



2002 ECONOMIC CENSUS

PROFESSIONAL EQUIPMENT AND SUPPLIES

FORM
WH-42113

OMB No. 0607-0880: Approval Expires 06/30/2004

DUE DATE
FEBRUARY 12, 2003

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

WH-42113

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

Need help or have questions about filling out this form?

Visit our Web site at www.census.gov/econhelp

Call 1-800-233-6136, between 8:00 a.m. and 8:00 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 ink.
- Do not use pencil.
- Place an "X" inside the box.
- Please center numbers in their respective boxes. Examples:
- Do not put slashes through 0 or 7.

<input checked="" type="checkbox"/>	0	1	2	3	4	5	6	7	8	9
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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 MONTHS IN OPERATION

Number of months in operation during 2002 (If none, mark "X" and go to 29.) 0002

Mark "X" if None		2002	
		Number of months	

2 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 2002 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021 Yes 0022 No - Enter current EIN (9 digits) → 0025

3 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

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.?

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

C. Type of municipality where this establishment is physically located

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



42113019

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be **rounded to thousands** of dollars.

Mark "X" if None

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

Report →

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

Report →

2002			
\$ Bil.	Mil.	Thou.	Dol.
	1	0 2 6	

4 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

Mark "X" if None

2002			
\$ Bil.	Mil.	Thou.	Dol.

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

2002			
\$ Bil.	Mil.	Thou.	Dol.

E. Is this the only establishment of this firm?

0907 Yes - Go to **5**

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

Mark "X" if None

2002	
Percent	%

G. Value of domestic transfers to other establishments within your company (Exclude from line A.) 0905

Mark "X" if None

2002			
\$ Bil.	Mil.	Thou.	Dol.

5 E-COMMERCE SALES, SHIPMENTS, RECEIPTS, OR REVENUE

A. Did this establishment have any e-commerce sales and/or operating receipts in 2002? (E-commerce sales and operating receipts are sales of goods and services where an order is placed by the buyer, or price and terms of sale are negotiated, over an Internet, Extranet, Electronic Data Interchange (EDI) network, electronic mail, or other online system. Payment may or may not be made online. Please see the information sheet(s) for further clarification.)

0181 Yes - Go to line B

0182 No - Go to **6**

B. E-commerce sales and/or operating receipts of this establishment (Include e-commerce sales and/or operating receipts in **4**, line A. Include the gross selling value of business conducted for others. Include shipping and handling charges. Exclude sales taxes and Hawaii's General Excise Tax.) 0185

Mark "X" if None

2002			
Estimates are acceptable			
\$ Bil.	Mil.	Thou.	Dol.

C. Did this establishment have any EDI sales and/or operating receipts during 2002?

0191 Yes - Go to line D

0192 No - Go to **6**

D. Were this establishment's EDI sales and/or operating receipts included with e-commerce sales and operating receipts on line B?

0196 Yes

0197 No



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

6 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 2.

Exclude:

- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.
- Temporary staffing obtained from a staffing service.

For further clarification, see information sheet(s).

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

Mark "X" if None	2002		
	Number		

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

1. Annual payroll 0300

2. First quarter payroll (January-March, 2002) 0310

Mark "X" if None	2002		
	\$ Mil.	Thou.	Dol.

7 LEASED EMPLOYMENT AND PAYROLL

A. Did this establishment have any full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN?

Exclude:

- Temporary staffing obtained from a staffing service.
- Contractors, subcontractors, or independent contractors.
- 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.
- Employees already reported in 6.

For further clarification, see information sheet(s).

0241 Yes - Go to line B

0242 No - Go to 10

B. Number of leased employees for pay period including March 12 0370

Mark "X" if None	2002		
	Number		

C. Payroll for leased employees before deductions (Exclude employer's cost for fringe benefits.)

1. Annual payroll for leased employees 0350

2. First quarter payroll for leased employees (January-March, 2002) 0360

Mark "X" if None	2002		
	\$ Mil.	Thou.	Dol.

8 - 9 Not Applicable.

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10 INVENTORIES

(Report inventories using generally accepted accounting practices.)

A. Did this establishment have inventories at the end of 2001 or 2002?

0486 Yes - Go to line B

0487 No - Go to **15**

B. Were inventories of this establishment subject to the Last-in, First-out (LIFO) method of valuation?

0481 Yes - Use the sum of LIFO amount (E2) plus the LIFO reserve (E1) for completing lines C and D2.

0482 No - Complete only lines C and D1.

C. Total inventories

(Report the total value of merchandise inventories the establishment owned). 0460

D. Of the value on line C report:

1. Amount not subject to LIFO costing 0464

2. Amount subject to LIFO costing (gross). 0465

E. Of the value on line D2 report:

1. Amount of LIFO reserve 0466

2. Amount of LIFO value (net) 0467

Mark "X" if None	End of 2002			
	\$ Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

Mark "X" if None	End of 2001			
	\$ Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

Note - The sum of lines D1 and D2 should equal line C. The sum of lines E1 and E2 should equal line D2.

