

**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:	Express Legal Services, Inc.
2	Address/City/State/Zip Code:	102 Granby Drive, Ste 103, Indianapolis, IN 46229
3	Telephone #/Fax #/Website:	317-622-2373, no fax, expressls.com
4	Federal Tax Identification Number:	85-0654070
5	State/Country of domicile/incorporation:	Indiana, USA
6	Location of firm's headquarters or principal place of business:	Indianapolis, IN, USA
7	Name of parent company or holding company (if applicable):	NA
8	State/Country of domicile/incorporation of company listed in #7:	NA
9	Address of company listed in #7:	NA
10	IN Department of Workforce Development (DWD) account number:	831967
11	IN Department of Revenue (DOR) account number:	0170902625-001
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:	100,000
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:	100,000
16	Total amount of this proposal, bid, or current contract:	\$ 800,000.00

ACCOUNTING OF INDIANA RESIDENT EMPLOYEES

17	Prime Contractor Company Name:	Advent Automation
18	Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:	1.00

19	Subcontractor Company Name:	Express Legal Services contracts with individuals through Indiana that are not incorporated. Last year we paid \$528,000 to these individuals.			
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:	15.00	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: <i>Christine D Trehan</i>			
	Signature:				
	Name of authorized official:	Christine D Trehan			
	Title:	CEO			
	Date:	10/13/2022			