



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**IDA information**

Name of IDA New York City Industrial Development Agency			IDA project number (use OSC numbering system for projects after 1998) 600122002A	
Street address 1 Liberty Plaza			Telephone number (212) 312-3963	
City New York	State NY	ZIP code 10006	Email address (optional)	

Project operator or agent information

Name of IDA project operator or agent MJS Interiors, 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 59 Clearwater Avenue		Telephone number (516) 249-4990		Primary operator or agent? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
City Massapequa	State NY	ZIP code 11758	Email address (optional)	

Project information

Name of project GMDC Brownsville LLC			
Street address of project site 805 Rockaway Avenue			
City Brooklyn	State NY	ZIP code 11212	Email address (optional)
Purpose of project Manufacturing			

Description of goods and services intended to be exempted from New York State and local sales and use taxes Sheet rock, spackel, metal studs, insulation and ceiling products				
Date project operator or agent appointed (mmddyy) 033022		Date project operator or agent status ends (mmddyy) 030127		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: 123,000.00		Estimated value of New York State and local sales and use tax exemption provided: 10,610.00		

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 EMILY MARCUS FALDA		Print title EXECUTIVE DIRECTOR	
Signature Emily Marcus Falda	Date 1/23/23	Telephone number (212) 312-3806	