



2007 ECONOMIC CENSUS

Health, Optical Goods, and Personal Care Stores

DUE DATE
FEBRUARY 12, 2008

Mail your completed form to:
U.S. CENSUS BUREAU
1201 East 10th Street
Jeffersonville, IN 47134-0001

RT-44601

**INFORMATION COPY
DO NOT USE TO REPORT**

Please read the accompanying information sheet(s) before answering the questions.

Need help or have questions about filling out this form?

Visit www.census.gov/econhelp

Call 1-800-233-6136, between 8:00 a.m. and 6:00 p.m., Eastern time, Monday through Friday.

- OR -

Write to the address above. Include your 11-digit Census File Number (CFN) printed in the mailing address.

(Please correct any errors in this mailing address.)

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 U.S. Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

- Use blue or black ballpoint pen.
- Please center numbers in their respective boxes.
- Do not use pencil or felt-tip pen.
- Do not put slashes through 0 or 7.
- Place an "X" inside the box.

Examples: 0 1 2 3 4 5 6 7 8 9

The reporting unit for this form is an establishment. An **establishment** is generally a single physical location where business is conducted or where services or industrial operations are performed. For further clarification, see information sheet(s).

1 EMPLOYER IDENTIFICATION NUMBER
Is the Employer Identification Number (EIN) shown in the mailing address the same as the one used for this establishment on its latest 2007 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021 Yes - Go to **2** 0022 No - Enter current EIN (9 digits) → 0025 [] - []

2 PHYSICAL LOCATION
A. Is this establishment's physical location the same as shown in the mailing address? (P.O. Box and rural route addresses are not physical locations.)

0031 Yes - Go to line B

0032 No - Enter physical location →

0035 Number and street		
0036 City, town, village, etc.	0037 State	0038 ZIP Code
[]	[]	[] - []

B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.? (Mark "X" only ONE box.)

0041 Yes 0042 No 0043 No legal boundaries 0044 Do not know

C. In what type of municipality is this establishment physically located? (Mark "X" only ONE box.)

0046 City, village, or borough 0047 Town or township 0048 Other 0024 Do not know

44601011

3 OPERATIONAL STATUS

Which ONE of the following best describes this establishment's operational status at the end of 2007?
(Mark "X" only ONE box.)

0011 In operation

0013 Temporarily or seasonally inactive

0014 Ceased operation - Give date at right

Month	Day	Year

0015 Sold or leased to another operator - Give date at right
AND enter name and address of new owner or operator
and Employer Identification Number (EIN) below

0018

0060 Name of new owner or operator		0061 EIN (9 digits)	
		-	
0062 Mailing address (Number and street, P.O. Box, etc.)			
0063 City, town, village, etc.	0064 State	0065 ZIP Code	
		-	

0016 Other - Specify

0815

4 MONTHS IN OPERATION

Mark "X" if None 2007 Number

Number of months in operation during 2007 (If none, mark "X" and go to 50.) 0002

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

If a figure is \$1,025,628.79:

Report

Mark "X" if None

If a value is "0" (or less than \$500.00):

Report

2007			
\$ Bil.	Mil.	Thou.	Dol.
	1 0 2 6		

5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Mark "X" if None

Sales of merchandise and other operating receipts (Exclude sales or other taxes collected.) 0100

2007			
\$ Bil.	Mil.	Thou.	Dol.

6 Not Applicable.

7 EMPLOYMENT AND PAYROLL

Include:

- Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in 1.

Exclude:

- Temporary staffing obtained from a staffing service.
- Contractors, subcontractors, or independent contractors.
- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.
- Purchased or managed services, such as janitorial, guard, or landscape services.
- Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services.

For further clarification, see information sheet(s).

Mark "X" if None 2007 Number

A. Number of employees for pay period including March 12 0320

B. Payroll before deductions (Exclude employer's cost for fringe benefits.)

Mark "X" if None

2007			
\$ Bil.	Mil.	Thou.	Dol.

