

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 Indistrial Development Age	ency						
Street address				Telephone numb	er		
1 Liberty Plaza				(212)619-5000			
City	State	ZIP code	9	Email address (optional)			
New York	NY 10006						
Project operator or agent inform	ation						
Name of IDA project operator or agent			Mark an X in t	the box if directly	Emp	ployer identification or Social Security number	
Bensonhurst Energy Storage 1, LLC			appointed by	the IDA:	X		
Street address				Telephone numb	er	Primary operator or agent?	
7 Time Square Tower, Suite 3504				(215) 287-4	4398	Yes X No	
City	State	e ZIP code		Email address (optional)			
New York	NY	10036		bkoze@convergentep.com			
				1	9		
Project information							
Name of project		-					
Bensonhurst Energy Storage 1, LLC							
Street address of project site							
(No Street Address) East 58th Street (Tax	Block 4786	l ot 65)					
City				Email address (optional)			
Brooklyn	NY	11203		bkoze@convergentep.com			
Purpose of project	141	11200		DK026@C011V	ergentep		
Block (4786 and Lot 65).							
Description of goods and services intended to be exer Materials, goods, personal property and fi					freight, ir	nstallation, maintenance and repair	
services at the Project site, as described i							
Date project operator or agent appointed (mmddyy) 022823	Date project agent status	operator or ends (mmdd)	(y) 02	77875	Mark an <i>X</i> in the box if this is an extension to an original project:		
Estimated value of goods and services that will be exempt from New York State and local sales and use	tax:	\$6,332,31		value of New York emption provided:	State and lo	ocal sales and \$561,105	
Certification: I certify that the above state make these statements with the knowledg felony or other crime under New York Stat Tax Department is authorized to investigate	e that willfully e Law, punish	providing able by a	false or fra substantial	udulent inform fine and possi	ation witl ble jail se	h this document may constitute a entence. I also understand that the	
Print name of officer or employee signing on behalf of	the IDA		Print title				
Emily Marcus Falda				Executive Director			
Signature			LAGCUIIVE	Date Telephone number			
Chily Marcus Falda							
(mily marcus ralaa				02/28	/23	(212) 619-5000	