11 INVENTORY VALUATION

Methods of valuation for inventories not subject to LIFO costing at the end of 2002

(Using the inventory value reported in **10**, line D1 above, report the breakdown of the value for end of 2002 according to the inventory valuation methods shown below.)

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

B. Average cost 0492

C. Standard cost 0493

D. Other methods - Specify ↴

0895 _____ 0494

E. TOTAL (Sum of lines A through D should equal the value reported in **10**, line D1 for end of 2002.) 0490

Mark "X" if None	End of 2002			
	\$ Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

12-14 Not Applicable.

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

15 SELECTED EXPENSES

Mark "X" if None

2002			
\$ 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

16-17 Not Applicable.

18 **A.** KIND OF BUSINESS

Principal kind of business in 2002
(Mark "X" only ONE box.)

- 0700 421 450 10 19 Surgical, medical, and hospital equipment and supplies
- 421 450 20 17 Dental equipment and supplies
- 421 460 00 19 Optical and ophthalmic goods
- 421 490 10 29 Religious and school supplies
- 421 490 20 19 Other professional equipment and supplies
- 421 610 00 18 Electrical apparatus and equipment, wiring supplies, and construction materials, including industrial controls
- 421 690 20 41 Electronic parts and equipment, including blank tapes, compact discs, and computer diskettes
- 422 210 10 34 General-line drugs, pharmaceutical supplies, cosmetics, and toiletries
- 422 210 20 16 Specialty-line drugs, cosmetics, and toiletries, including first aid supplies
- 771 000 00 14 Other kind of business - Specify ↴

0701



42113050

18 B. TYPE OF OPERATION

Principal type of operation in 2002
(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
- 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

19 CLASS OF CUSTOMER

A. As a general business practice, did this establishment sell to household consumers and individual users in 2002?

- 0251 Yes
- 0252 No

B. Were 75% or more of this establishment's sales to retailers/wholesalers for resale in 2002?

- 0256 Yes
- 0257 No

C. Did this establishment require proof of business or professional license from new customers in 2002?

- 0276 Yes
- 0277 No

CONTINUE WITH 19 ON PAGE 7



42113068

<p>HOW TO REPORT PERCENTS</p>		2002				
		Estimates are acceptable. Report dollars OR percents.				
		\$ Bil.	Mil.	Thou.	Dol.	Percent
<p>If figure is 38.76% of total sales:</p>		Report whole percents			3	9

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE
(Report sales by commodity group, either as a dollar figure or as a whole percent of total sales reported in 4, 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	2002				
		Estimates are acceptable. Report dollars OR percents.				
		\$ Bil.	Mil.	Thou.	Dol.	Percent
0723	0720	0721				0722
1. Medical, hospital, and surgical supplies						
a. Surgical and medical instruments and equipment	11011					
b. Orthopedic and prosthetic appliances and supplies	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, 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					

CONTINUE WITH 22 ON PAGE 9

42113084

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	Cen- sus use	2002				
		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	13500					
16. Chemicals and allied products, excluding agricultural chemicals, plastics, industrial and natural gases, liquefied petroleum (LP), and petroleum	15330					
17. Miscellaneous commodities - <i>Specify</i> ↴						
a. _____	19811					
b. _____	19812					
c. _____	19813					
18. Rental and operating lease receipts	19940					
19. Receipts for service contracts	19720					
20. Receipts for installing equipment	19740					

CONTINUE WITH **22** 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	2002				
		Estimates are acceptable. Report dollars OR percents.				
		\$ Bil.	Mil.	Thou.	Dol.	Percent
0723	0720	0721				0722
21. 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> ↴ <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	19703					
d. Sum lines 21a through 21c	19700					
22. TOTAL (Should equal 4 , 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 2002?

0981 Yes - Go to line B

0982 No - Go to **26**

2002			
Estimates are acceptable			
\$ Bil.	Mil.	Thou.	Dol.

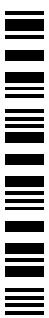
B. Receipts of this establishment from customers for shipping and handling of merchandise 0985

C. Are receipts for shipping and handling included in sales and receipts (reported in **4**, line A)?

0988 Yes

0989 No

25 Not Applicable.



42113100

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 **6**, line A and **7**, line B by the employee's primary function.)

