

Department of Taxation and Finance

## IDA Appointment of Project Operator or Agent For Sales Tax Purposes

ST-60

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 Economic Development Corporation					600115022A				
Street address					Telephone number				
1 Liberty Plaza					(212 ) 619				
rity State ZIP code				)	Email address (optional)				
New York NY 10006									
			10000						
Project operator or ag	ent informat	ion							
Name of IDA project operator or age			T	Mark an X in t	he box if directly	Emplo	yer identification or	Social Securi	tv number
KSS Construction inc.				appointed by t	the IDA:				
Street address					Telephone num	nber	Primary ope	erator or agen	t?
200 Atlantic Ave					(516)897	-6666	Ye		No 🔀
City		State	ZIP code	1	Email address				
Oceanside		NY	11572						
Project information									8
Name of project									
2016 Picture Car Services L	TD								
Street address of project site									
48-05 Metropolitan Avenue									
City		State	ZIP code		Email address	(optional)			
Ridgewood		NY	11385						
Purpose of project					1				
и									
Description of goods and services in Materials, supplies and equi LLC						ment betwe	en NYCIDA an	d MULT LO	OTS,
								6	
Date project operator or agent appointed (mmddyy)	061318	Date project agent status	operator or ends (mmddy	y) 09	0121	Mark an X in to an original pro	he box if this is an e	extension to	
Estimated value of goods and services that will be exempt from New York State and local sales and use tax: 26,000,000.00					Estimated value of New York State and local sales and use tax exemption provided: 1,582,006.00				
Certification: I certify that the make these statements with felony or other crime under I Tax Department is authorize	the knowledge to New York State L	hat willfully .aw, punish	providing fable by a s	false or frau substantial	udulent inform fine and poss	nation with t sible jail sen	his document r	nav constit	tute a
Print name of officer or employee signing on behalf of the IDA				Print title					
Krishna Omolade				Color Color Color Color	Executive Director				
Signature .				LACCULIVE	Date Telephon			г	
prishor !	World				5/20/	21	( 212 ) 619-5		