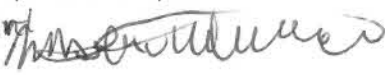


FORM A

New York State Consultant Services
Contractor's Planned Employment
 From Contract Start Date Through The End Of The Contract Term

State Agency Name: **Office of the State Comptroller**
 State Agency Department ID: 3050000 Agency Business Unit: OSC01
 Contractor Name: *Makev Enterprise/dba SaQuis IT Solutions* Contract Number:
 Contract Start Date: *4/1/2016* Contract End Date: *9/30/2016*

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<i>Computer Programmer</i>	<i>1</i>	<i>1040</i>	<i>60,320</i>
Total this page	<i>1</i>	<i>1040</i>	<i>60,320</i>
Grand Total			

Name of person who prepared this report: *Matthew Carmichael*
 Title: *Vice President*  Phone #: *518-861-5661*
 Preparer's Signature:
 Date Prepared: *6/22/2016*

(Use additional pages, if necessary)

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