

**2017 Economic Census**  
MC-33914 - Dental Equipment and Supplies Manufacturing

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Location Information

**DEFINITION OF ESTABLISHMENT**

The reporting unit for this questionnaire is an **establishment**. An establishment is generally a single physical location where business is conducted or where services or industrial operations are performed.

**PHYSICAL ADDRESS**

Please update the location's physical address if needed.

Name 1		
<input type="text"/>		
Store/Plant		
<input type="text"/>		
Name 2		
<input type="text"/>		
Number and Street		
<input type="text"/>		
City, town, village, etc.	State	ZIP Code
<input type="text"/>	Select State or Territory <input type="button" value="v"/>	99999-9999

**For Census Bureau Use Only**

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

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Legal Boundary and Municipality

EIN:  
Store / Plant:  
CFN:

**LEGAL BOUNDARY AND MUNICIPALITY**

Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

- Yes
- No
- No legal boundaries
- Do not know

In what type of municipality is this establishment physically located?

- City, village, or borough
- Town or township
- Other
- Do not know

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Item 1: Employer Identification Number

EIN:  
Store / Plant:  
CFN:

**ITEM 1: EMPLOYER IDENTIFICATION NUMBER**

Is the Employer Identification Number (EIN) used on this establishment's latest 2017 Internal Revenue Service Form 941, Employer's Federal Quarterly Tax Return?

- Yes
- No

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Item 1: Employer Identification Number - Enter/Update EIN

EIN:  
Store / Plant:  
CFN:

**ITEM 1: EMPLOYER IDENTIFICATION NUMBER**

What is this establishment's 9-digit Employer Identification Number (EIN) used on its latest 2017 Internal Revenue Service Form 941, Employer's Federal Quarterly Tax Return?

EIN
99-9999999

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Item 3: Operational Status

EIN:  
Store / Plant:  
CFN:

**ITEM 3: OPERATIONAL STATUS**

Which of the following best describes this establishment's operational status at the end of 2017?

- In operation
- Under construction, development, or exploration
- Temporarily or seasonally inactive
- Ceased operation
- Sold or leased to another operator

**CEASED OPERATION OR SOLD OR LEASED INFORMATION**

If this establishment ceased operation or was sold or leased to another operator, what was the date?

MMDYYYY

MMDYYYY

If this establishment was sold or leased to another operator, what is the name, address, and 9-digit Employer Identification Number (EIN) of this establishment's new owner or operator?

Name of new owner/operator

Mailing Address (Number and Street, P.O. Box, etc.)

City, town, village, etc.

State

Select State or Territory

ZIP Code

99999-9999

EIN

99-9999999

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Item 4: Months in Operation

EIN:  
Store / Plant:  
CFN:

**ITEM 4: MONTHS IN OPERATION**

What was the number of months in operation during 2017?

Check  
if  
None

2017

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General Reporting Guidelines

EIN:
Store / Plant:
CFN:

GENERAL REPORTING GUIDELINES

Reporting Period

Responses should cover calendar year 2017.

- If your fiscal year covers at least 10 months of calendar year 2017, you may report by fiscal year on all items EXCEPT payroll.
• Calendar year figures for payroll may be available from:
• IRS Form 941 (Employer's Quarterly Federal Tax Return)
• IRS Form 944 (Employer's Annual Federal Tax Return)
• If you report by fiscal year, indicate the exact dates of the fiscal year on the submission certification screen.

Providing Estimates

If book figures are not available, estimates are acceptable.

How to Report Dollar Figures:

Dollar figures should be rounded to thousands of dollars.

EXAMPLE - if a dollar figure is \$2,036,355.25, report 2036:

Check if None

[ ]

2017
\$ 2036 ,000.00

EXAMPLE - if a dollar figure is "0" (or less than \$500.00), check the None box:

Check if None

[x]

2017
\$ ,000.00

How to Report Percents:

Percents should be rounded to whole percents.

EXAMPLE - if figure is 38.76% of total sales, report 39:

2017
39 %

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Item 5: Sales, Shipments, Receipts, or Revenue Additional Information

EIN:
Store / Plant:
CFN:

ITEM 5: SALES, SHIPMENTS, RECEIPTS, OR REVENUE

A. What was the total value of products shipped and other receipts for this establishment?
(Report detail in Item 22.)

Include:

- All products physically shipped from this establishment during 2017

Exclude:

- Freight charges
Excise taxes

Check if None

input box

2017 \$ [ ] ,000.00

B. What was the value of products shipped for export?
(This is a breakout of the \$,000.00 reported in Item 5, line A.)

Include:

- Products sold to the U.S. government to be shipped to foreign governments under military and economic assistance programs
Products shipped to exporters or other wholesalers for export
Products shipped to foreign subsidiaries or foreign divisions of your company and their affiliates

Exclude:

- Products shipped for further manufacture, assembly, or fabrication in the United States
Freight charges
Excise taxes
Overseas sales to the U.S. government
Shipments of bunker fuels and other supplies and equipment for U.S. vessels and planes engaged in foreign trade

input box

\$ [ ] ,000.00

C. What was the market value of products shipped to other domestic plants of your company for further assembly, fabrication, or manufacture?
(This is a breakout of the \$,000.00 reported in Item 5, line A.)

