

**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).

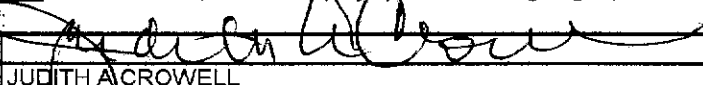
1	Legal Name of firm:	BLACKJACK UNIFORMS INC.	
2	Address/City/State/Zip Code:	7242 KENNEDY AVE., HAMMOND, IN 46323	
3	Telephone #/Fax #/Website:	219 844 2870 219 844 3511	
4	Federal Tax Identification Number:	35-2152524	
5	State/Country of domicile/incorporation:	INDIANA	
6	Location of firm's headquarters 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	Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:	2.00
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19	Subcontractor Company Name:	LAKESIDE ADV	PRINT SOLUTIONS			
20	Address/Contact Person/Telephone Number/Tax ID Number:	43 LEWIS HD 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	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: 10/9/2020					