

Section 2 - Fisheries Economic Survey 2017

It is a legal requirement to complete and return this form (Statutory Instrument No. 132 of 2010)

Vessel Name

Registration Code

FISCAL YEAR

2016

Year end date

Fishing Income

Fishing Income (Gross value of landings)

Non Fishing Income

Fuel duty refunds

Other compensation (Government grants)

Other Income

Total Income

Overhead Costs (Variable)

Wages and salaries of crew

Energy costs (Fuel)

Repairs and maintenance

Filters/lube oil

Provisions

Ice

Dues and levies

Sundry variable costs

Overhead Costs (Fixed)

Insurance

Loan Interest

Accountancy and audit costs

Legal costs

Sundry fixed costs

Total costs

Depreciation

Sundry receipts

Net Profit/(Loss) for year

Balance Sheet - Employment of Capital

Fixed Assets

		Year of Purchase	Cost €	Additions €	Disposals €	Depreciation €	Net Book Value €	Insured Value €
Other (specify)								
Other (specify)								
Other (specify)								
Total								

Please select the method used for depreciation of each asset category

		%	<input type="checkbox"/> Straight Line	<input type="checkbox"/> Reducing Balance	<input type="checkbox"/> Other
		%	<input type="checkbox"/> Straight Line	<input type="checkbox"/> Reducing Balance	<input type="checkbox"/> Other
		%	<input type="checkbox"/> Straight Line	<input type="checkbox"/> Reducing Balance	<input type="checkbox"/> Other
		%	<input type="checkbox"/> Straight Line	<input type="checkbox"/> Reducing Balance	<input type="checkbox"/> Other
		%	<input type="checkbox"/> Straight Line	<input type="checkbox"/> Reducing Balance	<input type="checkbox"/> Other
		%	<input type="checkbox"/> Straight Line	<input type="checkbox"/> Reducing Balance	<input type="checkbox"/> Other
		%	<input type="checkbox"/> Straight Line	<input type="checkbox"/> Reducing Balance	<input type="checkbox"/> Other
Other (specify)		%	<input type="checkbox"/> Straight Line	<input type="checkbox"/> Reducing Balance	<input type="checkbox"/> Other
Other (specify)		%	<input type="checkbox"/> Straight Line	<input type="checkbox"/> Reducing Balance	<input type="checkbox"/> Other
Other (specify)		%	<input type="checkbox"/> Straight Line	<input type="checkbox"/> Reducing Balance	<input type="checkbox"/> Other

Balance Sheet - Employment of Capital

Fixed Assets (*Total Net Book Value from page 2*)

Investments

Current Assets

- Cash at bank
- Debtors and prepayments
- Other current assets
- Total current assets**

Current Liabilities

- Short-term loans
- Bank overdraft
- Bank finance and leasing
- Creditors and accruals
- Other current liabilities
- Total current liabilities**
- Net Current Assets**

Net Assets

Balance Sheet - Capital Employed Capital Account

- Opening balance
- Net profit for period
- Other (specify)
- Other (specify)
- Other (specify)
- Other (specify)
- Other (specify)
- Less drawings
- Closing balance**

Long-term Loans

Total Capital Employed

DECLARATION

- ☐ *I, the vessel owner/skipper, give permission to BIM to contact the accountancy firm detailed below to obtain, from my complete financial accounts for 2016 and the next three financial years - Signature not required for electronic submissions.*

Accountancy firm

Address

Phone

Owner/Skipper
Signature

- ☐ *We (the accountants) have compiled the financial statements for this survey from the accounting records, information and explanations supplied to us by our client.*

Signature

Date

Accountant's official
stamp

Please ensure that the accounts are balanced before returning this form

To submit the form, please click on the "Submit by Email" button.
Or Post to FREE POST Licence No. DLY 107, BIM, P.O.Box No. 12, Crofton Road, Dun Laoghaire,
Co. Dublin