

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

| DA information | | | | | | | | | | | | | | | |
|--|---|---|---|---|--|--------------------------------|--|---------------------|--|--|----|--------------------------|--|--|--|
| Name of IDA New York City Industrial Development Agency Street address | | | | IDA project number (use OSC numbering system for projects after 1998) 600120005A Telephone number | | | | | | | | | | | |
| | | | | | | | | One Liberty Plaza | | | | (212) 619-5000 | | | |
| | | | | | | | | City State ZIP code | | | de | Email address (optional) | | | |
| New York | NY 10006 | | | | | | | | | | | | | | |
| Project operator or agent infor | mation | | | | | | | | | | | | | | |
| Name of IDA project operator or agent | mation | | Taa-d V:- # | - b is di at . | Irt- | | | | | | | | | | |
| | | | | X in the box if directly Employer identification or Social Security number at by the IDA: | | | | | | | | | | | |
| 425 Westchester Fee Owner LLC | | | appointed by the | | | D | | | | | | | | | |
| Street address | | | | Telephone number | 00 | Primary operator or agent? | | | | | | | | | |
| 591 W Putnam Ave | | | | (718) 631-9000 Yes ⊠ No ☐ | | | | | | | | | | | |
| City | State | ZIP cod | | Email address (optional) | | | | | | | | | | | |
| Greenwich | СТ | 0683 | 30 | | | | | | | | | | | | |
| Project information | | | | | | | | | | | | | | | |
| Name of project | | | | | | | | | | | | | | | |
| 2020 425 Westchester Fee Owner, L.L. | C. Project | | | | | | | | | | | | | | |
| Street address of project site | O. 1 TOJCOL | | | | | | | | | | | | | | |
| 425 Westchester Avenue | | | | | | | | | | | | | | | |
| City | State | State ZIP code | | Email address (optional) | | | | | | | | | | | |
| • | | | | zach@abcapstone.com | | | | | | | | | | | |
| Bronx Purpose of project | NY | 1045 | อ | zach@abcapst | one.com | 1 | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Description of goods and services intended to be e Purchases of materials, goods, persona component part of the Facility Realty an | al property and fix | xtures an | nd supplies th | at will be incorp | | _ | | | | | | | | | |
| Date project operator or agent appointed (mmddyy) 062420 | | Date project operator or agent status ends (mmddyy) | | | Mark an X in the box if this is an extension to an original project: | | | | | | | | | | |
| Estimated value of goods and services that will be exempt from New York State and local sales and u | se tax: \$38,492 | 2,068 | | alue of New York Standard: | ate and loo | \$3,416,171 | | | | | | | | | |
| Certification: I certify that the above st make these statements with the knowle felony or other crime under New York S Tax Department is authorized to investig Print name of officer or employee signing on behalt | dge that willfully tate Law, punish gate the validity | providing able by a | g false or frau a substantial formation ent | idulent informat fine and possiblered on this doc | ion with e jail se | this document may constitute a | | | | | | | | | |
| Krishna Omolade | | | Executive | T | | Telephone combo | | | | | | | | | |
| Signature Without and and | | | | Date Telephone number (212) 619-5000 | | | | | | | | | | | |