

Period to be covered by this form: _____

BRID: _____

NACE: _____

SERVICES

This request is carried out in terms of the Malta Statistics Authority Act of 2000. This form must be returned to this office duly completed to the best of your ability. Fines may be imposed on late remittance. Your contribution to this survey is important and we appreciate your efforts in filling out this form.

QUARTERLY DATA

A. Employment	Average number of workers for the quarter period		Total for the Quarter Period	
	Full-Time	Part-Time	Number of hours worked	Gross wages and salaries, bonuses and other allowances
• Salary and wage earners:				€
• Self-employed and unpaid family workers				
• Total				

B. Investment (additional investment during the quarter period)	
• Buildings	€
• Machinery, equipment, furniture/fittings	€

MONTHLY DATA

C. TURNOVER	MONTH: _____		
	MONTH: _____	MONTH: _____	MONTH: _____
• Turnover net of VAT	€	€	€

Details of person to contact if there are any queries regarding this questionnaire:

Name: _____

Date: _____

Tel. _____

e-mail: _____

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