Include:

- A reasonable portion of other costs (company overhead)
A reasonable portion of profits

Exclude:

- Products that are shipped to or on order from your company's sales or wholesale offices and sold to customers outside your company

input box

\$ [ ] ,000.00

D. What percent of the \$,000.00 reported in Item 5, line A was for goods that were ordered or whose movement was controlled or coordinated over electronic networks?
(Report whole percent.)

E-shippments are online orders accepted for manufactured products from customers. These include shipments to other domestic plants of your own company for further manufacture, assembly, or fabrication. The price and terms of sale for these shipments are negotiated over an online system. Payment may or may not be made online.

Include:

- Electronic Data Interchange (EDI)
E-mail
Internet
Extranet
Other online systems

input box

[ ] %



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Item 7: Employment and Payroll Additional Information

EIN:
Store / Plant:
CFN:

ITEM 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)
All persons on paid sick leave, paid holidays, and paid vacation during the year at this establishment

Exclude:

- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN (Report values in Item 16, line D1.)
Temporary staffing obtained from a staffing service (Report values in Item 16, line D1.)
Purchased professional and technical services (Report values in Item 16, line D9.)
Subcontractors and their employees (Report cost of contract work in Item 16, line A3.)
Fishermen, agricultural employees, members of the Armed Forces, and pensioners carried on your active rolls

A. What was the number of production workers at this establishment (direct labor including first-line supervisors) for the pay period including:

Include:

- Workers engaged in fabricating, processing, assembling, inspecting, receiving, packing, warehousing, shipping (but not delivering), maintenance, repair, janitorial, guard services, product development, auxiliary production for plant's own use (e.g., power plant), recordkeeping, and other closely associated services (including truck drivers delivering ready-mixed concrete)

Table with 3 columns: Question, Check if None, 2017 Number. Rows include quarterly production worker counts and average annual production workers.

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C. What was the number of all other (non production) employees at this establishment for the first quarter (January - March 2017)?

Include:

- Officers at this establishment, if a corporation
Supervision above line-supervisor level
Sales employees, including delivery (truck driver and helpers)
Advertising, clerical, credit, collection, purchasing, finance, legal, executive, and technical employees
Employees installing and servicing this establishment's products

Exclude:

- Proprietors and partners, if an unincorporated concern
Temporary staff and leased employees (Report values in Item 16, line D1.)

Input field with checkbox and number box

TOTAL (Add lines B and C.)

Input field with checkbox and number box

D. HOURS WORKED:

What was the annual number of hours worked by the production workers at this establishment (direct labor including first-line supervisors) reported in line B?

Exclude:

- Hours paid for vacations, holidays, or sick leave unless an employee elects to work during their vacation period. Report only actual hours worked by such employee. Overtime hours should be reported as actual hours worked and not as straight-time equivalent hours.

2017 Hours input field with checkbox and ,000 suffix

E. PAYROLL

What was the annual payroll at this establishment before deductions for:

Exclude:

- Employer-paid annual cost for fringe benefits reported in lines F1 through F3

1. Production workers reported in line B?

2017 \$ input field with checkbox and ,000.00 suffix

2. All other employees reported in line C?

\$ input field with checkbox and ,000.00 suffix

TOTAL (Add lines E1 and E2.)

\$ input field with checkbox and ,000.00 suffix

What was the first quarter payroll at this establishment before deductions (January - March 2017)?

\$ input field with checkbox and ,000.00 suffix

F. EMPLOYER-PAID ANNUAL COST FOR FRINGE BENEFITS

(This is the employer's annual cost at this establishment for legally required programs and programs not required by law. If any of the items here are maintained in your records only at the company level, allocate their costs to the manufacturing establishment. You may distribute the total on the basis of the ratio of the payroll of each manufacturing establishment to the total company payroll unless you have developed your own method of making such allocations. Specify the method used and the approximate portion that has been allocated in the Item 31: REMARKS section at the end of the instrument.)

