



<b>ID0. Interview result</b>  <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">1. Completed</div>		<input type="checkbox"/> <input type="checkbox"/>	<b>First: General Data:</b>  <b>ID1. Number of actual work months during the survey year</b> _____ <input type="checkbox"/> <input type="checkbox"/>  <b>ID2. Fiscal Years for the Enterprise:</b> From ____ / ____ / 20__ To ____ / ____ / 20__  <b>ID3. Data Sources</b>  <div style="display: flex; justify-content: space-between;"> <span>1. Financial books and records</span> <span>2. Estimates</span> <span>3. Both</span> <span style="margin-left: 20px;"><input type="checkbox"/></span> </div>  <b>ID4. Currency used in questionnaire completion</b> <div style="display: flex; justify-content: space-between;"> <span>1. Jordanian Dinar (JD)</span> <span>2. US Dollar (\$)</span> <span>3. New Israeli Shekel (NIS)</span> <span style="margin-left: 20px;"><input type="checkbox"/></span> </div> <b>ID5. For Non governmental sector :</b> Does the enterprise work with serious economic prices ( Revenue cover the cost or more )  <div style="display: flex; justify-content: space-between;"> <span>1. Yes</span> <span>2. No</span> <span style="margin-left: 20px;"><input type="checkbox"/></span> </div> <u><b>For enterprise Only (for sole proprietorship or main centers with branches):</b></u>  <b>ID6. Establishing Year:</b> _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <b>ID7. Declared Capital</b> _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <b>ID8. Paid Capital to the end of the 2011</b> _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>ID9. The enterprise prepares profits/losses account and balance sheet?</b> 1.Yes 2.No <input type="checkbox"/> <b>ID10. Does the enterprise have investments abroad?</b> 1.Yes 2.No <input type="checkbox"/> <b>ID11. Does the enterprise have investments from abroad?</b> 1.Yes 2.No <input type="checkbox"/>
Not Completed (Specify)	2.1 Completely closed before 2011 2.2 Completely closed after or through 2011 3. Temporarily closed 4. Could not reach the address 5. Did not practice any activity in 2011 6. Different economic activity * 7. Refused ** 8. Repeated 9. Central government 10. Agricultural Appropriation 11. Branch Keep No Records 12. The Balance isn't ready 13. Isn't an enterprise as Recognized 14. Israeli Ownership 15. Different Ownership 16. Other ( specify ), .....		

\* **ID12:** If the economic activity changed, describe the new economic activity; \_\_\_\_\_

☐☐☐☐☐

\*\* **ID14:** If the result of the interview refused to identify the cause of rejection are: \_\_\_\_\_

**No.2 A: Employment and Employees Compensation:**

Employed persons' categories	Auxiliary code	Average number of employed persons during the reference year		Average number of weekly work hours per employee	Compensations of employees during the reference year	
		Male	Female		Male	Female
EK	LS	LM	LF	LH	CM	CF
Unpaid employees	1					
Wage employees	2					
<b>Total</b>						
Payments in kind						
Other benefits						
<b>Total Compensation</b>						

**No.2 B: Employment during 12/2011:**

Employed persons' categories	Auxiliary code	No. of employed persons during 12/2011		Contracts		Yearly Paid Vacations		Work injury insurance		Retirement System	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
EM	EM1	EM2	EM3	EM4	EM5	EM6	EM7	EM8	EM9	EM10	EM11
Unpaid employees	1										
Wage employees:											
1. permanent	3										
2. temporary	4										
<b>Total</b>											

**No.2C:insurance health**

NA1. Does the institution avail health insurance for its labor?	1. Yes	2. No (If 2 skip to NA4)	<input type="checkbox"/>
NA2. Does the institution provide health insurance through insurance company?	1. Yes	2. No	<input type="checkbox"/>
NA3. Total value of claims which paid for insurance companies.			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
NA4. Is there clinic in the institution?	1. Yes	2. No	<input type="checkbox"/>
NA5. Total expenditure of the clinic			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**No. 3A: Goods Production Inputs**

