



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:	Garber Highland, Inc
2	Address/City/State/Zip Code:	9700 Indianapolis Blvd. Highland, IN. 46322
3	Telephone #/Fax #/Website:	(219)237-6767 www.garberhighland.com
4	Federal Tax Identification Number:	84-2929452
5	State/Country of domicile/incorporation:	Indiana
6	Location of firm's headquarters or principal place of business:	999 South Washington Avenue Saginaw, MI. 48601
7	Name of parent company or holding company (if applicable):	
8	State/Country of domicile/incorporation of company listed in #7:	
9	Address of company listed in #7:	
10	IN Department of Workforce Development (DWD) account number:	775998
11	IN Department of Revenue (DOR) account number:	167522965
12	Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:	179
13	Total number of employees per most recently completed IRS Form W-2 distribution:	200
14	Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:	\$8,381,882.84 taxable wages per 2023 W3
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:	\$9,050,285.35 taxable wages per 2023 940
16	Total amount of this proposal, bid, or current contract:	\$5,177,376.88

ACCOUNTING OF INDIANA RESIDENT EMPLOYEES

17	Prime Contractor Company Name:	Garber Highland, Inc
18	Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:	7.15

19	Subcontractor Company Name:	Noble Auto Accessories & Window Tint, Inc			
20	Address/Contact Person/Telephone Number/Tax ID Number:	1770 S 10th St Noblesville, IN. 46060 David Castaneda 317.219.5315 85-1572605			
21	Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:	8.00	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: <i>[Signature]</i>
	Name of authorized official: Garrick Mackinzy
	Title: Fleet and Commercial Business Director
	Date: 11/16/24

