

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
 Contractor Name: KPMG LLP Contract #: C140397
 Contract Start Date: 12/01/2020 Contract End Date: 11/30/2023

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
13-1111.00	5	3,246	\$750,000
Total this page	5	3,246	\$750,000
Grand Total	5	3,246	\$750,000

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 Date Prepared: 11/6/2020

Use additional pages if necessary