

17 and 18 Not Applicable.

19 TYPE OF OPERATION

Is the primary business of this establishment making artificial teeth, bridges, crowns, dentures, and other orthodontic appliances that are customized for individual application (prescription basis)?

0620 763 Yes
 764 No

20 and 21 Not Applicable.

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

General - The manufactured products and services listed below are generally made in your industry. If you make products that are not listed, describe and report them in the "All other products made in this establishment" section at the end of **22**. PLEASE DO NOT COMBINE PRODUCT LINES.

If quantities are requested, please use the unit of measure specified.

If the information as requested cannot be taken directly from your book records, REASONABLE ESTIMATES ARE ACCEPTABLE.

Valuation of Products - Report the value of the products shipped and services performed at the net selling value, f.o.b. plant to the customer; i.e., after discounts and allowances, and exclusive of freight charges and excise taxes.

If you transfer products to other establishments within your company, you should assign the full economic value to the transferred products; i.e., include all direct costs of production and a reasonable proportion of all other costs and profits.

Contract Work - Report PRODUCTS MADE BY OTHERS FOR YOU FROM YOUR MATERIALS on the specific lines as if they were made in this establishment. On the other hand, do not report on the specific product lines PRODUCTS THAT YOU MADE FROM MATERIALS OWNED BY OTHERS. Report only the amount that you received for "commission or contract receipts" under Census code 999899 2000.

Resales - Do not report on the specific product lines those PRODUCTS BOUGHT AND SOLD OR TRANSFERRED FROM OTHER ESTABLISHMENTS OF YOUR COMPANY AND SOLD WITHOUT FURTHER MANUFACTURE. Report only a value under Census code 999899 1000, "Resales."

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Line No.	Products and services	Census product code	Products shipped and other receipts		
			Value, f.o.b. plant		
			\$ Bil.	Mil.	Thou.
0734		0730	0731		
1	Orthodontic appliances (artificial teeth, bridges, crowns, dentures, etc.), customized for individual application (prescription basis) (Report artificial teeth, bridges, crowns, dentures, and other orthodontic appliances that are not customized for individual application on line 5.)	339116 0100			
2	Dental equipment, professional (including dental chairs, dental units, hand pieces, hand instruments, and other equipment) (excluding X-ray equipment)	339114 1105			
3	Dental supplies, professional (including tools for use with dental hand pieces, alloys for amalgams, impression materials, filling materials, etc.)	339114 1251			
4	Dental equipment, laboratory (including benches, blow pipes, casting machines, flasks, furnaces, lathes, polishing units, and presses)	339114 3101			
5	Dental metals, artificial teeth not customized for individual application, and other dental laboratory supplies (Specify kind) ↴	339114 3102			

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CONTINUE WITH **22** ON PAGE 7

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

Line No.	Products and services	Census product code	Products shipped and other receipts			
			Value, f.o.b. plant			
			\$ Bil.	Mil.	Thou.	
0734		0730	0731			
	All other products made in this establishment (<i>Specify and report each product with sales value of \$50,000 or more that cannot be assigned to one of the pre-listed products and services. For all remaining products, write "Other" and report a single total value.</i>)					
6		18				
7		26				
8		34				
9		42				
10		59				
11		67				
	Contract work - Receipts for work done for others on their materials (<i>Specify products worked on and kind of work.</i>)					
12		999899 2000				
13	Resales - Sales of products bought and sold without further manufacture, processing, or assembly (<i>The cost of such items should be reported in 15.</i>)	999899 1000				
14	Miscellaneous receipts, including receipts for repair work, sales of scrap and refuse, etc.	999899 9000				
15	TOTAL (<i>Should equal total reported in 5</i>)	770000 0000				

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23-29 Not Applicable.

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REMARKS (Please use this space for any explanations that may be essential in understanding your reported data.)

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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

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

Area code	Number
<input type="text"/>	<input type="text"/>

E-mail address

Date completed	Month	Day	Year
	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Thank you for completing your 2012 ECONOMIC CENSUS form.
PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.**

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