

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

2020

INS/LSK  
LCS

Submission deadline: **2021-04-20**.

Log in to [www.scb.se/lcs](http://www.scb.se/lcs) or send in the questionnaire in the enclosed pre-addressed envelope.

Username:

Password:

### Reporting period: 2020-01-01 - 2020-12-31

If the reporting period is other than the full year 2020, 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 the calculation, see the 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 the calculation, see the 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**

**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!


of which



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**Please turn over!**

<b>D. Benefits, etc.</b>		SEK thousands	If no cost, please mark!
D.1 Benefits in kind and cash contributions		<input type="text"/>	<input type="checkbox"/>
<b>E. Social insurance contributions</b>		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"/>
<b>F. Other labour costs</b>		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"/>
<b>G. Subsidies</b>		SEK thousands	If no cost, please mark!
G.1 Subsidies to labour costs		<input type="text"/>	<input type="checkbox"/>
<b>H. Other</b>		Hours	Minutes
<b>H.1 How long did it take you to retrieve and submit the requested information?</b>  <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>		<input type="text"/>	<input type="text"/>

**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.

**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!**