Item	Auxiliary code	Value of beginning Inventory	Purchases during the year			Production inputs sold as purchased (purchased price)	Lost and written off	Value of ending inventory	Value of consumed during the year
			Internally purchases	Externally purchases	Total				
RM	RM1	RM2	RM3	RM4	RM5	RM6	RM7	RM8	RM9
Raw Materials	10								
other raw materials	11								
Electricity	12								
water	13								
<b>Total</b>	<b>88</b>								

Value of Production Inputs =(value of beginning inventory + total of purchases –production in puts sold as purchased –lost and written off –value of ending Inventory)

**No.3B: Goods Production Inputs**

Item	Auxiliary code	Value of beginning Inventory	Purchases during the year	Production inputs sold as purchased (purchased price)	Lost and written off	Value of ending inventory	Value of consumed during the year	Value of consumed to produce electricity	Value of consumed to transport
OL	OL1	OL2	OL3	OL4	OL5	OL6	OL7	OL8	OL9
1. Gasoline	10								
2. Kerosene	11								
3. Diesel	12								
4. Gas	13								
5. Oils and lubrications	14								
6. fire wood	15								
7 .coal	16								
8. Other fuel(....)	17								
<b>Total</b>	<b>88</b>								

Value of Production Inputs =(value of beginning inventory + total of purchases –production in puts sold as purchased –lost and written off –value of ending Inventory)

**No.4: Other Production Expenditures (Services Offered by Others)**

Type of expenditure	Auxiliary code	Expenditure value				Type of expenditure	Auxiliary code	Expenditure value			
		Inter nal	External		Total			Internal	External		Total
			Value	Israel %					Value	Israel %	
PE	PE 1	PE 2	PE3	PE 4	PE 5	PE	PE 1	PE 2	PE 3	PE4	PE 5
Rent of buildings	10					Auditing	16				
Rent of machines and equipment	11					Computer consulting services	17				
Post, telegraph, telephone, and fax	12					Transportation of passengers and goods	18				
Maintenance and repair of machines and equipment	13					Cleaning services	19				
Maintenance and repair of buildings and constructions	14					Losses of selling production inputs	20				
Advertising	15					Unions and syndicates fees	21				
						Other	22				
						Total	88				

**No.5: Fees and Taxes on Production**

Fees and Taxes	Auxiliary code	Value of payments		
		Internal	External	Total
TF	TF1	TF2	TF3	TF4
Customs duties	10			
Value added tax (net tax)	11			
Enterprise licensing fees	12			
Vehicles licensing fees	13			
Permit fees	14			
Other Fees and Taxes on Production	15			
<b>Total</b>	<b>88</b>			

**No.6 : Various payments and transfers**

Payments and Remittances	Auxiliary code	Value of Payments			
		Internal	External		Total
			Value	Israel %	
PD	PD1	PD2	PD3	PD4	PD5
Rent of land	10				
Interests on loans	11				
Withdrawals of proprietors	12				
Governmental and non Governmental fines	13				
Accident insurance premiums(exclude employees)	14				
Assets selling loses	15				
Other	16				
<b>Total</b>	<b>88</b>				

**No.7 : Commodity Product**

Type of product	Auxiliary code	ISIC code	Value of Beginning inventory	Sales Value			Value of Ending inventory	Products produced during the year
				Local	External	Total		
PM	PM1	PM2	PM3	PM4	PM5	PM6	PM7	PM8
<b>Finished products</b>								
1.	10							
2.	10							
3.	10							
4.	10							
5. Other:	10							
<b>Work in Progress</b>	11							
<b>Fixed assets produced for own Accounts</b>	12							
<b>Wastes</b>	13							
<b>Total</b>	<b>88</b>	<b>88888</b>						

**No. 8: Goods Purchased for Resale (Trade Activity)**

Goods	ISIC Code	Value of beginning inventory	Purchases during the year			Lost & written off	Sales Value			Value of ending inventory	Trade margin
			local	External	Total		local	External	Total		
GS	GS1	GS2	GS3	GS4	GS5	GS6	GS7	GS8	GS9	GS10	GS11
1.											
2.											
3.											
4.											
5. Other.....											
<b>Total</b>	<b>88888</b>										

