Classified

Monthly Survey on Service Industries Monthly Questionnaire

Approval No. 27148 The expiration of the term for approval: 31 March 2011 Ministry of Internal Affairs and Communications	The Statistics Bureau of Japan
 ◆This questionnaire will not be used for purposes other than statistics. Please be sure to state the complete truth. ◆Please refer to "How to fill in the Questionnaire" when in doubt. 	year month Please fill in for the preprinted month. 1 Persons working at the location of establishment at the end of month (Please fill in based on the last business day of the month.)
$\langle\!\!\langle \mathrm{Address} \rangle\!\!\rangle$	(1) Number of persons engaged in business (excluding dispatched or subcontracted employees to separately operated establishment)
	1 Salaried directors, Individual proprietors, Non-paid family workers person(s)
	Regular employees Those who have been employed indefinitely or more than one month Person(s)
Please fill in as it may be necessary to contact you.	or those who were employed for 18 days or more in this month and the previous month. 3 Persons other than 2 person(s)
Telephone () — (EXT.	(Those workers other than regular employees) person(s)
	Total number (total of ①~④) person(s)
	(2) Other than (1) ,those who work as dispatched or subcontracted employees from separately operated establishments person(s)
•Please use a black pencil or a mechanical pencil to fill in. In case you made mistaplease erase completely with an eraser.	2 Monthly sales (income) of the establishment
●Please fill numbers in, one per box and aligned to the right. When you find no relevant personnel or sales amount, please fill in "0" but do not	Monthly sales (income) of the establishment 'Please round to the nearest zero. 'Please refrain from writing the Yen mark.
This is sales (income) for supply of services and sales (inco	ome) of
articles (including indirect tax, consumption tax, etc.).	If the status of the business has changed greatly from that of previous month, please write down specifically how it changed.
Please include the amount of sales for the month that the is provided regardless of the actual payment date.	service
Municipality code Enumeration district No. Establishment No. * Column for s	survey taker