

**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).

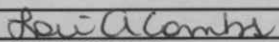
1	Legal Name of firm:	HARLEY-DAVIDSON SALES & SERVICE INC
2	Address/City/State/Zip Code:	4930 SOUTHPORT CROSSING PLACE, INDIANAPOLIS, IN 46237
3	Telephone #/Fax #/Website:	317-885-5180 / WWW.SOUTHSIDEHARLEY.COM
4	Federal Tax Identification Number:	35-0972584
5	State/Country of domicile/incorporation:	INDIANA
6	Location of firm's headquarters or principal place of business:	INDIANAPOLIS, INDIANA
7	Name of parent company or holding company (if applicable):	N/A
8	State/Country of domicile/incorporation of company listed in #7:	N/A
9	Address of company listed in #7:	N/A
10	IN Department of Workforce Development (DWD) account number:	57117
11	IN Department of Revenue (DOR) account number:	0001841211-001
12	Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:	51
13	Total number of employees per most recently completed IRS Form W-2 distribution:	51
14	Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:	2,656,698.32
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:	2,656,698.32
16	Total amount of this proposal, bid, or current contract:	zero

ACCOUNTING OF INDIANA RESIDENT EMPLOYEES

17	Prime Contractor Company Name:	Harley-Davidson Sales & Service Inc
----	--------------------------------	-------------------------------------

18	Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:	3.00
----	---	------

19	Subcontractor Company Name:				
20	Address/Contact Person/Telephone Number/Tax ID Number:				
21	Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:	0.00	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:	LORI A COMBS			
	Title:	GENERAL MANAGER			
	Date:	7-Dec-23			