

TO BE COMPLETED AND RETURNED TO THE CENTRAL STATISTICAL OFFICE, PLAZA 47 FREDERICK STREET, POS (NEXT TO ROYAL CASTLE)  
 MAILING ADDRESS: CENTRAL STATISTICAL OFFICE, BUSINESS SURVEY SECTION, PO BAG 98 POS



Serial No.

Industry No.

**REPUBLIC OF TRINIDAD AND TOBAGO  
 MINISTRY OF PLANNING & DEVELOPMENT  
 CENTRAL STATISTICAL OFFICE  
 BUSINESS SURVEYS SECTION  
 SURVEY OF ESTABLISHMENTS 201....  
 GENERAL SHORT FORM**

Date due for submission to C.S.O. ....

This survey is conducted in accordance with the Statistics Act, Chapter 19:02 of the Revised Laws of the Republic of Trinidad & Tobago. Information on this survey and instructions for the completion of this form can also be accessed from our website: [www.cso.gov.tt](http://www.cso.gov.tt)  
 For enquires, please call 625-1164, 623-7044 or 625-3891. **Please read instructions carefully before completing questionnaire.**

SECTION 1 - CHARACTERISTICS OF ESTABLISHMENT	FOR OFFICE USE ONLY
1.1 Name of Establishment ..... ..... 1.2 Address ..... ..... Phone Number ..... Fax ..... Email ..... Website ..... 1.3 Activity of Establishment ( <i>List in order of importance</i> ) (1) ..... (2) ..... (3) ..... 1.4* Reference period for data supplied ..... <i>E.g. 1st January 2017- 31st December 2017 / 1st April 2017 - 31st March 2018 (financial year for firm)</i> 1.5 Year began operation ..... 1.6 Type of Ownership ( <i>Please Tick one</i> ) <input type="radio"/> Sole Proprietorship <input type="radio"/> Government <input type="radio"/> Partnership <input type="radio"/> Co-operative <input type="radio"/> Private Limited Company <input type="radio"/> Non-Profit Institution <input type="radio"/> Public Limited Company <input type="radio"/> Other ( <i>Specify</i> ) .....	TTSIC <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ISIC REV 4 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ISIC REV 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> EMPLOYMENT FIGURE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> EMPLOYMENT YEAR <input type="text"/> <input type="text"/> OWNERSHIP CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR BEGAN OPERATION <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR OF DATA <input type="text"/> <input type="text"/> COUNTY/WARD <input type="text"/> <input type="text"/> LEGAL CODE <input type="text"/> COMMUNITY CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> REGIONAL CORPORATION CODE <input type="text"/> <input type="text"/>
<b>SECTION 2 - EMPLOYMENT</b>	
2.1 State number employed at the end of each of the following periods <input type="text"/> May <input type="text"/> November	
<p><b>*Reference period is normally the firm's financial year. E.g. 1st April 2017 to March 31st 2018</b>                      In order for data submitted to be classified as survey data, the period to which it pertains should be either of the following:-</p> (1) the calendar year under survey e.g. January to December; (2) any 12-month period in which at least six (6) of those months fell within the year being surveyed.	<input type="text"/> TYPE OF FORM

Figures should be rounded to the nearest \$TT

PLEASE READ INSTRUCTIONS

SECTION 3 - CURRENT EXPENDITURE		
	For Office Use Only	Total
		\$TT
3.1 Total labour payments . . . . .	03001	
3.2 Total cost of raw materials purchased . . . . .	03010	
3.3 Purchase of goods for resale in same condition . . . . .	03026	
3.4 Stationery, packaging materials and other office supplies . . . . .	03199	
3.5 Rates, licence fees, other fees, custom duty paid on imports	03106	
3.6 Cost of fuel and electricity . . . . .	03051	
3.7 Depreciation . . . . .	07026	
3.8 Income or Corporation taxes paid (payable) for year of data . . . . .	17028	
3.9 All other current expenses . . . . .	03132	
<b>3.0 TOTAL CURRENT EXPENDITURE . . . . .</b>	<b>03000</b>	

SECTION 4 - RECEIPTS		
	For Office Use Only	Total
		\$TT
4.1 Receipts from services provided, or from sale of goods produced/assembled by this establishment . . . . .	04001	
4.2 Receipts from sale of goods purchased for resale . . . . .	04033	
4.3 Interest, Dividends, Insurance Claims Received . . . . .	17043	
4.4 All other receipts ( <b>Please specify</b> ) . . . . .	04024	
<b>4.0 TOTAL RECEIPTS . . . . .</b>	<b>04000</b>	

SECTION 5 - STOCKS			
	For Office Use Only	As at the beginning of	As at the end of
		...../...../.....	...../...../.....
5.1 Raw Materials, Finished Goods etc.	5001		
5.2 Good for Resale	5023		
<b>5.0 TOTAL STOCK . . . . .</b>	<b>05000</b>		

SECTION 6 - CAPITAL EXPENDITURE			
Amounts spent during the reference period, on the following fixed assets:	For Office Use Only	New assets	Alterations, renovations, improvements
		6.1 Buildings (New buildings, renovations, extensions) . . . . .	06002
6.2 Motor vehicles . . . . .	06018		
6.3 Plant, machinery and equipment . . . . .	06017		
6.4 Furniture and office equipment . . . . .	06020		
6.5 All other capital expenditure . . . . .	06019		
6.6 Computer Hardware and Software . . . . .	06021		
<b>6.0 TOTAL CAPITAL EXPENDITURE . . . . .</b>	<b>06000</b>		

Please sign the form before submission to the CSO

Signature of Person completing Form: \_\_\_\_\_ Position: \_\_\_\_\_

Name (**Block Letters**): \_\_\_\_\_ Date Completed: \_\_\_\_\_

Name of External Accountant / Auditor (if any) \_\_\_\_\_ Contact No : \_\_\_\_\_

Information supplied from:  Audited financial statements  Unaudited financial statements

Signature of CSO Field Officer: \_\_\_\_\_ CSO Editor: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE - FOR CSO OFFICE USE ONLY**

Manner Received: \_\_\_\_\_ Questionnaire Completed by: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_