



2007 ECONOMIC CENSUS

Professional Equipment and Supplies

DUE DATE
FEBRUARY 12, 2008

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

WH-42313

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.

**INFORMATION COPY
DO NOT USE TO REPORT**

(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

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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 _____ →

Month	Day	Year

AND enter name and address of new owner or operator and Employer Identification Number (EIN) below ↴

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**:

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

Report →

Report →

Mark "X" if None

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

5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

A. Sales and operating receipts (Include the gross selling value of business conducted for others. Include shipping and handling charges. Exclude sales taxes and Hawaii's General Excise Tax.) 0100

B. Did this establishment earn commissions for the sale of merchandise?

1121 Yes - Go to line C

1122 No - Go to line E

C. Gross selling value of business conducted on a commission basis (Include on line A.) 1123

D. Commissions received on transactions reported on line C 1124

E. Is this the only establishment of this firm?

0907 Yes - Go to line G

0908 No - Go to line F

F. Percent of products sold by this establishment manufactured or mined in the United States by **your company** or its subsidiaries. 1125

G. Did e-commerce account for more than 50% of this establishment's sales and/or operating receipts as reported on line A?

0308 Yes

0309 No

Mark "X" if None

2007			
\$ Bil.	Mil.	Thou.	Dol.

Mark "X" if None

2007 Percent

42313023

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

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

Mark "X" if None

2007			
\$ Bil.	Mil.	Thou.	Dol.

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

1. Annual payroll 0300

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

8 Not Applicable.

9 VALUE OF INVENTORIES

A. Did this establishment own inventories, regardless of where held, at the end of 2007 and/or 2006?

0486 Yes - Go to line B

0487 No - Go to 16

B. Report inventories for products owned by this establishment as of December 31.

1. Total inventories before Last-in, First-out (LIFO) adjustment (if any) 0460

2. LIFO reserve (if any) 0466

3. Total inventories after LIFO adjustment (Line B1 minus line B2) 0468

Mark "X" if None

End of 2007			
\$ Bil.	Mil.	Thou.	Dol.

Mark "X" if None

End of 2006			
\$ Bil.	Mil.	Thou.	Dol.

42313031



10 INVENTORIES BY VALUATION METHOD

Report how much of the inventory reported in 9, line B1 for 2007 is subject to the following valuation methods.

Mark "X" if None

2007			
\$ Bil.	Mil.	Thou.	Dol.

A. LIFO valuation method before adjustment 0244

B. First-in, First-out (FIFO) 0491

C. Average cost 0492

D. Standard cost 0493

E. Other valuation method - Specify method ↴

0895

0494

F. **TOTAL** (Add lines A through E. Total should equal 9, line B1.) 0490

11-15 Not Applicable.

16 SELECTED EXPENSES

Mark "X" if None

2007			
\$ Bil.	Mil.	Thou.	Dol.

A. Operating expenses (Include payroll. Exclude cost of goods sold and interest expense.) 0140

B. Purchases of merchandise for resale, net of returns, allowances, and trade and cash discounts (Include amounts allowed for trade-ins.) 1160

C. For the value reported on line B, were any of these goods ordered over an Internet, Extranet, Electronic Data Interchange (EDI) network, electronic mail, or other online system?

0441 Yes

0442 No

0443 Do not know

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17 and 18 Not Applicable.

19 A. 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 423 450 10 1 Surgical, medical, and hospital equipment and supplies
- 423 450 20 1 Dental equipment and supplies
- 423 460 00 1 Optical and ophthalmic goods
- 423 490 10 2 Religious and school supplies
- 423 490 20 1 Other professional equipment and supplies
- 423 610 00 1 Electrical apparatus and equipment, wiring supplies, and construction materials, including industrial controls
- 423 690 20 4 Electronic parts and equipment, including blank tapes, compact discs/CDs, and computer diskettes
- 424 210 10 3 General-line drugs, pharmaceutical supplies, cosmetics, and toiletries
- 424 210 20 4 Specialty-line drug wholesaler, selling a limited line of pharmaceuticals, cosmetics, and toiletries, including first aid supplies
- 424 690 20 2 Chemicals and allied products
- 423 990 60 3 Other durable goods
- 771 000 00 1 Other kind of business - Specify ↴

0701

19 B. TYPE OF OPERATION

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

Merchant wholesaler, buying and selling on own account

- 0600 12 Importer
- 13 Exporter
- 11 Merchant wholesale distributor or jobber
- 14 Own-brand importer and marketer
- 20 **Manufacturers' sales branch or office**

Agent, broker, or commission merchant

- 41 Auction company
- 42 Broker, representing buyers and sellers
- 43 Commission merchant
- 44 Import agent

CONTINUE WITH 19 ON PAGE 6

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19 B. TYPE OF OPERATION - Continued

Agent, broker, or commission merchant - Continued

- 0600 45 Export agent
- 46 Manufacturers' agent
- 49 **Electronic market - business-to-business marketplace that facilitates the sale of goods via the Internet or other electronic means, and operates on a commission or fee basis**
- 77 **Other broker or agent - Specify ↴**

