



**INDIANA ECONOMIC IMPACT - PROPOSALS AND CONTRACTS**

State Form 51778 (R4 / 1-06)  
 DEPARTMENT OF ADMINISTRATION  
 Approved by State Board of Accounts, 2006

**INSTRUCTIONS**

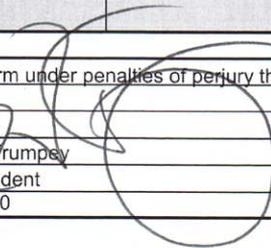
This information is required by the Indiana Department of Administration for all contractors, vendors/suppliers to the State of Indiana (complete all 22 items).

1	Legal Name of firm:	Garage Door Doctor		
2	Address/City/State/Zip	1725 S Franklin Rd Ste B		
3	Telephone #/Fax #/Website:	317-882-6887 - <a href="https://www.garagedoordoctorllc.com/">https://www.garagedoordoctorllc.com/</a>		
4	Federal Tax Identification Number:	27-0461714		
5	State/Country of domicile/incorporation:	Indiana		
6	Location of firm's headquarters or principal place of business:	Indianapolis, Indiana		
7	Name of parent company or holding company (if applicable):	Garage Door Doctor		
8	State/Country of domicile/incorporation of company listed in #7:	Indianapolis, Indiana		
9	Address of company listed in #7:	1725 S Franklin Rd Ste B		
10	IN Department of Workforce Development (DWD) account number:	615043		
11	IN Department of Revenue (DOR) account number:	na		
12	Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:	31		
13	Total number of employees per most recently completed IRS Form W-2 distribution:	40		
14	Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:	40		
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:	\$1,240,750.23		
16	Total amount of this proposal, bid, or current contract:	\$		349.00

**ACCOUNTING OF INDIANA RESIDENT EMPLOYEES**

17	<u>Prime Contractor Company Name:</u>	Garage Door Doctor		
18	<u>Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:</u>	31.00		
19	<u>Subcontractor Company Name:</u>	Garage Door Doctor		
20	Address/Contact Person/Telephone Number/Tax ID Number:	1725 S Franklin Rd STE B	317-882-3667	27-0461714

21	<b>Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:</b>	31.00	0.00	0.00	0.00
----	--	-------	------	------	------

22	<b>Affirmation by authorized official:</b> 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:	Douglas Trumpey			
	Title:	Vice President			
	Date:	04/20/2020			