

**IDA** information

Name of IDA

Department of Taxation and Finance

## **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 project number (use OSC numbering system for projects after 1998)

New York City Industrial Development Agency				600121002A			
Street address				Telephone num	ber		
One Liberty Plaza, 14th Floor				(212 ) 312	-3806		
City	State ZIP code			Email address (optional)			
New York	NY	10006					
Project operator or agent informati	ion						
Name of IDA project operator or agent			Mark an X in the	box if directly	Emplo	yer identification or Social Security number	
Making Ends, Inc.		-	appointed by the	e IDA:	$\times$		
Street address			1	Telephone numl	ber	r mary operator or agent?	
254 36th St., Unit 38				(773)344-	4983	Yes X No	
City	State	ZIP code		Email address (			
Brooklyn	NY	11232		10 V 1000 11 10 V 1000 100 V 1000 1000			
Diodkiyii .		11202					
Project information							
Name of project	3.2	34 8 8 8					
2021 Ends Meat Project							
Street address of project site							
254 36th St., Unit 38							
City	State	ZIP code	9	Email address (	optional)		
Brooklyn	NY	11232					
Purpose of project					The second second second	The second secon	
Description of goods and services intended to be exempted from New York State and local sales and use taxes							
Building materials, construction materials, machinery, furnishings and equipment.							
Date project operator or agent appointed (mmddyy) 040521	Date project of agent status of	•	yy) 040	0523	Mark an X in an original pr	the box if this is an extension to oject:	
Estimated value of goods and services that will be exempt from New York State and local sales and use tax:	;	300,000.0	and the second second second	lue of New York	State and loo	al sales and 26,625.00	
Certification: I certify that the above statem make these statements with the knowledge to felony or other crime under New York State I Tax Department is authorized to investigate to	hat willfully _aw, punish	providing able by a	false or frau substantial f	dulent informine and poss	nation with sible jail ser	this document may constitute a	
Print name of officer or employee signing on behalf of the IDA Print title							
Krishna Omolade				Executive Director, NYCIDA			
Signature Withou Weyle				Date 4/8/21 Telephone number			
0.1130				,	· ·		