

**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).

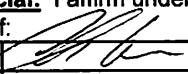
1	Legal Name of firm:	Shaffer Distributing Company
2	Address/City/State/Zip Code:	1100 W 3rd Ave, Columbus, OO 43212-3113
3	Telephone #/Fax #/Website:	Main: (614) 421-6800 / Toll-Free: (800) 282-0194 / Web: www.shafferdistributing.com
4	Federal Tax Identification Number:	314304446
5	State/Country of domicile/incorporation:	Franklin County in the state of Ohio
6	Location of firm's headquarters or principal place of business:	1100 W 3rd Ave, Columbus, OO 43212-3113
7	Name of parent company or holding company (if applicable):	NA
8	State/Country of domicile/incorporation of company listed in #7:	NA
9	Address of company listed in #7:	NA
10	IN Department of Workforce Development (DWD) account number:	433393
11	IN Department of Revenue (DOR) account number:	7327234001
12	Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:	16
13	Total number of employees per most recently completed IRS Form W-2 distribution:	66
14	Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:	735805
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:	5052464
16	Total amount of this proposal, bid, or current contract:	

**ACCOUNTING OF INDIANA RESIDENT
EMPLOYEES**

17	Prime Contractor Company Name:	Shaffer Distributing Company
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18	Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:	0.40
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19	Subcontractor Company Name:				
20	Address/Contact Person/Telephone Number/Tax ID Number:				
21	Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:	0.00	0.00	0.00	0.00

22	Affirmation by authorized official: I affirm under penalties of perjury that the foregoing representations are true to be the best of my knowledge and belief:				
	Signature:				
	Name of auththorized official:	Charles Ropke			
	Title:	COO			
	Date:	7/13/22			7/13/2022