



DUE DATE FEBRUARY 12, 1998

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

WH-5047

Please read the accompanying instructions before answering the questions.

Census use

(Please correct any errors in name, address, and ZIP Code.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, YOUR CENSUS REPORT IS CONFIDENTIAL. It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No - Report current EIN below

(9 digits)

HOW TO REPORT DOLLAR FIGURES	Bil- lions (000)	Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
Dollar figures should be rounded to thousands of dollars. Example: If a figure is \$1,125,628.79 report				
• Preferred		1	126	
Acceptable		1	125	629

Item 2. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 Yes 2 No - Report physical location below

Number and street

City, town, village, etc. State ZIP Code

Item 4. DOLLAR VOLUME OF BUSINESS

	Bil.	Mil.	Thou.	Dol.
010				
a. Sales and operating receipts for 1997 (Include the gross selling value of business conducted for others)				
b. Did this establishment earn commissions for the sale of merchandise?	121	1 <input type="checkbox"/> Yes - Go to line c		
		2 <input type="checkbox"/> No - Skip to line e		
c. Gross selling value of business conducted on a commission basis (Include in item 4a)	122			
d. Commissions received (On transactions reported in item 4c)	123			

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 3 No legal boundaries
2 No 4 Do not know

c. In what type of municipality is this establishment physically located?

096 1 City, village, or borough
2 Town or township
3 Other - Specify
4 Do not know

d. In what county (e.g., Dade County) is this establishment physically located?

NOTE - If this is the only establishment of this firm skip to item 5

e. Percent of products sold by this establishment manufactured or mined in the United States by your company or subsidiaries

Percent %

f. Value of transfers to other establishments within your company (DO NOT include in item 4a)

	Mil.	Thou.	Dol.
124			
125			

Item 3. OPERATIONAL STATUS

a. How many months during 1997 was this establishment actively operated?

Number of months 002

b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.

001 1 In operation
2 Temporarily or seasonally inactive
3 Ceased operation - Give date at right
4 Sold or leased to another operator - Give date at right AND enter name, etc., below

Figures only

	Month	Year

Name of new owner or operator

Number and street

City State ZIP Code

Item 5. PAYROLL

Payroll in 1997, BEFORE DEDUCTIONS

	Mil.	Thou.	Dol.
a. Annual	030		
b. First quarter (January-March)	031		

Item 6. EMPLOYMENT

a. Number of paid employees for pay period including March 12, 1997 (Include both full- and part-time employees)

Number 032

b. List the above employees by the employee's primary function:

	Number
(1) Selling	131
(2) Sales support (including office and clerical, warehousing, customer service, maintenance employees, and drivers)	132
(3) Supporting functions of other establishments in your company (i.e., central administrative, accounting, research, etc.)	133
(4) Manufacturing	134
(5) Other - Specify <input type="text"/>	135

NOTE - The sum of lines 1 through 5 should equal total employment

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Item 7. OPERATING EXPENSES Mil. Thou. Dol.
 Operating expenses for 1997 (Include payroll, but exclude cost of goods sold and interest expense) 040

Item 8. INVENTORIES

a. Did you have inventories at the end of 1996 or 1997?

180 1 Yes - Complete the remainder of the item
 2 No - Skip to item 9

b. Were inventories of this establishment subject to the last-in, first-out (LIFO) method of valuation?

185 1 Yes - Use the sum of the LIFO amount plus the LIFO reserve for lines c and c(2)
 2 No - Complete only line c

	End of 1997			End of 1996		
	Mil.	Thou.	Dol.	Mil.	Thou.	Dol.
c. Total inventories	046			047		
(1) Amount not subject to LIFO costing	181			186		
(2) Amount subject to LIFO costing (gross)	182			187		
(a) Amount of the LIFO reserve	183			188		
(b) LIFO value of the line c(2) (net)	184			189		

**NOTE - The sum of lines c(1) and c(2) should equal line c
 The sum of lines c(2a) and c(2b) should equal line c(2)**

Item 9. TOTAL PURCHASES OF MERCHANDISE IN 1997 PURCHASES AT COST VALUE
 Purchases of merchandise for resale (Net of returns, allowances, and trade and cash discounts; but including amounts allowed for trade-ins) Bil. Mil. Thou. Dol.
 160