1. Annual payroll 0300

2. First quarter payroll (January-March, 2007) 0310

44601029

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

8 - 13 Not Applicable.

19 KIND OF BUSINESS

Which ONE of the following best describes this establishment's principal kind of business in 2007?
(Mark "X" only ONE box.)

- 0700 446 110 10 1 Drug store
- 446 110 10 2 Pharmacy
- 446 110 10 3 Institutional pharmacy
- 454 111 22 2 Electronic selling - pharmacy
- 454 113 22 3 Mail order - pharmacy
- 446 110 20 1 Proprietary or drug sundry store, without pharmacy
- 446 110 20 2 Health and beauty aids store, without pharmacy
- 446 120 00 1 Cosmetics, beauty supplies, and perfume store
- 446 191 00 7 Vitamins and food (health) supplement store
- 446 199 00 B Home health care supplies and medical equipment store, including sales of orthotic and prosthetic devices
- 446 199 00 2 Convalescent aids store
- 446 199 00 3 Hearing aid store
- 446 130 00 1 Optical goods store
- 446 130 00 2 Optician
- 621 320 00 2 Optometrist
- 446 130 00 3 Sunglasses store
- 772 000 00 1 Other kind of business - Specify ↴

0701

20 CLASS OF CUSTOMER

A. As a general business practice, did this establishment sell to household consumers and individual users in 2007?

0251 Yes

0252 No

B. Were 75% or more of this establishment's sales to retailers/wholesalers for resale in 2007?

0256 Yes

0257 No

CONTINUE WITH **20** ON PAGE 4

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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

21 METHOD OF SELLING

Which ONE of the following best describes this establishment's principal method of selling in 2007?
(Mark "X" only ONE box.)

- 0751 Electronic commerce (selling goods or facilitating the sale of goods via the Internet or other electronic means)
- 0752 Store or display showroom (selling from a fixed or permanent location with physical displays of priced merchandise and/or from a counter)
- 0753 Warehouse or office (including telephone/fax orders or outside sales representatives)
- 0754 Mail order
- 0755 Home shopping via television
- 0756 Direct selling (selling in a face-to-face manner away from a fixed location, such as house-to-house, party plan, or temporary kiosk sales)
- 0757 Vending machines
- 0758 Other - Specify

0759

HOW TO REPORT PERCENTS

If figure is **38.76%** of total sales:

Report whole percents

2007				
Estimates are acceptable. Report dollars OR percents.				
\$ Bil.	Mil.	Thou.	Dol.	Percent
				3 9

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

(Report sales for each product line sold by this establishment, either as a dollar figure or as a whole percent of total sales (reported in 5). See HOW TO REPORT DOLLAR FIGURES on page 2 and HOW TO REPORT PERCENTS above.)

Description of sales, shipments, receipts, or revenue	Census use	2007				
		Estimates are acceptable. Report dollars OR percents.				
		\$ Bil.	Mil.	Thou.	Dol.	Percent
0723	0720	0721				0722
1. Drugs, health aids, beauty aids						
a. Prescriptions	20161					
b. Nonprescription medicines	20162					
c. Vitamins, minerals, and other dietary supplements	20163					
d. Health aids, including first-aid products; foot products; prescription accessories; eye/contact lens care products; convalescent aids; orthopedic equipment, except shoes; medical, surgical, or dental supplies; and artificial limbs (Report first-aid and footcare nonprescription medicines on line 1b. Report orthopedic shoes on line 29.)	20164					
e. Cosmetics, including face cream, make-up, perfumes and colognes, etc.	20165					
f. Other hygiene needs, including deodorants; hair and shaving products; oral, feminine, and baby hygiene needs; hand products; etc.	20166					

CONTINUE WITH 22 ON PAGE 6

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22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

