



2007 ECONOMIC CENSUS

Pharmaceuticals, Pharmaceutical Supplies, Cosmetics, and Toiletries

DUE DATE
FEBRUARY 12, 2008

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

WH-42403

**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	

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	

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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.

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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 424 210 10 1 General-line drug wholesaler, selling a full line of pharmaceuticals, antibiotics, chemicals, biologicals, nonprescription drugs, toiletries, and cosmetics
- 424 210 20 2 Specialty-line drugs, cosmetics, and toiletries, including vitamins, supplements, first aid supplies and veterinarians' medicines
- 423 450 10 1 Surgical, medical, and hospital equipment and supplies
- 424 690 20 2 Chemicals and allied products
- 423 850 10 1 Beauty and barber equipment and supplies
- 454 113 22 2 Mail-order pharmacy
- 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
- 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

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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 21, 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	Census use	2007								
		Estimates are acceptable. Report dollars OR percents.								
		\$ Bil.	Mil.	Thou.	Dol.	Percent				
0723	0720	0721								0722
1. Pharmaceuticals, pharmaceutical supplies, cosmetics, and toiletries, including first aid supplies										
a. Prescription drugs	13511									
b. Nonprescription drugs	13512									
c. Cosmetics and beauty supplies	13513									
d. Perfumes	13514									
e. Vitamins and nutritional supplements	13515									
f. Veterinarians' medicines	13517									
g. Other toiletries and druggists' sundries, including health aids and first aid supplies	13516									
h. Sum lines 1a through 1g	13500									

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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
2. Surgical, medical, and hospital 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 2a through 2c	11000					
3. Chemicals and allied products, excluding agricultural chemicals, plastics, industrial and natural gases, liquefied petroleum (LP), and petroleum	15330					
4. Beauty and barber equipment and supplies	12500					
5. Photographic equipment and supplies	10800					
6. Miscellaneous home furnishings, including household containers, flatware, pans, baskets, and kitchen utensils	10540					
7. Coffee, tea, and powdered drink mixes	14800					
8. Bread, baked goods, and baking ingredients	14820					
9. Nonperishable (canned) food	14830					
10. Food and beverage basic materials, including flavoring extracts, fruit peel, sausage casings, hop extract, malt, and yeast	14870					
11. Grocery specialties, including pasta and pet food	14880					
12. Electric household appliances, including gas clothes dryers	11500					
13. Hardware	11700					
14. Laundry and dry-cleaning equipment and supplies	12530					
15. Toys and hobby goods and supplies	12800					
16. Jewelry, diamonds, gemstones, and watches	13000					
17. Office paper, office supplies, greeting cards, and labels	13300					
18. Paper and plastic products	13400					
19. Notions, including buttons, ribbons, lace, sewing accessories, zippers, and bindings	13700					
20. Men's and boys' clothing	13800					
21. Women's, misses', and girls' clothing	13900					
22. Packaged frozen food	14100					
23. Confectioneries	14400					
24. Religious and school supplies	11040					

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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	
25. Farm supplies	15800						
26. Tobacco and tobacco products	15900						
27. Other nondurable goods, including wigs, yarns, leather products, and pet supplies	16150						
28. Miscellaneous commodities - Specify ↴							
a. _____	19811						
b. _____	19812						
c. _____	19813						
29. Rental and operating lease receipts	19940						
30. Service receipts and labor charges, including installed parts	19700						
31. 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 - Continued

C. OTHER ESTABLISHMENT ACTIVITIES

1. Did this establishment design, engineer, or formulate the manufactured products that it sold, produced, or shipped?

0318 Yes

0319 No

2. Which of the following best describes this establishment's primary activity? (Mark "X" only ONE box.)

0362 Providing contract manufacturing services for others

0363 Transforming raw materials or components into new products that this establishment owns or controls

0364 Reselling goods manufactured by others (with or without minor final assembly)

0365 Other - Specify ↴

0366

3. Did this establishment purchase contract manufacturing services from other companies or other establishments of your company to process materials or components that this establishment owns or controls?

0496 Yes, primarily with establishments WITHIN the 50 States and the District of Columbia

0497 Yes, primarily with establishments OUTSIDE of the 50 States and the District of Columbia

0498 No

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
	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

Name of person to contact regarding this report	Title
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Telephone	Area code	Number		Extension	Fax	Area code	Number	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

Internet e-mail address	Date completed	Month	Day	Year
<input style="width: 100%; height: 20px;" type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

Thank you for completing your 2007 ECONOMIC CENSUS form.

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

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