



IDA Appointment of Project Operator or Agent For Sales Tax Purposes

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) 600103020A
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 Fitch Ratings, Inc.		Mark an X in the box if directly appointed by the IDA: <input type="checkbox"/>	Employer identification or Social Security number [REDACTED]
Street address 300 West 57th Street		Telephone number (212) 908-0500	Primary operator or agent? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
City New York	State NY	ZIP code 10019	Email address (optional) jason.blumkin@fitchratings.com

Project information

Name of project Hearst Corporation Project			
Street address of project site 300 West 57th Street, f/k/a 959 Eighth Avenue			
City New York	State NY	ZIP code	Email address (optional)
Purpose of project Facility improvements			

Description of goods and services intended to be exempted from New York State and local sales and use taxes Personal Property for the use of eligible employees at an eligible Project Location.			
Date project operator or agent appointed (mmddyy) 090320	Date project operator or agent status ends (mmddyy) 063027	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: 5,000,000.00		Estimated value of New York State and local sales and use tax exemption provided: 418,750.00	

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 <i>Krishna Omolade</i>	Date 09-08-2020	Telephone number (212) 619-5000	