



## 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).

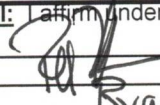
1	Legal Name of firm:	Bridgeway Supply Midco Inc. DBA Davis Wholesale Supply
2	Address/City/State/Zip Code:	7690 Zionsville Rd Indianapolis IN 46268
3	Telephone #/Fax #/Website:	P 317-876-9212 - F 317-876-9315 - <a href="https://claritysalt.com">https://claritysalt.com</a>
4	Federal Tax Identification Number:	87-4190336
5	State/Country of domicile/incorporation:	Delaware/USA
6	Location of firm's headquarters or principal place of business:	Bridgeway Supply Midco Inc. DBA Davis Wholesale Supply 7690 Zionsville Rd Indianapolis IN 46268
7	Name of parent company or holding company (if applicable):	Bridgeway Supply Midco Inc. DBA Davis Wholesale Supply
8	State/Country of domicile/incorporation of company listed in #7:	IN/USA
9	Address of company listed in #7:	7690 Zionsville Rd Indianapolis IN 46268
10	IN Department of Workforce Development (DWD) account number:	816809
11	IN Department of Revenue (DOR) account number:	173838901
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:	13
14	Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:	\$1,008,602.26
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:	\$1,008,602.26
16	Total amount of this proposal, bid, or current contract:	\$438,461.74

### ACCOUNTING OF INDIANA RESIDENT EMPLOYEES

17	Prime Contractor Company Name:	Davis Wholesale Supply
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18	<b><u>Number of Full Time Equivalent (FTE) employees</u></b> that are Indiana residents specifically for this proposal or contract:	5.00
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19	<b><u>Subcontractor Company Name:</u></b>				
20	Address/Contact Person/Telephone Number/Tax ID Number:	N/A			
21	<b><u>Number of Full Time Equivalent (FTE) employees</u></b> that are Indiana residents specifically for this proposal or contract:	0.00	0.00	0.00	0.00

22	<b><u>Affirmation by authorized official:</u></b> 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: <u>Ryan Haas</u>				
	Title: <u>CEO</u>				
	Date: <u>5/30/24</u>				