services			
Total	100 %		

The enda	dements that	you report should be:				
5	Recurrent	: It is important that you choose eng	agements that	at have occu	red in the past and are e	spected to be
		ne work performed under these engag nges, please refer to Step 7 below. Pl				
	type of wo	tative: These engagements should a rk that you typically perfom in a given of three of this type) or one engagement	class of servi	ce. For exan	nple, it can be one engage	
How to e	nter the info	rmation requested?				
Step 3	Please enter t many engager	he letter that corresponds to the class ments as indicated in the last column of	of service proof Section B f	ovided under or each class	a given engagement. Ples of service.	ease report for as
		A - Audit, review and related services	5			
		<b>B</b> - Other assurance services				
		C - Bookkeeping, compilation and ge		ting services	;	
		<b>D</b> - Tax preparation services for corp				
		E - Tax preparation services for indiv		-		
-		e the year you started doing business				
- 6		own reference number for the engager n for any changes in the engagement ed.				
		he total value of the engagement (with be comparable from year to year.	iout taxes).	The period of	time in which the engage	ment is being
i	YES, please c amount year-c	ner the change in the value of the enga to not complete the last column. If NC over-year change in the value of the er price (if applicable).	, please iden	tify in the las	t column, to the best of yo	our knowledge, the
Examp	le				STI	EP 7
STEP 3	STEP 4	STEP 5	ST	TEP 6	Is the year-over-year	If NO, please indicat
	Year of first Your own identification number		Calendar Year		change in the value of	the change in value th
Engag.	engagement with this client	for the engagement, descriptions and explanation of changes (if applicable).	1999	2000	00	is due to a change in service and in price
	onorit	changes ( il applicable).	1000	2000		

	onorm	changes ( il applicable).	1000	2000		•			
					Please C	heck	✓		
1. A	1998	Id #: <b>9816910898</b> From 1999 to 2000: Audit of financial statements that requires a greater selection of elements in order to register with the stock exchange.	\$ 25 000	\$ 35 000	Yes No	0 ✓	•	Service \$ <b>8 000</b>	Price \$ <b>2 000</b>
2. E	1997	ld #: <b>9715473108</b> Tax preparation for an individual. From 1999 to 2000: \$10 discount	\$ 150	\$ 140	Yes No	✓ 0	•	Service \$	Price \$

Followi	ing the ex	ample above, please fill out	the follow	ving table.		STI	EP 7	
STEP 3	<b>STEP 4</b> Year of first	STEP 5	<b>STE</b> Calen	<b>P 6</b> dar Year	Is the year-over-year change in the value of the engagement due to a change in price only? Please Check		If NO, please indicate the change in value that is due to a change in service and in price	
Engag.	engagement with this client	engagement, descriptions and explanation of changes (if applicable).	1999	2000				
1.		ld #:	\$	\$	Yes O	•		
					No O	•	Service \$	Price \$
2.		ld #:	\$	\$	Yes O			
					No O	۲	Service \$	Price \$

continued on next page ...

Class	E C C	<ul> <li>A - Audit, review and related services</li> <li>B - Other assurance services</li> <li>C - Bookkeeping, compilation and ger</li> <li>D - Tax preparation services for corpo</li> <li>E - Tax preparation services for individ</li> </ul>	rate clients	-							
							ST	EP 7			
STEP 3	<b>STEP 4</b> Year of first	<b>STEP 5</b> Your own identification number for the engagement,	<b>STEP 6</b> Calendar Year		change in	Is the year-over-year change in the value of			If NO, please indicate the change in value that is due to a		
Engag.	engagement with this client	descriptions and explanation of changes (if applicable).	1999	2000	the engage change ir Please Ch	the engagement due to a change in price only?		change in service and in price			
3.		ld #:	\$	\$	Yes	О	1				
					No	ο	•	Service \$	Price \$		
4.		ld #:	\$	\$	Yes	0			1		
					No	0	•	Service \$	Price \$		
5.		ld #:	\$	\$	Yes	0			1		
					No	0	•	Service \$	Price \$		
6.		ld #:	\$	\$	Yes	0					
					No	0	•	Service \$	Price \$		
7.		Id #:	\$	\$	Yes	0					
					No	0	•	Service \$	Price \$		
8.		ld #:	\$	\$	Yes	0					
					No	0	•	Service \$	Price \$		
9.		Id #:	\$	\$	Yes	0			1		
					No	0	•	Service \$	Price \$		
10.		ld #:	\$	\$	Yes	0					
					No	ο	•	Service \$	Price \$		

\$

D. Client Dynam	ics						
_		of your operating revenu	e was obtained from e	engagements with	n new clients.		
0-10%	11-20%	21-309	6	31-50%	51% or more		
E. Comments							
<b>Comments ?</b> We welcome any suggestive your comments on the following th		y have for improving our	accounting service pri	ce survey. In ad	dition, we would appreciate		
<ul> <li>Questionnaire conter</li> </ul>	nt		Lavout of	the questionnaire	2		
<ul> <li>Appropriateness of te</li> </ul>			•	receipt of questio			
<ul> <li>Comprehension of que examples, instruction</li> </ul>		rough definitions,	<ul> <li>Potential</li> </ul>	for electronic data	a reporting		
If more space is required,	please continue	on the back.					
F. Certification	( I certify that t	he information contain	ed herein is complete	e and correct to	the best of my knowledge).		
Signature of authorized person			Date completed				
Name of person to conta	act for further	information (please	print).				
First name			Last name				
Title							
Telephone No.	Extension	Fax No.	E-mail address				
<b>-</b>							
<b>Reporting Month</b> Please indicate the month in	which we shou	ld mail your questionnai	e next vear	Month			
			o noxe your.	WORTH			
How long did you spend coll this questionnaire?	lecting and repo	rting the information nee	ded to complete	Minutes			
				Winnutes			
			mplotod avertire	naira far			
	riease mak	e a copy of this cor vour reco		naire for			
your records. Thank you for completing this questionnaire.							
	Thank V		ing uns ques	nonnaire.			