

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		Hours	Minutes
H.1 How long did it take you to retrieve and submit the requested information?		<input type="text"/>	<input type="text"/>
<p><i>Statistics Sweden is working actively to reduce the amount of time that businesses and organisations spend on submitting their response. For this reason, we would be very grateful if you could answer this voluntary question.</i></p>			

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 in producing of some information, etc.

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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!**