NOTE - If purchases are greater than sales, please provide an explanation in the REMARKS section

Item 10. SALES BY CLASS OF CUSTOMER Whole percent of sales
 Report the percentage of this establishment's total sales in 1997 (item 4a) to each class of customer.

a. Export sales	141
b. Restaurants, hotels, food services, and contract feeding	142
c. Retailers and repair shops for resale or repair	143
d. Other wholesale establishments for resale	144
e. Industrial users for production (manufacturing and mining)	145
f. Business users for consumption, not for resale	146
g. Farmers (for farm use)	147
h. Household consumers and individual users	148
i. Builders and contractors	149
j. Governmental bodies (Federal, State, and local)	150
k. TOTAL (Sum of lines a through j should total 100%)	100%

Item 11. KIND OF BUSINESS AND SELLING CHARACTERISTICS

a. Kind of business
 What was this establishment's PRINCIPAL kind of business in 1997? Mark (X) only ONE box.

(1) Professional equipment and supplies 070

(a) Surgical, medical, and hospital equipment and supplies 504719
 (b) Dental equipment and supplies 504720
 (c) Optical and ophthalmic goods 504800
 (d) School supplies 504929
 (e) Religious supplies 504929
 (f) Other professional equipment and supplies 504990

(2) Drugs, drug proprietaries, druggists' sundries

(a) General-line drugs (selling a full line of pharmaceuticals, antibiotics, chemicals, biologicals, proprietaries, toiletries, cosmetics, etc.) 512210
 (b) Specialty-line drugs, pharmaceuticals, cosmetics, and toiletries 512220
 (c) Other kind of business - Specify 777777

b. Selling characteristics

(1) In what format did this establishment PRIMARILY sell in 1997? Mark (X) only ONE box. 068

From physical displays of priced merchandise 1
 From a counter (little or no display) 2
 From a warehouse or office 3
 Other - Describe 4

(2) How did this establishment PRIMARILY attract new customers in 1997? Mark (X) only ONE box. 069

Location and store attractiveness 1
 Advertising to the general public, including direct mail advertising 2
 Advertising to the trade or calls directly to customers 3
 Other - Describe 4

c. What percent of your sales are drop-shipped and do not enter this establishment? Percent

	111
	%

Item 12. TYPE OF OPERATION
 What was this establishment's PRINCIPAL type of operation in 1997? Mark (X) only ONE box. 060

a. Own-brand importer and marketer 14

b. Merchant wholesaler (buying and selling on own account)

(1) Importer 12
 (2) Exporter 13
 (3) Merchant wholesale distributor or jobber 11

c. Manufacturers' sales branches and offices 20

d. Agent, broker, and commission merchant

(1) Auction company 41
 (2) Broker (representing buyers and sellers) 42
 (3) Commission merchant 43
 (4) Import agent 44
 (5) Export agent 45
 (6) Manufacturers' agent 46

e. Other broker or agent - Specify type 77

If not shown, please enter your 11-digit Census File Number from the address label on page 1

Census File Number

Item 13. COMMODITY LINES
Report sales by commodity group either as a dollar figure or as a whole percent of total sales (Include the value of merchandise marketed under capital, finance, or full payout leases and rental receipts derived from merchandise under operating leases)

Item 13. COMMODITY LINES – Continued

HOW TO REPORT PERCENTS

If figure is 38.76% of total sales
 • Report whole percents → 39
 Not acceptable → 38.76

Commodity lines
 Census use
ESTIMATES are acceptable. Report dollars OR percents.
 Bil. Mil. Thou. Dol. Per-cent

