

STRICTLY CONFIDENTIAL



## NATIONAL STATISTICAL OFFICE

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### 2013 CENSUS OF ACCOMMODATION AND FOOD SERVICE

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



## ACCOMMODATION AND FOOD SERVICE 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"/> |                     |                          |
| 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                   | <input type="checkbox"/> |
| 2. Operated during part of the accounting period specified (specify _____ months) | <input type="checkbox"/> |
| 3. Had not commenced business during the accounting period specified              | <input type="checkbox"/> |

**INCOME FROM SALES OF GOODS AND SERVICES**

Report actual selling value net of any discount or rebate allowed to the buyer.

Alcoholic drinks refer to spirits, wine, beer etc; non-alcoholic drinks refer to mineral water, soft drinks etc.

<b>8.</b>	<b>Please enter in the box the total income from the sale of goods and services [Codes 005+012+019]</b>	<b>004</b>	<i>K</i>
<b>9.</b>	Please analyse the value given in question 8 according to the following items:		<b>VALUE (K)</b>
<b>A</b>	<b>TOTAL INCOME FROM SALES OF GOODS FOR CONSUMPTION ON THE PREMISES [Codes 006 to 011]</b>	<b>005</b>	
	i. Food	006	
	ii. Beverages - tea, coffee and cocoa	007	
	alcoholic drinks	008	
	non-alcoholic drinks	009	
	Total beverages [Codes 007-009]	010	
	iii. Tobacco and tobacco products	011	
<b>B</b>	<b>TOTAL INCOME FROM SALES OF GOODS FOR CONSUMPTION OFF THE PREMISES [Codes 013 to 018]</b>	<b>012</b>	
	i. Food	013	
	ii. Beverages - tea, coffee and cocoa	014	
	alcoholic drinks	015	
	non-alcoholic drinks	016	
	Total beverages [Codes 007-009]	017	
	iii. Tobacco and tobacco products	018	
<b>C</b>	<b>INCOME FROM PROVISION OF ACCOMMODATION</b>	<b>019</b>	

<b>OTHER INCOME</b>			VALUE (K)
10.	Sales of goods not manufactured by your own establishment (see question 31) 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.	020	
11.	Receipts from travel trade and tour operators	021	
12.	Rent received for the hire of building, plant and machinery, furniture and fixtures, transport vehicles and related equipment	022	
13.	Receipts from services rendered by hotels e.g. beauty and massage, laundry etc	023	
14.	Insurance claims received:	a. Business insurance claims received	024
		b. Casualty insurance claims received	025
15.	Subsidies and grants received from:	a. Within PNG	026
		b. Overseas	027
16.	Income from:	a. Rent received from land	028
		b. Interest received	029
		c. Dividends received	030
		d. Royalty received	031
17.	Profit or loss received from any other business in which you have an interest	032	
18.	Bad and doubtful debts recovered	033	
19.	Exchange gain	034	
20.	Gain on sale of fixed assets	035	
21.	All other income received (specify). _____ _____	036	
<b>Total other income (Codes 020 to 036)</b>		037	
22.	<b>GST charged on goods and services provided</b>	038	
23.	<b>GRAND TOTAL OF ALL INCOME RECEIVED (Codes 004+037 +038)</b>	039	

### EXPENDITURE ON PURCHASES OF MATERIALS

State in detail the total value of all purchases of materials and supplies for use in the preparation of food; for provision and maintenance of accommodation and for the operation of a hotel, bar, restaurant or a catering business etc. net of discounts received. Direct import by establishments should be reported at cost. The cost of freight and transport should be excluded unless it is accounted for as part of the purchase price. Transport cost paid to outside firms should be included in question 35. Exclude all purchases of plant and machinery and other capital equipment purchased by you that should be included in question 57.

24		Please state the value of all materials and supplies purchased during the year.					
		VALUE (K)					
		IMPORTED			LOCALLY PRODUCED		
		PURCHASED			PURCHASED		
DESCRIPTION OF MATERIALS AND SUPPLIES		FROM ABROAD (1)	LOCALLY (2)	FROM MANFT (3)	FROM OTHERS (4)	TOTAL (5)	
<b>a.</b>	<b>TOTAL FOOD</b>	<b>040</b>					
	<i>Please analyse FOOD below:</i>						
	Bread and cereals	045					
	Meat	050					
	Fish	055					
	Dairy products	060					
	Oils and fats	065					
	Fruit	070					
	Vegetables	075					
	Rice	080					
	Sugar	085					
	All other food	090					
<b>b.</b>	<b>TOTAL BEVERAGES</b>	<b>095</b>					
	<i>Please analyse BEVERAGES below:</i>						
	Tea, coffee and cocoa etc	100					
	Non-alcoholic beverages	105					
	Alcoholic beverages	110					
<b>c.</b>	<b>TOTAL TOBACCO &amp; TOBACCO PRODUCTS</b>	<b>115</b>					
<b>d.</b>	<b>TOTAL LINEN, FURNISHING ETC</b>	<b>120</b>					
<b>e.</b>	<b>TOTAL KITCHENWARE &amp; TABLEWARE</b>	<b>125</b>					
<b>f.</b>	<b>TOTAL CLEANSING MATERIALS ETC</b>	<b>130</b>					
<b>g.</b>	<b>TOTAL OTHERS: (specify)</b>	<b>135</b>					
	<hr/>						
	<b>Total</b>	<b>140</b>					

