

**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).

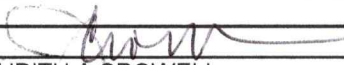
1	Legal Name of firm:	BLACKJACK UNIFORMS/ PRIMARY
2	Address/City/State/Zip Code:	7242 KENNEDY AVENUE, HAMMOND, IN 46323
3	Telephone #/Fax #/Website:	219 844 2870 219 844 3511
4	Federal Tax Identification Number:	35-2152524
5	State/Country of domicile/incorporation:	INDIANA
6	Location of firm's headquarters 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	<u>Number of Full Time Equivalent (FTE) employees</u> that are Indiana residents specifically for this proposal or contract:	1.50
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19	<u>Subcontractor Company</u>	LAKESIDE ADV.	PRINT SOLUTIONS		
20	<u>Name:</u> Address/Contact Person/Telephone Number/Tax ID Number:	543 LEWIS,HMD IN	1744 BEACHVIEW CT CROWN PT IN 46307 219 988 4186		
21	<u>Number of Full Time Equivalent (FTE) employees</u> that are Indiana residents specifically for this proposal or contract:	0.50	0.25	0.00	0.00

22	<u>Affirmation by authorized official:</u> 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				