



**INDIANA ECONOMIC IMPACT - PROPOSALS AND CONTRACTS**

State Form 51778 (R4 / 1-06)  
 DEPARTMENT OF ADMINISTRATION  
 Approved by State Board of Accounts, 2006

This information is required by the Indiana Department of Administration for all contractors, vendors/suppliers to the State of Indiana (complete all 22 items).

1	<b>Legal Name of firm:</b>	Express Legal Services, Inc.
2	<b>Address/City/State/Zip Code:</b>	102 Granby Drive, Ste 103, Indianapolis, IN 46229
3	<b>Telephone #/Fax #/Website:</b>	317-622-2373, no fax, expresssls.com
4	<b>Federal Tax Identification Number:</b>	85-0654070
5	<b>State/Country of domicile/incorporation:</b>	Indiana, USA
6	<b>Location of firm's headquarters or principal place of business:</b>	Indianapolis, IN, USA
7	<b>Name of parent company or holding company (if applicable):</b>	NA
8	<b>State/Country of domicile/incorporation of company listed in #7:</b>	NA
9	<b>Address of company listed in #7:</b>	NA
10	<b>IN Department of Workforce Development (DWD) account number:</b>	831967
11	<b>IN Department of Revenue (DOR) account number:</b>	0170902625-001
12	<b>Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:</b>	1
13	<b>Total number of employees per most recently completed IRS Form W-2 distribution:</b>	1
14	<b>Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:</b>	100,000
15	<b>Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:</b>	100,000
16	<b>Total amount of this proposal, bid, or current contract:</b>	\$ 800,000.00

**ACCOUNTING OF INDIANA RESIDENT EMPLOYEES**

17	<b>Prime Contractor Company Name:</b>	Advent Automation
18	<b>Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:</b>	1.00

19	<b>Subcontractor Company Name:</b>	Express Legal Services contracts with individuals through Indiana that are not incorporated. Last year we paid \$528,000 to these individuals.			
20	<b>Address/Contact Person/Telephone Number/Tax ID Number:</b>				
21	<b>Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:</b>	15.00	0.00	0.00	0.00

22	<b>Affirmation by authorized official:</b>	I affirm under penalties of perjury that the foregoing representations are true to be the best of my knowledge and belief: <i>Christine D Trehan</i>			
	<b>Signature:</b>				
	<b>Name of authorized official:</b>	Christine D Trehan			
	<b>Title:</b>	CEO			
	<b>Date:</b>	10/13/2022			