



CONTRACT RENEWAL NO. 4

This amendment by and between the Supplier and State Entity defined below shall be effective as of the date this Amendment is fully executed. To the extent the contract requires the State Entity to issue a Notice of Award Amendment for purposes of exercising the renewal option, this written document shall serve as such Notice of Award Amendment.

STATE OF GEORGIA CONTRACT	
State Entity's Name:	Georgia Bureau of Investigation on behalf of the Criminal Justice Coordinating Council
Supplier's Full Legal Name:	Siemens Healthcare Diagnostics Inc.
Contract No.:	47100-GBI0000100-001
Solicitation No./Event ID:	47100-GBI0000100
Solicitation Title/Event Name:	Reagent Rental Agreement for Drug Testing Instruments and Supplies
Contract Award Date:	4-18-2017
Current Contract Term:	09-01-2020 to 08-31-2021
Amendment No.:	4

WHEREAS, the Contract is in effect through the Current Contract Term as defined above; and

NOW THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties do hereby agree as follows:

1. **CONTRACT RENEWAL/EXTENSION.** The parties hereby agree that the contract will be renewed/extended for an additional period of time as follows:


NEW CONTRACT TERM	
Beginning Date of New Contract Term:	09-01-2021
End Date of New Contract Term:	08-31-2022

The parties agree the contract will expire at midnight on the date defined as the "End Date of the New Contract Term" unless the parties agree to renew/extend the contract for an additional period of time.

2. **SUCCESSORS AND ASSIGNS.** This Amendment shall be binding upon and inure to the benefit of the successors and permitted assigns of the parties hereto.
3. **ENTIRE AGREEMENT.** Except as expressly modified by this Amendment, the contract shall be and remain in full force and effect in accordance with its terms and shall constitute the legal, valid, binding and enforceable obligations to the parties. This Amendment and the contract (including any written amendments thereto), collectively, are the complete agreement of the parties and supersede any prior agreements or representations, whether oral or written, with respect thereto.

IN WITNESS WHEREOF, the parties have caused this Amendment to be duly executed by their authorized representatives.

CONTRACTOR

Contractor's Full Legal Name: (PLEASE TYPE OR PRINT)	Siemens Healthcare Diagnostics, Inc.
Authorized Signature:	
Printed Name and Title of Person Signing:	Matthew Fitzgerald, Sr. Director of Sales - Specialty Segments matthew.fitzgerald@siemens-healthineers.com
Date:	9/14/2021
Company Address:	511 Benedict Avenue Tarrytown, NY 10591

STATE ENTITY

Authorized Signature:	
Printed Name and Title of Person Signing:	Steven Hatfield, Deputy Director
Date:	
Company Address:	104 Marietta Street, NW Suite 440 Atlanta, Georgia 30303



TAX COMPLIANCE

INSTRUCTIONS TO SUPPLIERS

Please complete the following information:

- Supplier's Name: **Siemens Healthcare Diagnostics Inc.**
- Physical Location Address: 511 Benedict Avenue, Tarrytown, NY 10591
- Federal Identification Number (FEI): 95-2802182
- Have you ever been registered in the State of Georgia? Yes
- If so, please provide the following information, if applicable:
 - State Taxpayer Identification Number (STI): 20021064644
 - Sales and Use Tax Number: 175-591738
 - Withholding Tax Number: 1891293-BT
- What type of service will you perform?
- Will you sell any tangible personal property or goods?
- Supplier's Affiliate's Name:
 - FEI:
 - STI:
 - Sales and Use Tax Number:
 - Withholding Tax Number:

If there is more than one affiliate, please attach a separate sheet listing the information above.

- Person responsible for handling supplier's tax issues (such as the CFO, the company tax officer, etc.):
 - Name: Caroline Ochital
 - Telephone Number: 732.321.3161
 - E-mail Address: caroline.ochital@siemens-healthineers.com

NOTICE TO SUPPLIER:

In the event the supplier is considered for contract award, the information provided in the form will be submitted by the State Entity to the Georgia Department of Revenue ("DOR") for a determination as to whether the supplier is a "prohibited source" (as defined by O.C.G.A. §50-5-82) or whether there are any other outstanding tax issues. MISSING, INCOMPLETE, OR ERRONEOUS DATA MAY DELAY OR PROHIBIT VERIFICATION OF YOUR ELIGIBILITY FOR CONTRACT AWARD. NO PROHIBITED SOURCE MAY RECEIVE CONTRACT AWARD; THEREFORE, YOU ARE STRONGLY ENCOURAGED TO CHECK YOUR TAX STATUS NOW AND RESOLVE ANY OUTSTANDING TAX LIABILITIES AND/OR MISSING TAX RETURNS.

STATE ENTITY: Please submit this form via email to DOR at tsd-state-contractors@dor.ga.gov for processing in accordance with the *Georgia Procurement Manual*.