

STRICTLY CONFIDENTIAL



NATIONAL STATISTICAL OFFICE

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2013 SURVEY OF ARTS, ENTERTAINMENT AND RECREATION QUESTIONNAIRE

Despatched: - -

Ammend if incorrect address

Dear Sir/Madam,

The National Statistical Office (NSO) is conducting a nation-wide Survey of Business Activities (SBA) for all registered and operational businesses in Papua New Guinea.

This Census is carried out under the provisions of the Statistical Services Act (Chapter 386). Through the SBA, the financial information on income, expenditure, stocks, value of fixed assets and employment numbers will be sourced. The data collected will be used for the compilation of the PNG National Accounts, in particular the Gross Domestic Product (GDP) which helps measure the economic growth.

In accordance with the Statistical Act the information you provide will be used solely for statistical purposes and hence under no circumstances shall it be used otherwise. You are also assured that the NSO is also legally obligated to ensure that such information is kept strictly confidential.

Therefore you are requested to fill in one copy of the questionnaire and return it to the NSO on the postal address, fax or the email addresses given; ideally three (3) weeks after receiving the SBA form. An authorized member of the NSO staff will also be visiting your organization(s) during the course of this survey.

Please answer all relevant questions with clear and correct figures. Estimates will be accepted where actual data are not available. Values, excluding GST, are to be expressed in Kina.

Should you require any assistance regarding the completion of the form or its particular contents please contact the following persons: Ms. Dorothy Sapalojang or Mr. Henao Kari on these numbers; +675 70139484 | +675 71897348 | +675 7231 5355 | +675 71932517. You can also email on: knelson@gopng.gov.pg

I sincerely thank you for your attention and look forward to your favorable response.

Yours sincerely,

Roko KOLOMA
Acting National Statistician



SURVEY OF ARTS, ENTERTAINMENT AND RECREATION QUESTIONNAIRE

ORGANIZATIONAL STRUCTURE

1. Does this business operate at more than one location? (Please tick appropriate box)

No Yes If yes, please give details below

Name of Establishment	Physical location of Business	Main type of Business Activity	Gross turnover
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: This return is required for the addressed establishment only. In case this is not possible, a combined return with similar main activities may be submitted. If the information cannot be provided on this basis, please state the reasons:

ACCOUNTING PERIOD

2. Please state the accounting period: From - - 2013 To - - 2013

LEGAL STATUS OF ORGANISATION

3. Please tick appropriate box 001

- | | | | |
|--------------------------------------------|--------------------------|-----------------------------------------------|--------------------------|
| 1. Sole Proprietor | <input type="checkbox"/> | 10. Provincial/Local Government | <input type="checkbox"/> |
| 2. Partnership | <input type="checkbox"/> | 11. Joint Venture and Consortia | <input type="checkbox"/> |
| 3. Private Limited Company | <input type="checkbox"/> | 12. Non-profit organisation | <input type="checkbox"/> |
| 4. Public Limited Company | <input type="checkbox"/> | 13. Trusts and Estates | <input type="checkbox"/> |
| 5. Co-operative | <input type="checkbox"/> | 14. Consulates and Foreign Embassies | <input type="checkbox"/> |
| 6. Government Owned Trading Entity | <input type="checkbox"/> | 15. Branch of a Company Incorporated Overseas | <input type="checkbox"/> |
| 7. Statutory Boards | <input type="checkbox"/> | 16. Societies and Associations | <input type="checkbox"/> |
| 8. Central (National) Government | <input type="checkbox"/> | 20. Other Business Type (specify) | <input type="checkbox"/> |
| 9. Provincial/Local Authority owned entity | <input type="checkbox"/> | <input style="width: 100%;" type="text"/> | |

FORM OF OWNERSHIP

4. Please tick appropriate box 002

Note:

- **PNG owned:** An establishment operating in PNG in which 51% or more equity is held locally.
- **Branch of an overseas company:** An establishment operating in PNG that is controlled or supervised by an overseas head office and which is an integral part of the foreign parent organisation. Branch has no equity share capital.
- **Subsidiary of an overseas company:** A company is a subsidiary of another if that other company owns this subsidiary wholly or holds more than half the nominal value of the equity share capital of this subsidiary company.

