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| **OSC FORM B** |  |  |  |  |  | **OSC Use Only:**  |   |
|  |  |  |  |  |  | Reporting Code:       |
|  | Category Code:       |
|  |
| **State Consultant Services**  |
| **Contractor’s Annual Employment Report** |
| **Report Period: April 1,** **to March 31,**  |
|  |
| Contracting State Agency Name: **Office of General Services**  | Agency Code: **01051** |
| Contract Number:  |
| Contract Term: // to // |
| Contractor Name:  |
| Contractor Address:  |
| Description of Services Being Provided:  |
|  |
| **Scope of Contract *(Choose one that best fits.*):** |
| Analysis [ ]  Evaluation [ ]  Research [ ]  Training [ ]  |
| Data Processing [ ]  Computer Programming [ ]  Other IT consulting [ ]  |
| Engineering [ ]  Architect Services [ ]  Surveying [ ]  Environmental Services [ ]  |
| Health Services [ ]  Mental Health Services [ ]  |  |  |  |   |
| Accounting [ ]  Auditing [ ]  Paralegal [ ]  Legal [ ]  Other Consulting [ ]  |
|  |
| **Note: Use the Tab key to navigate through the table portion of the form to ensure that the formulas calculate correctly.** |
| Employment Category  | Number of Employees | Number of Hours Worked | Amount Payable Under the Contract |
|       |       |       |  |
|       |       |       |  |
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| Total this page |  0 |  0 | $ 0.00 |
| Grand Total |  |  |  |
|  |
| Name of person who prepared this report:        |
| Preparer's Signature: |  |
| Title:       | Phone #:       |
| Date Prepared:   /  /     |   |   |   |   |
| (Use additional pages if necessary) |  |  |  | Page     of     |