

There is an obligation to provide information for this survey under the Official Statistics Act (2001:99) and the Official Statistics Ordinance (2001:100). Information provided to Statistics Sweden is confidential and protected under Chapter 24, Section 8 of the Public Access to Information and Secrecy Act (2009:400). The Board of Swedish Industry and Commerce for Better Regulation and the Swedish Association of Local Authorities and Regions have been consulted.

Labour Cost Survey

2016

DFO/FU2 Arbetskraftskostnader

Submission deadline: **2017-04-20**.

Log in to **www.scb.se/lcs** or send in the questionnaire in the enclosed pre-addressed envelope.

Username:

Password:

Reporting period: 2016-01-01 - 2016-12-31

If the reporting period is other than the full year 2016, please fill in the period that the information refers to and comment the reason for the deviation.

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A. Employees (for help with calculation, see instructions)

A.1 Average number of employees

A.2 Average number of full-time employees

A.3 Average number of part-time employees
incl. seasonal employees and those paid by the hour

A.4 Part-time employees converted into full-time units
two decimal places

B. Hours (for help with calculation, see instructions)

B.1 Number of hours actually worked

Full-time employees

Part-time employees

B.2 Number of hours paid
incl. paid absences, such as holidays

Full-time employees

Part-time employees

C. Wages and salaries

C.1 Total cost of wages and salaries
see 2016 tax declaration for reference

of which	C.2 - Payment for hours worked and not worked
	C.3 - Sick pay and remuneration over and above the benefits paid by the Swedish Social Insurance Agency
	C.4 - Bonuses, share of profits, employee stock options
	C.5 - Redundancy pay
	C.6 - Payments into employee savings schemes

SEK thousands

If no cost, please mark!



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Please turn over!

D. Benefits, etc.		SEK thousands	If no cost, please mark!
D.1 Benefits in kind and cash contributions		<input type="text"/>	<input type="checkbox"/>
E. Social insurance contributions		SEK thousands	If no cost, please mark!
E.1 Statutory employer's social security contributions		<input type="text"/>	
E.2 Employer contributions according to contractual agreements	a. Collective agreement benefits	<input type="text"/>	<input type="checkbox"/>
	b. Individual contractual benefits	<input type="text"/>	<input type="checkbox"/>
	c. Other social insurance	<input type="text"/>	<input type="checkbox"/>
E.3 Special payroll tax, etc.		<input type="text"/>	<input type="checkbox"/>
F. Other labour costs		SEK thousands	If no cost, please mark!
F.1 Staff training costs		<input type="text"/>	<input type="checkbox"/>
F.2 Employer costs for company medical and healthcare schemes		<input type="text"/>	<input type="checkbox"/>
F.3 Costs for staff welfare		<input type="text"/>	<input type="checkbox"/>
F.4 Costs for staff recruitment and work clothes etc.		<input type="text"/>	<input type="checkbox"/>
F.5 Other labour costs		<input type="text"/>	<input type="checkbox"/>
G. Subsidies		SEK thousands	If no cost, please mark!
G.1 Subsidies to labour costs		<input type="text"/>	<input type="checkbox"/>
H. Other			
H.1 How long time did it take to find the figures and fill out the questionnaire? <i>Optional question</i>		<input type="text"/>	Minutes

Comments: Please feel free to comment submitted information, for example if salaries and/or the number of employees have changed due to new employment, termination or reorganisation. Also, please explain any deviation from instructions, reasons for a deviating reporting period, difficulties with the production of some information, etc.

Your contact person

Name (please write in block letters)	Phone number (including area code)
E-mail	Mobile phone

Please save a copy of the questionnaire!
Thank you for your participation!