- | | | | |
|--------------------------------------|--------------------------|---------------------------------------------------------|--------------------------|
| 1. PNG owned | <input type="checkbox"/> | 4. Others (specify) | <input type="checkbox"/> |
| 2. Branch of an overseas company | <input type="checkbox"/> | <input style="width: 100%; height: 30px;" type="text"/> | |
| 3. Subsidiary of an overseas company | <input type="checkbox"/> | | |

EQUITY PARTICIPATION

5. Please indicate in the appropriate box the percentage of equity capital held by PNG Citizens.

(a) As at end of 2012 percent (%) (a) As at end of 2013 percent (%)

NATURE OF WORK

6. Please give a brief description of the main activity of the establishment(s) covered by this return:

003 FOR OFFICE USE ONLY

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OPERATING STATUS

7. Please state whether the establishment in question (tick appropriate box)

1. Operated during the whole of the accounting period specified
2. Operated during part of the accounting period specified (specify _____ months)
3. Had not commenced business during the accounting period specified

INCOME RECEIVED FROM SALES OF SERVICES

8.	Report actual selling value net of any discount or rebate allowed to the buyer of the different types of services listed below. Include commission received from auction sales and valuation services etc.	VALUE (K)
a.	Creative, arts and entertainment activities like the production and promotion of, and participation in, live performances, events or exhibits intended for public viewing; the provision of artistic, creative or technical skills for the production of artistic products and live performances	004
b.	Library and archives activities	005
c.	Museums activities and operation of historical sites and buildings	006
d.	Botanical and zoological gardens and nature reserves activities	007
e.	Gambling and betting activities	008
f.	Operation of sports facilities	009
g.	Activities of sports clubs	010
h.	Other sports activities	011
i.	Other amusement and recreation activities n.e.c.	012
	Total	013

OTHER INCOME

		Value (K)
9.	Income from sales of goods without transformation (see question 29). This is the resale value of goods bought, the goods being in the same condition as received and having undergone no intervening manufacturing process by your establishment.	014
10.	Subsidies and grants received	015
11.	Insurance claims received:	
	a. Business insurance claims received	016
	b. Casualty insurance claims received	017
12.	Profit or loss received from any other business in which you have an interest	018
13.	Income received for:	
	a. the hire of building	019
	b. industrial services rendered	020
14.	Income from:	
	a. Rent received from land	021
	b. Interest received	022
	c. Dividends received	023
	d. Royalty received	024
15.	Bad and doubtful debts recovered	025
16.	Exchange gain	026
17.	Gain on sale of fixed assets	027
18.	Receipts from industrial services rendered to others e.g. repairs and maintenance	028
19.	All other income received (specify) _____	029
	Total other income	030
20.	GST charged on goods and services provided	031
21.	GRAND TOTAL OF ALL INCOME RECEIVED (Codes 013+030+031)	032

EXPENDITURE ON PURCHASE OF MATERIALS

State in detail the total value of all purchases of materials and supplies for use in the delivery of administrative and support services activities net of discounts received. Exclude all purchases of plant and machinery and other capital equipment purchased by you that should be included in question 59.

22.	List expenditure on materials and related articles for use in the business		VALUE(K)
		033	
		034	
		035	
		036	
		037	
		038	
		039	
	TOTAL	040	

EXPENDITURE ON FUEL, ELECTRICITY AND WATER

			VALUE (K)
23	Petrol/Automotive diesel fuel	041	
24	Industrial diesel fuel/Heavy fuel oil	042	
25	Kerosene	043	
26	Liquid petroleum gas	044	
27	Electricity	045	
28	Water	046	
	Total	047	

OTHER EXPENDITURE

			VALUE (K)
29	Cost of goods purchased for resale (see question 9)		048
30	Repairs and maintenance paid for on vehicles, buildings etc to outside firms		049
31	Cartage and haulage expenses paid to other firms		050
32	Travel expenses (eg management, personal etc)		051
33	Value of contract and commission work done		052
34	Audit and accounting fee		053
35	Legal fee		054
36	Advertising and promotion etc		055
37	Bank charges		056
38	Postage, telephone and telecommunication etc		057
39	Office stationery and supplies		058
40	Management and consultation fee		059
41	Rent paid for furniture, building, plant and machinery etc		060
42	Insurance paid:	a. Business insurance	061
		b. Casualty insurance	062
43	Expenditure on:	a. Rent paid for land	063
		b. Interest paid	064
		c. Dividends paid	065
		d. Royalty paid	066
44	Bad and doubtful debts written off		067
45	Business licenses, rates on property paid to national or local government etc		068
46	Training and Productivity Authority Levy		069
47	Exchange losses		070
48	Fixed asset expenses:	a. Loss on sale of fixed assets	071
		b. Depreciation claimed (to agree with question 59(7))	072
49	Donations		073
50	All other costs and expenses		074
	Total other expenditure (Codes 055 to 081 excluding 074)		075

EMPLOYMENT AND COMPENSATION OF EMPLOYEES

Please note that the information in respect of employment is for the last payweek in June 2013 (if not, please state the period) but the rest of the question requires data for the appropriate accounting year.

