



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).

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|----|---|---|
| 1 | Legal Name of firm: | Ray O'Herron Co, Inc. |
| 2 | Address/City/State/Zip Code: | 3549 N Vermilion St |
| 3 | Telephone #/Fax #/Website: | Danville, IL 61832 |
| 4 | Federal Tax Identification Number: | 37-0916018 |
| 5 | State/Country of domicile/incorporation: | U.S.A |
| 6 | Location of firm's headquarters or principal place of business: | 3549 N Vermilion St Danville, IL 61832 |
| 7 | Name of parent company or holding company (if applicable): | N/A |
| 8 | State/Country of domicile/incorporation of company listed in #7: | U.S.A |
| 9 | Address of company listed in #7: | N/A |
| 10 | IN Department of Workforce Development (DWD) account number: | 760650 |
| 11 | IN Department of Revenue (DOR) account number: | 3263070 |
| 12 | Number of Indiana resident employees per most recently completed IRS Form W-2 distribution: | 4 |
| 13 | Total number of employees per most recently completed IRS Form W-2 distribution: | 59 |
| 14 | Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution: | 126,586.40 |
| 15 | Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution: | 2,684,488.12 |
| 16 | Total amount of this proposal, bid, or current contract: | \$1,020,230.40 |

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: | 0.00 |
|----|---|------|

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|----|---|------|------|------|------|
| 19 | <u>Subcontractor Company Name:</u> | | | | |
| 20 | Address/Contact Person/Telephone Number/Tax ID Number: | N/A | | | |
| 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 |

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|----|---|-------------------------|--|--|--|
| 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: | <i>Michael O'Herron</i> | | | |
| | Name of auththorized official: | Michael O'Herron | | | |
| | Title: | President | | | |
| | Date: | 9/9/2022 | | | |