

**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:	Conference Technologies, Inc.
2	Address/City/State/Zip Code:	5783 Park Plaza Ct., Indianapolis, IN 46220
3	Telephone #/Fax #/Website:	T: 317-762-0481 W: https://www.conferencetech.com/
4	Federal Tax Identification Number:	43-1501713
5	State/Country of domicile/incorporation:	Missouri
6	Location of firm's headquarters or principal place of business:	11653 Adie Rd, Maryland Heights, MO 63043
7	Name of parent company or holding company (if applicable):	N/A
8	State/Country of domicile/incorporation of company listed in #7:	N/A
9	Address of company listed in #7:	N/A
10	IN Department of Workforce Development (DWD) account number:	
11	IN Department of Revenue (DOR) account number:	136741304
12	Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:	6
13	Total number of employees per most recently completed IRS Form W-2 distribution:	575
14	Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:	343320.86
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:	28735290.19
16	Total amount of this proposal, bid, or current contract:	\$ 154,433.69

ACCOUNTING OF INDIANA RESIDENT EMPLOYEES

17	Prime Contractor Company Name:	
----	---------------------------------------	--

18	<u>Number of Full Time Equivalent (FTE) employees</u> that are Indiana residents specifically for this proposal or contract:	5.00
----	--	------

19	<u>Subcontractor Company Name:</u>				
20	Address/Contact Person/Telephone Number/Tax ID Number:				
21	<u>Number of Full Time Equivalent (FTE) employees</u> that are Indiana residents specifically for this proposal or contract:	0.00	0.00	0.00	0.00

22	<u>Affirmation by authorized official:</u> 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:	Mark Fox			
	Title:	Director			
	Date:	8/11/2022			