Working proprietors include all individual proprietors and partners who are actively engaged in the work of the establishment who don't receive regular wages and salaries, but draw from the takings. Working proprietors who pay themselves regular wages and salaries should be recorded under paid employees. Silent or inactive partners should be excluded unless they participate actively in the work of the establishment.

Casual workers are persons working for 20 hours or more per week and not receiving pay on regular basis

Unpaid family workers include persons living in the household of any of the proprietors of the owning establishment and working in the establishment without regular pay for at least a third of the normal working hours of the establishment.

Gross wages and salaries includes overtime, sick and holiday pay, bonuses, payments under piece rate schemes, all allowances, severance and redundancy pay, sales commissions paid to own employees and directors fee etc.

Payment in kind is the cost to the employer for providing employees with housing, transport, clothing, food, drinks, fuels, etc free of charge or at a reduced rate.

Expatriates are non-PNG citizens who stayed in PNG

51.				NUMBER EMPLOYED	GROSS WAGES AND SALARIES PAID	EMPLOYER'S CONTRIBUTION TO PROVIDENT FUND	PAYMENT IN KIND
				1	2	3	4
a.	Paid employees						
	PNG citizens	i.	Male	076			
		ii.	Female	080			
	Casual	i.	Male	084			
		ii.	Female	088			
	Expatriates	i.	Male	092			
		ii.	Female	096			
	Total			100			
b.	Working proprietors						
	PNG citizens	i.	Male	104			
		ii.	Female	105			
c.	Unpaid family workers						
	PNG citizens	i.	Male	106			
		ii.	Female	107			
	Total (Codes 100 (1) + 104+105+ 106+107)			108			

52.	GST paid on supplies of goods and services	109	K
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53.	GRAND TOTAL OF ALL EXPENDITURE INCURRED [Codes 040+047+075+100 (2, 3, 4)] + 109	110	K
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STOCKS

Finished goods bought for resale are stocks of goods bought for resale in the same condition as purchased.
Value of materials, fuel supplies and components are stocks of raw materials not used up in production.

54.	Please give the value of stocks held by your establishment		VALUE OF STOCKS (K)		
			OPENING	CLOSING	CHANGE
			(1)	(2)	(2)-(1)=(3)
a.	Finished goods bought for resale	111			
b.	Materials, fuel, supplies and components	114			
	Total	117			

NET EARNINGS AND TAXES PAID

This is the net profit of your establishment/enterprise from the profit and loss account. The following method would enable you to check if all the information from the trading, profit and loss account have been entered onto the questionnaire:

Income [Code 032 + 117 (3)]	K	<input type="text"/>
less Expenditure [Code 110]	K	<input type="text"/>
equals Profit (+)\Loss (-) [Code 120]	K	<input type="text"/>

			AMOUNT (K)
55	Net profit/loss of your establishment/enterprise. If this does not agree with question 56, please give reasons: _____	120	
56	Taxable income of your establishment/enterprise	121	
57	Amount, if any, of previous year losses that was deducted before arriving at the taxable income	122	
58	Amount of PNG Income Tax paid/payable by your establishment/enterprise.	123	

FIXED CAPITAL ASSETS

59.			VALUE (K)							
			Opening book value	Purchase of new and second hand assets at		Land Develop. & Improvem	Own account Capital construction	Sales of capital assets	Depre ciation	Closing book value
				locally	abroad					
			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
A.	Land	124								
B.	Buildings	132								
C.	Plant and machinery	140								
D.	Furniture, fixtures and office equipment	148								
E.	Transport vehicles and related equipment	156								
F.	Computer Software	164								
G.	Entertainment, literary or artistic originals	172								
H.	Valuables	180								
I.	Others (specify): _____	188								
Total		196								

Own Account Capital Construction is the cost of new and additions to fixed assets made by the establishments own labour for its own use. Cost should be equivalent to labour costs plus value of materials at cost.

Signature of person completing the questionnaire: _____ Date: - -

Name: Position:

Telephone: Fax:

Email:

If Chartered Account in private practice, please place a tick in the box

THANK YOU FOR COMPLETING THE QUESTIONNAIRE