Include:

- Premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs)
Spread on stock options that are taxable to employees at this establishment as wages

Exclude:

- Employee contributions
Disbursements from trusts or funds to satisfy health insurance claims

What were the employer's annual costs at this establishment for:

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1. Health Insurance? - Insurance premiums on hospitals, medical plans, and single-service plans such as dental, vision, and prescription drug plans [checkbox] \$ [input] ,000.00

2. Retirement Plans?

a. Defined benefit pension plans (qualified and nonqualified) - Plans that specify the benefit to be paid to employees upon retirement, generally either a specific amount or a percentage of compensation. Employer contributions are based on actuarial computations that include employee's compensation and years of service and are not allocated to specific accounts maintained for employees. [checkbox] \$ [input] ,000.00

b. Defined contribution plans - Plans that define the employer contributions to a separate account provided for each employee. The employee "benefit" at retirement depends on the amount contributed and the results of the account's activity.

Examples:

- Profit sharing plans
Money purchases (e.g., 401k, 403b)
Stock bonus plans (e.g., ESOPs)

[checkbox] \$ [input] ,000.00

3. Payroll taxes, employer-paid insurance premiums, and other employer-paid benefits?

Include:

- Legally-required fringe benefits (e.g., Social Security, workers compensation insurance, state disability insurance programs, long- and short- term disability, unemployment tax, and Medicare)
Life insurance benefits
"Quality of life" benefits (e.g., childcare assistance, adoption assistance, subsidized commuting, long-term care insurance, flexible workplace, employer-provided home PC, etc.)
Employer contributions to pre-tax benefit accounts (e.g., health savings account)
Education assistance
Stock options
Other benefits not specified above (e.g., job-related travel accident insurance, education assistance, wellness programs, fitness centers, employee assistance programs, etc.)

Exclude:

- Disbursements from trusts or funds to satisfy health insurance claims

[checkbox] \$ [input] ,000.00

4. TOTAL (Add lines F1 through F3.) [checkbox] \$ [input] ,000.00

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Item 9: Value of Inventories Additional Information

EIN:  
Store / Plant:  
CFN:

**ITEM 9: VALUE OF INVENTORIES**

Report inventories at cost or market using generally accepted accounting practices, and report all inventories owned by this establishment regardless of where the inventories are held. If this establishment is part of a multiple-establishment company, assign to each establishment those inventories that the establishment is responsible for as if it owned them.

What was the value of inventories **owned by this establishment** as of December 31 before Last-In, First-Out (LIFO) adjustment (if any) for:

	Check if None	2017	Check if None	2016
A. Finished goods (final output of this establishment but still within ownership)?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
B. Work-in-process (goods that have been substantially transformed in the manufacturing process, but are not yet the final output of the establishment)?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
C. Materials, supplies, fuels, etc. (goods that are raw inputs to the manufacturing process and will be substantially altered to produce this establishment's output)?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
<b>TOTAL</b> (Add lines A through C.)	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00

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Item 10: Inventories by Valuation Method Additional Information

EIN:  
Store / Plant:  
CFN:

**ITEM 10: INVENTORIES BY VALUATION METHOD**

Of the \$,000.00 reported in **Item 9** as the total value of inventories **owned by this establishment** as of December 31, 2017 and the \$,000.00 reported in **Item 9** as the total value of inventories **owned by this establishment** as of December 31, 2016, how much is subject to the following valuation methods:

**A. Non-LIFO (Last-In, First-Out) valuation methods**

	Check if None	2017	Check if None	2016
1. First-In, First-Out (FIFO)?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
2. Average Cost?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
3. Standard Cost?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
4. Other non-LIFO valuation method(s)?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
<input type="text" value="Describe"/>				
<b>TOTAL</b> (Add lines A1 through A4.)	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
<b>B. LIFO Valuation Method</b> (gross LIFO amount)?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
<b>TOTAL</b> Non-LIFO and LIFO methods (Add TOTAL of lines A1 through A4 and B.)	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
<b>C. What is the amount of LIFO reserve</b> (if any)? (If the value of reserve is negative, use "-".)	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00

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Item 11: Inventories Outside of the United States

EIN:  
Store / Plant:  
CFN:

**ITEM 11: INVENTORIES OUTSIDE OF THE UNITED STATES**

Of the \$,000.00 reported in **Item 9** as the total value of inventories owned by this establishment as of December 31, 2017, and the \$,000.00 reported in **Item 9** as the total value of inventories owned by this establishment as of December 31, 2016, what was the value of inventories stored or en route OUTSIDE the 50 U.S. states and the District of Columbia?

**Exclude:**

- Inventory held in Foreign Trade Zones or in bonded warehouses in the U.S

For more detailed definitions, please see:

<http://enforcement.trade.gov/ftzpage/info/ftzstart.html>

Check if None	2017	Check if None	2016
<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/> ,000.00	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/> ,000.00

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Item 13: Assets, Capital Expenditures, and Retirements Additional Information

EIN:
Store / Plant:
CFN:

ITEM 13: ASSETS, CAPITAL EXPENDITURES, AND RETIREMENTS

Include:

- Dollar value of assets, capital expenditures, and retirements
Buildings, structures, and equipment used directly or indirectly by this establishment to produce the goods and services reported in Item 5, line A and Item 22

Form with input fields and checkboxes for questions A, B, C, and D regarding depreciable assets and expenditures in 2017.

