

**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).

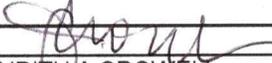
1	Legal Name of firm:	BLACKJACK UNIFORMS/ RELATED	
2	Address/City/State/Zip Code:	7242 KENNEDY AVENUE, HAMMOND, IN 46323	
3	Telephone #/Fax #/Website:	219 844 2870 219 844 3511	
4	Federal Tax Identification Number:	35-2152524	
5	State/Country of domicile/incorporation:	INDIANA	
6	Location of firm's headquarters 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:		2
13	Total number of employees per most recently completed IRS Form W-2 distribution:		2
14	Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:		25,000.00
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:		25,000.00
16	Total amount of this proposal, bid, or current contract:	\$1,452,695.25 (MAIN PRICING) \$19,425.00 (ALTERNATE) RELATED	

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:	1.75
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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

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			