



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 New York City Industrial Development Agency			IDA project number (use OSC numbering system for projects after 1998)		
Street address One Liberty Plaza			Telephone number (212) 619-5000		
City New York	State NY	ZIP code 10006	Email address (optional)		

Project operator or agent information

Name of IDA project operator or agent DNJ Industries Inc.		Mark an X in the box if directly appointed by the IDA: <input checked="" type="checkbox"/>	Employer identification or Social Security number [REDACTED]		
Street address 275 Dayton Avenue		Telephone number (718) 894-9414	Primary operator or agent? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
City Manorville	State NY	ZIP code 11949	Email address (optional) cintini@dnjhvac.com		

Project information

Name of project DNJ Industries Inc.			
Street address of project site 5503, 55-05 Flushing Ave.			
City Maspeth	State NY	ZIP code 11378	Email address (optional) cintini@dnjhvac.com
Purpose of project manufacturing			

Description of goods and services intended to be exempted from New York State and local sales and use taxes Goods and services related to acquisition, renovation, furnishing and equipping of a manufacturing facility.			
Date project operator or agent appointed (mmddyy) 011620	Date project operator or agent status ends (mmddyy) 011622	Mark an X in the box if this is an extension to an original project. <input type="checkbox"/>	
Estimated value of goods and services that will be exempt from New York State and local sales and use tax. 864,000.00		Estimated value of New York State and local sales and use tax exemption provided 76,680.00	

Certification: I certify that the above statements are true, complete, and correct, and that no material information has been omitted. I make these statements with the knowledge that willfully providing false or fraudulent information with this document may constitute a felony or other crime under New York State Law, punishable by a substantial fine and possible jail sentence. I also understand that the Tax Department is authorized to investigate the validity of any information entered on this document.

Print name of officer or employee signing on behalf of the IDA Krishna Omolade		Print title Executive Director	
Signature 	Date 01-16-2020	Telephone number (212) 619-5000	