Description of sales, shipments, receipts, or revenue	Cen- sus use	2007				
		Estimates are acceptable. Report dollars OR percents.				
		\$ Bil.	Mil.	Thou.	Dol.	Percent
0723	0720	0721				0722
1. Drugs, health aids, beauty aids - Continued						
g. Hearing aids and supplies	20167					
h. Sum lines 1a through 1g	20160					
2. Optical goods, including eyeglasses, contact lenses, sunglasses, etc. (Report eye/contact lens care products on line 1d and fees from eye examinations on line 37e.)						
a. Prescription eyeglasses	20491					
b. Contact lenses	20492					
c. Nonprescription eyeglasses and sunglasses	20493					
d. All other optical goods and accessories	20494					
e. Sum lines 2a through 2d	20490					
3. Cigars, cigarettes, tobacco, and smokers' accessories, excluding sales from vending machines operated by others	20150					
4. Groceries and other food items for human consumption off the premises, including candy, gum, packaged snacks, etc. (Report vitamins on line 1c and pet food on line 33.)						
a. Bottled, canned, or packaged soft drinks	20108					
b. All other foods, including dry groceries, canned and bottled foods, candy, packaged snacks, bakery products, etc.	20113					
c. Sum lines 4a and 4b	20100					
5. Meals, unpackaged snacks, sandwiches, non-alcoholic beverages prepared and served or dispensed for immediate consumption	21100					
6. Packaged liquor, wine, and beer	20140					
7. Photographic equipment and supplies (Report photofinishing on line 37b or 37c.)	20440					
8. Books (Report audio books on line 17 and comic books on line 9.)	20420					
9. Magazines and newspapers	20856					
10. Stationery products, including stationery, tablets, pads, calendars, and related products	20851					
11. Office paper, including computer printer, copier, fax, and typewriter cut sheet paper	20852					
12. Office and school supplies	20853					
13. Greeting cards	20855					

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CONTINUE WITH **23** ON PAGE 7

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

Description of sales, shipments, receipts, or revenue	Census use	2007				
		Estimates are acceptable. Report dollars OR percents.				
		\$ Bil.	Mil.	Thou.	Dol.	Percent
0723	0720	0721				0722
14. Toys, hobby goods, and games, including video and electronic games, electronic game devices, and wheel goods, except bicycles (<i>Report bicycles on line 23.</i>)						
a. Toys, including wheel goods	20461					
b. Games, including video and electronic games	20462					
c. Hobby goods	20463					
d. Sum lines 14a through 14c	20460					
15. Kitchenware and home furnishings, including cookware, cooking accessories, dinnerware, glassware, giftware, decorative accessories, clocks, mirrors, closet and bathroom accessories, etc.	20380					
16. Small electric appliances, including mixers; blenders; can openers; toasters; coffee makers; frypans; and personal care appliances, such as hair dryers, curling irons, shavers, etc.	20310					
17. Audio equipment, musical instruments, radios, stereos, compact discs, records, tapes, audio books, sheet music, accessories	20330					
18. Televisions, video players and recorders, video cameras, video tapes, DVDs, etc., including electronic game/DVD combination devices, parts, and accessories	20320					
19. Office equipment, including fax machines, dictaphones, copying machines, calculating machines, etc. (<i>Report office supplies on line 12.</i>)	20854					
20. Jewelry, including watches, watch attachments, novelty jewelry, etc. (<i>Report flatware and holloware on line 15 and receipts from watch, clock, and jewelry repair and engraving on line 37g.</i>)	20400					
21. Paper and related products, including paper towels, toilet tissue, wraps, bags, foils, etc.	20190					
22. Soaps, detergents, and household cleaners	20180					
23. Sporting goods	20500					
24. Hardware, tools, and plumbing and electrical supplies	20600					
25. Lawn, garden, and farm equipment and supplies; cut flowers; plants and shrubs; fertilizers; etc.	20620					
26. Men's wear, including accessories (<i>Report boys' wear on line 28 and footwear on line 29.</i>)	20200					
27. Women's, juniors', and misses' wear, including accessories (<i>Report girls', infants', and toddlers' wear on line 28 and footwear on line 29.</i>)	20220					
28. Children's wear, including boys' (sizes 2 to 7 and 8 to 20), girls' (sizes 4 to 6x and 7 to 14), and infants' and toddlers' clothing and accessories (<i>Report footwear on line 29.</i>)	20240					
29. Footwear, including accessories	20260					

