

**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).

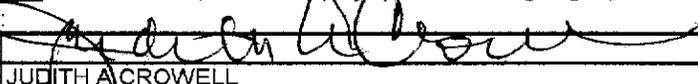
1	Legal Name of firm:	BLACKJACK UNIFORMS INC.	
2	Address/City/State/Zip Code:	7242 KENNEDY AVE., HAMMOND, IN 46323	
3	Telephone #/Fax #/Website:	219 844 2870 219 844 3511	
4	Federal Tax Identification Number:	35-2152524	
5	State/Country of domicile/incorporation:	INDIANA	
6	Location of firm's headquarters or principal place of business:	INDIANA	
7	Name of parent company or holding company (if applicable):	BLACKJACK UNIFORMS INC.	
8	State/Country of domicile/incorporation of company listed in #7:	INDIANA	
9	Address of company listed in #7:	7242 KENNEDY AVE., 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:	\$3,132,813.90 (MAIN PRICING) \$547,701.00 (ALTERNATE PRICING)	

**ACCOUNTING OF INDIANA RESIDENT EMPLOYEES**

17	Prime Contractor Company Name:	
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18	<b>Number of Full Time Equivalent (FTE) employees</b> that are Indiana residents specifically for this proposal or contract:	2.00
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19	<b>Subcontractor Company Name:</b>	LAKESIDE ADV	PRINT SOLUTIONS			
20	<b>Address/Contact Person/Telephone Number/Tax ID Number:</b>	43 LEWIS HD IN	1744 BEACHVIEW CT CROWN PT IN 46307 219 988 4186			
21	<b>Number of Full Time Equivalent (FTE) employees</b> that are Indiana residents specifically for this proposal or contract:	0.50	0.25	0.00	0.00	0.00

22	<b>Affirmation by authorized official:</b> 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:	10/9/2020				