

**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:	M Y Motorsports of Indiana, LLC
2	Address/City/State/Zip Code:	2032 W Robin Way, Columbus IN 47201
3	Telephone #/Fax #/Website:	812-778-0039
4	Federal Tax Identification Number:	82-0649697
5	State/Country of domicile/incorporation:	Indiana / Bartholomew
6	Location of firm's headquarters or principal place of business:	2032 W Robin Way, Columbus IN 47201
7	Name of parent company or holding company (if applicable):	None
8	State/Country of domicile/incorporation of company listed in #7:	None
9	Address of company listed in #7:	NA
10	IN Department of Workforce Development (DWD) account number:	
11	IN Department of Revenue (DOR) account number:	82-0649697
12	Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:	1
13	Total number of employees per most recently completed IRS Form W-2 distribution:	1
14	Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:	31,652.64
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:	31,652.64
16	Total amount of this proposal, bid, or current contract:	\$ -

ACCOUNTING OF INDIANA RESIDENT EMPLOYEES

17	Prime Contractor Company Name:	M Y MOTORSPORTS OF INDIANA, LLC			
18	Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:	1.00			
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 authorized official:	Charles Ducastel			
	Title:	Manager			
	Date:	8-Nov-23			