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:**	Care Apparel Inc
2	**Address/City/State/Zip Code:**	49 Front St. Rockville Centre, New York 11570
3	**Telephone #/Fax #/Website:**	718-577-0888/ 718-577-0880/ www.careapparel.com
4	**Federal Tax Identification Number:**	11-2305250
5	**State/Country of domicile/incorporation:**	New York/ USA
6	**Location of firm's headquarters or principal place of business:**	New York/ USA
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:**	
11	**IN Department of Revenue (DOR) account number:**	
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:**	0
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:**	
16	**Total amount of this proposal, bid, or current contract:**	$ 1,738,658.49

ACCOUNTING OF INDIANA RESIDENT EMPLOYEES

17	**Prime Contractor Company Name:**	

18	**Number of Full Time Equivalent (FTE) employees** that are Indiana residents specifically for this proposal or contract:	0.00

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:	Gili Veg
	Title:	Vice President
	Date:	11/2/2023