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Item 14: Rental Payments Additional Information

EIN:  
Store / Plant:  
CFN:

**ITEM 14: RENTAL PAYMENTS**

**Include:**

- Operating leases

**Exclude:**

- Capital leases (leases with a contract to own at the end of the lease)

At this establishment, what were the payments for:

**A. Rental or lease of buildings and other structures?**

**Include:**

- Job-site trailers
- Land on which the buildings and other structures stand

Check  
if  
None

2017

\$  ,000.00

**B. Rental or lease of machinery and equipment?**

**Include:**

- Production, loading, and transportation machinery and equipment
- Construction equipment
- Tools
- Office equipment
- Furniture
- Vehicles

**Exclude:**

- Computer time-sharing charges for machinery and equipment rentals from computer service companies where the computer is not on site at the establishment

\$  ,000.00

**TOTAL** (Add lines A and B.)

\$  ,000.00

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Item 16: Selected Expenses Additional Information

EIN:  
Store / Plant:  
CFN:

**ITEM 16: SELECTED EXPENSES**

**A.** For this establishment, what were the production-related costs in 2017 for:

**1.** Materials, parts, containers, packaging, supplies, etc. used for manufacturing processes, repairs, services for others, or other operating supplies? *(Report detail in Item 18.)*

**Include:**

- Cost of production-related materials purchased by this establishment for other companies (contractors).

**Exclude:**

- Non-production-related expenses that were paid to other companies (contractors) by this establishment. *(Report these expenses on the next screen in Item 16, line D.)*

Check if None <input type="checkbox"/>	2017
	\$ <input type="text"/> ,000.00

**2.** Products bought and sold without further processing? *(Report sales in Item 5, line A and in Wholesaling Services product codes in Item 22.)*

<input type="checkbox"/>	\$ <input type="text"/> ,000.00
--------------------------	---------------------------------

**3.** Work done for you by others on your materials (work contracted to others)? *(Report on line A1 the cost of production-related materials purchased by this establishment for other companies (contractors).)*

<input type="checkbox"/>	\$ <input type="text"/> ,000.00
--------------------------	---------------------------------

**4.** Purchased fuels consumed for heat, power, or the generation of electricity? *(Report on line B2 the quantity of electricity generated (Gross less generating station use).)*

<input type="checkbox"/>	\$ <input type="text"/> ,000.00
--------------------------	---------------------------------

**5.** Purchased electricity? *(Report comparable quantity on line B1.)*

<input type="checkbox"/>	\$ <input type="text"/> ,000.00
--------------------------	---------------------------------

**TOTAL** (Add lines A1 through A5.)

<input type="checkbox"/>	\$ <input type="text"/> ,000.00
--------------------------	---------------------------------

**B.** For this establishment, what was the quantity of:

**1.** Purchased electricity? *(Quantity comparable to cost reported in line A5)*

<input type="checkbox"/>	2017 Kilowatt Hours
	<input type="text"/> ,000

**2.** Generated electricity (gross less generating station use)? *(Quantity comparable to cost reported in line A4)*

<input type="checkbox"/>	<input type="text"/> ,000
--------------------------	---------------------------

**3.** Electricity sold or transferred to other establishments? *(Also include quantity on lines B1 and/or B2.)*

<input type="checkbox"/>	<input type="text"/> ,000
--------------------------	---------------------------

**C.** For this establishment, what were the depreciation/amortization charges for the current year obtained from your income statement? *(Include depreciation on all assets reported in Item 13.)*

<input type="checkbox"/>	2017
	\$ <input type="text"/> ,000.00

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Item 16: Selected Expenses - Continued

EIN:
Store / Plant:
CFN:

ITEM 16: SELECTED EXPENSES

D. What were the other operating expenses paid by this establishment in 2017 for:

Include:

- Expenses normally considered as non-production-related costs purchased from other companies

1. Temporary staff and leased employees? (Professional Employer Organizations and staffing agencies for personnel)

Include:

- All charges for payroll, benefits, and services

Check if None

Input checkbox

2017

\$ [ ] ,000.00

2. Expensed equipment? (Expensed computer hardware and other equipment)

Include:

- Copiers
Fax machines
Telephones
Shop and lab equipment
CPUs
Monitors

Exclude:

- Packaged software (Report on line D3.)
Leased and rented equipment (Report in Item 14, line B.)

