



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).

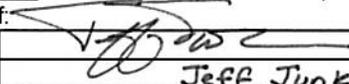
| | | |
|----|--|---|
| 1 | Legal Name of firm: | Whitley County Chevrolet, LLC |
| 2 | Address/City/State/Zip Code: | 3100 E. Business Highway 30, Columbia City, IN 46725 |
| 3 | Telephone #/Fax #/Website: | 260-212-5563; website: gocitychevy.com |
| 4 | Federal Tax Identification Number: | 27-3371372 |
| 5 | State/Country of domicile/incorporation: | Domiciled in the State of Indiana, United States of America |
| 6 | Location of firm's headquarters or principal place of business: | 3100 E. Business Highway 30, Columbia City, IN 46725 |
| 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: | 615066 |
| 11 | IN Department of Revenue (DOR) account number: | 139239820 |
| 12 | Number of Indiana resident employees per most recently completed IRS Form W-2 distribution: | 69 |
| 13 | Total number of employees per most recently completed IRS Form W-2 distribution: | 69 |
| 14 | Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution: | 2,143,260.78 |
| 15 | Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution: | 2,143,260.78 |
| 16 | Total amount of this proposal, bid, or current contract: | \$ 286,083.00 |

ACCOUNTING OF INDIANA RESIDENT EMPLOYEES

| | | |
|----|---------------------------------------|--|
| 17 | Prime Contractor Company Name: | |
|----|---------------------------------------|--|

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| 18 | Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract: | 0.09 |
|----|--|------|

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|----|--|------|------|------|------|
| 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 |

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|----|---|---|--|--|--|
| 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: | Jeff Junkin | | | |
| | Title: | Commercial Account Manager | | | |
| | Date: | 11-4-2024 | | | |