**No.9: Revenues of Services Rendered to Others**

Type of revenue	Auxiliary code	Other Revenues Value			
		Internal	External		Total
			Value	Israel %	
	SI1	SI2	SI3	SI4	SI5
Main Revenue of the Service Activity	10				
Revenue of Transport and Storage	11				
Revenue of Communication and Information	12				
Industrial services on materials from others	13				
Maintenance and repairs services	14				
Rent of Building	15				
Other	16				
<b>Total</b>	<b>88</b>				

**No. 11 : Fixed Assets**
**No10 : Various transfers and revenues**

Types of revenue	Auxiliary Code	Other Revenue value			
		Internal	External		Total
			Value	Israel %	
DI	DI1	DI2	DI3	DI4	DI5
Rent of land	10				
Shares profits	11				
Grants and donations	12				
Profits of selling fixed assets	13				
Other	14				
Total	88				

Types of fixed assets	Auxiliary code	Book value at the beginning of the year	Value of purchased assets during the year			Fixed assets produced at the Enterprise	Capital additions and improvements	Written -off and losses	Assets sold during the year	Depreciation during the year	Book value at the end of year
			Import ed	Local							
				New	Second-hand						
FA	FA1	FA2	FA3	FA4	FA5	FA6	FA7	FA8	FA9	FA10	FA11
Land	10										
Residential buildings	11										
Non residential buildings	12										
Machines, equipment & devices	13										
Goods vehicles	14										
Passengers vehicles	15										
Furniture and furnishings	16										
Computer programs	17										
Othr	21										
Total	88										

**No .12 : Section for goods transport vehicles ( If it has goods transport vehicles)**

**No.12A: The number of vehicles owned by the Enterprise at the end of the year by load capacity:**

<b>Vehicle Category</b>	<b>Auxiliary code</b>	<b>Owned at the End of the year</b>
<b>K C</b>	<b>KC1</b>	<b>KC2</b>
Less than 2 tons	10	
2 to 6 tons	11	
7 to 10 tons	12	
More than 10 tons	13	
<b>total</b>	<b>88</b>	

**No12B: Number of kilometers and tones that goods vehicles passed during the year :**

<b>Transport direction</b>		<b>Auxiliary code</b>	<b>Number of kilometers</b>	<b>Number of tones</b>		
				<b>Solid</b>	<b>Liquid</b>	<b>Others</b>
<b>To</b>		<b>KT1</b>	<b>KT2</b>	<b>KT3</b>	<b>KT4</b>	<b>KT5</b>
Inside Palestinian territory		10				
Out Palestinian territory	Israel	11				
	Other Countries	12				
<b>Total</b>		<b>88</b>				



## No 13 : Section for Tourism and Transport agencies

### No13-A : Number of trips implemented by Tourism Agencies:

Side of Trip		Auxiliary Code	Number of trips	Sum of trips time (in days)	Number of Contributors		
					Residents	Non Residents	Total
TR		TR1	TR2	TR3	TR4	TR5	TR6
Inside Palestinian Territory		10					
Outside Palestinian Territory	Israel	11					
	Other Countries	12					
Total		88					

### No13-B : Number of tickets sold by Tourism Agencies:

Country	Auxiliary code	Resident	Non Resident	Total
TK	TK1	TK2	TK3	TK4
ARAB COUNTRIES	13			
ASIA	14			
AFRICA	15			
EUROPE	16			
CANADA AND AUSTRALIA	17			
USA	18			
OTHERS:	19			
Total	88			

**ID13: Name and addresses of branches (for multi branch enterprise):**

No.	Name of Branch	Enterprises sequence no.	Address	Data included in the main center questionnaire		Average Number of Employees
				1. Yes	2. No	
BR0	BR1	BR2	BR3	BR4		BR5
1.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
2.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
3.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
4.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
5.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				

**Respondent**

<b>Name:</b>	<b>Official Seal</b>
<b>Jobs:</b>	
<b>Date:</b>	
<b>Signature</b>	

**For PCBS use**

Name	Code	Signature	Date	Interviewer Notes
* Interviewer	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	____ / ____ / 2011	
* Supervisor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	____ / ____ / 2011	
* Coordinator	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	____ / ____ / 2011	
* Editor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	____ / ____ / 2011	
* Coder	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	____ / ____ / 2011	
* Data entry operator	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	____ / ____ / 2011	
* Post data entry editor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	____ / ____ / 2011	