



2007 ECONOMIC CENSUS

Offices of Dentists

DUE DATE
FEBRUARY 12, 2008

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

HC-62105

**INFORMATION COPY
DO NOT USE TO REPORT**

(Please correct any errors in this mailing address.)

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.

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.
 - Do not use pencil or felt-tip pen.
 - Place an "X" inside the box.
 - Please center numbers in their respective boxes.
 - Do not put slashes through 0 or 7.
- 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
<input type="text"/>		<input type="text"/>	<input type="text"/>

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 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:

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

Report

Report

Mark "X" if None

Mark "X" if None

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

5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Operating receipts 0100

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).

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

2007 Number

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

1. Annual payroll 0300

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

Mark "X" if None

2007			
\$ Bil.	Mil.	Thou.	Dol.

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

8 - 13 Not Applicable.

19 KIND OF BUSINESS OR ACTIVITY

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

Dental services

- 0700 621 210 00 1 Dentist(s) or other specialty dental practitioner(s) having D.M.D., D.D.S., or D.D.Sc. degree, including orthodontists, endodontists, oral and maxillofacial surgeons, etc.
- 621 399 00 A Dental hygienist(s)
- 621 399 00 9 Denturist(s)
- 339 116 00 1 Dental laboratory

Physician services (Include physicians with the degree of M.D. or D.O.)

- 621 111 00 2 Physician(s), excluding mental health specialists (Include practitioner(s) engaged in the practice of general or specialized medicine and/or surgery.)
- 621 112 00 1 Psychiatrist(s) or other mental health physician(s)

Other health practitioners

- 621 310 00 1 Chiropractor(s)
- 621 391 00 1 Podiatrist(s)
- 621 320 00 1 Optometrist(s)
- 621 330 00 1 Mental health practitioner(s), including psychologists, psychiatric social workers, clinical psychologists, and psychotherapists NOT having M.D. or D.O. degree
- 621 340 20 1 Physical therapist(s)
- 777 620 00 B All other health practitioner(s) - Specify type ↴

0701

Other kind of business or activity

- 773 000 00 2 Other kind of business or activity - Specify ↴

0701

20 and 21 Not Applicable.

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 receipts by source either as a dollar figure or as a whole percent of total receipts (reported in 5). See HOW TO REPORT DOLLAR FIGURES on page 2 and HOW TO REPORT PERCENTS above. Do not combine data for two or more receipts lines.)

Line 1a - Report receipts for clinical oral evaluations, radiographs, diagnostic imaging, laboratory examinations, and procedures performed at an oral pathology laboratory.

Line 1b - Report receipts for preventative procedures, such as fluoride treatments, scaling and polishing, and passive dental appliances.

CONTINUE WITH 2 ON PAGE 4

CONTINUE ON PAGE 4

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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. Dental visits and consultations						
a. Diagnostic services	30221					
b. Preventative services	30222					
c. Sum lines 1a and 1b	30220					
2. Dental surgical intervention services						
a. Surgical periodontal services	30231					
b. Maxillofacial prosthetics	30232					
c. Implant services	30233					
d. Oral and maxillofacial surgery	30234					
e. Surgical endodontic services	30235					
f. Sum lines 2a through 2e	30230					
3. Dental non-surgical intervention services						
a. Restorative dental services	30241					
b. Non-surgical endodontic services	30242					
c. Non-surgical periodontal services	30243					
d. Removable prosthodontics	30244					
e. Fixed prosthodontics	30245					
f. Orthodontics	30246					
g. Sum lines 3a through 3f	30240					
4. Medical and diagnostic testing	30250					
5. Dental anesthesia services	30260					
6. Resale of merchandise	39698					
7. All other operating receipts - Specify if more than 10 percent of total receipts or revenue ↴						
	39749					
8. TOTAL OPERATING RECEIPTS - Sum of lines should equal 5 if reporting in dollars	39850					1 0 0

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23-25 Not Applicable.

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

26 SPECIAL INQUIRIES

PERSONNEL BY OCCUPATION

Enter employment reported on IRS Form 941, Employer's Quarterly Federal Tax Return, by occupational category in column 1. The total of column 1 should equal the number reported in **7**, line A.

Enter each active proprietor or partner by occupational category in column 2. Only the proprietor or partners **not** considered employees of the firm for federal tax purposes should be included. Unincorporated practices operating at more than one location should report the proprietor or partners at the one location at which they spend most of their working time.

	Cen- sus use	Number of employees for pay period including March 12, 2007	Cen- sus use	Number of active proprietors or partners for pay period including March 12, 2007
1. Dentists - licensed practitioners having D.M.D., D.D.S., or D.D.Sc. degree	3213		3273	
2. Other dental practitioners (<i>Include hygienists, technicians, and assistants.</i>)	3223		3283	
3. Registered nurses	3219		3279	
4. Licensed practical nurses	3220		3280	
5. All other health practitioners	3221		3281	
6. All other employees (<i>Include management and administrative staff.</i>)	3222		3282	
7. TOTAL (<i>Add lines 1 through 6. Total should equal 7, line A for column 1.</i>)	3200		3260	

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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