



## 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).

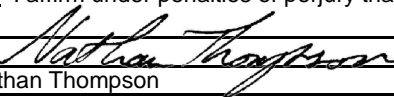
1	<b>Legal Name of firm:</b>	Assessment Systems Corporation
2	<b>Address/City/State/Zip Code:</b>	5865 Neal Avenue North #377, Stillwater, MN 55082
3	<b>Telephone #/Fax #/Website:</b>	Telephone: 651-383-4311, Fax: N/A, Website: www.assess.com
4	<b>Federal Tax Identification Number:</b>	41-1933213
5	<b>State/Country of domicile/incorporation:</b>	Minnesota, USA
6	<b>Location of firm's headquarters or principal place of business:</b>	5865 Neal Avenue North #377, Stillwater, MN 55082
7	<b>Name of parent company or holding company (if applicable):</b>	N/A
8	<b>State/Country of domicile/incorporation of company listed in #7:</b>	N/A
9	<b>Address of company listed in #7:</b>	N/A
10	<b>IN Department of Workforce Development (DWD) account number:</b>	11471367
11	<b>IN Department of Revenue (DOR) account number:</b>	703197
12	<b>Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:</b>	0
13	<b>Total number of employees per most recently completed IRS Form W-2 distribution:</b>	13
14	<b>Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:</b>	\$0
15	<b>Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:</b>	\$782,261.63
16	<b>Total amount of this proposal, bid, or current contract:</b>	\$237,000.00

### ACCOUNTING OF INDIANA RESIDENT EMPLOYEES

17	<b>Prime Contractor Company Name:</b>	
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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:	0.00
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19	<b><u>Subcontractor Company Name:</u></b>				
20	Address/Contact Person/Telephone Number/Tax ID Number:				
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:	Nathan Thompson			
	Title:	CEO			
	Date:	6/4/2024			