0601

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

C. Did this establishment require proof of business or professional license from new customers in 2007?

- 0276 Yes
- 0277 No

CONTINUE WITH **20** ON PAGE 7

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HOW TO REPORT PERCENTS		2007				
		Estimates are acceptable. Report dollars OR percents.				
		\$ Bil.	Mil.	Thou.	Dol.	Percent
If figure is 38.76% of total sales:		Report whole percents			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, line A. Include the value of merchandise marketed under capital, finance, or full payout leases, and rental receipts derived from merchandise under operating leases. See HOW TO REPORT DOLLAR FIGURES on page 2 and HOW TO REPORT PERCENTS above. Do not combine data for two or more lines.)

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. Surgical, medical, and hospital supplies						
a. Surgical and medical instruments and equipment	11011					
b. Orthopedic and prosthetic appliances and supplies, including hearing aids	11012					
c. Other surgical, medical, and hospital supplies	11013					
d. Sum lines 1a through 1c	11000					
2. Dental equipment, instruments, and supplies						
a. Dental equipment, including chairs, x-ray machines, and cabinets	11021					
b. Dental instruments and supplies	11022					
c. Sum lines 2a and 2b	11020					
3. Optical and ophthalmic goods and supplies						
a. Ophthalmic goods	11031					
b. Prescription grinding	11032					
c. Optometric equipment and supplies	11033					
d. Eyeglasses, sunglasses, contact lenses, and other optical goods	11034					
e. Sum lines 3a through 3d	11030					
4. Religious and school supplies						
a. Religious supplies	11041					
b. School supplies	11042					
c. Sum lines 4a and 4b	11040					
5. Miscellaneous professional equipment and supplies						
a. Architects' equipment and supplies	11051					
b. Drafting instruments and supplies	11052					
c. Engineers' equipment and supplies	11053					

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CONTINUE WITH 22 ON PAGE 9

CONTINUE ON PAGE 9

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
5. Miscellaneous professional equipment and supplies - Continued						
d. Laboratory equipment and supplies	11054					
e. Scientific instruments	11055					
f. Veterinarians' equipment and supplies	11056					
g. Other professional equipment and supplies	11057					
h. Sum lines 5a through 5g	11050					
6. Office and business furniture	10420					
7. Photographic equipment and supplies	10800					
8. Office equipment, excluding computers	10900					
9. New computer equipment	10920					
10. Packaged computer software, including game software and cartridges	10950					
11. Electrical apparatus and equipment	11400					
12. Electronic parts and equipment, excluding communications equipment	11600					
13. Communications equipment and supplies	11650					
14. Stationery, office supplies, and greeting cards	13300					
15. Pharmaceuticals, pharmaceutical supplies, cosmetics, and toiletries, including veterinarians' medicines	13500					
16. Chemicals and allied products, excluding agricultural chemicals, plastics, industrial and natural gases, liquefied petroleum (LP), and petroleum	15330					
17. Safety equipment	13170					
18. Miscellaneous commodities - Specify ↴						
a. _____	19811					
b. _____	19812					
c. _____	19813					
19. Rental and operating lease receipts	19940					
20. Receipts for service contracts	19720					
21. Receipts for installing equipment	19740					

CONTINUE WITH **23** ON PAGE 10

CONTINUE ON PAGE 10

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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
22. Service receipts and labor charges, including installed parts						
a. Labor charges for repair work	19701					
b. Parts installed in repair work	19702					
c. Other service receipts and labor charges - <i>Specify</i> ↴ _____	19703					
d. Sum lines 22a through 22c	19700					
23. TOTAL (Should equal 5, line A if reporting in dollars.)	19990					1 0 0

23 Not Applicable.

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, line A)?

0988 Yes

0989 No

25 Not Applicable.

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

26 SPECIAL INQUIRIES

A. EMPLOYMENT BY PRIMARY FUNCTION

(List the number of employees reported in 7, line A, by the employee's primary function.)

- 1. Selling
- 2. Sales support - including office, clerical, warehousing, customer service, maintenance employees, and drivers
- 3. General support of other establishments in your company - including central administrative, accounting, research, and other support employees
- 4. Packaging
- 5. Production - including employees who manufacture products from raw materials or semi-finished products (Report 'knockdown' assembly employees on line 6 below.)
- 6. 'Knockdown' assembly - assembling prefabricated components designed for a single application or reassembly of completed products
- 7. Other - Specify ↴
 0837
- 8. **TOTAL** (Add lines 1 through 7. Total should equal 7, line A.)

Census use	2007	
	Paid employees	
1131		
1132		
1133		
1135		
1136		
1134		
1137		
1138		

B. PERCENT OF DROP SHIPPED SALES

Percentage of sales (reported in 5, line A) that were drop shipped and did not enter this establishment

1111

2007	
Whole percent of sales and receipts	
	%

27-29 Not Applicable.

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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