



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).

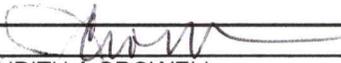
| | | | |
|----|--|--|--------------|
| 1 | Legal Name of firm: | BLACKJACK UNIFORMS/ PRIMARY | |
| 2 | Address/City/State/Zip Code: | 7242 KENNEDY AVENUE, HAMMOND, IN | 46323 |
| 3 | Telephone #/Fax #/Website: | 219 844 2870 | 219 844 3511 |
| 4 | Federal Tax Identification Number: | 35-2152524 | |
| 5 | State/Country of domicile/incorporation: | INDIANA | |
| 6 | Location of firm's headquarters or principal place of business: | INDIANA | |
| 7 | Name of parent company or holding company (if applicable): | BLACKJACK UNIFORMS | |
| 8 | State/Country of domicile/incorporation of company listed in #7: | INDIANA | |
| 9 | Address of company listed in #7: | 7242 KENNEDY AVENUE, HAMMOND, IN | 46323 |
| 10 | IN Department of Workforce Development (DWD) account number: | | 507049 |
| 11 | IN Department of Revenue (DOR) account number: | 1105-79505 | |
| 12 | Number of Indiana resident employees per most recently completed IRS Form W-2 distribution: | | 1.5 |
| 13 | Total number of employees per most recently completed IRS Form W-2 distribution: | | 1.5 |
| 14 | Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution: | | 20,000.00 |
| 15 | Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution: | | 20,000.00 |
| 16 | Total amount of this proposal, bid, or current contract: | \$973,450.00 (MAIN PRICING) \$9,400.00 (ALTERNATE PRICING) PRIMARY | |

ACCOUNTING OF INDIANA RESIDENT EMPLOYEES

| | | |
|----|---------------------------------------|--------------------|
| 17 | Prime Contractor Company Name: | BLACKJACK UNIFORMS |
|----|---------------------------------------|--------------------|

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|----|---|------|
| 18 | Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract: | 1.50 |
|----|---|------|

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|----|---|------------------|--|------|------|
| 19 | Subcontractor Company Name: | LAKESIDE ADV. | PRINT SOLUTIONS | | |
| 20 | Address/Contact Person/Telephone Number/Tax ID Number: | 543 LEWIS,HMD IN | 1744 BEACHVIEW CT CROWN PT IN 46307 219 988 4186 | | |
| 21 | Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract: | 0.50 | 0.25 | 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 auththorized official: | JUDITH A CROWELL | | | |
| | Title: | PRESIDENT/OWNER | | | |
| | Date: | 1/20/2020 | | | |