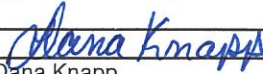


**INDIANA ECONOMIC IMPACT - PROPOSALS AND CONTRACTS**

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:	Gaylord Bros., Inc.
2	Address/City/State/Zip Code:	7282 William Barry Blvd. N. Syracuse, NY 13212 (PO Box 4901, Syracuse, NY 13221)
3	Telephone #/Fax #/Website:	800-448-6160 / 800-595-7265 / www.gaylord.com
4	Federal Tax Identification Number:	57-1164294
5	State/Country of domicile/incorporation:	New York/ United States of America
6	Location of firm's headquarters or principal place of business:	Gaylord Bros., Inc. 7282 William Barry Blvd. N. Syracuse, NY 13212
7	Name of parent company or holding company (if applicable):	Wall Family Enterprises
8	State/Country of domicile/incorporation of company listed in #7:	Wisconsin/United States of America
9	Address of company listed in #7:	4810 Forest Run Rd. Madison, WI 53704
10	IN Department of Workforce Development (DWD) account number:	N/A
11	IN Department of Revenue (DOR) account number:	N/A
12	Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:	None
13	Total number of employees per most recently completed IRS Form W-2 distribution:	Fifty five employees - none live in Indiana
14	Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:	None
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:	We do not publish this information.
16	Total amount of this proposal, bid, or current contract:	\$56,005.50
ACCOUNTING OF INDIANA RESIDENT EMPLOYEES		
17	Prime Contractor Company Name:	None

18	Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:	0.00			
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:	Dana Knapp			
	Title:	Territory Sales Representative			
	Date:	May 20th, 2021			