Commodity lines	Census use	ESTIMATES are acceptable. Report dollars OR percents.				
		Bil.	Mil.	Thou.	Dol.	Per-cent
1. Medical, hospital, and surgical supplies	100	101				102
a. Surgical and medical instruments and equipment	1011					
b. Orthopedic and prosthetic appliances and supplies	1012					
c. Other surgical, medical, and hospital supplies	1013					
d. Total (Sum of lines 1a through 1c)	1000					
2. Dental supplies						
a. Equipment (chairs, x-rays, cabinets, etc.)	1021					
b. Instruments and other supplies	1022					
c. Total (Sum of lines 2a and 2b)	1020					
3. Optical and ophthalmic goods						
a. Ophthalmic goods	1031					
b. Prescription grinding	1032					
c. Optometric equipment and supplies	1033					
d. Optical goods, n.e.c. (excluding cameras)	1034					
e. Total (Sum of lines 3a through 3d)	1030					
4. Religious and school supplies						
a. Religious supplies	1041					
b. School supplies	1042					
c. Total (Sum of lines 4a and 4b)	1040					
5. Other professional equipment and supplies						
a. Architects' equipment and supplies	1051					
b. Drafting instruments	1052					
c. Engineers' equipment and supplies	1053					
d. Laboratory equipment	1054					
e. Scientific instruments	1055					
f. Veterinarians' equipment and supplies	1056					
g. Professional equipment and supplies, n.e.c.	1057					
h. Total (Sum of lines 5a through 5g)	1050					

6. Office and business furniture	0420					
7. Photographic equipment and supplies (excluding video)	0800					
8. Office equipment (exclude computers)	0900					
9. New computer equipment	0920					
10. Computer software (packaged)	0950					
11. Electrical apparatus and equipment	1400					
12. Electronic parts and equipment, except communication	1600					
13. Toys and hobby goods and supplies	2800					
14. Stationery, office supplies and greeting cards	3300					
15. Drugs, pharmaceuticals, cosmetics, and toiletries	3500					
16. Piece goods, knit and woven	3600					
17. Notions (buttons, ribbons, lace, sewing accessories, zippers, bindings, etc.)	3700					
18. Chemicals and allied products (excluding agricultural, plastics, gases, and petroleum)	5330					
19. Farm supplies	5800					
20. Paint, paint supplies, and wallpaper	6000					
21. Receipts for service contracts	9720					
22. Receipts for installing equipment	9740					
23. Miscellaneous commodities – Specify						
a. 076	9811					
b. 077	9812					
c. 078	9813					
24. Rental and operating lease receipts	9940					
25. Service receipts and labor charges (including installed parts)						
a. Labor charges for repair work	9701					
b. Parts installed in repair work	9702					
c. Other service receipts and labor charges – Specify						
d. Total (Sum of lines 25a through 25c)	9700					
26. TOTAL (Should equal item 4a if reporting in dollars)	9990					100%

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Item 14. LEGAL FORM OF ORGANIZATION
 Which of the following best describes this establishment's legal form of organization during 1997? *Mark (X) only ONE box.*

003 1 Individual owner (sole proprietorship)
 2 Partnership
 3 Cooperative association (taxable)
 4 Cooperative association (tax-exempt)

5 Government - Specify _____
 0 Corporation (Do not mark if any form of cooperative association)

9 Other - Specify _____

Item 15. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?
 1 Yes - Complete this item
 2 No - Skip to item 16

b. Is this company owned or controlled by another company?
 097 1 Yes →
 2 No

Enter name, address, and EIN of the owning or controlling company

 EIN (9 digits) _____

c. Does this company own or control any other company or companies?
 098 1 Yes →
 2 No

Enter name, address, and EIN of the owned or controlled company

 EIN (9 digits) _____

Item 15. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION - Continued

d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1997?
 Number 079

If more than one, provide the physical location address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

Estimates are acceptable if book figures are not available.

		1997	Mil.	Thou.	Dol.
1	Name		081		
	Number and street	Sales			
	City State ZIP Code	Annual payroll	082		
1	Kind-of-business description	Paid employees for pay period including March 12			
	Type of operation (choose from item 12)	083			
		Census use	088		
2	Name		081		
	Number and street	Sales			
	City State ZIP Code	Annual payroll	082		
2	Kind-of-business description	Paid employees for pay period including March 12			
	Type of operation (choose from item 12)	083			
		Census use	088		
			089		

REMARKS - Please use this space for any explanations that may be essential in understanding your reported data.

Item 16. CERTIFICATION - This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report	FROM: Mo. Year	TO: Mo. Year	Name of person to contact regarding this report - Print or type	
Telephone	Area code	Number	Extension	Title
Signature of authorized person				Date