

**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).

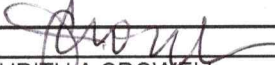
1	Legal Name of firm:	BLACKJACK UNIFORMS/ RELATED
2	Address/City/State/Zip Code:	7242 KENNEDY AVENUE, HAMMOND, IN 46323
3	Telephone #/Fax #/Website:	219 844 2870 219 844 3511
4	Federal Tax Identification Number:	35-2152524
5	State/Country of domicile/incorporation:	INDIANA
6	Location of firm's headquarters 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
----	--------------------------------	--------------------

18	<b><u>Number of Full Time Equivalent (FTE) employees</u></b> that are Indiana residents specifically for this proposal or contract:	1.75
----	--	------

19	<b><u>Subcontractor Company Name:</u></b>	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	<b><u>Number of Full Time Equivalent (FTE) employees</u></b> that are Indiana residents specifically for this proposal or contract:	0.50	0.25	0.00	0.00

22	<b><u>Affirmation by authorized official:</u></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:	1/20/2020			