## CONTRACTOR DISCLOSURE FORM A

AC 271-S (Effective 4/12)

## New York State Consultant Services **Contractor's Planned Employment**

From Contract Start Date Through the End of the Contract Term

State Agency Name: NYS Workers' Compensation Board

State Agency Department ID: 3560000

Agency Business Unit: WCB01

Contract Number:

Contractor Name: Paper Alternative Solutions

C140384

Contract Start Date: 9/1/2018

Contract End Date: 8/31/2019

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under
OTHER IT CONSULTING	2	520	15,600
			*
Total this page	. 0	0	\$27 F88 00
Grand Total			\$37,500.00 15,600 \$37,500
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Preparer's Signature: Date Prepared: [ / ///

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