



# 2002 ECONOMIC CENSUS

## PHARMACEUTICALS, PHARMACEUTICAL SUPPLIES, COSMETICS, AND TOILETRIES

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-42203

**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](http://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



42203018

**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**

Mark "X" if None

**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

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

2002			
\$ Bil.	Mil.	Thou.	Dol.

**D.** Commissions received on transactions reported on line C . . . . . 1124

**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

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



42203026

**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.)

Mark "X" if None

**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

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

**8 - 9** Not Applicable.

42203034

**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

**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.



42203042

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 422 210 10 18  General-line drug wholesaler, selling a full line of pharmaceuticals, antibiotics, chemicals, biologicals, proprietaries, toiletries, and cosmetics
- 422 210 20 16  Specialty-line drugs, cosmetics, and toiletries, including first aid supplies
- 454 110 82 31  Mail order pharmacy
- 421 450 10 19  Surgical, medical, and hospital equipment and supplies
- 422 690 20 23  Chemicals and allied products
- 421 850 10 15  Beauty and barber equipment and supplies
- 771 000 00 14  Other kind of business - Specify ↴

0701



42203059

**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



42203067



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

0723	Description of sales, shipments, receipts, or revenue	Cen- sus use	2002				
			Estimates are acceptable. Report dollars OR percents.				
			\$ Bil.	Mil.	Thou.	Dol.	Percent
			0721			0722	
	<b>1.</b> Pharmaceuticals, pharmaceutical supplies, cosmetics, and toiletries, including first aid supplies						
	<b>a.</b> Prescription drugs . . . . .	13511					
	<b>b.</b> Nonprescription pharmaceuticals . . . . .	13512					
	<b>c.</b> Cosmetics and beauty supplies . . . . .	13513					
	<b>d.</b> Perfumes . . . . .	13514					
	<b>e.</b> Vitamins and nutritional supplements . . . . .	13515					
	<b>f.</b> Other toiletries and druggists' sundries, including health aids and first aid supplies . . . . .	13516					
	<b>g. Sum lines 1a through 1f</b> . . . . .	13500					
	<b>2.</b> Medical, hospital, and surgical supplies						
	<b>a.</b> Surgical and medical instruments and equipment . . . . .	11011					
	<b>b.</b> Orthopedic and prosthetic appliances and supplies . . . . .	11012					
	<b>c.</b> Other surgical, medical, and hospital supplies . . . . .	11013					
	<b>d. Sum lines 2a through 2c</b> . . . . .	11000					
	<b>3.</b> Photographic equipment and supplies . . . . .	10800					
	<b>4.</b> Miscellaneous home furnishings, including household containers, flatware, pans, baskets, and kitchen utensils . . . . .	10540					
	<b>5.</b> Coffee, tea, and spices . . . . .	14800					
	<b>6.</b> Bread and baked goods . . . . .	14820					
	<b>7.</b> Canned food . . . . .	14830					
	<b>8.</b> Food and beverage basic materials, including flavoring extracts, fruit peel, sausage casings, hop extract, malt, and yeast . . . . .	14840					
	<b>9.</b> Grocery specialties, including pasta, sugar, and pet food . . . . .	14860					
	<b>10.</b> Electric household appliances, including gas clothes dryers . . . . .	11500					

CONTINUE WITH 22 ON PAGE 9

42203083



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
11. Hardware . . . . .	11700					
12. Laundry and dry-cleaning equipment and supplies . . . . .	12530					
13. Toys and hobby goods and supplies . . . . .	12800					
14. Jewelry, diamonds, gemstones, and watches . . . . .	13000					
15. Office paper, office supplies, greeting cards, and labels . . . . .	13300					
16. Paper and plastic products . . . . .	13400					
17. Notions, including buttons, ribbons, lace, sewing accessories, zippers, and bindings . . . . .	13700					
18. Men's and boys' wear . . . . .	13800					
19. Women's, misses', and girls' wear . . . . .	13900					
20. Packaged frozen food . . . . .	14100					
21. Confectioneries . . . . .	14400					
22. Religious and school supplies . . . . .	11040					
23. Chemicals and allied products, excluding agricultural chemicals, plastics, industrial and natural gases, liquefied petroleum (LP), and petroleum . . . . .	15330					
24. Farm supplies . . . . .	15800					
25. Tobacco and tobacco products . . . . .	15900					
26. Other nondurable goods, including wigs, yarns, leather products, and pet supplies . . . . .	16150					
27. Miscellaneous commodities - Specify ↴						
a. _____	19811					
b. _____	19812					
c. _____	19813					
28. Rental and operating lease receipts . . . . .	19940					
29. Service receipts and labor charges, including installed parts . . . . .	19700					
30. <b>TOTAL</b> (Should equal 4, line A if reporting in dollars.) . . . . .	19990					1 0 0

