



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

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|--|-------------|-------------------|---|--|
| Name of IDA New York City Industrial Development Agency | | | IDA project number (use OSC numbering system for projects after 1998) 600120005A | |
| 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

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|---|-------------|---|---|--|
| Name of IDA project operator or agent KLG Contracting 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 102-31 43rd Avenue | | Telephone number (917) 671-7643 | Primary operator or agent? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| City Corona | State NY | ZIP code 11368 | Email address (optional) klg@klgcontracting.com | |

Project information

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|--|-------------|-------------------|---|--|
| Name of project 2020 425 Westchester Fee Owner, L.L.C. Project | | | | |
| Street address of project site 425 Westchester Avenue | | | | |
| City Bronx | State NY | ZIP code 10455 | Email address (optional) Kamilah@abcapstone.com, Da@abcapstone.com | |
| Purpose of project Develop ground-up approximately 150,000 square foot building for office and community facility uses. | | | | |

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|--|---|---|--|--|
| Description of goods and services intended to be exempted from New York State and local sales and use taxes Purchases of materials, goods, personal property and fixtures and supplies that will be incorporated into and made an integral component part of the Facility Realty and other eligible items as further described in the Sales Tax Authorization letter. | | | | |
| Date project operator or agent appointed (mmdyyy) 102920 | Date project operator or agent status ends (mmdyyy) 122423 | 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: \$38,492,068 | | Estimated value of New York State and local sales and use tax exemption provided: \$3,416,171 | | |

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.

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