Input checkbox

\$ [ ] ,000.00

3. Expensed purchases of software? (Purchases of prepackaged, custom-coded or vendor-customized software)

Include:

- Software developed or customized by others
Web-design services and purchases
Licensing agreements
Upgrades of software
Maintenance fees related to software upgrades and alterations

Input checkbox

\$ [ ] ,000.00

4. Purchased communication services?

Include:

- Telephone, cellular, and fax services
Computer-related communications (e.g., Internet, connectivity, online)
Other wired and wireless communication services
Credit card transaction fees

Input checkbox

\$ [ ] ,000.00

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5. Data processing and other purchased computer services?

Include:

- Computer facilities management services
• Computer input preparation
• Data storage
• Computer time rental
• Optical scanning services
• Other computer-related advice and services, including training

Exclude:

- Services provided by other establishments of this company (such as a separate central data processing unit)
• Expensed integrated systems (Report in line D4.)
• Repair and maintenance of computer equipment (Report on line D6.)
• Payroll processing and credit card transaction fees (Report payroll processing fees on line D9 and credit card transaction fees on line D4.)
• Expenses for telecommunication services (e.g., Internet, connectivity, telephone) (Report on line D4.)

Input field for item 5

\$ [ ] ,000.00

6. Purchased repairs and maintenance to buildings and/or machinery and equipment?

Include:

- Repairs for painting, roof repairs, replacing parts, over-hauling of equipment, and other repairs chargeable as current operating costs
• Cost of repair and maintenance of any leased property if this establishment assumes the cost

Exclude:

- Extensive "repairs" or reconstruction that is capitalized. Report these as a capital expenditure in Item 13.
• Costs of materials, parts, and supplies directly incurred by this establishment using its own work force to perform repairs and maintenance

Input field for item 6

\$ [ ] ,000.00

7. Water, sewer, refuse removal, and other non-electric utility payments?

(Report electric utility payments on line A5. If the costs of these utilities are included in a lease or rental payment, report in Item 14, line A.)

Include:

- Cost of hazardous waste removal or treatment

Exclude:

- Cost of refuse removal services if included in rental payments
• Machinery or equipment reported as a capital expenditure in Item 13
• Cost of salaries paid to employees of this establishment whose work involves refuse removal and/or hazardous waste removal or treatment

Input field for item 7

\$ [ ] ,000.00

8. Purchased advertising and promotional services?

Include:

- Marketing and public relations services

Exclude:

- Salaries paid to employees of this establishment for advertising work

Input field for item 8

\$ [ ] ,000.00

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**9. Purchased professional and technical services?**

**Include:**

- Management consulting
- Accounting
- Auditing
- Bookkeeping
- Legal
- Actuarial
- Payroll processing
- Architectural
- Engineering
- Other professional services (i.e. janitorial, security, or landscape services)

**Exclude:**

- Salaries paid to your own employees for these services (*Report in Item 7.*)

  ,000.00

**10. Governmental taxes and licensing fees? (Payments to government agencies for taxes and licenses)**

**Include:**

- Business and property taxes

**Exclude:**

- Income taxes

  ,000.00

**11. All other operating expenses not reported elsewhere?**

**Exclude:**

- Purchases of merchandise for resale
- Non-operating expenses

  ,000.00

**TOTAL (Add lines 1 through 11.)**

  ,000.00

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Item 17A: Principal Business or Activity

EIN:  
Store / Plant:  
CFN:

**ITEM 17A: PRINCIPAL BUSINESS OR ACTIVITY**

Which ONE of the following best describes this establishment's principal kind of business or activity in 2017?  
If none of the provided selections seem appropriate, provide a specific description of the primary business activity.  
**Select only ONE.**

- 339116 001  Dental Laboratories
- 339114 001  Dental Equipment and Supplies Manufacturing
- 339112 001  Surgical and Medical Instrument Manufacturing
- 339113 001  Surgical Appliance and Supplies Manufacturing
- 339115 001  Ophthalmic Goods Manufacturing
- 621210 002  Offices of Dentists
- 423450 102  Surgical, medical, and hospital supplies merchant wholesalers
- 773000 001  Other principal business or activity - Describe

Describe

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Item 17B: Type of Operation

EIN:  
Store / Plant:  
CFN:

**ITEM 17B: TYPE OF OPERATION**

Which **ONE** of the following best describes the operation performed at this establishment during 2017?

- 763  Manufacturing dental equipment and supplies such as dental chairs, dental instrument delivery systems, dental hand instruments, and dental impression material and cements
- 764  Manufacturing artificial teeth, bridges, crowns, dentures, and other orthodontic appliances that are customized for individual application (made on a prescription basis)

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Item 18: Detailed Cost of Materials, Parts, and Supplies

EIN:  
 Store / Plant:  
 CFN:

**ITEM 18: DETAILED COST OF MATERIALS, PARTS, AND SUPPLIES**

Of the **\$,000.00** of materials, parts, and supplies in 2017, reported on Item 16, line A1, how much was for the following specified materials?

