

Department of Taxation and Finance

IDA Appointment of Project Operator or Agent For Sales Tax Purposes

ST-60

(1/18)

The industrial development agency or authority (IDA) must submit this form within 30 days of the appointment of a project operator or agent, whether appointed directly by the IDA or indirectly by the operator or another agent.

For IDA use only

IDA information	•								
Name of IDA	IDA project number (use OSC numbering system for projects after 1998)								
New York City Industrial Development Agency					7896				
Street address					Telephone number				
1 Liberty Plaza					(888) 692-0100				
City State ZIP code					Email address (optional)				
New York NY 10006				3					
Project operator or a	agent informat	ion							
Name of IDA project operator or a	agent			Mark an X in th	e box if directly	Emplo	yer Identification or Social S	ecurity number	
JM Mechanical HVAC LLC				appointed by th	e IDA:				
Street address					Telephone numbe	r	Primary operator or	agent?	
11 Ardsley Street					(917) 208-8	983	Yes 🗌	No ⊠	
City		State ZIP code		e	Email address (optional)				
Staten Island	taten Island NY 10306								
Project information									
Name of project	-								
Christopher Webb Films									
Street address of project site			-						
81-83 14th Street									
City		State	State ZIP code		Email address (o				
Brooklyn		NY				' '			
renovation of a 3500 so will create a larger stud	,		*	-		pplicant is	s the tenant. The reno	vations	
Description of goods and services	s intended to be exempt	ed from New	York State an	d local sales an	d use taxes			<u>. </u>	
Electrical, Carpentry, Pain	iting, and plumbing).							
Date project operator or agent appointed (mmddyy)	050919		operator or ends <i>(mmda</i>	_(yy) 03	0004	flark an X in i n original pro	the box if this is an extensio oject:	n to	
Estimated value of goods and se exempt from New York State and			165,000.0	30 E C 10 10 10 10 10 10 10 10 10 10 10 10 10	alue of New York S nption provided	State and loc	al sales and	14,644.00	
Certification: I certify tha make these statements w felony or other crime under Tax Department is authori	ith the knowledge to or New York State I	that willfully Law, punis	y providing hable by a	faise or frau substantial f	idulent information in a second in a s In a second in	ation with ble jail ser	this document may co	onstitute a	
Print name of officer or employee signing on behalf of the IDA				Print title	Print title				
Krishna Omolade				Executive	Executive Director				
Signature Widne word					Date Telephone number				
					12-03-2	-5.5	13		