

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 information

Name of IDA			IDA project number (use OSC numbering system for projects after 1998)		
New York City Industrial Development Agency			600119016A		
Street address		6	Telephone number		
1 Liberty Plaza			(212)619-5000		
City	State	ZIP code	Email address (optional)		
New York	NY	10006			

Project operator or agent information

Name of IDA project operator or agent			Mark an X in the box if directly		Employer identification or Social Security number		
MC Electrical		appoint	ted by the IDA:				
Street address			Telephone number		Primary operator or a	igent?	
157 Walsh Road			(914)623-7100		Yes 🛄	No 🗙	
City	State	ZIP code	Email address (optional)				
Yonkers	NY	10701					

Project information

Name of project				
2019 45-18 Court Square Owne	r, L.L.C. Project			
Street address of project site				
45-18 Court Square				
City	State	ZIP code	Email address (optional)	
Long Island City	NY	11101	ejaram@ks-prop.com	
Purpose of project				

The construction, renovation, furnishing and equipping of an approximately 266,791 RSF office building on an approximately 36,875 square foot parcel of land located at 45-18 Court Square, and the subleasing, occupancy, use and operation thereof, all for use as a commercial facility.

Description of goods and services intended to be exempted from New York State and local sales and use taxes Electrical

Date project operator or agent appointed (mmddyy)	Date project operator or agent status ends (mmddyy)) 121924	Mark an X in the box if this is an extension an original project	n to	X
Estimated value of goods and servi exempt from New York State and lo		Estimated value of New use tax exemption prov	York State and local sales and ided:	446,	215.83

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	Print title		
Noah Schumer	Deputy Executive Director		
Signature		Date	Telephone number
		2/13/2023	(212)619-5000