**General** - The sum of the costs of the itemized materials in this section should equal the figure reported on **Item 16**, line A1 (*Cost of materials, parts, containers, packaging, etc. used*). The following is a breakout of the \$,000.00 currently reported there. The materials, parts, and supplies listed below are commonly consumed in the manufacture, processing, or assembly of the products listed in **Item 22**.

- Please review the entire list and report separately each item consumed.
- Leave a material blank if you did not consume the item.
- Report materials, parts, and supplies purchased, transferred from other plants of your company, or withdrawn from inventory.
- If the information as requested cannot be taken directly from your book records, **reasonable estimates are acceptable**.

**Valuation of Materials Consumed** - The value of the materials, parts, and supplies consumed should be based on the delivered cost; i.e., the amount paid or payable after discounts, and including freight and other direct charges incurred in acquiring the materials.

- Materials transferred from other plants within your company should be reported at their full economic value (the value assigned by the shipping plant, plus the cost of freight and other handling charges).
- If purchases or transfers do not differ significantly from the amounts actually consumed, you may report the cost of purchases or transfers. However, if consumption differs significantly from the amounts purchased or transferred, these amounts should be adjusted for changes in the materials and supplies inventories by adding the beginning inventory to the amount purchased or transferred and subtracting ending inventory, reported on **Item 9**.

**Contract Manufacturing** - The value of materials used for products produced under contract by other companies.

**Include:**

- Materials purchased by this establishment to be consumed by companies that are manufacturing products for this establishment under contract.

**Exclude:**

- Amounts paid to companies that are manufacturing products for this establishment under contract. Report these amounts on **Item 16**, line A3 (*Cost of work done for you by others on your materials*).
- Materials owned by other companies but used by this establishment to make products under contract or for a commission.

**Wholesaling Activities** (previously **Resales**) - The costs of imported or domestic products bought and sold or transferred from other establishments of your company and sold without further manufacture, processing, or assembly **should not be reported here**.

- The cost of these wholesale products should be reported on **Item 16**, line A2 (*Cost of products bought and sold without further processing*).
- The value of these wholesale products shipped by this establishment should be reported in **Item 22** on the line appropriate for the type of Wholesaling activity being reported.

Description	Value	Census Material Code
1. Nonmetallic minerals, including stone, sand, refractory minerals, and chemical materials, excluding fertilizer materials	\$ <input type="text"/> ,000.00	21230000
2. Nonferrous metal castings (excluding aluminum and aluminum-based alloy)	\$ <input type="text"/> ,000.00	33152300
3. Nonferrous metal shapes, forms, sheet, strip, powder, and wire (excluding castings and forgings), excluding aluminum and copper	\$ <input type="text"/> ,000.00	33141000
4. Miscellaneous fabricated metal products (excluding hardware, containers, screw machine products (bolts, nuts, screws, etc.), bearing components, castings, forgings, and wire products)	\$ <input type="text"/> ,000.00	33200091
5. Miscellaneous iron, steel, and ferroalloy ingot, shapes, and forms (excluding castings, forgings, bars, structural shapes, wire, sheet, strip, and semifinished shapes)	\$ <input type="text"/> ,000.00	33110090
6. All basic organic and inorganic chemicals, excluding petrochemicals	\$ <input type="text"/> ,000.00	32518000

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7. Plastics products (including packaging, foam products, film, sheet, rod, tube, fabricated shapes, bottles, etc.), excluding containers, hoses, belting, and gaskets	\$ <input type="text"/> ,000.00	32610001
8. Paper and paperboard products	\$ <input type="text"/> ,000.00	32200000
9. Cost of all other materials and components, parts, containers, and supplies consumed <input type="text" value="Describe"/>	\$ <input type="text"/> ,000.00	00970099
<b>TOTAL</b>	\$ <input type="text"/> ,000.00	77100000

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Item 22: Detail of Sales, Shipments, Receipts, or Revenue

EIN:
Store / Plant:
CFN:

ITEM 22: DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Of the \$,000.00 of Sales, Shipments, Receipts, or Revenue reported in Item 5, what products and services were included?
Select ALL that apply.

General - Please do not combine product lines. If the information is not directly available from your records, reasonable estimates are acceptable.

The manufactured products and services listed below are generally made in your industry. Select the items that apply to your establishment. If you make products or have revenue from other sources not listed, you will have the opportunity to report them later.

Manufacturing of Products Section - Includes products shipped and services performed

Include:

- Products made elsewhere by others from materials supplied by this establishment.
Products transferred to other establishments within your company.

