

**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).

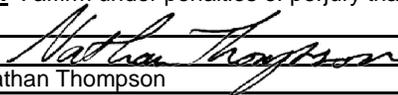
1	Legal Name of firm:	Assessment Systems Corporation
2	Address/City/State/Zip Code:	5865 Neal Avenue North #377, Stillwater, MN 55082
3	Telephone #/Fax #/Website:	Telephone: 651-383-4311, Fax: N/A, Website: www.assess.com
4	Federal Tax Identification Number:	41-1933213
5	State/Country of domicile/incorporation:	Minnesota, USA
6	Location of firm's headquarters or principal place of business:	5865 Neal Avenue North #377, Stillwater, MN 55082
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:	11471367
11	IN Department of Revenue (DOR) account number:	703197
12	Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:	0
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:	\$0
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:	\$782,261.63
16	Total amount of this proposal, bid, or current contract:	\$237,000.00

ACCOUNTING OF INDIANA RESIDENT EMPLOYEES

17	<u>Prime Contractor Company Name:</u>	
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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:				
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:	Nathan Thompson			
	Title:	CEO			
	Date:	6/4/2024			