

**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:	Ty Parker & Son, Inc. dba Wildland Warehouse.
2	Address/City/State/Zip Code:	Po Box 495, Blairstown, NJ 07825
3	Telephone #/Fax #/Website:	908-362-5366 908-362-6147
4	Federal Tax Identification Number:	02-0649063
5	State/Country of domicile/incorporation:	New Jersey
6	Location of firm's headquarters or principal place of business:	Blairstown, NJ
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:	N/A
11	IN Department of Revenue (DOR) account number:	0000647142
12	Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:	<del>0</del>
13	Total number of employees per most recently completed IRS Form W-2 distribution:	12
14	Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:	<del>0</del>
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:	\$ 650,198
16	Total amount of this proposal, bid, or current contract:	\$259,500.00

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
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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:				
	Title:				
	Date:				