



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:	The Industrial Laboratories Company, Inc.
2	Address/City/State/Zip Code:	4046 Youngfield Street, Wheat Ridge, CO 80033
3	Telephone #/Fax #/Website:	303-287-9691, 303-287-0964, www.industriallabs.net
4	Federal Tax Identification Number:	84-1257406
5	State/Country of domicile/incorporation:	Colorado
6	Location of firm's headquarters or principal place of business:	Colorado
7	Name of parent company or holding company (if applicable):	Not Applicable
8	State/Country of domicile/incorporation of company listed in #7:	Not Applicable
9	Address of company listed in #7:	Not Applicable
10	IN Department of Workforce Development (DWD) account number:	Not Applicable
11	IN Department of Revenue (DOR) account number:	Not Applicable
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:	31
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:	\$ 1,801,209.00
16	Total amount of this proposal, bid, or current contract:	\$ 1,791,400.00

ACCOUNTING OF INDIANA RESIDENT EMPLOYEES

17	Prime Contractor Company Name:	
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18	Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:	0.00
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19	Subcontractor Company Name:	None			
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:	Seth Wong			
	Title:	President			
	Date:	10/29/2020			