	Cen- sus use	Number of IRS 941 employees reported in 6 , line A by primary function	Cen- sus use	Number of leased employees reported in 7 , line B by primary function
1. Selling	1131		1141	
2. Sales support - including office, clerical, warehousing, customer service, maintenance employees, and drivers	1132		1142	
3. General support of other establishments in your company - including central administrative, accounting, research, and other support employees	1133		1143	
4. Packaging	1135		1145	
5. Production, including employees who manufacture products from raw materials or semi-finished products (Report 'knockdown' assembly employees on line 6 below.)	1136		1146	
6. 'Knockdown' assembly - assembling prefabricated components designed for a single application or reassembly of completed products.	1134		1144	
7. Other - Specify ↴ 0837	1137		1147	
8. TOTAL	1138		1148	

(Total should equal **6**, line A)

(Total should equal **7**, line B)

B. PERCENT OF DROP SHIPPED SALES

Percentage of sales (reported in **4**, line A) that were drop shipped and did not enter this establishment

2002	
Whole percent of sales and receipts	
	%
	.1111

27 Not Applicable.



42113118

28 ESTABLISHMENT ACTIVITIES

A. Indicate activities that were performed by this establishment or were performed for this establishment by another company during 2002.
(Mark "X" ALL that apply.)

	This activity was performed by this establishment	This activity was performed for this establishment by another company	This activity was not provided by this establishment
1. Product Development			
a. Product design/engineering	0921 <input type="checkbox"/>	0941 <input type="checkbox"/>	0961 <input type="checkbox"/>
b. Materials fabrication/processing/assembly/blending	0922 <input type="checkbox"/>	0942 <input type="checkbox"/>	0962 <input type="checkbox"/>
2. Order Fulfillment			
a. Bundling or kitting (combining multiple items into a prepackaged product)	0923 <input type="checkbox"/>	0943 <input type="checkbox"/>	0963 <input type="checkbox"/>
b. Pick and pack (taking goods from inventory and packaging them to fill orders)	0924 <input type="checkbox"/>	0944 <input type="checkbox"/>	0964 <input type="checkbox"/>
c. Warehousing	0925 <input type="checkbox"/>	0945 <input type="checkbox"/>	0965 <input type="checkbox"/>
d. Breaking bulk (reducing large shipments into smaller portions for customers)	0926 <input type="checkbox"/>	0946 <input type="checkbox"/>	0966 <input type="checkbox"/>
e. Local delivery (within a city, town, or other local area, including adjoining towns and suburban areas)	0927 <input type="checkbox"/>	0947 <input type="checkbox"/>	0967 <input type="checkbox"/>
f. Long distance delivery (beyond local areas and commercial zones)	0928 <input type="checkbox"/>	0948 <input type="checkbox"/>	0968 <input type="checkbox"/>
g. Less than truckload	0929 <input type="checkbox"/>	0949 <input type="checkbox"/>	0969 <input type="checkbox"/>
3. Other Services			
a. Customs brokerage (providing the services of a licensed customs broker).	0930 <input type="checkbox"/>	0950 <input type="checkbox"/>	0970 <input type="checkbox"/>
b. Logistics consulting (providing advice and expertise)	0931 <input type="checkbox"/>	0951 <input type="checkbox"/>	0971 <input type="checkbox"/>
c. Processing of returned merchandise	0932 <input type="checkbox"/>	0952 <input type="checkbox"/>	0972 <input type="checkbox"/>

B. During 2002 did this establishment:

- 1. Manage inventory owned by this establishment AND held at this location? . . . 0936 Yes 0937 No
- 2. Manage inventory owned by this establishment BUT held at a customer's location? 0956 Yes 0957 No
- 3. Manage inventory owned by another company BUT held at this location? 0976 Yes 0977 No
- 4. Manage inventory owned by another company AND held somewhere other than at this location? 0994 Yes 0995 No



42113126

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

29 OPERATIONAL STATUS

Activity that best describes this establishment's status at the end of 2002
(Mark "X" only ONE box.)

0011 <input type="checkbox"/> In operation	0014 <input type="checkbox"/> Ceased operation - Give date at right →	0018	Month	Day	Year
0013 <input type="checkbox"/> Temporarily or seasonally inactive	0015 <input type="checkbox"/> Sold or leased to another operator - Give date at right AND enter new name and mailing address below ↴				

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

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?

0078 <input type="checkbox"/> Yes	0079 <input type="checkbox"/> No - Enter time period covered →	FROM	Month	Year	TO	Month	Year
		0070			0071		

0072 Name of person to contact regarding this report	0073 Title

Telephone	Area code	Number	Extension	Fax	Area code	Number
0074		-		0075		-

0076 Internet e-mail address	Date completed	Month	Day	Year
	0069			

Thank you for completing your 2002 Economic Census form.
PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.

42113134