

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 Secure Choice
 State Agency Department ID: 3850381 Agency Business Unit: TAX01
 Contractor Name: K&L Gates LLP Contract Number: C400747
 Contract Start Date: / / Contract End Date: / /

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|---------------------|---------------------|------------------------------|-----------------------------------|
| Partner/owner | 2 0.00 | 25 0.00 | 20,000 \$0.00 |
| Employee/associate | 1 0.00 | 20 0.00 | 8740 \$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 | 0.00 | 0.00 | \$ 0.00 |
| Grand Total | | | |

Name of person who prepared this report:
 Title: Partner
 Preparer's Signature: [Signature]
 Date Prepared: / / 10/19/22

Phone #: 212-536-3998