



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).

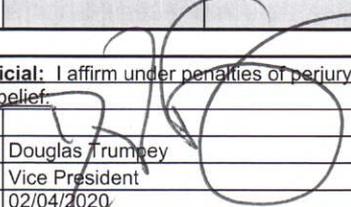
1	Legal Name of firm:	Garage Door Doctor
2	Address/City/State/Zip	1725 S Franklin Rd Ste B
3	Telephone #/Fax #/Website:	317-882-6887 - https://www.garagedoordoctorllc.com/
4	Federal Tax Identification Number:	27-0461714
5	State/Country of domicile/incorporation:	Indiana
6	Location of firm's headquarters 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	Prime Contractor Company Name:	Garage Door Doctor
18	Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:	31.00

19	Subcontractor Company Name:	Garage Door Doctor		
20	Address/Contact Person/Telephone Number/Tax ID Number:	1725 S Franklin Rd STE B	317-882-3667	27-0461714

21	Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:	31.00	0.00	0.00	0.00
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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:	Douglas Trumpy			
	Title:	Vice President			
	Date:	02/04/2020			