



INDIANA ECONOMIC IMPACT - PROPOSALS AND CONTRACTS

State Form 51778 (R5 / 3-06)

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 Cumminsville Road, Pimento, IN 47866
3	Telephone #/Fax #/Website:	812.298.2100 / 812.298.2198 / www.republicservices.com
4	Federal Tax Identification Number:	651012411
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 N Allied Way, Phoenix, AZ 85054
10	IN Department of Workforce Development (DWD) account number:	47211 (ABM) 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:	2460
13	Total number of employees per most recently completed IRS Form W-2 distribution:	36000
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:	\$146,754.56

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

19	Subcontractor Company Name:				
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:				

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:	Jodi Cox			
	Title:	Sales Manager			
	Date:	3/15/2024			