Exclude:

- Wholesaling products (previously Resales) - Products that are bought from other establishments or transferred from other establishments of your company and then sold without further manufacture, processing, or assembly by this establishment.
Products made from materials owned by others (i.e. the customer). If you make products or have revenue from other sources not listed, you will have the opportunity to report them later.

Wholesaling Products Section - Includes product lines sold by this establishment. These product lines were previously grouped together in one product code - Resales.

Include:

- Products that are bought from other establishments or transferred from other establishments of your company and then sold without further manufacture, processing, or assembly by this establishment.
Imported products, including products made by your foreign affiliates, which are sold without further manufacture, processing, or assembly by this establishment.

Exclude:

- Receipts for construction, delivery, installation, and service contracts from the commodity sales.

Table with 3 columns: Description, Select, Product Code. Rows include: 1. Dental equipment, professional (including dental chairs, dental units, hand pieces, hand instruments, and other equipment) (excluding X-ray equipment) [ ] 2017950000; 2. Dental equipment, laboratory (including benches, blow pipes, casting machines, furnaces, lathes, polishing units, and presses) [ ] 2017975000; 3. Dental supplies, professional (including tools for use with dental hand pieces, alloys for amalgams, impression materials, filling materials, etc.) [ ] 2045950000; 4. Dental metals, artificial teeth not customized for individual application, and other dental laboratory supplies (Report artificial teeth, bridges, crowns, dentures, and other orthodontic appliances that are customized for individual application in Product Code 2046000000) [ ] 2045975000

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5. 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 in Product Code 2045975000)	<input type="checkbox"/>	2046000000
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**All other sales, shipments, receipts, or revenue from this establishment**

6. Wholesaling services for medical, dental, and veterinary equipment	<input type="checkbox"/>	4002525000
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Item 22: Detail of Sales, Shipments, Receipts, or Revenue - Continued

EIN:  
 Store / Plant:  
 CFN:

**ITEM 22: DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE**

Of the **\$,000.00** of Sales, Shipments, Receipts, or Revenue reported in **Item 5**, what was the value for each product or service?  
**General – Please do not combine product lines.** If the information is not directly available from your records, **reasonable estimates are acceptable.**

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

Below are the products and services you previously selected. If you make products or have revenue from sources not listed, describe and report them in the "All other sales, shipments, receipts, or revenue from this establishment" section at the end of this question.

**Manufacturing of Products Section** – Report the value of the products shipped and services performed at the net selling value, free on board (FOB) plant to the customer, after discounts and allowances.

**Include:**

- Products made elsewhere by others from materials supplied by this establishment. Report these products on the specific lines as if they were made in this establishment.
- Products transferred to other establishments within your company. These products should be assigned the full economic value (market value); i.e., include all direct costs of production and a reasonable proportion of all other costs and profits.

**Exclude:**

- Wholesaling products (previously **Resales**), which include products that are bought from other establishments or transferred from other establishments of your company and then **sold without further manufacture, processing, or assembly** by this establishment. Report these products in the appropriate Wholesaling products line(s) you selected or else describe and report them in the "All other sales, shipments, receipts, or revenue from this establishment" section at the end of this question.
- Products **made from materials owned by others** (i.e. the customer). Report your commission or contract receipts in the appropriate Contract Manufacturing products line(s) you selected or else describe and report them in the "All other sales, shipments, receipts, or revenue from this establishment" section at the end of this question.
- Freight charged
- Excise taxes

**Wholesaling Products Section** – Report sales for each product line sold by this establishment. In prior Censuses, these product lines were grouped together in one product code for **Resales**.

**Include:**

- Products bought from other establishments or transferred from other establishments of your company and then **sold without further manufacture, processing, or assembly** by this establishment.
- Imported products, including products made by your foreign affiliates, which are **sold without further manufacture, processing, or assembly** by this establishment.

**Exclude:**

- Receipts for construction, delivery, installation, and service contracts from the commodity sales. Report these products in the appropriate products line(s) you selected or else describe and report them in the "All other sales, shipments, receipts, or revenue from this establishment" section at the end of this question.

Description	Value	Product Code
<b>Manufacturing of:</b>		
1. Dental equipment, professional (including dental chairs, dental units, hand pieces, hand instruments, and other equipment) (excluding X-ray equipment)	\$ <input type="text"/> ,000.00	2017950000
2. Dental equipment, laboratory (including benches, blow pipes, casting machines, furnaces, lathes, polishing units, and presses)	\$ <input type="text"/> ,000.00	2017975000

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Table with 3 rows: 3. Dental supplies, professional...; 4. Dental metals, artificial teeth...; 5. Orthodontic appliances... Each row includes a description, a dollar amount field, and a product code.