**EXPENDITURE ON FUEL, ELECTRICITY AND WATER**

Please state the expenditure incurred on fuel, electricity and water			VALUE (K)
25.	Petrol/Automotive diesel fuel	145	
26.	Industrial diesel fuel/Heavy fuel oil	146	
27.	Kerosene	147	
28.	Liquid petroleum gas	148	
29.	Electricity	149	
30.	Water	150	
	Total	151	

**OTHER EXPENDITURE**

			VALUE (K)
31	Cost of goods purchased for resale (refer to question 10)		152
32	Laundry and cleaning services		153
33	Music and other entertainment expenses		154
34	Repairs and maintenance paid for on vehicles, buildings etc to outside firms		155
35	Cartage and haulage expenses paid to other firms		156
36	Travel expenses (e.g. management personal)		157
37	Value of contract and commission work done		158
38	Audit and accounting fee		159
39	Legal fee		160
40	Advertising and promotion etc		161
41	Bank charges		162
42	Postage, telephone and telecommunication etc		163
43	Office stationery and supplies		164
44	Management and consultation fee		165
45	Rent paid for furniture, building, plant and machinery etc		166
46.	Expenditure on:	a. Rent paid for land	167
		b. Interest paid	168
		c. Dividends paid	169
		d. Royalty paid	170
47.	Business licenses, rates on property paid to central or local government etc		171
48.	Insurance paid:	a. Business insurance	172
		b. Casualty insurance	173
49.	Bad and doubtful debts written off		174
50.	Exchange losses		175
51.	Fixed asset expenses	a. Loss on sale of fixed assets	176
		b. Depreciation claimed (to agree with question 61(7))	177
52.	All other costs and expenses e.g. donations.	_____	178
		_____	
		_____	
<b>Total other expenditure (Codes 152 to 178 excluding 169)</b>			<b>179</b>

## EMPLOYMENT AND EXPENDITURE ON 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

53.				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	180			
		ii.	Female	184			
	Casual	i.	Male	188			
		ii.	Female	192			
	Expatriates	i.	Male	196			
		ii.	Female	200			
	Total			204			
b.	Working proprietors						
	PNG citizens	i.	Male	208			
		ii.	Female	209			
c.	Unpaid family workers						
	PNG citizens	i.	Male	210			
		ii.	Female	211			
	<b>Total (Codes 204(1)+208+209+210+211)</b>			212			

54.	<b>GST paid on supplies of goods and services</b>	213	
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55.	<b>GRAND TOTAL OF ALL EXPENDITURE INCURRED [Codes 140 (5) + 151 + 179 + 204(2, 3, 4) + 213]</b>	214	K
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**STOCK**

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.

56.	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 sale	215			
b.	Materials, fuel, supplies and components	218				
<b>Total</b>			<b>221</b>			

**FIXED CAPITAL ASSETS**

57.			VALUE (K)							
			Opening book value	Purchase of new and second hand assets at		Land Develop. & Improvem	Own account Capital construction	Sales of capital as-sets	Depre-ciation	Closing book value
				locally	abroad					
			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
A.	Land	224								
B.	Buildings	232								
C.	Plant and machinery	240								
D.	Furniture, fixtures and office equipment	248								
E.	Transport vehicles and related equipment	256								
F.	Computer Software	264								
G.	Entertainment, literary or artistic originals	272								
H.	Valuables	280								
I.	Others (specify):	288								
<b>Total</b>		<b>296</b>								

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.



**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 039 + 221 (3)]	K	<input type="text"/>
less Expenditure [ Code 214]	K	<input type="text"/>
equals Profit (+)\Loss (-) [Code 304]	K	<input type="text"/>

			AMOUNT (K)
58.	Net profit/loss of your establishment/enterprise. If this does not agree with question 59, please give reasons: <hr/> <hr/>	304	
59.	Taxable income of your establishment/enterprise	305	
60.	Amount, if any, of previous year losses that was deducted before arriving at the taxable income	306	
61.	Amount of PNG Income Tax paid/payable by your establishment/enterprise.	307	

**DATA ON ACCOMMODATION CAPACITY**

Units refer to accommodation on its own eg bungalows, villas, cottages etc.

62.	Please specify the accommodation capacity of your establishment:		
a.	Number of rooms	308	
b.	Number of units	309	

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**