

**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>	TestAmerica Laboratories, Inc. (dba) Eurofins TestAmerica
2	<b>Address/City/State/Zip Code:</b>	2417 Bond Street, University Park, IL 60484
3	<b>Telephone #/Fax #/Website:</b>	708-534-5200; 708-534-5211; www.testamericainc.com
4	<b>Federal Tax Identification Number:</b>	23-2919996
5	<b>State/Country of domicile/incorporation:</b>	Delaware
6	<b>Location of firm's headquarters or principal place of business:</b>	Headquarters: 4101 Shuffel Street NW, North Canton, OH 44720
7	<b>Name of parent company or holding company (if applicable):</b>	TestAmerica Holdings, Inc.
8	<b>State/Country of domicile/incorporation of company listed in #7:</b>	Delawre
9	<b>Address of company listed in #7:</b>	4101 Shuffel Street NW, North Canton, OH 44720
10	<b>IN Department of Workforce Development (DWD) account number:</b>	458962
11	<b>IN Department of Revenue (DOR) account number:</b>	0105410217-001
12	<b>Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:</b>	6
13	<b>Total number of employees per most recently completed IRS Form W-2 distribution:</b>	74
14	<b>Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:</b>	Not applicable
15	<b>Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:</b>	Not applicable
16	<b>Total amount of this proposal, bid, or current contract:</b>	\$5,078.00

**ACCOUNTING OF INDIANA RESIDENT  
EMPLOYEES**

17	<b>Prime Contractor Company Name:</b>	Eurofins TestAmerica Chicago
----	---------------------------------------	------------------------------

18	<b><u>Number of Full Time Equivalent (FTE) employees</u></b> that are Indiana residents specifically for this proposal or contract:	0.00
----	--	------

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:	<i>Michael J. Healy</i>			
	Name of auththorized official:	Michael J. Healy			
	Title:	Laboratory Director			
	Date:	8/31/2021			