

**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).

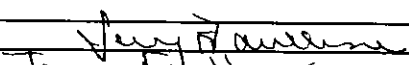
1	Legal Name of firm:	Faulkner Fabricating Inc.
2	Address/City/State/Zip Code:	4050 Lincoln Hwy V Bourbon IN 46504
3	Telephone #/Fax #/Website:	574-342-0022 574-342-0111
4	Federal Tax Identification Number:	35-1814997
5	State/Country of domicile/incorporation:	Indiana Marshall
6	Location of firm's headquarters or principal place of business:	
7	Name of parent company or holding company (if applicable):	
8	State/Country of domicile/incorporation of company listed in #7:	
9	Address of company listed in #7:	
10	IN Department of Workforce Development (DWD) account number:	326613
11	IN Department of Revenue (DOR) account number:	0004543122-001
12	Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:	55
13	Total number of employees per most recently completed IRS Form W-2 distribution:	55
14	Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:	2,555,065.26
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:	2,555,065.26
16	Total amount of this proposal, bid, or current contract:	{INSERT TOTAL BID AMOUNT FROM BID COST TAB, CELL H14 (ATTACHMENT D)}

ACCOUNTING OF INDIANA RESIDENT EMPLOYEES

17	Prime Contractor Company Name:	
----	--------------------------------	--

18	<u>Number of Full Time Equivalent (FTE) employees</u> that are Indiana residents specifically for this proposal or contract:	0.00
----	--	------

19	<u>Subcontractor Company Name:</u>				
20	Address/Contact Person/Telephone Number/Tax ID Number:				
21	<u>Number of Full Time Equivalent (FTE) employees</u> that are Indiana residents specifically for this proposal or contract:	0.00	0.00	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:	Jerry Faulkner			
	Title:	President			
	Date:	4/29/24			