

**FORM A**

**New York State Consultant Services  
Contractor's Planned Employment**  
From Contract Start Date Through the End of the Contract Term

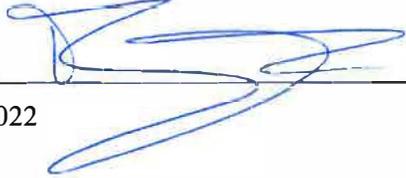
State Agency Name: NYS Department of Labor	Agency Business Unit: DOL01
State Agency Department ID: 3550000	Contract Number: C000605
Contractor Name: Capezza Hill LLP	Contract End Date: 08/2/2024
Contract Start Date: 08/03/2022	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Partners	2.00	300.00	\$270,000.00
Associates	1.00	200.00	\$30,000.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
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	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	3.00	500.00	\$300,000.00
<b>Grand Total</b>	<b>3.00</b>	<b>500.00</b>	<b>\$300,000.00</b>

Name of person who prepared this report: Benjamin W. Hill

Title: Partner

Phone #: 518-478-6065

Preparer's Signature: 

Date Prepared: 11/10/2022