CONTINUE WITH  ON PAGE 8

CONTINUE ON PAGE 8

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22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

Description of sales, shipments, receipts, or revenue	Cen- sus use	2007					
		Estimates are acceptable. Report dollars OR percents.					
		\$ Bil.	Mil.	Thou.	Dol.	Percent	
0723	0720	0721				0722	
30. Sewing and knitting materials and supplies	20270						
31. Automotive lubricants, including oil, greases, etc.	20730						
32. Automotive tires, batteries, parts, accessories	20740						
33. Pet foods and supplies	20800						
34. Seasonal decorations	20878						
35. Souvenirs and novelty items	20877						
36. All other merchandise (Report receipts for services on line 37.) Specify principal lines and estimated sales below	29810						
a. _____	29811						
b. _____	29812						
c. _____	29813						
37. All nonmerchandise receipts, including rentals, storage, and other services provided to customers EXCLUDING SALES AND OTHER TAXES AND LOTTERY TICKET SALES/COMMISSIONS							
a. Rental of video tapes, DVDs, video/DVD players, video/DVD recorders, electronic games, and electronic game devices	29912						
b. Receipts from photofinishing performed by this establishment	29917						
c. Receipts from photofinishing contracted out to other establishments	29918						
d. Rental of medical/convalescent equipment	29926						
e. Fees from eye examinations	29939						
f. Charges for insurance	29941						
g. All other nonmerchandise receipts, including charges for delivery, repair, etc.	29959						
h. Sum lines 37a through 37g	29900						
38. TOTAL (Should equal 5 if reporting in dollars.)	29990						1 0 0

23 Not Applicable.

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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

24 SHIPPING AND HANDLING

A. Did this establishment have any receipts from customers for shipping and handling of merchandise in 2007?

0981 Yes - Go to line B

0982 No - Go to 26

2007			
Estimates are acceptable			
\$ Bil.	Mil.	Thou.	Dol.

B. Receipts of this establishment from customers for shipping and handling of merchandise 0985

C. Are receipts for shipping and handling included in sales and receipts (reported in 5)?

0988 Yes

0989 No

25 Not Applicable.

26 SPECIAL INQUIRIES

A. PHARMACY

1. Total number of prescriptions filled in this establishment (Include new and refilled prescriptions.) 2380

2. Number of prescriptions reported in line 1 that were refills only 2381

3. Number of pharmacists (full- and part-time) working in this establishment during the pay period including March 12, 2007 (Include working proprietors, partners, or family members who were registered pharmacists. For pharmacists working at more than one location, report at the one location where they spent most of their working time.) 2382

Mark "X" if None

2007			
Number			

Mark "X" if None

2007			
Number for the pay period including March 12			

B. EYE CARE

Percentage of this establishment's total sales and receipts (reported in 5) derived from:

1. Fees for eye examinations ON THE PREMISES plus receipts from providing ophthalmic devices prescribed as a result of these examinations 2390

2. Sales of ophthalmic devices prescribed as a result of eye examinations MADE BY OTHERS 2391

Mark "X" if None

2007	
Whole percent of sales and receipts	
	%
	%

C. FRANCHISE

Was this establishment operating under a trademark authorized by a franchisor in 2007? (Mark "X" only ONE box.)

0237 Yes - franchisee owned establishment

0238 Yes - franchisor owned establishment

0239 No

27-29 Not Applicable.

44601094



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

30 CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.

Is the time period covered by this report a calendar year?

Yes No - Enter time period covered →

FROM	Month	Year	TO	Month	Year

Name of person to contact regarding this report

Title

Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-

Internet e-mail address

Date completed

Month	Day	Year

Thank you for completing your 2007 ECONOMIC CENSUS form.

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.

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