

**INDIANA ECONOMIC IMPACT - PROPOSALS AND CONTRACTS**

State Form 51778 (R4 / 1-06)
DEPARTMENT OF ADMINISTRATION
Approved by State Board of Accounts, 2006

Component 2

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:	West Publishing Corporation
2	Address/City/State/Zip Code:	610 Opperman Drive, Eagan, Minnesota 55123
3	Telephone #/Fax #/Website:	651-687-7000; www.thomsonreuters.com
4	Federal Tax Identification Number:	41-1426973
5	State/Country of domicile/incorporation:	Minnesota
6	Location of firm's headquarters or principal place of business:	Minnesota
7	Name of parent company or holding company (if applicable):	Thomson Reuters (Legal) Inc.
8	State/Country of domicile/incorporation of company listed in #7:	Minnesota
9	Address of company listed in #7:	Toronto, Ontario, Canada
10	IN Department of Workforce Development (DWD) account number:	177571
11	IN Department of Revenue (DOR) account number:	RST-0000606572
12	Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:	13
13	Total number of employees per most recently completed IRS Form W-2 distribution:	6573
14	Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:	\$1,722.01
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:	\$616,785,760
16	Total amount of this proposal, bid, or current contract:	\$339,708.84 = \$139,708.80 (annual total for locate and incarceration) + \$200,000.04 (batch tier 100,001-200,000 for evaluation)

ACCOUNTING OF INDIANA RESIDENT EMPLOYEES

17	Prime Contractor Company Name:	NA
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18	Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:	0.00
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19	Subcontractor Company Name:	NA	NA	NA	NA
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: John S. Nelson				
	Title: Director of Procurement and Proposal Management/Assistant Secretary				
	Date: 12/28/2024				