All other sales, shipments, receipts, or revenue from this establishment

Table with 10 main rows (6-10) and sub-rows (a, b, c) for each. Includes descriptions like 'Wholesaling services for medical, dental, and veterinary equipment' and 'Other manufacturing revenue'. Each row has a dollar amount field and a product code.

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b. All other products and services, not elsewhere classified - write-in #2

Pick one	<input type="text" value="Describe"/>	\$	<input type="text"/>	,000.00	9000000006
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c. All other products and services, not elsewhere classified - write-in #3

Pick one	<input type="text" value="Describe"/>	\$	<input type="text"/>	,000.00	9000000009
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Add Additional Products

<b>TOTAL - Sum of lines should equal total Sales, Shipments, Receipts, or Revenue reported in Item 5</b>	\$	<input type="text"/>	,000.00	9900000000
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Item 27: Manufacturing Activities - Manufacturing at This Location

EIN:  
Store / Plant:  
CFN:

**ITEM 27: MANUFACTURING ACTIVITIES - MANUFACTURING AT THIS LOCATION**

In 2017, did this establishment manufacture any products or produce any goods at this location?

- Yes
- No

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Item 27: Manufacturing Activities - Manufacturing by Other Company Locations Inside the U.S.

EIN:  
Store / Plant:  
CFN:

**ITEM 27: MANUFACTURING ACTIVITIES - MANUFACTURING BY OTHER COMPANY LOCATIONS INSIDE THE U.S.**

In 2017, did this establishment have any manufacturing done on its behalf by any other locations of your company **inside the U.S.**?

- Yes
- No

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Item 27: Manufacturing Activities - Manufacturing by Affiliated Companies Inside the U.S.

EIN:  
Store / Plant:  
CFN:

**ITEM 27: MANUFACTURING ACTIVITIES - MANUFACTURING BY AFFILIATED COMPANIES INSIDE THE U.S.**

In 2017, did this establishment have any manufacturing done on its behalf by any **affiliated** companies **inside the U.S.**?

- Yes
- No



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Item 27: Manufacturing Activities - Manufacturing by Unaffiliated Companies Inside the U.S.

EIN:  
Store / Plant:  
CFN:

**ITEM 27: MANUFACTURING ACTIVITIES - MANUFACTURING BY UNAFFILIATED COMPANIES INSIDE THE U.S.**

In 2017, did this establishment have any manufacturing done on its behalf by any **unaffiliated** companies **inside the U.S.**?

- Yes
- No

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Item 27: Manufacturing Activities - Manufacturing Done Outside the U.S.

EIN:  
Store / Plant:  
CFN:

**ITEM 27: MANUFACTURING ACTIVITIES - MANUFACTURING DONE OUTSIDE THE U.S.**

In 2017, did this establishment have any manufacturing done on its behalf **outside the U.S.**?

*Include manufacturing done outside the U.S. by both affiliated and unaffiliated companies.*

Yes

No

**2017 Economic Census**  
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Item 27: Manufacturing Activities - Design or Specification for Products Manufactured on Its Behalf

EIN:  
Store / Plant:  
CFN:

**ITEM 27: MANUFACTURING ACTIVITIES - DESIGN OR SPECIFICATION FOR PRODUCTS MANUFACTURED ON ITS BEHALF**

In 2017, did this establishment determine the design or specifications for any of the products that were manufactured on its behalf?

*"Design or specifications" refers to the function of the product, not just the appearance or its packaging.*

Yes

No

**2017 Economic Census**  
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Item 27: Manufacturing Activities - Percentage of Revenue for Products Manufactured on Its Behalf

EIN:  
Store / Plant:  
CFN:

**ITEM 27: MANUFACTURING ACTIVITIES - PERCENTAGE OF REVENUE FOR PRODUCTS MANUFACTURED ON ITS BEHALF**

What percentage of this establishment's total revenue in 2017 was from the sale of products that were manufactured on its behalf, per this establishment's design or specifications?

*Estimates are acceptable.*

- 0%
- 1-25%
- 26-50%
- 51-75%
- 76-99%
- 100%

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Item 27: Manufacturing Activities - U.S. Company as a Whole - Manufacturing Done Outside the U.S.

EIN:  
Store / Plant:  
CFN:

**ITEM 27: MANUFACTURING ACTIVITIES - U.S. COMPANY AS A WHOLE - MANUFACTURING DONE OUTSIDE THE U.S.**

In 2017, was your **U.S. company as a whole** responsible for the design of any products that were manufactured **outside the U.S.**?

- Yes
- No

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Item 31: Remarks

EIN:  
Store / Plant:  
CFN:

**ITEM 31: REMARKS**

Please use this space for any explanations that may be essential in understanding your reported data. (Maximum length is 1,000 characters.)

You have  characters remaining

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