**23** Not Applicable.



42203091

**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.

**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 <b>6</b> , line A by primary function	Cen- sus use	Number of leased employees reported in <b>7</b> , line B by primary function
<b>1.</b> Selling . . . . .	1131		1141	
<b>2.</b> Sales support - including office, clerical, warehousing, customer service, maintenance employees, and drivers . . . . .	1132		1142	
<b>3.</b> General support of other establishments in your company - including central administrative, accounting, research, and other support employees . . . . .	1133		1143	
<b>4.</b> Packaging . . . . .	1135		1145	
<b>5.</b> Production, including employees who manufacture products from raw materials or semi-finished products (Report 'knockdown' assembly employees on line 6 below.) . . . . .	1136		1146	
<b>6.</b> 'Knockdown' assembly - assembling prefabricated components designed for a single application or reassembly of completed products. . . . .	1134		1144	
<b>7.</b> Other - Specify ↴  0837	1137		1147	
<b>8. TOTAL</b> . . . . .	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 . . . . . 1111

2002	
Whole percent of sales and receipts	
	%

**27** Not Applicable.

42203109

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

**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
<b>1. Product Development</b>			
<b>a.</b> Product design/engineering . . . . .	0921 <input type="checkbox"/>	0941 <input type="checkbox"/>	0961 <input type="checkbox"/>
<b>b.</b> Materials fabrication/processing/assembly/blending . . . . .	0922 <input type="checkbox"/>	0942 <input type="checkbox"/>	0962 <input type="checkbox"/>
<b>2. Order Fulfillment</b>			
<b>a.</b> Bundling or kitting (combining multiple items into a prepackaged product) . . . . .	0923 <input type="checkbox"/>	0943 <input type="checkbox"/>	0963 <input type="checkbox"/>
<b>b.</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"/>
<b>c.</b> Warehousing . . . . .	0925 <input type="checkbox"/>	0945 <input type="checkbox"/>	0965 <input type="checkbox"/>
<b>d.</b> Breaking bulk (reducing large shipments into smaller portions for customers) . . . . .	0926 <input type="checkbox"/>	0946 <input type="checkbox"/>	0966 <input type="checkbox"/>
<b>e.</b> 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"/>
<b>f.</b> Long distance delivery (beyond local areas and commercial zones) . . . . .	0928 <input type="checkbox"/>	0948 <input type="checkbox"/>	0968 <input type="checkbox"/>
<b>g.</b> Less than truckload . . . . .	0929 <input type="checkbox"/>	0949 <input type="checkbox"/>	0969 <input type="checkbox"/>
<b>3. Other Services</b>			
<b>a.</b> Customs brokerage (providing the services of a licensed customs broker). . . . .	0930 <input type="checkbox"/>	0950 <input type="checkbox"/>	0970 <input type="checkbox"/>
<b>b.</b> Logistics consulting (providing advice and expertise) . . . . .	0931 <input type="checkbox"/>	0951 <input type="checkbox"/>	0971 <input type="checkbox"/>
<b>c.</b> Processing of returned merchandise . . . . .	0932 <input type="checkbox"/>	0952 <input type="checkbox"/>	0972 <input type="checkbox"/>

**B.** During 2002 did this establishment:

<b>1.</b> Manage inventory owned by this establishment AND held at this location? . . . . .	0936 <input type="checkbox"/>	Yes	0937 <input type="checkbox"/>	No
<b>2.</b> Manage inventory owned by this establishment BUT held at a customer's location? . . . . .	0956 <input type="checkbox"/>	Yes	0957 <input type="checkbox"/>	No
<b>3.</b> Manage inventory owned by another company BUT held at this location? . . . . .	0976 <input type="checkbox"/>	Yes	0977 <input type="checkbox"/>	No
<b>4.</b> Manage inventory owned by another company AND held somewhere other than at this location? . . . . .	0994 <input type="checkbox"/>	Yes	0995 <input type="checkbox"/>	No



42203117

**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  Yes      0079  No - Enter time period covered →

FROM 0070	Month	Year	TO 0071	Month	Year

0072 Name of person to contact regarding this report			0073 Title		

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

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

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

42203125