

**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:	Republic Services of Indiana, LP
2	Address/City/State/Zip Code:	12820 S Cumminsville St, Pimento IN 47866
3	Telephone #/Fax #/Website:	812-298-2100/812-298-2198/www.republicservices.com
4	Federal Tax Identification Number:	65-1012411
5	State/Country of domicile/incorporation:	Delaware, USA
6	Location of firm's headquarters or principal place of business:	Phoenix, AZ
7	Name of parent company or holding company (if applicable):	Republic Services Inc
8	State/Country of domicile/incorporation of company listed in #7:	Delaware, USA
9	Address of company listed in #7:	18500 North Allied Way Phoenix, AZ 85054-6164
10	IN Department of Workforce Development (DWD) account number:	472711 (ADM) 50463 (TRANS)
11	IN Department of Revenue (DOR) account number:	0108502643 (ADM) 011412416700 (TRANS)
12	Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:	2,460
13	Total number of employees per most recently completed IRS Form W-2 distribution:	36,000
14	Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:	\$80,124,716
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:	\$5,624,272,046
16	Total amount of this proposal, bid, or current contract:	\$481,926.00

**ACCOUNTING OF INDIANA RESIDENT EMPLOYEES**

17	Prime Contractor Company Name:	Republic Services of Indiana, LP
18	Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:	0.21

19	Subcontractor Company Name:	(Enter Company Name Here)	(Enter Company Name Here)	(Enter Company Name Here)	(Enter Company Name Here)	(Enter Company Name Here)	(Enter Company Name Here)
20(A)	Address						
20(B)	Contact Person						
20(C)	Telephone Number						
20(D)	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	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 authorized official:	Ben Pearson
	Title:	General Manager
	Date:	9/8/2020